Guidance on

Safeguarding and Investigating the Abuse of Vulnerable Adults

First Edition

2012

Produced on behalf of the Association of Chief Police Officers
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Foreword

Safeguarding vulnerable adults from abuse is a key part of the police role in public protection.

The Association of Chief Police Officers (ACPO) is committed to improving the service that the police provide in respect of safeguarding vulnerable adults from abuse. Recent reviews of several critical incidents have demonstrated the need for positive action to ensure that vulnerable adults who are at risk of abuse, or who have been abused, receive protection and support. A common theme is that greater information sharing and improved partnership working may have placed organisations, including the Police Service, in a better position to safeguard the adults concerned.

The term safeguarding covers a range of activities which is aimed at supporting adults to exercise their basic right to live a life free from the fear or reality of abuse, regardless of where they live or the situation they are in. When people feel unsafe, this adversely affects the relationship that the police have with the communities they serve and is a key factor in undermining public confidence.

Responsibility for the coordination of a safeguarding response lies with adult social care, but a duty of care for safeguarding rests with all public services that have contact with the general public. A fundamental role of the Police Service in safeguarding vulnerable adults is the prevention, identification, investigation, risk management and detection of criminal offences.

The guidance will provide an opportunity for the police to continue to engage in useful dialogue with a number of other agencies which perform a vital role in safeguarding vulnerable adults from abuse.
The Government has set up an inter-ministerial group on safeguarding vulnerable adults to provide national leadership, coordinate government policy and set the framework for effective local arrangements in this area. I am working closely with Home Office officials to ensure that they understand our current capacity and policy decisions relating to safeguarding vulnerable adults and take this into account, along with the good practice that currently exists in police and partnership working arrangements in dealing with what are often complex and sensitive cases.

This guidance brings clarity and common standards to the prevention and investigation of crimes against vulnerable adults, while having regard for their continued health and social care needs and taking into account differing local structures. When used in conjunction with appropriate training, this guidance will ensure that vulnerable adults remain central to the safeguarding process.

ACPO would like to extend special thanks to all members of the Advisory Board leading on the review of No Secrets who have assisted in shaping this guidance and especially the Department of Health for sponsoring and supporting the project.

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ACC West Midlands Police
Purpose and Scope of the Guidance

This guidance is intended to assist all police officers, police community support officers, police staff and special constables, in particular those who deal directly with the public. It is especially relevant to all members of Public Protection Units, Neighbourhood Teams and those involved in developing policy on the police response to safeguarding adults.

The purpose of this guidance is to:

- Provide key definitions of a vulnerable adult and of abuse, and provide information that will assist staff to identify signs and symptoms of abuse;
- Provide indicators to assist staff in identifying, assessing and managing risk in accordance with ACPO risk principles and the National Decision Model;
- Explain the interface between safeguarding vulnerable adults from abuse and other areas of public protection;
- Outline key roles and responsibilities of staff engaged in safeguarding adults from abuse;
- Provide a consistent approach across the Police Service in responding effectively to safeguarding vulnerable adults who are at risk of abuse or have been abused;
- Provide a framework for developing strategies to prevent the abuse and repeat victimisation of vulnerable adults;
- Provide a toolkit of considerations and lines of enquiry to be followed in respect of the initial police response to a safeguarding incident and the subsequent investigation of criminal offences;
- Ensure minimum service standards for victims and witnesses;
- Facilitate effective service delivery within a multi-agency context, which includes a system for making external referrals;
- Explain the various stages of a multi-agency response in safeguarding vulnerable adults;
• Provide a summary of the key safeguarding roles and responsibilities of partnership agencies;
• Provide linkage to key documents that can inform local practice;
• Highlight management issues (summarised at the end of each section).

There are multiple definitions of a vulnerable adult within government policy and legislation. There has been considerable debate over whether terminology describing adults as vulnerable is appropriate. More recent definitions, including recommendations made by the Law Commission in *Law Commission (2011): Adult Social Care Report*, have adopted the term adult at risk on the basis that it focuses attention on the risk rather than any inherent disability.

This guidance continues to use the term vulnerable adult because a qualitative study has shown that this terminology is already familiar in many police areas and assists frontline staff to readily identify adults that require a multi-agency safeguarding response. In doing so, it is accepted that some police forces are already using the term adult at risk. Regardless of the terminology used, the most important aspect for the Police Service to focus on is that responsibility for the abuse of vulnerable adults rests with the actions or omissions of the perpetrator, rather than the victim, and that it may be the context, the setting or the place where abuse occurs that may make a person vulnerable, rather than a disability.

There are separate definitions of vulnerable adults in England and Wales, and the degree to which this guidance applies is determined by these. The definitions are contained in (England) *Department of Health (2000) No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse*, hereafter referred to as *No Secrets* (this guidance is currently being reviewed) and (Wales) *Welsh Assembly Government (2000) In Safe Hands: Implementing Adult Protection Procedures in Wales*, hereafter referred to as *In Safe Hands* (this guidance is currently being reviewed).
This guidance should be read in conjunction with *No Secrets* or *In Safe Hands*.

*No Secrets* describes a vulnerable adult as:

> A vulnerable adult is any person aged 18 years or over who is or may be in need of community care services by reason of mental, physical, or learning disability, age or illness AND is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.

Safeguarding vulnerable adults from abuse is a complex area of work. The government policy objective is to prevent and reduce the risk of significant harm to vulnerable adults from abuse or other types of exploitation, while supporting individuals to maintain control over their lives. This includes being able to make choices without coercion.

The Government has announced that *No Secrets* will remain as statutory guidance until at least 2013 and have issued a *Department of Health (2011) Statement of Government Policy on Adult Safeguarding* confirming this. The statement agrees six fundamental principles for safeguarding activity across all agencies involved in the process. For further information see


**Principle 1 – Empowerment**

Safeguarding must be built on empowerment. Services provided should be appropriate to the vulnerable adult and not discriminate because of disability, age, sexual orientation, race, religion or belief, sex, pregnancy and maternity, culture or lifestyle. Victims should be supported in making their own decisions and choices. This includes decisions related to risk, a
victim’s own perceived vulnerability, whether they want to access criminal justice opportunities and/or be referred to partner agencies for support. Empowering victims may require specialist support or intervention from an advocate, a language interpreter, an intermediary or another third party.

There are occasions when the police have a duty to take action and share confidential information. In these circumstances the police must continue to work closely with the victim and ensure they remain central to the process, unless to do so would increase the risk of harm to them or other vulnerable adults.

**Principle 2 – Protection**

Assumptions will not be made about an adult’s ability to protect themselves purely on the basis of visual characteristics such as age, fraility or disability. Many adults can and do safeguard themselves. Protection should focus on the provision of services for those adults who are or may be unable to protect themselves against abuse and are, therefore, in the greatest need of support. This includes adults who lack capacity to make decisions which concern their safety. Best interest decisions about the safety of people who lack capacity will be taken in accordance with the Mental Capacity Act (MCA) 2005.

**Principle 3 – Prevention**

Prevention should be the primary aim of all agencies involved in safeguarding adults from abuse, including the police. Although effective investigative processes can assist a victim in coming to terms with abuse, they cannot always reverse the detrimental effect that abuse may have on an individual’s independence, wellbeing and choice. Prevention is linked to empowerment as it means working with vulnerable adults to develop safeguarding plans aimed at reducing the risk of abuse. This may include using available police powers to focus on the perpetrator of abuse. Response and neighbourhood policing teams have a key role in prevention.

**Principle 4 – Proportionality**
Measures to safeguard adults must be proportionate and, in consultation with the victim, consider the least intrusive response appropriate to the risk presented. This supports the use of professional judgement and management of risk. The legal obligations which underpin this principle include the duties on public authorities in the Human Rights Act 1998 (HRA), Schedule 1. The HRA essentially makes the European Convention on Human Rights (ECHR) enforceable in UK law, but it does not incorporate the entirety of the ECHR into UK law. If decisions are made without taking account of a victim’s views, this may infringe their human rights and jeopardise other qualities of life for adults, such as the right to respect for private and family life.

**Principle 5 – Partnership**
The Police Service aims to increase public confidence and to deliver appropriate safeguarding responses. In doing so, there is a recognition that this is more likely to secure better outcomes for victims of abuse. The Police Service also acknowledges that actions by other agencies with statutory responsibility for the provision of health and social care services may need to take place at the same time as a criminal investigation is in progress in order to safeguard one or more vulnerable adults.

**Principle 6 – Accountability**
Chief officers, supported by ACPO, should actively demonstrate ownership and leadership by establishing and implementing systems and processes which ensure that the police response to safeguarding adults from abuse fully supports and achieves the fundamental principles. This requires staff who have contact with the public to be confident in identifying vulnerable adults, recognising situations that induce vulnerability in light of specific risk factors and being confident in responding appropriately, whether this is in a preventive or investigative role.

Chief officers should ensure that criminal investigations related to the abuse of vulnerable adults are undertaken by officers who are sufficiently skilled to deal with the incident, depending on the level of seriousness of
the offence or complexities involved. This guidance contains definitions of serious abuse, and serious incidents and offences falling within these categories will be dealt with by officers specially trained in criminal investigation.

For chief officers the following strategic issues emerge from this guidance.

- Comprehensive force policies should be written and implemented that incorporate this guidance and complement existing local authority safeguarding policy based on *No Secrets* and *In Safe Hands*.
- The force should contribute to strategic multi-agency partnerships which focus on safeguarding adults, and identify managers who are sufficiently senior to represent the organisation in making decisions and committing resources.
- Abuse of vulnerable adults that amounts to a criminal offence will be investigated to the same standard as any other form of serious crime and adequate resources should be allocated to deal with reported incidents. Safeguarding adults should feature as a key priority in public protection work.
- The force should have a sufficient number of officers specially trained in accordance with *Ministry of Justice (2011)* Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses and guidance on using Special Measures (referred to in this guidance as Achieving Best Evidence) and who are competent at the relevant National
Occupational Standards (NOS) described in Levels 2 and 3 of the Professionalising Investigations Programme (PIP).

- There should be readily available, adequately equipped, video-recording interviewing facilities that are maintained on a regular basis to interview vulnerable adults. This should include good quality portable equipment.

- **ACPO (2010) Guidance on the Management of Police Information, Second Edition**, provides a common national framework for the management of police information, and is designed to contribute to enhanced public safety. Information systems should be developed in accordance with that guidance.

- Ensuring the police role in safeguarding vulnerable adults focuses on its preventive and law enforcement responsibilities within a multi-agency context.

- The training needs of staff should be met through local police and multi-agency training initiatives, such as linking them to approved local authority training.

- The welfare needs of staff need to be considered and accounted for in this complex and specialist area of work.

- Effective supervision of all aspects of safeguarding vulnerable adults from abuse is required.

Strategic aims such as these are essential to ensuring a professional and timely level of support and assistance to partner agencies where police involvement is clearly necessary.
The Context of Adult Safeguarding

This section provides an introduction to the legal framework and relevant publications. It also outlines why this guidance is needed.
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1.1 Prevalence

It is widely acknowledged that the abuse of vulnerable adults is both under-researched and under-reported. A number of studies indicate that vulnerable adults experience a higher prevalence of abuse and neglect than the general population. They are also less able to access services that would enable them to lead safer lives.

In 2007 a prevalence study, commissioned jointly by Comic Relief and the Department of Health, interviewed a sample of people aged 66 or over living in private households. This found that 2.6 per cent of respondents reported that they had experienced abuse or neglect involving a family member, friend or care worker in the preceding year. This figure increased to 4 per cent when the study was extended to include abuse and neglect committed by neighbours and acquaintances. The figure of 4 per cent is equivalent to between 227,000 and 342,000 people aged 66 or over in England and Wales.


In 2011 a large-scale criminal investigation began after the BBC filmed the abuse of vulnerable adults with learning disabilities, who were residents at a privately run hospital.
Concerns about mortality and the standard of care provided at an NHS Hospital Foundation Trust resulted in an inquiry by the Healthcare Commission, which published a critical report in March 2009. This was followed by two reviews commissioned by the Department of Health, and an Independent Inquiry into care provided, chaired by Robert Francis QC. The Independent Inquiry report, p 401 stated:

It has been submitted that some of what occurred at the trust amounts to abuse of vulnerable adults. It would be wrong to suggest that such abuse has occurred in every case, but in some of the cases that have been recounted in oral evidence it would be right to say that it has. Whether or not patients were abused in terms of the definition, many were subjected to treatment that cannot be justified. The Trust needs to look carefully at the way it provides care for the elderly, infirm and vulnerable on its acute admission wards.

Although the police did not subsequently instigate a criminal investigation into the matters arising from the various reviews and inquiry, they were required, in close liaison with HM Coroner, to review all of the facts emerging from the case to establish whether there was any basis for considering offences of Corporate Manslaughter. In June 2010 there was an announcement that there would be a full public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of the trust (ongoing). For further information see Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009. Volume I. Chaired by Robert Francis QC at

http://www.midstaffsinquiry.com/

1.2 Summary of Legal Framework

In England and Wales there is currently no single statutory framework for safeguarding adults equivalent to that which guides the law and practice of child protection, enshrined in the Children Act 1989. While acknowledging
this, the term safeguarding adults is intended to ensure that this area of work shares equal status with safeguarding children.

The existing legal framework for safeguarding adults is complex and fragmented. In 2008 the Law Commission recognised in their tenth programme of law reform that there are areas of adult social care law which are based on discriminatory concepts with insufficient consideration given to human rights concepts and principles of quality.

Reference must be made to a wide range of law including general community care legislation and guidance, the Mental Health Act 1983, the Mental Capacity Act 2005, the Safeguarding Vulnerable Groups Act 2006 and the inherent jurisdiction of the High Court. Just as for any other citizen, recourse against abuse is also available through the existing civil and criminal justice systems.

1.3. No Secrets and In Safe Hands Guidance

No Secrets guidance was issued by the Department of Health and the Home Office in March 2000 under section 7 of the Local Authority Social Services Act 1970 (LASSA). In July 2000 the National Assembly for Wales issued similar guidance entitled In Safe Hands. Section 7 of the LASSA 1970 meant that although the guidance did not have the full force of statute, it must be complied with unless local circumstances indicated exceptional reasons justifying a variation.

The guidance required relevant partner agencies to act together to ensure a cohesive, consistent and effective response to protecting vulnerable adults from abuse, and promoting their human rights. Local authority social services departments were given lead responsibility to coordinate the development of local multi-agency policies for the protection of vulnerable adults from abuse. No Secrets guidance can be accessed at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4074540.pdf

No Secrets and In Safe Hands recognise that many instances of abuse constitute criminal offences and, in this respect, vulnerable adults are entitled to the protection of the law in the same way as any other member of the public. Both guidance documents highlight the need to refer criminal offences to the police as a matter of urgency, as criminal investigations always take priority over other lines of enquiry.

During the summer of 2007, it was announced that there was to be a review of the No Secrets guidance. Between October 2008 and January 2009 a national consultation process took place, coordinated by ACPO, which included undertaking an extensive exercise across the Police Service. The response to the consultation was published on 17 July 2009. For further information see http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_102981.pdf

During the summer and autumn of 2009, the Welsh Assembly commissioned the Welsh Institute for Health and Social Care (WIHSC) to review In Safe Hands. The response to that review was published on 30 March 2010. For further information see http://wales.gov.uk/topics/health/publications/socialcare/reports/ish/?lang=en.

In November 2010, following the review of In Safe Hands, the four adult protection forums across Wales commissioned and published the All Wales (2010) Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse, which replaced the existing four regional versions. This manual is the handbook for practitioners who are managing adult protection work, and those investigating allegations of abuse or who have other direct responsibilities in adult protection. It should guide the work of the whole range of professionals working in adult protection but
especially Social Services, the Police Service, the Health Service, and Care and Social Service Inspectorate Wales staff. For further information see http://www.ssiacymru.org.uk/index.cfm?articleid=3015

1.4 Law Commission: Adult Social Care Report

In February 2010 the Law Commission published a consultation paper setting out detailed provisional proposals for law reform to provide a clear, modern and cohesive framework for adult social care. Following consultation, the Law Commission formulated their final recommendations for reform in Law Commission (2011): Adult Social Care Report. In terms of adult safeguarding, the recommendations include consideration of the duty to investigate, the duty to cooperate, redefining vulnerable adults to adults at risk, compulsory and emergency powers and placing adult safeguarding boards on a statutory footing.

The Government has already announced its intention to place safeguarding adult boards (SABs) on a statutory footing, but are still to confirm which further recommendations will be implemented from the Law Commission’s Report. For further information see http://www.justice.gov.uk/lawcommission/docs/lc326_adult_social_care.pdf

1.5 ADASS Standards

In October 2005 the Association of Directors of Adult Social Services (ADASS), in consultation and partnership with the ACPO and other lead agencies, published ADASS (2005) Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work. Since this publication, safeguarding practice has developed rapidly across partner agencies in working together to protect vulnerable adults at risk of harm.

The framework developed the context of adult protection, identifying the need to move from crisis intervention to more preventive work. There is
emphasis on effective communication across all agencies and the need for all staff to have a good understanding of their roles and responsibilities in line with safeguarding principles. It promotes independence, wellbeing, choice and access to a life where vulnerable adults are treated with dignity and respect to lead a life free of abuse and neglect.

The framework clearly states that any safeguarding action should usually be taken in consultation with the adults concerned and in a manner that does not usurp an individual’s own choices or decision making. Action must ensure that adults with mental capacity who make decisions to remain in abusive situations do so without intimidation, have an understanding of the risks involved and access to appropriate services if they change their mind. Where a person chooses to live with a risk of abuse, a multi-agency safeguarding plan should include access to services that help to minimise the risk. For further information see http://www.adass.org.uk/old/publications/guidance/safeguarding.pdf

In April 2011 ADASS Safeguarding Adults 2011: Advice Notice was published. This provided a framework for directors of adult social services to further develop their leadership role in terms of adult safeguarding. The advice is of particular use to police strategic managers with specific responsibility for leading on safeguarding issues within their force area, especially those sitting on safeguarding adult boards (SAB) and those involved in serious case review (SCR) processes. For further information see http://www.adass.org.uk/index.php?option=com_content&view=article&id=522&Itemid=406

1.6 Duty to Take Action

The Human Rights Act 1988 (HRA) places an obligation on police officers to take reasonable action, within their powers, to safeguard the human rights of all victims of crime, including but not limited to:
• Right to life (under Article 2 ECHR);
• Right not to be subjected to torture or to inhuman or degrading treatment (under Article 3 ECHR);
• Right to liberty and security of person (under Article 5 ECHR);
• Right to respect for private and family life (under Article 8 ECHR).

The requirement to take action to safeguard vulnerable adults from abuse must meet human rights standards and be proportionate and necessary to the perceived level of risk and seriousness. It must also have a basis in law, for example, acting with the informed consent of a victim or in the best interests of an adult lacking capacity in accordance with the Mental Capacity Act (MCA) 2005, acting under a duty of care or in the public interest, for example, protecting other vulnerable adults from abuse.

The requirement to take safeguarding action incurs obligations at every stage of the police response. These obligations begin from receipt of the initial alert throughout the whole process of investigation, and extend to the multi-agency process for safeguarding vulnerable adults.

Under section 47 of the National Health Service and Community Care Act 1990, local authorities are under a duty to carry out a community care assessment in respect of any person who appears to them to be in need of community care services, and to decide in light of that assessment whether services should be provided to that person.

Safeguarding issues may arise as a result of such an assessment, but the role of the police must focus on the investigation of criminal offences. A proportionate investigation will be carried out in all cases where it is reported that a vulnerable adult has been subjected to a criminal offence.

The wishes of an adult with mental capacity should normally be respected. However, public authorities must act to uphold the human rights of all citizens, and where other vulnerable adults or individuals are at risk that duty will take precedence. In these situations officers and staff should not just rely on obtaining an account from a victim, but should focus their
efforts on securing other evidence and gathering information to enable them to assess that risk satisfactorily.

Adults lacking mental capacity may be unable to make a decision about how to pursue their safety at a time when it is needed. In such situations agencies have an obligation to ensure that decisions are made in the best interests of the adult concerned, having regard to the principles of the MCA.

Police officers and staff should present a positive and supportive attitude to victims and other individuals reporting the abuse of a vulnerable adult. A vulnerable adult may understandably fear reporting abuse, especially where the abuser is also their primary carer. They may feel that reporting abuse could result in detrimental outcomes, for example, being placed in an institutional care setting as opposed to being cared for at home. All actions to investigate criminal offences will, therefore, include reassurance about the police handling of an investigation to the victim, their family, relatives and witnesses.

It is the decision of the Crown Prosecution Service (CPS) to prosecute criminal offences. Initial police action must not pre-judge whether an incident merits investigation on the basis that the victim is a vulnerable adult.
MANAGEMENT ISSUES

- All safeguarding action is taken in accordance with the six fundamental principles.
- Safeguarding adults shares equal status with safeguarding children.
- Staff are aware of their duty of positive action.
- Compliance with the obligations of the Human Rights Act 1998.
- Staff are aware of how to access local authority safeguarding policy.
The Mental Capacity Act 2005

This section deals specifically with the principles of the Mental Capacity Act (MCA) 2005 and the interface with adult safeguarding.

The MCA provides a legal framework for how to act on behalf of people who lack the capacity to make specific decisions. It sets out core principles for making decisions relating to personal welfare, healthcare and finances and applies irrespective of whether the decisions are life-changing events or everyday matters. Everyone working with and/or caring for an adult who may lack capacity must comply with the Act.

Although the Act is primarily aimed at health professionals and carers, police officers need to be aware of it when they are dealing with someone found in an emergency situation who is lacking mental capacity, and whose life may be at risk or may suffer harm if action is not taken.
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       Safeguarding Procedures.................................35
2.1 The Mental Capacity Act 2005

The MCA enshrined in statute, current best practice and common law principles concerning people who lack mental capacity. The legal framework provided by the MCA is supported by a Code of Practice, which provides guidance and information about how the Act should be interpreted. The code has statutory power and certain categories of people, including the police, have a legal duty to have regard to it when working with adults who may lack capacity to make decisions for themselves. For further information see:

*Mental Capacity Act 2005, Mental Capacity Act 2005 Code of Practice* at


2.1.1 The MCA Key Principles

The MCA is underpinned by five key principles which should govern a police response.

1. A person must be assumed to have capacity unless it is established that he lacks capacity.

2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for, or on behalf of, a person who lacks capacity must be done, or made, in his best interests.

5. 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.

2.1.2 Determining Capacity

To help determine if a person lacks capacity to make particular decisions, the MCA sets out a two-stage test of capacity.

**Stage 1:** Does the person have an impairment of, or a disturbance in, the functioning of their mind or brain? If a person does not have such an impairment or disturbance of the mind or brain, they will not lack capacity under the Act.

Examples of an impairment or disturbance in the functioning of the mind or brain may include conditions associated with some forms of mental ill health, significant learning disabilities, dementia, brain damage, physical or mental conditions that cause confusion, drowsiness or lack of consciousness, delirium, concussion following a head injury, the symptoms of drug and alcohol abuse.

The impairment or disturbance does not have to be permanent. A person can lack capacity to make a decision at the time it needs to be made, even if the loss of capacity is partial, the loss of capacity is temporary or their capacity changes over time.

An assessment that a person lacks capacity to make a decision must never be based simply on age, appearance, assumptions about their condition, or any aspect of their behaviour. This includes the physical characteristics of certain conditions, for example, features linked to Down’s syndrome or
muscle spasms caused by Cerebral Palsy, as well as aspects of appearance like skin colour, tattoos and body piercing or the way people dress (including religious dress).

**Stage 2:** Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to? Stage 2 can only apply if all practical and appropriate support to help the person make the decision has failed.

A person is only deemed unable to make a decision if they cannot:

- Understand information about the decision to be made;
- Retain that information in their mind;
- Use or weigh that information as part of the decision-making process;
- Communicate their decision, by talking, using sign language or any other means.

### 2.1.3 Recording Decisions about Mental Capacity

Officers responding to safeguarding incidents should not record that an adult lacks mental capacity unless they have received the specialist training to make that judgement. Officers may observe that an adult’s mental capacity is unclear at a particular time. Where there are safeguarding concerns to be investigated and officers suspect that an adult lacks mental capacity, arrangements should be made for a mental capacity assessment to be carried out. This will normally be undertaken by health or social care staff who have received specialist training for this purpose. The requirement for a mental capacity assessment should be agreed as part of the safeguarding assessment strategy meeting. See **5.5.4 Safeguarding Assessment Strategy.**

When a mental capacity assessment is being carried out, the following information should be documented:
• Questions asked and the person’s replies;
• Practical steps that have been taken to assist decision making (for example, consulting relatives, friends or anyone else the person wishes to be contacted or using independent advocates or specialists to assist with communication);
• Action taken and the effect of the action taken.

2.1.4 The Mental Capacity Act Offences

Section 44 of the MCA outlines the criminal offence of the ill-treatment or wilful neglect of a person who lacks mental capacity, or who the defendant reasonably believes to lack capacity. This legislation has increased considerably the number of cases that are referred to the police for criminal investigation, especially regarding people who are cared for in regulated residential care and health settings.

The offences can be committed by:

• Anyone caring for a person who lacks capacity – (this includes family carers, healthcare and social care staff in hospital or care homes and those providing care in a person’s home);
• A donee appointed under a lasting or enduring power of attorney;
• A deputy appointed for the person by the court.

The CPS has provided guidance on a section 44 offence. It advises that the decision in question will be whether an adult lacked the capacity to understand their own health and social care needs and lacked the ability to speak out or challenge the ill-treatment or neglect they were being subjected to. Expert evidence will be required to show that the adult lacked capacity to make the relevant decision.

Ill-treatment and wilful neglect are not defined within the legislation. To prove ill-treatment or neglect it is necessary to show that there was an element of *mens rea*, namely a deliberate or reckless act of abuse that caused or potentially caused emotional, psychological or physical suffering;
see *R v Sheppard* [1981] AC 394. Wilful neglect usually means that a person has deliberately failed to carry out an act they knew they had a duty to do, for example, a qualified nurse who knows that a patient needs medical treatment but by conscious decision fails to call a doctor.

Proof of ill-treatment or wilful neglect will typically come from medical evidence, photographs and, crucially, nursing or care home records which attribute acts and omissions to individual members of staff. A prosecution is more likely to succeed where there is effective partnership working between the police, care and social care services and regulatory bodies.

There should be early consultation with the CPS in respect of any investigation for offences under section 44 MCA. There will be occasions when ill-treatment or neglect results from poor care or nursing standards arising from a lack of knowledge and training, rather than a deliberate and wilful act. It is unlikely that CPS would be willing to prosecute in such incidents.

The decision to record ill-treatment or wilful neglect as a crime should be made in the light of all available evidence and other information. If, on the balance of probability, it is more likely than not that the incident is the result of a criminal act, a crime should be recorded in accordance with *Home Office (2011) National Crime Recording Standards (NCRS)*, see


Where an incident is not initially reported as a crime (because it does not meet the NCRS criteria for recording), an incident report should be recorded in accordance with *Home Office (2011) National Standard for Incident Recording (NSIR) Counting Rules*, see

Where a prosecution does not result from the investigation, any records and relevant information should be retained in accordance with ACPO (2010) Guidance on the Management of Police Information, Second Edition, since these may assist any future investigation and provide evidence to support future prosecutions.

See Appendix 1 for examples of successful and unsuccessful prosecutions under section 44 MCA.

2.1.5 Deprivation of Liberty Safeguards

Without legal justification, the detention of a person against their will may be unlawful and amount to a deprivation of liberty. The Deprivation of Liberty Safeguards (DoLS) were introduced into the MCA by the Mental Health Act 2007 (MHA 2007), following HL v UK 45508/99 [2004] ECHR 471 (the Bournewood Case).

The Bournewood case concerned an autistic man with severe learning disabilities who was informally admitted to Bournewood hospital under the common law doctrine of necessity. The European Court of Human Rights (ECtHR) found that he had been deprived of his liberty unlawfully because of a lack of legal procedure that offered sufficient safeguards against arbitrary detention, and access to a court.

The DoLS are designed to protect adults who lack mental capacity, against decisions depriving them of their liberty, by providing a proper legal process and protection in situations where deprivation of liberty is considered to meet the criteria within the key principles of the MCA (best interests and least restrictive option).

The DoLS apply only to care homes and hospitals registered under the Health and Social Care Act 2008 (HSCA). A deprivation of a person’s liberty may be authorised only through the DoLS procedures, which should be outlined in local authority safeguarding policy or otherwise by the Court of
Protection. The DoLS do not apply to persons detained under the Mental Health Act 1983 (MHA 1983) unless that person is under guardianship; see section 7 MHA 1983.

Deprivation of liberty is different from restraint, although the difference is often one of degree or intensity. The courts recognise that restraint may be appropriate when it is used to prevent harm to a person who lacks capacity and it is proportionate to the likelihood and seriousness of harm. For example, preventing a person leaving a care home or hospital on their own because there is a risk that they would try and cross a road in a dangerous way is likely to be seen as a proportionate response to protect the person from harm. Information in respect of DoLS may be of use to officers investigating institutional abuse. For further information see Ministry of Justice (2008) Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice to supplement the main Mental Capacity Act 2005 at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_087309.pdf

2.1.6 Independent Mental Capacity Advocates

In the past many people who lacked the capacity to make decisions may not have been listened to. The MCA introduced Independent Mental Capacity Advocates (IMCAs) to prevent that from happening. fulfil that role.

IMCAs are independent and will generally work for advocacy providers who are not part of a local authority or the NHS. Staff in local authorities and the NHS, for example, doctors, care managers and social workers, have a duty under the MCA to instruct an IMCA where the eligibility criteria are met.

IMCAs safeguard the rights of people who:

- Are facing a decision about a long-term move or about serious medical treatment;
• Lack capacity to make a specified decision at the time it needs to be made, and have no one else, other than paid staff, who is willing and able to represent them, or be consulted in identifying best interest criteria.

2.1.7 Independent Mental Capacity Advocates and Safeguarding Procedures

Regulations under the MCA also give local authorities and NHS bodies powers to involve IMCAs in their decisions concerning care reviews and safeguarding procedures.

Local authority safeguarding policy should include reference to how IMCAs are involved in care reviews and adult safeguarding procedures.

Local authorities and the NHS have powers to instruct an IMCA to support and represent a person who lacks capacity where:

• It is alleged that the person is or has been abused or neglected by another person; or
• It is alleged that the person is abusing or has abused another person.

Local authorities and the NHS can only instruct an IMCA if they propose to take, or have already taken, protective measures. This is in accordance with No Secrets and In Safe Hands.

In adult safeguarding cases, access to IMCAs is not restricted to people who have no one else to support or represent them. People who lack capacity who do have family and friends are still entitled to have an IMCA to support them in adult safeguarding cases. The decision-maker must be satisfied that having an IMCA will benefit the person. For further information see Department of Health and Office of The Public Guardian (2009) - Making Decisions: The Independent Mental Capacity Advocate Service at

**MANAGEMENT ISSUES**

- Where victims lack the capacity to consent, police officers and staff should comply with the principles of the Mental Capacity Act 2005;

- Existing safeguarding training to incorporate the principles of the MCA, to include:
  1. Identification of policing situations where staff need to apply the Act;
  2. Section 44 and points to prove; and
  3. Awareness of how staff can access specialists trained in mental capacity assessment.
Managing the Police Response to Investigating the Abuse of Vulnerable Adults

This section will assist those staff involved in policing or coordinating safeguarding incidents, and staff responsible for developing policy or training.
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3.1 Key Definitions: Vulnerable Adult

A vulnerable adult is defined in *No Secrets* and *In Safe Hands* as any person aged 18 years or over who is or may be in need of community care services by reason of mental, physical, or learning disability, age or illness AND is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.

The definition of a vulnerable adult above does not remove the public authority duty to protect the human rights of all adults, including those who are vulnerable because of their situation.

Where it is evident that an adult requires support and a local authority, as the lead agency in safeguarding adults, declines to accept a referral under their safeguarding policy, consideration should still be given to whether a multi-agency response is required in supporting the adult. There may be circumstances where the police become the lead agency in managing that response. (For example, an adult with a mild learning disability who is not in need of, or in receipt of, community care services but has become a target for anti-social behaviour in the community.)

The purpose of having a local authority safeguarding policy encompassing partnership working is to protect those who cannot protect themselves, because they do not have the physical or mental ability, are coerced into not exercising that ability, or feel unable to report abuse due to fear of the consequences.

It is important that assumptions are not made in relation to vulnerability on the basis that an adult may be older or that they have an identified disability. One of the main principles of the MCA is that every adult has the right to make their own decisions and must be assumed to have capacity unless it is proved otherwise.
For further information on identifying adults who may be vulnerable, see *Ministry of Justice (2011) Vulnerable and Intimidated Witnesses: A Police Service Guide* at


### 3.1.1 Community Care Services

Community care services include all care services provided in any setting or context, including private and voluntary providers. It is irrelevant whether the victim is paying for the service. Where there is any doubt as to whether a person is or may be in need of community care services, the local authority should be contacted for advice.

An individual’s eligibility for community care services is determined following an assessment. Under section 47 of the National Health Service and Community Care Act 1990 (NHS & CCA), local authorities have a duty to assess the needs of any person for whom the authority may provide or arrange the provision of community care services, and who may be in need of such services.

Since the publication of *No Secrets* and *In Safe Hands*, there have been some significant legal and policy changes to assessing eligibility criteria. For further information see *Department of Health (2010): Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care. Guidance on Eligibility Criteria for Adult Social Care, England 2010* at


The aim of the guidance is to assist councils with adult social services responsibilities to determine eligibility for adult social care in a way that is fair, transparent and consistent, accounting for the needs of their local community as a whole as well as individuals’ need for support. The eligibility framework is graded into four bands which describe the
seriousness of the risk to independence and wellbeing or other consequences if needs are not addressed. Situations where abuse or neglect has occurred or will occur will always fall within the eligibility criteria.

The guidance states that:

...eligibility criteria should be explicitly placed within a much broader context whereby public services in general are well placed to offer all individuals some level of support. For example, people who do not meet the eligibility threshold should still be able to expect adequate signposting to alternative sources of support.

The same concept applies to police officers and staff. They may encounter vulnerable adults who have not suffered abuse or neglect but are in vulnerable situations or circumstances. Where it is evident that a vulnerable adult requires support, the police must, as a minimum, ensure that other appropriate services are signposted; this may include referral to the local authority for an assessment of need to be undertaken.

3.1.2 Significant Harm

In determining how serious or extensive the abuse must be to justify intervention, the Law Commission built on the concept of significant harm introduced by the Children Act 1989.

Significant harm means notable, important or momentous with regard to the seriousness of an event, a situation, a context, for example, where there may be more than one vulnerable adult at risk in a care or health setting. It includes the potential effect on individuals, the duration and likelihood of it being repeated. The same type of incident may have different consequences for different victims. Relatively minor incidents can become far more significant if they are not an isolated event. For example, the continued theft of small amounts of money from a person in receipt of welfare benefits is as significant to their quality of life and wellbeing as a
large amount of money being stolen from an affluent individual, and may, therefore, amount to significant harm.

*No Secrets* and *In Safe Hands* state that harm should be taken to include ill-treatment (including sexual abuse and forms of ill-treatment which are not physical), impairment or an avoidable deterioration in physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

### 3.1.3 Abuse

Abuse is defined as the 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, an act of neglect or an omission to act. It may occur when a vulnerable adult is persuaded to enter into a financial or sexual transaction in which he or she has not consented or does not have the capacity to consent.

Defining abuse is complex and can be subject to wide interpretation. It must be emphasised that many instances of abuse equate to serious crimes against society’s most vulnerable individuals and involve intent, recklessness, dishonesty or negligence by the perpetrator. Some abuse does not necessarily amount to a crime and may be perpetrated as a result of ignorance or poor or unsatisfactory professional practice. This may still require initial police investigation to identify the *mens rea* and will always require referral to the local authority in accordance with their safeguarding policy. This will ensure that approaches other than criminal investigation may be considered, for example, disciplinary action, social care or health assessment or action by inspection or regulatory bodies.

### 3.1.4 Serious Abuse and Serious Incidents
It is important to define serious abuse and serious incidents involving vulnerable adults as victims because this will determine the specialist skills and training required of the officer undertaking the criminal investigation, and builds further on the concept of significant harm. This will not impact on a thorough and robust approach being taken to the investigation of all abuse amounting to a crime even where it may be perceived as less serious.

ACPO has defined serious abuse and serious incidents for the purpose of this guidance.

**Serious Abuse**

- Any sexual offence involving penetration, or where the victim has a mental disorder (as defined by section 1 of the Mental Health Act (MHA) 1983), or the suspect is a care worker or employed in a position of trust, or the allegation is against a registered sex offender.
- The most serious and violent offences such as sections 20 and 18 of the Offences Against the Persons Act 1861, attempted murder and murder.
- Gross Negligence offences leading to death or serious long-term injury, illness or disability.
- Financial abuse where appropriate specialist investigative skills are required.
- Computer crime where identifiable vulnerable adults are at risk.

**Serious Incidents**

- Serious abuse that takes place in an institutional care or NHS setting.
- Incidents where allegations have been made against a paid worker or volunteer.
- Incidents involving multiple vulnerable victims and/or suspects.
- Incidents posing threat to life and limb, for example, arson.
- Suspicious death of a vulnerable adult who is the subject of an ongoing adult safeguarding investigation, regardless of which agency is leading the investigation.
- Historical institutional abuse.
- High-profile media cases.
- Safeguarding incidents where a conflict exists between agencies, which remains unresolved and is adversely affecting multi-agency working.

The NHS has its own nationally agreed framework for notifying, managing and learning from serious incidents occurring within NHS settings. This includes the definition of a serious incident (formerly referred to as Serious Untoward Incidents) which differs from the one used in this guidance. This may be of particular relevance to SIOs investigating serious crime in healthcare settings. For further information see 8.4.4 Provider Services Safeguarding Responsibilities.

**3.1.5 Critical Incidents and Community Impact Assessments**

The ACPO definition of a critical incident is:

Any incident where the effectiveness of the police response is likely to have a significant impact on the confidence of the victim, their family and/or community.

Officers investigating the abuse of vulnerable adults should be aware that certain issues may be perceived as relating to a particular community (for example, female genital mutilation, forced marriage or disability hate crime) and that it may impact adversely on that community. Police officers and staff should follow existing force policy related to community impact assessments.

The use of force policies relating to critical incidents and community impact assessments may be relevant, particularly in large-scale cases. For
example, in a situation where a police investigation reveals that the safety of a number of adults in an institutional setting has been severely compromised, and a multi-agency decision is made to move all service users to a safer environment.

In some cases the establishment of a strategic gold group or silver group may be necessary to deal with the wider community issues involved. For further information see **ACPO (2007) Practice Advice on Critical Incident Management**.

### 3.2 Categories of Abuse

There are many ways in which a vulnerable adult may be abused, and it is not unusual for a victim to suffer more than one form of abuse. Staff must be aware that abuse defined in this guidance may overlap with domestic abuse and child abuse; see **ACPO (2009) Guidance on Investigating Child Abuse and Safeguarding Children** and **ACPO (2008) Guidance on Investigating Domestic Abuse**.

Tables 1 to 7 below are included to assist police officers and staff to identify the signs and symptoms indicative of abuse. They are not unequivocal indicators that abuse has occurred, neither do they provide a definitive list of signs and symptoms. The existence of signs and symptoms may raise safeguarding suspicion, especially if persistent patterns of behaviour are evident.

#### 3.2.1 Physical abuse

Physical abuse is the non-accidental infliction of physical force by one person on another, which may or may not result in physical injury. It can involve hitting, shaking, throwing, burning, drowning, suffocating, choking, slapping, pushing, kicking, misuse of medication, poisoning, inappropriate restraint or false imprisonment. (This list is not exhaustive.)
### Table 1 Examples of Signs and Symptoms of Physical Abuse

<table>
<thead>
<tr>
<th>Physical Abuse</th>
<th>Victim being abused</th>
<th>Perpetrator abusing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disclosure;</td>
<td>States vulnerable adult is un-cooperative or ungrateful for care provided;</td>
</tr>
<tr>
<td></td>
<td>Fractures;</td>
<td>Lacks understanding of vulnerable adult’s needs;</td>
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<tr>
<td></td>
<td>Bruising in well-protected areas;</td>
<td>Unable to provide consistent account of injuries;</td>
</tr>
<tr>
<td></td>
<td>Physical pain;</td>
<td>In possession of implements or weapons that may provide explanation for unusual patterns of bruising;</td>
</tr>
<tr>
<td></td>
<td>Skin tears</td>
<td>Role factors, eg: mental health issues, history of drug or alcohol abuse, inability to control anger, carer’s stress and poor support from available services.</td>
</tr>
<tr>
<td></td>
<td>Burns;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blisters;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unexplained weight-loss;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unexplained falls;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bite marks;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pinch marks;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sleep; disturbances;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Flinching;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evidence of old injuries or injuries of differing age;</td>
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<tr>
<td></td>
<td>Explanation not consistent with situation or life-style;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subdued personality;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental-health problems;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Withdrawal;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Isolation.</td>
<td></td>
</tr>
</tbody>
</table>

### 3.2.2 Sexual Abuse

Sexual abuse is direct or indirect involvement in sexual activity without consent. It may involve rape and sexual assaults, including penetrative or non-penetrative sexual acts, to which the vulnerable adult did not consent, had no capacity to consent or was pressurised into consenting.
Table 2 Examples of Signs and Symptoms of Sexual Abuse

<table>
<thead>
<tr>
<th>Sexual Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Victim being abused</strong></td>
</tr>
<tr>
<td>Disclosure;</td>
</tr>
<tr>
<td>Genital discharge;</td>
</tr>
<tr>
<td>Genital irritation;</td>
</tr>
<tr>
<td>Sexually transmitted disease;</td>
</tr>
<tr>
<td>Re-occurring urinary tract infections;</td>
</tr>
<tr>
<td>Bruising to upper inner thighs;</td>
</tr>
<tr>
<td>Difficulty walking;</td>
</tr>
<tr>
<td>Torn, stained or bloody underwear;</td>
</tr>
<tr>
<td>Offensive sexual language;</td>
</tr>
<tr>
<td>Flinching;</td>
</tr>
<tr>
<td>Persistent and inappropriate sexualised behaviour;</td>
</tr>
<tr>
<td>Pregnancy;</td>
</tr>
<tr>
<td>Fear of men/boys or women/girls;</td>
</tr>
<tr>
<td>Mention of secrets;</td>
</tr>
<tr>
<td>Withdrawal;</td>
</tr>
<tr>
<td>Isolation;</td>
</tr>
<tr>
<td>Self-harming behaviour.</td>
</tr>
</tbody>
</table>

3.2.3 Psychological or Emotional Abuse

Psychological or emotional abuse is direct or indirect action by a person that severely impairs the emotional health and development of the vulnerable adult, but is not of a physical nature. It includes threats of harm or abandonment, bullying, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
Table 3 Examples of Signs and Symptoms of Psychological Abuse

<table>
<thead>
<tr>
<th>Psychological or Emotional Abuse</th>
<th>Victim being abused</th>
<th>Perpetrator abusing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Disclosure;</td>
<td></td>
<td>General lack of consideration to</td>
</tr>
<tr>
<td>• Frightened of individuals;</td>
<td></td>
<td>needs and denial of reasonable</td>
</tr>
<tr>
<td>• Stress and/or anxiety in</td>
<td></td>
<td>requests;</td>
</tr>
<tr>
<td>response to certain people;</td>
<td></td>
<td>Person perceived as being</td>
</tr>
<tr>
<td>• Lack of self-esteem/worth;</td>
<td></td>
<td>ungrateful;</td>
</tr>
<tr>
<td>• Withdrawn;</td>
<td></td>
<td>Use of abusive or derogatory</td>
</tr>
<tr>
<td>• Unresponsive and compliant;</td>
<td></td>
<td>language;</td>
</tr>
<tr>
<td>• Displays compulsive behaviour;</td>
<td></td>
<td>Shouting/threats;</td>
</tr>
<tr>
<td>• Reduction in concentration;</td>
<td></td>
<td>Discriminatory remarks;</td>
</tr>
<tr>
<td>• Lack of trust with significant</td>
<td></td>
<td>Denies privacy;</td>
</tr>
<tr>
<td>others;</td>
<td></td>
<td>Ignores adult;</td>
</tr>
<tr>
<td>• Disturbed sleep patterns;</td>
<td></td>
<td>Withholds affection;</td>
</tr>
<tr>
<td>• Perceived irrational</td>
<td></td>
<td>Denies social or cultural</td>
</tr>
<tr>
<td>emotional behaviour;</td>
<td></td>
<td>contact resulting in</td>
</tr>
<tr>
<td>• Depression/anxiety attacks;</td>
<td></td>
<td>isolation;</td>
</tr>
<tr>
<td>• Alcohol or drug misuse.</td>
<td></td>
<td>Mental health issues;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alcohol or drug misuse;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Need for control or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>punishment.</td>
</tr>
</tbody>
</table>

3.2.4 Financial Abuse

Financial abuse is sometimes referred to as material abuse and is the unauthorised and fraudulent obtaining, or improper use, of funds, property or any resources belonging to a vulnerable adult. Financial or material abuse includes theft, fraud and exploitation in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. This includes hoarding vulnerable adults’ resources for future gain.
Table 4 Examples of Signs and Symptoms of Financial Abuse

<table>
<thead>
<tr>
<th>Financial Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Victim being abused</strong></td>
</tr>
<tr>
<td>• Disclosure;</td>
</tr>
<tr>
<td>• Insufficient funds in account;</td>
</tr>
<tr>
<td>• Account does not balance or errors found in accounting records;</td>
</tr>
<tr>
<td>• Unable to account for funds being spent;</td>
</tr>
<tr>
<td>• Legal papers missing;</td>
</tr>
<tr>
<td>• Overprotective of money or possessions;</td>
</tr>
<tr>
<td>• Money not readily available for activities;</td>
</tr>
<tr>
<td>• Losses from accounts disguised;</td>
</tr>
<tr>
<td>• Forged signatures;</td>
</tr>
<tr>
<td>• Debts;</td>
</tr>
<tr>
<td>• Disconnection of essential services;</td>
</tr>
<tr>
<td>• Lack of basic life provisions, eg, no food or heating.</td>
</tr>
</tbody>
</table>

3.2.5 Neglect and Acts of Omission

Neglect and acts of omission mean the failure to meet a vulnerable adult’s basic physical, medical and/or psychological needs, which is likely to result in the serious impairment of the individual’s health. It includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, withholding the necessities of life, for example, medication, adequate nutrition, hydration, heating, and a failure to intervene in situations that are dangerous to the
person concerned, especially when the person lacks the ability to assess risks for themselves. See 2.1.4 The Mental Capacity Act Offences.

Table 5 Examples of Signs and Symptoms of Neglect – Acts of Omission

<table>
<thead>
<tr>
<th>Neglect and Acts of Omission</th>
<th>Victim being abused</th>
<th>Perpetrator abusing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Disclosure;</td>
<td>• Ignoring or denying an individual’s requests;</td>
<td></td>
</tr>
<tr>
<td>• Poor physical condition of</td>
<td>• Denying access to an individual on request of relatives, friends, health and social care agencies;</td>
<td></td>
</tr>
<tr>
<td>individual, for example</td>
<td>• Uncaring attitude or feelings of detachment from the individual;</td>
<td></td>
</tr>
<tr>
<td>untreated pressure ulcers;</td>
<td>• Purposeful omission in updating essential records or fraudulently altering existing records;</td>
<td></td>
</tr>
<tr>
<td>• Clothing in poor condition;</td>
<td>• Failure in reporting progress to other staff or carers;</td>
<td></td>
</tr>
<tr>
<td>• Inadequate diet;</td>
<td>• General lack of consideration to individuals’ needs;</td>
<td></td>
</tr>
<tr>
<td>• Untreated injuries;</td>
<td>• Deliberate failure to give or deliberate or reckless misuse of prescribed medication;</td>
<td></td>
</tr>
<tr>
<td>• Reluctant contact with health or social care agencies;</td>
<td>• Failure to maintain aids and adaptations required for communication and mobility;</td>
<td></td>
</tr>
<tr>
<td>• Failure to engage in social activities;</td>
<td>• Lack of knowledge;</td>
<td></td>
</tr>
<tr>
<td>• Malnutrition;</td>
<td>• Mental health issues;</td>
<td></td>
</tr>
<tr>
<td>• Unexplained weight loss;</td>
<td>• Drug or alcohol misuse.</td>
<td></td>
</tr>
<tr>
<td>• Dehydration;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Deterioration of health;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Unexplained accidents/ injuries;</td>
<td></td>
<td></td>
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<tr>
<td>• Stealing food.</td>
<td></td>
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</tr>
</tbody>
</table>
3.2.6 Discriminatory Abuse

Discriminatory abuse can be a component of any category of abuse and may provide evidence of motivation or hostility in hate crimes. It is any form of abuse based on discrimination because of a person’s race, sex, gender reassignment, culture, disability, sexual orientation, age or religion or belief.

Table 6 Examples of Signs and Symptoms of Discriminatory Abuse

<table>
<thead>
<tr>
<th>Discriminatory abuse</th>
<th>Victim being abused</th>
<th>Perpetrator abusing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Disclosure;</td>
<td>• Use of inappropriate nicknames;</td>
<td></td>
</tr>
<tr>
<td>• Withdrawal;</td>
<td>• Use of derogatory language;</td>
<td></td>
</tr>
<tr>
<td>• Rejection of services, which do not meet the needs of the individual, for example, gender of carer or manner in which food is prepared;</td>
<td>• Stereotyping;</td>
<td></td>
</tr>
<tr>
<td>• Low self-esteem.</td>
<td>• Lack of understanding and/or respect of a person’s needs;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Denial of social contact;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Denying access to religious institutions or preventing practice of spiritual or other cultural beliefs;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Views individuals as not conforming to the system;</td>
<td></td>
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<tr>
<td></td>
<td>• Views individuals as being uncooperative;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• May respond on being challenged with a statement similar to ‘I treat everyone the same’;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lack of awareness regarding the impact of discrimination.</td>
<td></td>
</tr>
</tbody>
</table>
3.2.7 Institutional Abuse

Institutional abuse may occur in any care or health setting and includes instances of abuse and any category of abuse by individuals or groups of individuals. It may result from ineffective structures, policies, processes and practices within an organisation that are based more on the needs of the providers of care than those of the adult receiving services. Organisational culture can influence individual behaviour and includes poor care standards, lack of positive responses to complex needs, unacceptable treatments and programmes, rigid routines, inadequate staffing and poorly trained staff. Examples include restrictions or punishment such as withholding food or drink, being kept in isolation, unnecessary and unauthorised use of restraints and over-medication.
### Table 7 Examples of Signs and Symptoms of Institutional Abuse

<table>
<thead>
<tr>
<th>Victim being abused</th>
<th>Perpetrator abusing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Disclosure;</td>
<td>• Staff viewing service users as a nuisance;</td>
</tr>
<tr>
<td>• Left on commode for long periods without justification;</td>
<td>• Lack of understanding of specific disabilities or conditions, for example, dementia;</td>
</tr>
<tr>
<td>• Lack of clothing or personal possessions;</td>
<td>• Deliberate misuse of medical or nursing procedures including medication;</td>
</tr>
<tr>
<td>• Lack of stimulation or social interaction;</td>
<td>• Poor equipment maintenance;</td>
</tr>
<tr>
<td>• No care plans or outdated care plans;</td>
<td>• Failure to provide information appropriate to the person’s disability;</td>
</tr>
<tr>
<td>• Unexplained injuries, for example, bruises or tissue tear;</td>
<td>• Coercion;</td>
</tr>
<tr>
<td>• Recoiling from specific carers;</td>
<td>• Illegal restraints;</td>
</tr>
<tr>
<td>• Forced removal from place of residence without discussion with appropriate agencies;</td>
<td>• Inappropriate physical intervention;</td>
</tr>
<tr>
<td>• Minimal outside contact;</td>
<td>• Entrenched views;</td>
</tr>
<tr>
<td>• Not treated with respect or dignity;</td>
<td>• Abuse of human rights;</td>
</tr>
<tr>
<td>• Lack of access to advocacy service.</td>
<td>• Inadequate feeding;</td>
</tr>
<tr>
<td></td>
<td>• Role factors, for example, working alone or unsupervised, lack of appropriate training, feeling undervalued.</td>
</tr>
</tbody>
</table>
3.3 Who May Perpetrate Abuse?

Abuse occurs in any relationship. The abuse of vulnerable adults occurs across all social groups regardless of race, sex, gender reassignment, class, culture, disability, sexual orientation, age, religion or belief and may be perpetrated by a wide range of people including:

- Relatives and family members including intimate partners and co-habitees;
- Service users who are themselves vulnerable adults by definition;
- Paid care workers;
- Other recognised carers, eg, neighbours or friends;
- Member of staff or service manager;
- Member of a recognised professional group such as a nurse, social worker, police officer, or GP;
- Volunteer or member of a community group;
- A person who deliberately targets vulnerable people based on hostility or prejudice (as in hate crime) or in order to exploit them.

3.3.1 Where Abuse May Occur

Abuse and neglect occurs in a range of settings, including domestic settings, care homes and sheltered housing schemes. Significant harm to one vulnerable adult may indicate the potential for significant harm to other vulnerable adults who are resident in the same setting.

The vulnerable adult may be:

- Living in their own home;
- Living with relatives or friends;
- Staying or living in a residential or nursing home or supported lodgings;
- Attending a day centre or other establishment;
- A patient in a hospital;
- Living on the streets;
3.3.2 Patterns of Abuse
Patterns of abuse and abusing vary and may include:

- Serial abusing in which the abuser seeks out and grooms vulnerable adults in the same manner as abusers of children do. This may be through personal contact with the vulnerable adult, their carer or by other means of communication such as the internet and mobile telephones.
- Long-term abuse within a family relationship, such as domestic abuse.
- Opportunistic abuse such as theft.
- Abuse which arises because pressures have built up and/or because of challenging or difficult behaviour, for example, carer’s stress.
- Neglect of a vulnerable adult’s needs because those around them are no longer able to be responsible for their care – this may be because the carer has deteriorating health and social care needs.
- Institutional abuse.
- Racist, sexist, ageist and other discriminatory practice.
- Failure to access appropriate healthcare services such as dentistry, chiropody or pressure sore management.
- Misuse of benefits and/or use of the vulnerable adult’s money by carers or service providers.

3.4 Identifying, Assessing and Managing Risk
Police officers and staff, in consultation with supervisors and other agencies, need to be able to make operational judgements by recognising patterns of context and behaviour and being guided by their own professional judgement. Individual staff members must be prepared to account for their decisions and to show that they were justified in making the decision or taking the action that they did. In doing so, they should ask themselves whether the decision or action they are taking is
proportionate, legitimate within the scope of the law, authorised, necessary and ethical.

The risk of harm in the context of safeguarding vulnerable adults is complex, partly due to an adult’s right to make choices and decisions about their lives, including those related to risk and their own perceived vulnerability. **The responsibility of all frontline staff in responding to incidents is to ensure immediate safeguarding of vulnerable adults and to identify cases that require specialist intervention.**

In situations where vulnerable adults choose to live in risky situations, there remains a duty of care by all agencies involved with the adult to take appropriate and proportionate action to minimise the risks involved. The views of the vulnerable adult should be sought and should form the basis of the risk assessment. Many professional risk takers, for example, doctors and social workers, cannot take risk decisions affecting adults with capacity, without their consent. Police officers are not similarly limited. When acting in the public interest or applying the criminal law, the police may make decisions about a person without their consent. This includes making referrals to adult social care and sharing confidential information.

Local authorities will ultimately be responsible for collating information from a range of agencies to compile a full risk profile. This process will be managed through the multi-agency response. Each local authority has made reference to risk management in their safeguarding policy which outlines the key factors needed to help all agencies assess and manage the risks. Police officers and staff working with vulnerable adults should ensure that they are familiar with their local authority risk assessment models and how they can effectively contribute towards effective risk decisions.

There are certain factors which may increase the likelihood of a vulnerable adult being abused. These factors do not form a definitive list for identifying risk, and one factor alone may be enough to alert staff to a
case that requires a multi-agency response to safeguard the adult concerned.

Circumstances that may increase the risk of a vulnerable adult being abused include:

- Living in the same household as a perpetrator;
- Being emotionally or socially isolated;
- Lacking capacity;
- Experiencing communication difficulties or having a memory impairment or an illness that causes unpredictable behaviour;
- Demanding more than a carer can offer in terms of support;
- Having a lack of space or privacy;
- Being too frightened to report abuse because of threats or fear of the consequences, for example, being told that they will be placed into residential care.

In circumstances where the suspected perpetrator is a carer, the risk may be increased where that carer has:

- Been forced to change their lifestyle and as a consequence experiences resentment or anger towards a vulnerable adult;
- Experienced disturbed nights on a regular basis;
- Become emotionally or socially isolated with no respite from a caring role and its responsibilities;
- Experienced a pattern of family violence currently or historically;
- Financial problems;
- Drug or alcohol dependency;
- Other personal issues that impact on family dynamics, for example, unemployment, separation or divorce, bereavement or illness, including their own mental ill health.

Where care services are provided within institutional settings, for example, residential and nursing care homes or hospitals, abuse is more likely to occur when staff are:
• Not subject to rigorous vetting procedures at the point of recruitment;
• Inadequately trained, for example, poor record keeping;
• Poorly supervised;
• Lacking support and under resourced;
• Working in isolation;
• Frightened of the consequences of reporting abuse because of ineffective whistleblowing policies, for example, fear of losing their job.

3.4.1 ACPO Statement of Risk Principles
ACPO has developed a set of ten risk principles to assist in bringing about more confident and professional risk decision making. They are intended to create a more flexible policing environment where police officers and staff are better equipped and supported in exercising professional judgement.

PRINCIPLE 1: The willingness to make decisions in conditions of uncertainty (ie, take risks) is a core professional requirement of all members of the Police Service.

PRINCIPLE 2: Maintaining or achieving the safety and wellbeing of individuals and communities is the primary consideration in risk decision making.

PRINCIPLE 3: Risk taking involves judgement and balance, with decision makers required to consider the value and likelihood of the possible benefits of a particular decision against the seriousness and likelihood of the possible harms.

PRINCIPLE 4: Harm can never be totally prevented. Risk decisions should, therefore, be judged by the quality of the decision making, not by the outcome.
PRINCIPLE 5: Taking risk decisions and reviewing others’ risk decisions is difficult and so consideration should be given to whether they involved dilemmas or emergencies, were part of a sequence of decisions or might appropriately have been taken by other agencies.

PRINCIPLE 6: The standard expected and required of members of the Police Service is that their risk decisions should be consistent with those a body of officers of similar rank, specialism and experience would have taken in the same circumstances.

PRINCIPLE 7: Whether to document a decision is a risk decision in itself which should, to a large extent, be left to professional judgement. Deciding whether or not to make a record and the extent of that record should be informed by consideration of the likelihood of harm occurring and its seriousness.

(Note: It has always been good risk management policy for the police to record decisions and the rationale for them contemporaneously and in reasonable detail.)

PRINCIPLE 8: To reduce risk aversion and improve decision making, policing needs a culture that learns from successes as well as failures. Good risk taking should be identified, celebrated and shared.

PRINCIPLE 9: Since good risk taking depends on quality information, the Police Service will work with partner agencies to share relevant information about those who pose risk or those who are vulnerable to the risk of harm.

PRINCIPLE 10: Members of the Police Service who make decisions consistent with these principles should receive the encouragement, approval and support of their organisation.
3.4.2 National Decision Model

ACPO approved the National Decision Model (NDM) in January 2011. The NDM is an evidence based decision-making process that police officers and staff can apply to many policing situations.

The NDM can be adapted for use in safeguarding vulnerable adults from abuse. It can assist police officers and staff in managing the initial response, identifying the incidents that require referral under local authority safeguarding policy, and identifying the issues that need to be addressed through a subsequent multi-agency response.

The NDM has six key elements:

A central pentagon that emphasises the importance of police mission statements, values, risk management (incorporating the ten risk-based principles) and human rights; this supports every stage of the decision-making process.

A five stage decision-making process:
Stage 1 – Gathering information and intelligence;
Stage 2 – Assessment of the situation including threat and risk;
Stage 3 – Consideration of policing powers and policies;
Stage 4 – Weighing up of appropriate responses;
Stage 5 – Taking of action and then reviewing the effect of that action.

The nature of the NDM provides flexibility for continual assessment of a situation and for appropriate action to be taken on the basis of the most current information and intelligence available at the time.
To assist police officers and staff, the following questions and considerations have been included as an aid to inform the various stages of the NDM in respect of safeguarding adults from abuse. These do not provide a definitive guide.

The questions and considerations outlined at stages 4 and 5 are ultimately the responsibility of the local authority and would need to be developed further as part of the multi-agency response. However, they provide a useful basis for staff who contribute to safeguarding assessment strategy meetings and case conferences.

**Stage 1 – Gathering information and intelligence**
What is happening?
- Does this incident involve a vulnerable adult by definition?
- What risks have been identified?
- How and when was the risk identified and by whom?

What do I know so far?
- What supporting evidence exists?
- What intelligence exists?
- What information is available about the wider context of the alleged abuse?
- How long has the abuse been going on?
- Have there been any previous concerns documented by the police or other agencies?

What are the specific vulnerabilities of the vulnerable adult?
- Consider the level of mental, physical or learning disability.
- How does the disability or frailty or illness affect the adult’s ability to protect themselves from significant harm?
- Identify whether there are issues over mental capacity.
- Identify levels of emotional and financial dependency, communication needs or social or cultural needs.

What information gaps exist?

What am I being asked to do?
- Is the person aware of the abuse?
- Does the person understand the risks of the situation?
- Does the person want to remain in their current environment?
- Does the person want to maintain a relationship with the perpetrator?

Stage 2 – Assessment of the situation including threat and risk

What is the risk of harm posed by the situation?
- What actual or potential harm has been caused by the abuse?
- How probable is the risk of future harm?
• How serious would it be?

What are the potential causes of harm or risk of harm? (Refer to circumstances that may increase the risk of abuse.)
• Does the alleged perpetrator still have access to the victim?
• What was the motivation or the intent of the alleged perpetrator?
• What is the attitude of the alleged perpetrator?

What is the impact on the person or other vulnerable adults?
• Detail the consequences of the abuse.
• Identify whether risks are posed to other vulnerable adults who may reside in the same setting.

What are the consequences if the police do not intervene?
• Is there a benefit?
• What is the probability of that benefit occurring?

What is the perceived level of threat (low, medium, high or unknown)?

Abuse will be always classed as High Risk where there is reason to believe someone’s life or physical wellbeing is in danger, incidents are increasing in frequency, or incidents are increasing in severity.

• Is there a formal risk assessment tool available for the situation? (For further information see 3.4.3 ACPO Validated Risk Tools.)
• Is this an issue for the police, who else needs to be informed?
• Is there a duty of care for the police to refer the matter under local authority safeguarding policy? (If a vulnerable adult is or may be unable to take care of themselves or is unable to protect themselves from significant harm or exploitation, the case will be referred to the relevant authority.)
• Does the person want the police to investigate a crime?
• Does the person consent to a referral being made to adult social care in respect of safeguarding or for an assessment of need?
• Does the person want any intervention or signposting to other agencies?

**Stage 3 – Consideration of policing powers and policies**

- What powers are available under criminal or civil law to safeguard the vulnerable adult?
- What other guidance or policies are applicable (for example – responding to domestic abuse)?
- What other obligations might be applicable (for example – referral to mainstream and specialist support under local authority safeguarding policy)?
- How do actions comply with ECHR and Human Rights obligations (are they proportionate, legitimate, authorised, necessary)?

**Stage 4 – Weighing up of appropriate responses. This should be considered as part of the safeguarding assessment strategy.**

What are the options? Options available should be empowering for the victim and consider the different ways in which a particular situation can be resolved with the least risk of future harm, and may include:

- Conducting a criminal investigation which includes the arrest of a suspect;
- Another agency leading on a non-criminal investigation;
- Putting supportive and monitoring processes in place with family, friends, neighbours and carers who do not present a risk;
- Considering alternative safe accommodation with the consent of the victim;
- Crime prevention strategies, for example, personal attack alarms or disruption visits;
- Signposting to support or social groups;
- Making the victim aware of how they can raise and report concerns.

Do the options mitigate risk and/or achieve a benefit? (Identify benefits and harms for each option for the victim or individuals directly involved in the situation, community perceptions and policing values.) What options
have been discounted and why? What is the preferred option and why? Is the preferred option reasonable and justifiable in the circumstances? What contingencies need to be considered?

**Stage 5 – Taking action and then reviewing the effect of that action. This should be considered as part of the safeguarding assessment strategy, safeguarding assessment and case conference.**

Take action by selecting and implementing the option that appears to have the greatest likelihood of success against least likelihood of harm. Who needs to know the decision? For example, is it necessary to brief response or neighbourhood officers about the incident and the measures put in place?

What happened as a result of the decisions made? Monitor and review what happened.

Does the risk of harm still remain or have other risks emerged as a consequence of the action taken?

Is further safeguarding action necessary? Consult the local authority for a review of the safeguarding assessment strategy.

**3.4.3 ACPO Validated Risk Tools**

There are a number of ACPO validated risk tools already in existence and these should be applied as appropriate at Stage 2 of the NDM. For example, where an allegation is received that a vulnerable adult has been the subject of domestic abuse, regardless of the age or disability of the victim, police officers and staff will risk assess in accordance with

**ACPO/CAADA (2009) Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) Risk Identification and Assessment Checklist**, see

[www.dashriskchecklist.co.uk/uploads/pdfs/DASH%202009.pdf](http://www.dashriskchecklist.co.uk/uploads/pdfs/DASH%202009.pdf)
Refer also to ACPO/CAADA (2009) Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) Risk Model: Practice Guidance for Specialist Staff.

For information about identifying, assessing and managing risk for people with mental ill health or learning disabilities, see ACPO (2010) Guidance on Responding to People with Mental Ill Health or Learning Disabilities.


3.5 Vulnerable Adult Abuse and Associated Investigations

Concerns for a vulnerable adult may come from reports related to other matters. In the following types of associated investigation, consideration must be given to whether there is a vulnerable adult at risk of abuse, or whether there is a vulnerable adult who poses a risk to others.

3.5.1 Child Abuse

There is a similarity between investigating the abuse of vulnerable adults and child abuse. Both involve a multi-agency approach to minimising the risk of harm, by appropriate sharing of information and thorough coordinated action.
The main differences are:

- Safeguarding adults does not benefit from a set of statutory principles equivalent to those which guide the law and practice of child protection, enshrined in the Children Act 1989;
- Vulnerable adults have the same rights and responsibilities of other adults and their views should be central to all decision making;
- With adults there is a presumption of capacity and each having the right to make his or her own decisions;
- Suspected child abuse can be measured against the child’s development milestones;
- Children should be routinely seen by a range of professionals, for example, health visitors and schoolteachers who can assess development milestones, this is not the case with vulnerable adults;
- There is an additional category of abuse identified for vulnerable adults, namely financial abuse.

Vulnerable adults coming to the attention of the police under this guidance may also be parents or caring for children. Research studies and serious case review processes into child deaths, where abuse and neglect have been a feature in the death, show that a lack of process which assesses the impact on parenting where the parents have mental health issues or learning disabilities was an inherent characteristic in the abuse of children in a disproportionate number of cases. For further information see Ofsted (2009) Learning lessons from serious case reviews: year 2. Ofsted’s second year of evaluating serious case reviews: a progress report (April 2008 to March 2009), at


In some circumstances a child can be placed at risk of abuse or significant harm because of the vulnerability of the adult (for example, a steady or sudden deterioration in an adult’s mental or physical health).
Where it is identified that a vulnerable adult subject to a safeguarding alert is a parent, and the adult’s vulnerability is such that it may have a detrimental effect on the safety of the child who is present at or ordinarily resident at that address, consideration should be given to an internal referral being made to the Detective Sergeant within the Child Abuse Investigation Unit, or as stated in the force child abuse guidance. This information will be assessed and a decision will be made on whether the child will be referred to social services.

In circumstances where a child is found suffering from, or is likely to suffer, significant harm from a vulnerable adult, police officers should consider exercising powers of police protection or other emergency intervention.

It should be noted that children may act in the capacity of a carer for vulnerable parents and can find themselves in situations that may increase the likelihood of them becoming a perpetrator of abuse.

In situations where vulnerable adults have put children at risk of harm, it is essential that the family context of the situation is taken into account and that both children’s and adult’s services work in partnership to jointly manage the risks.

3.5.2 Domestic Abuse

ACPO uses the generic term domestic abuse, but the shared ACPO, CPS and government definition agreed in 2004 refers to domestic violence as:

Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults aged 18 years and over who are or have been intimate partners or are family members regardless of gender or sexuality. Family members are defined as, mother, father, son, daughter, sister, brother and grandparents, whether directly related, in-laws or stepfamily.

Some police forces and the CPS apply this definition and domestic abuse policy when dealing with criminal offences occurring in a domestic context, regardless of the age of the victim or perpetrator.

The term domestic abuse is used in this guidance, and incorporates the definition of domestic violence. There is a significant overlap between domestic abuse, vulnerable adult abuse and child abuse.

Domestic abuse is widely recognised as being a pattern of controlling and coercive behavior through which the perpetrator seeks to exert power over the victim, and it rarely involves an isolated incident. These dynamics may exist where the victim is a vulnerable adult. A vulnerable adult may be abused by an intimate partner, an ex intimate partner and/or a family member, whether or not that person is acting as a carer.

Any domestic abuse investigation involving a vulnerable adult must consider the context of the abuse and take account of the six fundamental principles. In particular, the intervention needs to be proportionate to the perceived level of risk and seriousness and have regard to the intent or motivation of the perpetrator, for example, there may have been unintentional harm caused by a carer.
In order to improve practice, Hampshire Domestic Abuse Forum published a discussion paper in 2009 which investigated the links between domestic abuse and safeguarding adults. For further information see *Hampshire Domestic Abuse Forum (2009) Domestic Abuse & Safeguarding Adults: A discussion paper investigating the links between domestic abuse and safeguarding vulnerable adults in Hampshire and implications for practice and strategic development* at http://www.safefromharm.org.uk/wps/wcm/connect/occ/Safe+From+Harm/Professionals/Procedures/SFH+-+Prof+-+procedures-research

When it becomes clear that an allegation of vulnerable adult abuse falls within the domestic abuse definition, existing force policies in respect of domestic abuse will take priority and police officers and staff must initially follow that guidance regardless of the vulnerability, age or disability of the victim. This will include the need to assess risk in accordance with *ACPO/CAADA (2009) Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) Risk Identification and Assessment Checklist.*

**Note:** Some forces use the DASH checklist for assessing the risk to domestic abuse victims regardless of their age. It will also ensure compliance with legal obligations, including the duties within the HRA and the ECHR to protect life and to protect individuals from inhuman and degrading treatment. This underpins the policing priorities of the Police Service in responding to domestic abuse. For further information see *ACPO (2008) Guidance on Investigating Domestic Abuse* and *CPS (2009) Policy for Prosecuting Cases of Domestic Violence.*

Following domestic abuse guidance does not remove the need for police officers and staff to refer domestic abuse incidents involving vulnerable adults to social services in accordance with this guidance and local authority safeguarding policy. Referral will ensure cohesive safeguarding planning and ensure better outcomes for victims.
In high risk or very high risk domestic abuse cases (depending on local policy) that involve vulnerable adults as victims, a referral should be made to a Multi-Agency Risk Assessment Conference (MARAC). The MARAC is likely to supersede the safeguarding assessment strategy meeting. Where this is the case, the investigating officer should ensure that an appropriate representative from adult social care is invited to the meetings.

A MARAC is a single meeting, attended by representatives from all agencies that have a role in a particular case, where the police or probation frequently take the lead role. The meeting combines up-to-date risk assessment information with an assessment of the victim’s needs. MARAC links the victim’s needs to the provision of appropriate services for all those involved in the case: victim, children and perpetrator.

MARAC aims to share information to increase the safety, health and wellbeing of victims and others. The police take a significant role in MARAC as many of the referrals related to domestic abuse will come from the police. The MARAC process establishes whether the perpetrator poses a significant risk to any particular individual or to the general community.

A key product from the MARAC process is the construction and implementation of a multi-agency risk management plan. The risk management plan should provide professional support to all those at risk, thereby reducing the risk of harm and repeat victimisation. A MARAC should also improve agency accountability and support for staff involved in high-risk cases. See CAADA (2010) Social Care Services for Adults: Toolkit for MARAC at www.caada.org.uk/marac/Toolkit-Victim-Support-Feb-2012-v2.pdf

3.5.3 Forced Marriage
A forced marriage is defined as a marriage conducted without the valid consent of both parties, where duress is a factor. Duress can include physical, psychological, sexual, financial and emotional pressure. For further information
Forced marriage must not be confused with an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage, but the choice whether or not to accept the arrangement remains with the prospective spouses.

Evidence supports the fact that some vulnerable adults have been, or are being, forced into marriage both in the UK and abroad. Some adults with learning disabilities and/or mental health problems may not have the capacity to consent to a marriage. Some may be unable to consent to consummate the marriage.

Forced marriage should not, however, be confused with the right of a vulnerable person, including a person with a learning disability, to choose to marry. Many people with learning disabilities live in the community, in a consensual marriage or as co-habitees.

**ACPO (2008) Honour Based Violence Strategy** states there may be a number of reasons for vulnerable adults being forced into marriage including:

- Parents wishing to find a partner for their disabled adult children, who can then care for them as the parents grow older;
- Assisting claims for residence and citizenship in the UK;
- Retaining wealth, property or land within the family.

In forced marriages family members, community members or spouses may perpetrate abuse, either by forcing the victim into the marriage or abusing them after the marriage has taken place. The abuse may be committed by any family member and may or may not include the other party to the forced marriage. Forced marriage cannot be justified on religious grounds. Every major faith condemns it; freely given consent to
marriage is a pre-requisite of Christian, Jewish, Hindu, Muslim and Sikh marriages. Forced marriage is an abuse of human rights. Although there is no specific criminal offence of forcing someone to marry within England and Wales, criminal offences may nevertheless be committed, and may include assault, theft (of passports), abduction, kidnap, false imprisonment, rape, other sexual offences and murder.

The Forced Marriage (Civil Protection) Act 2007, which amends the Family Law Act 1996, came into force on 25 November 2008. The Act sends out a strong message that forced marriage is unacceptable and will not be tolerated. The Act allows the High Court or County Courts to protect a person from being forced into a marriage, or from any attempt to force a person into a marriage, or to protect a person who has been forced into a marriage by making a forced marriage protection order. Examples of the kind of order it may make include:

- Handing over all passports and birth certificates and not applying for a new passport;
- Stopping intimidation and violence;
- Revealing the whereabouts of a person;
- Stopping someone from being taken abroad;
- Facilitating or enabling a person to return to the UK within a given time period.

Orders may be applied for by the person who will be protected by the order, a relevant third party or any other person who has leave of the court. Breach of an order is not a criminal offence. However, there is provision in the Act for a power of arrest to be attached to the order. The court must attach a power of arrest to the order where violence has been threatened or used, unless the court considers that there will be adequate protection without it. Where a power of arrest is attached, police officers may arrest a person whom they have reasonable cause to suspect is in breach of the order.

Where a report of a forced marriage involves a vulnerable adult, an immediate referral must be made to the local authority in line with this guidance and local adults safeguarding policy and procedures. Referrals must always be investigated on a multi-agency basis. For further information see [HM Government (2008) The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage](http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-right-to-choose)


3.5.4 Honour Based Violence

The ACPO and CPS definition of honour based violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.

Although the term honour based violence (HBV) may be commonly used, it is recognised that there is no honour in or legal justification for HBV.

HBV is a fundamental abuse of human rights. It is a collection of practices which are used to control behaviour within families or other social groups, to protect perceived cultural and religious beliefs and/or honour. HBV can occur when perpetrators perceive that a relative has shamed the family and/or the community by breaking their honour code. HBV can be distinguished from other forms of violent crime as it is often committed with some degree of approval and/or collusion from family and/or community members.

HBV may include:

- Murder;
- Unexplained death (suicide);
- Forced marriage or fear of forced marriage (see 3.5.3 Forced Marriage);
- Sexual abuse including female genital mutilation;
- Child abuse (see 3.5.1 Child Abuse);
- Domestic abuse (see 3.5.2 Domestic Abuse);
- Kidnapping;
- False imprisonment;
- Threats to kill;
- Assault;
- Harassment.

This list is not exhaustive.
HBV incidents and abuse may come to the attention of the police in a number of ways. If the victim is a vulnerable adult, an immediate referral must be made to the local authority in line with this guidance. For further information see **ACPO (2008) Honour Based Violence Strategy** at [http://www.acpo.police.uk/documents/crime/2008/200810CRIHBV01.pdf](http://www.acpo.police.uk/documents/crime/2008/200810CRIHBV01.pdf)

and


### 3.5.5 Hate Incidents, Hate Crimes and Hate Prosecutions

A hate incident is defined as any non-crime incident which is perceived by the victim or any other person to be wholly or partially motivated by a hostility or prejudice based on a person’s race or perceived race, religion or perceived religion, sexual orientation or perceived sexual orientation, disability or perceived disability, or against a person who is transgender or perceived to be transgender.

A hate crime is defined as any criminal offence which is perceived by the victim or any other person to be wholly or partially motivated by a hostility or prejudice based on a person’s race or perceived race, religion or perceived religion, sexual orientation or perceived sexual orientation, disability or perceived disability, or against a person who is transgender or perceived to be transgender. For further information see **ACPO (forthcoming) Hate Crime Manual**.

For the purpose of identifying hate incidents and hate crimes, the definition of hostility should be given its ordinary dictionary definition. This includes antagonism, resentment, aggression and lack of sympathy by the perpetrator.
The Crime and Disorder Act 1998 created racially or religiously aggravated provisions in respect of Assaults (section 29), Criminal Damage (section 30), Public Order Offences (section 31) and Harassment (section 32).


Section 146 of the Criminal Justice Act 2003 provides for enhanced sentencing for disability hate crime, and requires courts to consider hostility based on the victim’s disability or perceived disability as an aggravating factor when deciding on the sentence for any offence. This section defines disability as meaning any physical or mental impairment.

At the time of publication there is no legislation which imposes a duty on the courts to increase the sentence for an offence based on hostility or prejudice towards a person because of their age, but the Court of Appeal has expressed its views clearly that offences against older and vulnerable persons are very serious and that those who target such victims, particularly those who attack older or vulnerable persons in their own homes, can expect to receive lengthy prison sentences. For further information see CPS (2007) Policy for Prosecuting Crimes against Older People at www.cps.gov.uk/publications/docs/caop_policy_leaflet.pdf

and


The CPS and ACPO agreed definition of a hate crime prosecution is any hate crime which has been charged in the aggravated form, or where the
Prosecutor has assessed that there is sufficient evidence of the hostility element to be put before the court when the offender is sentenced.

**Investigating officers should consider from the outset of an investigation whether evidence exists to show the perpetrator used hostility or prejudice based on a person’s disability in committing the crime.** It is imperative that when police investigators identify hate crime offences they inform the CPS at the earliest opportunity as this will determine the way in which prosecutors handle a case.

The decision on whether there is evidence to seek enhanced sentencing after conviction is a matter for the CPS and courts. It is, therefore, important that the police obtain and provide all available evidence, to assist this decision making. This will maximise the potential for enhanced sentencing.

Where a vulnerable adult as defined is a victim of a hate crime, they will be dealt with in accordance with this guidance and local authority safeguarding policy. Where a local authority declines to accept a referral relating to a hate crime under their safeguarding policy, staff should consider recording this fact. Police officers and staff may need to use other legislation to bring partner agencies together to resolve the issues and maintain the safety of the victim. For example, section 17 of the Crime and Disorder Act 1998, which places a statutory responsibility on the authorities to which it refers, including local authorities and police authorities, to do all that they reasonably can to prevent crime and disorder in their area. It is essential that victims of hate crime are, as a minimum response, signposted to appropriate agencies that can provide help and support in preventing isolation, a key indicator in hate crime.


3.5.6 Disability Hate Crime

ACPO (forthcoming) Hate Crime Manual states that it is often incorrectly assumed that a crime cannot be a disability hate crime because the perpetrator provides care to the victim. Friends, family and carers can all demonstrate hostility. In addition to the offence itself, there is a common trend of extra factors to assist officers in identifying disability hate crime:

- There have often been previous incidents;
- Opportunistic criminal offences become systematic;
- Regular targeting, either of the individual victim, their family or friends, or of other disabled people become commonplace;
- Perpetrators may be, for example, family, friends, carers, acquaintances or neighbours;
- Incidents escalate in severity and frequency;
- Multiple perpetrators are involved in incidents, condoning and encouraging the main offender(s) – often filming on their mobile phones and sending pictures to friends and social networking sites;
- False accusations of the victim being a paedophile or similar taunts;
- Sustained attacks and/or excessive violence;
- Cruelty, humiliation, degrading treatment, often related to the nature of the disability. For example, blindfolding someone who is profoundly deaf or destroying mobility aids.

There is also an alarming trend of disability hate crime being committed against vulnerable adults in the community, where adults with a disability, who are not necessarily known to social services or eligible for community care services, are deliberately targeted and subjected to serious abuse, including exploitation. The Equality and Human Rights Commission (EHRC)
has recently concluded its inquiry into disability related harassment and has published the final report entitled ‘Hidden in Plain Sight’. The report reveals that harassment is a commonplace experience for disabled people, but a culture of disbelief and systematic institutional failures are preventing it from being tackled effectively. In addition, the report includes case studies and makes recommendations to public authorities to help them deal with the problems uncovered. The full report is available at


See also Cornwall Adult Protection Committee: The Murder of Steven Hoskin, A Serious Case Review Executive at http://www.cornwall.gov.uk/m_pdf/a_e_SCR_Executive_Summary1_Dec_2007_.pdf

ACPO (2010) Guidance on Responding to People with Mental Ill Health or Learning Disabilities states that it is important for the police to take a holistic view of the nature and circumstances of each incident and place a clear emphasis on intervention at an early stage. As well as establishing accurate reporting and recording procedures to capture management information on the prevalence of hate incidents and crimes, the police should strive to find imaginative solutions to ensure the best possible outcomes for the victim. A multi-agency response is essential in achieving this objective.

Home Office Learning Disability Hate Crime: Good Practice Guidance for Crime and Disorder Reduction Partnerships and Leaning Disability Partnership Boards contains many examples of innovative partnership working designed to tackle hate crime against people with learning disabilities. For further information see

http://www.arcsafety.net/page7/assets/Hate%20Crime%20Good%20Practice%20Guide.pdf
3.5.7 Anti-Social Behaviour

Section 1(1) Crime and Disorder Act 1998 defines anti-social behaviour (ASB) as:

Acting in an anti-social manner, that is to say in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household.

The Home Office defines ASB as any activity that impacts on other people in a negative way, and states that the key to categorising behaviour as anti-social must be a consideration of its impact on others.

ASB can take many forms and when it is directed against individuals in the community it can have an extremely detrimental effect on quality of life issues. It also distorts perceptions of safety and wellbeing.

ASB perpetrated against vulnerable adults may fall within the definition of psychological or emotional abuse and may include, harassment, threats of harm, humiliation, intimidation, bullying, coercion and verbal abuse.

ACPO has announced developments in anti-social behaviour casework management. A key element is the need to develop consistent processes to identify and recognise the potential vulnerability of ASB victims and ensure appropriate levels of support.

A risk assessment process has been developed that will enable police officers and staff to assess victims’ potential risk of harm against a matrix (low, medium and high risk). This allows police officers and staff to identify the factors that are putting the victim at risk, and tailor the support that is then offered to reduce the risk of harm. High risk vulnerable adult victims of ASB should be discussed and supported in local multi-agency risk management meetings, so that appropriate, coordinated and protective measures can be taken and managed on a local multi-agency basis.

Risk management will normally be addressed as part of the local authority safeguarding policy. Where a local authority declines to accept a
safeguarding referral related to a victim of ASB, the principles outlined in dealing with Disability Hate Crime will be followed. See 3.5.6 Disability Hate Crime.


3.5.8 Managing Sexual Offenders and Violent Offenders

Investigations that take place as part of the management of ViSOR nominals can relate to the abuse of vulnerable adults. Offenders managed through Multi-Agency Public Protection Arrangements (MAPPA), and Potentially Dangerous Persons (PDPs) can have an offending background that includes the abuse of a vulnerable adult. Such abuse can be uncovered during the management of offenders who have no record of such offending behaviour. For example, evidence of abuse could be uncovered during a visit to a registered sex offender (RSO) who may have befriended a vulnerable adult. This can occur more commonly in hostels or shared accommodation that provides housing for adults with various vulnerabilities.

Police officers and staff need to be alert to the fact that MAPPA offenders or PDPs may, at some point in their lives, become vulnerable and require residential or nursing care within a regulated setting. Any potential risk of harm that they continue to pose may need to be managed within that setting to protect other vulnerable adults.

In all such cases, the abuse of a vulnerable adult should be investigated using this guidance. Information should be recorded and stored on
appropriate police systems, including the Violent Offender and Sex Offender Register (ViSOR) database. The need for referral to MAPPA will be discussed at safeguarding case conference meetings and decisions about referral must be documented in the minutes of that meeting.


and


3.5.9 Mental Ill Health or Learning Disability

By definition, persons with mental ill health and/or a learning disability who are unable to protect themselves against significant harm or exploitation are vulnerable adults. If they are a victim of abuse this guidance will apply.

Many local authority safeguarding policies cater for working with vulnerable adults who perpetrate abuse as well as vulnerable adults as victims. In circumstances where a vulnerable adult is suspected of abuse of another vulnerable adult, a referral will be made to social services in accordance with this guidance. They may be able to provide support packages to minimise the risk of reoffending.

ACPO (2010) Responding to People with Mental Ill Health or Learning Disabilities states that it is essential that people with mental ill health or learning disabilities are recognised and assisted by police officers and staff from the first point of contact. The benefits of a multi-agency approach and the critical relationships needed to provide an appropriate
response are highlighted in the guidance. It also provides a mechanism for the improvement of police responses and the continuation of discussion and decision making.

The guidance contains advice on police responses to those who:

- Are experiencing mental ill health;
- Have a learning disability;
- Have both mental ill health and a learning disability;
- Have developmental conditions such as Autism or have multiple needs relating to mental health.

The guidance also sets out the needs of these individuals in both a criminal justice capacity and a healthcare capacity. Definitions, general operational guidance, mental health principles, operational police responses to victims, witnesses and perpetrators, and the use of police powers under the Mental Health Act 1983 (MHA 1983), the Mental Health Act 2007 (MHA 2007) and the Mental Capacity Act 2005 (MCA), along with guidance on managing police responses are detailed in the document.


See also NPIA briefing notes:

- **NPIA (2010) Briefing Note on Recognising Mental Ill Health and Learning Disabilities**

- **NPIA (2010) Briefing Note on Establishing Multi-Agency Protocols on responding to Mental Ill Health and Learning Disabilities**
Mind, a mental health charity for England and Wales, has published a good practice guide, Police and Mental Health: How to Get it Right Locally. It highlights good policing practice for engaging with those with mental health issues. Examples of good practice initiatives and the outcomes available from them are given, including schemes such as voluntary sector placements, third-party reporting schemes, anti-social behaviour services, surgeries and drop-ins. The guide can be found at: http://www.mind.org.uk/assets/0000/8587/Police_Guide.pdf

3.5.10 Vulnerable Adults Who Are Missing

As with child abuse, vulnerable adult abuse may be indicated where a vulnerable adult is reported as missing or when they miss significant appointments with healthcare or other professionals. For example, the court case after the torture and murder of Michael Gilbert, which received a high media profile, revealed that he had been recorded as a missing person some time prior to his death, when a friend had witnessed him being bundled into a vehicle by the people who subsequently murdered him. See Luton Safeguarding Adults Board: The Murder of Michael Gilbert, A Serious Case Review Executive Summary, at http://www.luton.gov.uk/Health_and_social_care/Safeguarding%20vulnerable%20adults/Pages/07_07_11%20Publication%20of%20Serious%20Case%20Review%20Executive%20Summary%20into%20the%20murder%20of%20Adult%20A%20(Michael%20Gilbert).aspx
Vulnerable adults who go missing may be at risk while they are missing.

Before vulnerable adults are returned, particularly to regulated residential or nursing settings, enquiries should first be made to discover the reasons for their disappearance. A safe and well check must be conducted with the vulnerable adult to establish the reasons for their absence and, in particular, to establish whether they have been subjected to abuse.

The enquiries made can result in safeguarding concerns and reveal incidents of abuse, which may include neglect on the part of staff in regulated care settings. These incidents should be dealt with in accordance with this guidance, and adult social care must be consulted before a vulnerable adult is returned. For further information about the police response to missing persons, see ACPO (2010) Guidance on the Management, Recording and Investigation of Missing Persons and ACPO (2011) Briefing Note on the Investigation of Missing Persons.
## MANAGEMENT ISSUES

- Staff are provided with training and information on how to initially identify vulnerable adults at risk of abuse in all situations and settings, and respond effectively.
- Staff are confident in making risk decisions relating to the abuse of vulnerable adults in accordance with ACPO Risk Principles and the National Decision Model.
- Development of an accessible database containing contact details of local and national, voluntary and statutory agencies that can offer services to adults to enable staff to signpost adults requiring support; this should include details of organisations providing independent advocacy.
- The review of public protection policies so that issues relating to safeguarding vulnerable adults are incorporated and cross-referenced where appropriate.
- Working links are established between staff who conduct other public protection investigations and staff involved in safeguarding vulnerable adults.
Roles and Responsibilities in Safeguarding Adults

This section provides guidance on:

- Key roles and responsibilities of staff, including specialist staff, who are involved in safeguarding vulnerable adults.
- The role of leadership, management and supervision;
- Staff support and training;
- Police staff suspected of abuse.

It also details the issues that staff should consider when policing or coordinating safeguarding incidents, and the core functions within a partnership framework.
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4.1 All Staff Responsibility

All police officers and staff are responsible for safeguarding vulnerable adults. It is acknowledged that the processes for effectively managing adult safeguarding referrals will vary from force to force and that many forces already have suitable arrangements in place. It is also recognised that many forces, as part of workforce modernisation, employ significant numbers of police staff who are involved in both investigative and support roles. This guidance does not alter that position. The issue for forces is not whether an individual is a police officer or not, but whether they have the appropriate skills and competencies to effectively safeguard and investigate the abuse of vulnerable adults. Forces must ensure that all staff are clear about the chain of accountability and responsibility for safeguarding, from the initial response through to the most senior level of the force.

4.1.2 ACPO Lead for Safeguarding Adults

Each force should appoint a named chief officer lead for safeguarding adults. This officer should report to the chief constable and provide strategic leadership in the force on safeguarding adults issues, which includes highlighting, supporting and championing the work of police officers and staff engaged in this area of work. The strategic issues are outlined in the purpose and scope of the document. The named chief officer has responsibility for ensuring:

- Establishment and implementation of force policy in accordance with this guidance and which complements existing local authority multi-agency policy and procedures.
- The provision of strategic direction and support to staff on Basic Command Units (BCUs) and partner agencies.
- Safeguarding adult incidents are included in force tasking processes in line with the national intelligence model. Incidents that have the potential to pose a threat to the reputation of the force or those
that are likely to attract significant media interest should be flagged and managed at an early stage so as to ensure the effective handling of these incidents.

- Robust information management systems are established in respect of vulnerable adults.
- Effective monitoring and evaluation systems are developed to measure compliance with policy.
- Independent officers have been identified by BCU commanders to sit on both strategic safeguarding adult boards and serious case review panels.
- Completion of individual management reports, and recommendations are agreed and implemented within the timescales agreed at serious case review panels.
- Identification and dissemination of best practice and lessons learned as a result of serious case review processes.
- Implementation of an audit process that undertakes periodic reviews of safeguarding adult investigations, thereby maintaining investigative standards.

4.1.3 Basic Command Unit Commander

BCU commanders, in conjunction with the ACPO lead for safeguarding adults, have responsibility for ensuring that they provide a manager who is sufficiently senior to represent the organisation in making decisions and committing resources in each local authority area. The managers will be identified to key partnership agencies leading on safeguarding adults in that area, and will sit on the strategic safeguarding adults board (SAB) and serious case review panels (SCRP).

Where possible, the manager who sits on the SAB should be of superintendent rank but, as a minimum, this can be delegated to a detective chief inspector. (In forces that have public protection units (PPU)
it is common practice for the detective chief inspector of the PPU to sit on the SAB and the detective inspector of the PPU to sit on the SCRP).

BCU commanders should ensure that the existing local authority safeguarding policy is signed up to and that it:

- Accurately reflects the core roles and responsibilities of police officers and staff outlined in this guidance;
- Is regularly reviewed in areas key to successful delivery of partnership working;
- Details the strategy for dealing with serious case reviews, including information on how there will be due regard for parallel criminal and civil proceedings, is endorsed by the coroner and includes information sharing protocols.

Commanders have responsibility to appoint a member(s) of staff who possesses the requisite skills to provide a designated point of contact for partner agencies, coordinate safeguarding adult referrals and comply with multi-agency processes. This role may be undertaken by one or more individuals depending on the local arrangements and the prevalence of safeguarding adults issues within a force area. (This may include staff that have a dual role of coordinating activity and investigating allegations of criminal abuse.)

Commanders also have the responsibility of ensuring that there are sufficient numbers of officers trained within their area to deal with safeguarding adults investigations. This includes officers trained in accordance with *Achieving Best Evidence* and at Levels 2 and 3 of the Professionalising Investigations Programme (PIP).

There should be adequate video interviewing facilities which are equipped and maintained, and include facilities that are accessible to adults with disabilities. This should include good quality portable video interview equipment.
4.1.4 Response and Neighbourhood Policing Teams

Response and neighbourhood policing teams play a key role in using community information to identify vulnerable adults who are, or may be, unable to protect themselves against the risk of significant harm or exploitation, and those who present a current and significant risk to others. These teams should be kept informed about safeguarding adults issues occurring in their particular geographic area, as applicable to their roles.

Neighbourhood policing teams should be actively involved in implementing agreed safeguarding plans in respect of vulnerable adults, and preventing repeat victimisation of vulnerable adults by managing the risk posed by perpetrators. Many of the crime prevention strategies employed in tackling domestic abuse could be used in safeguarding adults. For example, improvements in home security, including smoke alarms, burglar alarms, new lighting and the use of alarm systems and mobile telephones (some of which have a facility to record live to the police control room). Other measures include cocoon watch schemes, and CCTV to provide the victim with further safety measures and reassurance. (See ACPO (2008) Guidance on Investigating Domestic Abuse, Sections 5.13 Crime Prevention and 5.4 Referrals from the Police to other Agencies. Neighbourhood policing teams should work closely with officers who coordinate safeguarding adults activity, especially regarding information gathering and enforcement issues, as appropriate to their role profiles. For further information on neighbourhood policing, see ACPO (2006) Practice Advice on Professionalising the Business of Neighbourhood Policing.

4.1.5 Specialist Investigations Departments

One of the key elements of an effective police response to safeguarding vulnerable adults is a holistic family approach to the investigation, and multi-agency action. Many forces have established PPUUs on a command unit basis or as a force resource. This has brought together the functions of investigating vulnerable adult abuse, child abuse, domestic abuse, rape
and serious sexual offences, the management of violent and sexual offenders, honour based violence, including forced marriage, and the management of missing persons. Where forces have not established dedicated units, this should be considered as good practice.

This does not mean that forces are required to appoint investigative officers who specialise solely in safeguarding adult investigations. Officers may also be involved in investigating other aspects of public protection. In responding to safeguarding adult referrals, forces should as a minimum consider having a safeguarding vulnerable adult coordinator (SVAC) or equivalent post. Where PPUs exists, the coordinator would be best placed as part of that unit.

Many referrals related to vulnerable adults are concerned with the commission of criminal offences that do not meet the threshold of serious abuse or a serious incident as defined in this guidance. Police officers and staff on response and neighbourhood policing teams should possess the requisite skills for investigating these less serious offences (for example, a vulnerable adult who reports that a relative has a drug dependency, has stolen her debit card and has made a small number of unauthorised withdrawals). These officers may need support and guidance in terms of understanding the need for a multi-agency approach in resolving the issues, especially where an investigation requires them to attend multi-agency meetings, but this should be viewed as positive in terms of skills development and career progression.

Investigators trained to PIP Level 2 and 3 standard should always be appointed to deal with vulnerable adult abuse investigations where serious abuse or a serious incident is reported, because of the complexities frequently involved in the investigation. Investigators dealing with serious abuse or a serious incident should ensure that officers on response and neighbourhood policing teams are adequately briefed and tasked in relation to adult safeguarding issues emerging on their geographical areas.
4.1.6 Safeguarding Vulnerable Adult Coordinator

There is a vital role to be fulfilled in coordinating an appropriate police response to partnership working. This includes risk management, problem solving, providing resilience and a single point of contact to ensure effective internal and external communication. Where forces have dedicated investigators for investigating the abuse of vulnerable adults, it is good practice for this role to be ancillary to the investigator’s role. For the purpose of this guidance, this role will be referred to as a safeguarding vulnerable adult coordinator (SVAC).

This post will be subject to vetting levels in accordance with local arrangements, which should include enquiries into any complaints or professional standard investigations, occupational health issues, and records held of adults who are subjects of a safeguarding plan and who are related to the applicant. Vetting processes should be described in advertisements for posts.

The responsibilities of a safeguarding vulnerable adult coordinator may include:

- Providing the BCU with a focused, directed and coordinated approach to safeguarding adults by identifying and managing those at risk, through intelligence-led partnership working.

- Acting as a single point of contact (SPOC) for partner agencies who wish to report the abuse or suspected abuse of a vulnerable adult to the police.

- Ensuring that referrals that have come to the notice of the police in the first instance are externally referred in line with established local authority safeguarding policy (normally within the same working day).

- Ensuring that all referrals received directly from partner agencies, or any other source, are recorded in line with local reporting structures and in accordance with Home Office (2011) National Standard for Incident Recording (NSIR) Counting Rules. This
includes the completion of a crime report in accordance with *Home Office (2011) National Crime Recording Standards*.

- Ensuring that when a referral does not meet the threshold for a criminal investigation, this information is recorded together with decision-making rationale.

- Ensuring that full intelligence checks are completed on the victim and any named perpetrators to assist identification, assessment and management of risk.

- Making sure that each referral is subject of a risk decision.

- Taking action to ensure that vulnerable adults at risk of harm are seen within twenty-four hours of a referral being received. This may be in the form of a single agency visit by either police or social services or a joint visit, depending on local arrangements.

- Ensuring that criminal investigations are allocated, within twenty-four hours of receipt, to a suitably qualified member of staff and that the identity of the officer is entered on their records. This will be done in consultation with their line manager.

- Regular communication with investigating officers so that the progress of criminal investigations is monitored, thereby ensuring timeliness.

- Daily search of intelligence systems to ensure that all incidents involving the abuse of vulnerable adults have been dealt with and referred to social services where appropriate.

- Checking that outcomes and actions arising from a multi-agency meeting have been accurately minuted by social care staff and are brought to the attention of investigating officers for disclosure purposes.
• Placing warning markers on relevant intelligence systems to alert staff to the prospect of a vulnerable adult being at risk of harm.

• Accessing multi-agency training opportunities in relation to the investigation of vulnerable adult abuse, and sharing knowledge and expertise with frontline staff.

• Attending sub-groups of the SAB as directed by senior management.

Where possible, the coordinator should attend or accompany investigating officers to safeguarding assessment strategy meetings, case conferences and review meetings where there is an ongoing criminal investigation, or where the police can contribute to effective safeguarding of a vulnerable adult. (Where they are not available, they should make arrangements for a member of staff to attend in their place who is conversant with the criminal investigation and safeguarding vulnerable adult principles. This will normally be the investigating officer.)

4.1.7. Leadership Management and Supervision

Leadership will ensure that the safeguarding of vulnerable adults from abuse receives the same high profile as other areas of public protection, and that crimes involving vulnerable adults are investigated to the same standard as any other serious crime. An identified supervisor of substantive sergeant rank should be responsible for managing the roles and responsibilities of SVACs.

The most influential factors in ensuring effective investigations are carried out are supervision and decision making at the initial stages of the investigation. Arrangements for supervision and management of vulnerable adult abuse investigations will depend on local arrangements, but it is essential that the supervisor’s own workload does not detract from his or her supervisory functions.
Supervisors have a quality assurance role and should be routinely involved in reviewing the progress of all aspects of vulnerable adult abuse investigations, which should not be filed before they are signed off by supervisors.

The core principles for effective supervision should ensure that:

- Staff with the necessary skills are allocated vulnerable adult abuse investigations;
- Standards are maintained through intrusive supervision;
- Critical incidents and associated crimes are identified at an early stage to avoid escalation;
- Allocated crimes are effectively investigated, ensuring actions are concluded in a timely manner, evidence and intelligence gathering opportunities are maximised, risk is managed and investigations are successfully concluded taking into account the six fundamental principles outlined in the preface;
- Concerns expressed by partner agencies involved in the safeguarding process are explored and resolved.

4.2 Staff Welfare and Support

Supervisors should closely monitor the workload of SVACs and staff investigating the abuse of vulnerable adults. As in other areas of public protection work, these investigations can be traumatic for staff.

In order to fulfil the duty of care to employees and the requirements of health and safety legislation, supervisors should ensure that all staff are provided with adequate administrative and intelligence-led support to enable them to carry out their duties. In addition, supervisors have responsibility to ensure that workloads are manageable and to provide resilience during periods of sickness, leave and other absences to comply with continuing risk management.
Monitoring should focus on the amount and nature of work being undertaken. Supervisors should consider implementing mandatory counselling and welfare support for all staff involved in serious vulnerable adult abuse cases. For further information see HSE (2010) *Striking the Balance Between Operational and Health and Safety Duties in the Police Service* at http://www.hse.gov.uk/services/police/

### 4.3 Training and Development

All police officers and staff should receive training and development in aspects of safeguarding and investigating the abuse of vulnerable adults that is appropriate to their role.

The NPIA is currently engaged in developing a national curriculum for first responders and those staff with specialist roles. It is acknowledged that many forces are currently delivering good quality awareness and investigative training on safeguarding adults and this guidance does not aim to discourage this practice.

Supervisors should be aware that the majority of local authorities deliver various modules of safeguarding adults training. Staff engaged in safeguarding adults work should be positively encouraged to access any training opportunities that are offered by their local authorities. Such training has the added benefit of exploring the roles of other agencies and effective partnership working.

Staff required to interview vulnerable adults in order to gather evidence should be appropriately trained in accordance with *Achieving Best Evidence*.

Staff investigating vulnerable adult abuse that meets the threshold for serious abuse or a serious incident (ie, it falls outside that described for Level 3 below) should be competent at the three National Occupational
Standards (NOS) described within Level 2 of the Professionalising Investigation Programme (PIP).

Staff investigating the following serious incidents should be competent at the NOS proscribed within Level 3 of PIP:

- Serious abuse that takes place within an institutional care or NHS setting;
- Incidents involving multiple vulnerable victims and or suspects;
- Historical institutional abuse;
- High-profile media cases.

4.4 Police Suspected of Vulnerable Adult Abuse

Standard 4 of *ADASS (2005) Safeguarding Adults; A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work* states that each partner agency should have a clear, well-publicised policy of zero tolerance of abuse, and clear policy and procedures against discrimination and harassment towards any person on any grounds including disability, age, race, faith, gender or sexuality.

Section 28 of the Equality Act 2010 prohibits discrimination or victimisation by service deliverers, or in carrying out the functions of a public authority on grounds of disability, gender reassignment, race, religion or belief, sex and sexual orientation; prohibition against discrimination in these fields on grounds of age is provided for in the Act but has not yet been brought into effect. Harassment in these fields on grounds of either religion or belief or sexual orientation is not prohibited by the Equality Act 2010, though it may be unlawful under the Human Rights Act 1998.

The responsibility for investigating vulnerable adult abuse allegations against police staff rests with the force professional standards department (PSD). Allegations regarding the abuse of a vulnerable adult by a police
officer or staff member should be immediately referred by a senior officer within the PPU or unit responsible for coordinating safeguarding activity. The priority of any investigation is the safety of the vulnerable adult, and referral to the PSD should not prevent immediate action being taken in order to secure the vulnerable adult’s safety and wellbeing.

A vulnerable adult who has been abused by a police officer or staff member may be reluctant to be interviewed by anyone representing the organisation. In these circumstances the local authority safeguarding adult lead should be contacted to establish what support can be offered to obtain an account from the vulnerable adult. Liaison and effective communication between the PSD, the investigating officer and the local authority is essential to ensure positive outcomes for the vulnerable adult.
### MANAGEMENT ISSUES

- Staff are specifically identified and trained to coordinate adult safeguarding activity locally.
- Alerts and referrals are made to a local coordination point.
- There is resilience in the post for SVACs so that safeguarding issues continue to be dealt with in their absence.
- Supervisors have systems in place for managing, recording and assessing safeguarding referrals.
- There are sufficient resources to deal with complex criminal investigations involving serious abuse and serious incidents.
- Investigations involving vulnerable adults are intrusively supervised.
- Welfare support for staff dealing with traumatic cases is accessible and staff are encouraged to seek such support.
- Safeguarding adult concerns are addressed in situations where police officers and staff are alleged perpetrators of abuse.
Multi-Agency Response in Safeguarding Vulnerable Adults

This section offers guidance on managing referrals and the development of a strategy using a multi-agency response. The appropriate exchange of information and intelligence with regard to criminal investigations and serious case reviews is also explored.
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5.1 Managing Information about Vulnerable Adult Abuse

The national framework and principles for managing information for policing purposes is set out in *ACPO (2010) Guidance on the Management of Police Information, Second Edition*. This guidance states:

In discharging responsibilities for management of police information, chief officers should have regard to their duty to protect the public, particularly those members of society such as vulnerable adults and children who are less able than others to protect themselves.

This is reinforced by the Human Rights Act 1998 (HRA) particularly Article 2 (right to life) and Article 3 (prohibition of torture, inhuman or degrading treatment). Case law has stressed the responsibilities of the police to ensure that these rights are safeguarded. Forces should, therefore, have specific arrangements in place to manage information related to public protection.

The abuse or suspected abuse of vulnerable adults can come to police attention from a number of sources, including, victims, witnesses, perpetrators, social and healthcare services, housing providers, education providers, anonymous reporters or police officers and staff, who identify concerns through routine contact with the public. These reports may refer to concerns for vulnerable adults at continuing risk of harm, and occasionally there may be emergency calls reporting that a crime is in progress or has been committed.

Identifying patterns of abuse can depend on accurate record keeping by the police and other agencies. Further, it requires police officers and staff to be vigilant to the potential abuse of vulnerable adults in all areas of their work.
Forces will have different approaches to managing information about the abuse of vulnerable adults. When the police receive an alert or referral that a vulnerable adult is at risk of abuse, regardless of the source, it should be recorded and subject to consistent risk decision making in accordance with the NDM and local protocols. If the alert or referral relates to a crime in progress or report of a crime having being committed, the first priority of the police is to establish the immediate safety of the alleged victim and other vulnerable adults who may be at risk.

Arrangements should exist whereby all information and intelligence about vulnerable adults at risk is collated within a central database and cross-referenced to other public protection information and intelligence systems that relate to, for example:

- Child abuse;
- Domestic abuse;
- The management of sexual and violent offenders;
- Missing persons;
- Forced marriage and honour based violence.

SVACs are responsible for managing, recording and assessing referrals and other information related to the abuse of vulnerable adults. When any alert or referral is received, information and intelligence checks must be conducted in respect of all individuals relevant to the circumstances. This may include checks made with other police forces or other agencies. Depending on the circumstances and what is proportionate to the situation, consideration should be given to checking the following databases or systems:

- Police National Computer (PNC);
- Central database for related public protection concerns;
- Force intelligence systems;
- Force control room records for any related incidents at relevant addresses;
• Missing persons database;
• Crimes database;
• ViSOR;
• Impact Nominal Index (INI).

Information must be reviewed and recorded on the central database and cross-referenced with the existing files of other family members. Assessments must include the need to make an external referral to partner agencies. Where an alert or referral is not subject to any further police or multi-agency action, staff should consider recording this information and the decision-making rationale underpinning the decision.

Police information technology systems should have the capability to record incoming information with details of decisions made and subsequent action taken, thereby facilitating an audit process. If an alert or referral indicates that a crime has been committed, forces must comply with *Home Office (2011) National Crime Recording Standard (NCRS)*. Where the alert or referral is not initially reported as a crime, an incident report should be recorded in accordance with *Home Office (2011) National Standard for Incident Recording (NSIR) Counting Rules*.

Police forces should use intelligence and information relating to the abuse of vulnerable adults to:

• Identify and safeguard vulnerable adults at risk of harm;
• Identify risk factors associated with victims and perpetrators;
• Identify and target persistent offenders;
• Make links with other associated investigations including child abuse, domestic abuse, hate crime, honour based violence and missing persons;
• Assess the prevalence of vulnerable adult abuse;
• Disseminate to police personnel;
• Produce statistical information;
• Make external referrals to partner agencies.
5.2 Information Sharing

It is often the case that when information from a number of sources is put together, a full picture of a situation is obtained and this is an emerging finding in Serious Case Review (SCR) processes. See Cornwall Adult Protection Committee: The Murder of Steven Hoskin, A Serious Case Review Executive Summary at http://www.luton.gov.uk/Health_and_social_care/Safeguarding%20vulnerable%20adults/Pages/07_07_11-%20Publication%20of%20Serious%20Case%20Review%20Executive%20Summary%20into%20the%20murder%20of%20Adult%20A%20(Michael%20Gilbert).aspx

Guidance for the Police Service on information sharing is contained in ACPO (2010) Guidance on the Management of Police Information, Second Edition. Section 6 of that guidance outlines that policing requires information to be shared within the Police Service, with partner agencies and the public, which enables all parties to make decisions about how best to protect the public. It emphasises that information sharing agreements (ISAs) between the Police Service and partner agencies should be used to ensure consistent and proportionate sharing of information. ACPO (2010) Guidance on the Management of Police Information, Second Edition will specifically assist BCU commanders to review established local authority safeguarding policy, ensuring that the process for sharing information meets the legal requirements.


5.3 Multi-Agency Communication, Decision Making and Criminal Investigation

A multi-agency response to safeguarding vulnerable adults from abuse is essential to secure better outcomes for victims. Research indicates that a large percentage of incidents reported to the police come via adult social care services but, as previously highlighted, referrals can come directly from a number of other sources. The number of incidents reported is likely to increase significantly in the future through neighbourhood policing, raised awareness, publicity, training and changing demographics. The contact that police officers and staff have with members of the public provides opportunities to identify concerns about vulnerable adults in the community and trigger the appropriate multi-agency response to ensure their protection.

The purpose of a multi-agency approach in safeguarding adults is to:

- Address the immediate protection needs of the victim;
- Prevent further abuse by safeguarding the victim or any other vulnerable adult at risk in the same situation;
- Establish if any abuse has occurred and to secure and preserve evidence where abuse amounts to a criminal offence;
- Ensure the victim’s physical and mental health is assessed and treated and medical treatment is sought where necessary;
- In situations where medical treatment is required, ensure this is provided by an independent medical practitioner;
- Obtain an initial assessment of the incident;
- Evaluate the need for a more comprehensive social and medical assessment including a mental capacity assessment;
- Determine the need for a safeguarding plan and ensure this includes management of the suspect to prevent further abuse;
- Ensure that where appropriate the needs of the suspects, particularly where they are also vulnerable adults, are taken into account;
- Ensure the accurate and timely recording and monitoring of intervention and its outcomes.

Early discussion between the police and adult social care and health agencies enables the exchange of relevant information and focuses agencies on how to proceed in the best interests of the adult concerned. All information and data collated from alerts, referrals, multi-agency meetings, telephone conversations with other agencies, contact with victims and witnesses is a source of intelligence as well as being central to an investigation. Police officers and staff should use their professional judgement when recording information and conducting information exchange with and from other agencies.

Where a decision is made to proceed with a full criminal investigation, the criminal investigation will take primacy over other lines of enquiry and will be the full responsibility of the police. **It is essential throughout the process of a criminal investigation that the health and social care needs of the victim continue to be met, and this will require the support of, and careful coordination with, partner agencies to ensure that a criminal investigation is not compromised.**

A decision to proceed with a full criminal investigation will take into account whether the vulnerable adult has given consent for the matter to be referred to the police for investigation. Where consent has not been obtained, this will not necessarily relieve the police from their duty to investigate crime (see **1.6 Duty of Positive Obligation**). All crime investigations commence at the time of first contact between the person reporting and the police. The quality of the advice given, actions considered and decisions made at that initial stage play a significant part in determining whether the investigation will result in a positive outcome for the victim. In every case where the abuse of a vulnerable adult is reported there will be a requirement for initial enquiries to be made, which must include intelligence checks and a risk decision. In situations where an adult lacks capacity, the principles of the MCA 2005 must be adhered to.
Cases that also fall within the definition of domestic abuse, regardless of the age or disability of the victim, and cases where there is a risk of abuse to vulnerable adults other than the victim, require a proportionate investigation in accordance with duty of care principles.

There will be less serious cases of criminal abuse where, after an initial assessment of risk and discussion has taken place with the victim and other relevant agencies, it is agreed that the interests of the victim are best served by an assessment of need by adult social care or health. This may include cases assessed as low risk where the vulnerable adult has clearly expressed that they do not want police involvement. The welfare of the victim or other vulnerable adults at risk remains the paramount priority.

Where a joint decision is made that a case should result in an assessment of need and there should be no further criminal investigation, this decision should be documented and, depending on the outcome of the assessment, reviewed as appropriate.

There may be occasions where the alert or referral information is so vague that it is not possible for the police to assess whether a criminal offence has been committed. In these circumstances adult social care services, as the lead agency, should take the necessary steps to clarify the information held by all relevant agencies and whether police involvement is necessary.

When investigating the abuse of a vulnerable adult, officers should have confidence to question the views, actions and decision making of other professionals. Where a conflict arises from the actions that have already been taken, the advice of a supervisor should be sought and a record made of any action taken as a consequence of this advice.
5.4 Referrals from the Police to other Agencies

Where an external referral is made to adult social care services or to other agencies, information contained in the internal referral should be included; see 6.8.12 Internal Referral to Safeguarding Vulnerable Adult Coordinator or PPU.

The information in a referral must be accurate, factual, relevant, necessary and proportionate for the purpose for which it is passed. Where police officers or staff have concerns for a vulnerable adult which are likely to lead to an external referral, they should first discuss the concerns with the vulnerable adult, explain what action the police will need to take in order to refer concerns to other agencies, and obtain their consent, if possible in writing, before making the referral. Police officers and staff should promote a positive and realistic image of adult social care services and other agencies to encourage and enable vulnerable adults to access the help advice and support they need, if they choose to do so.

Where consent is not forthcoming, this should not preclude officers from making an external referral and sharing confidential information, if this can be justified in the public interest. This includes situations where there is evidence or reasonable cause to believe that an adult is suffering, or is at risk of suffering, serious harm (defined as death or serious injury to a person’s physical or mental health) or to prevent serious harm to an adult by, for example, the prevention, detection and prosecution of serious crime (defined as any crime which causes or is likely to cause serious harm to an adult). For further information see HM Government (2008) Information Sharing: Guidance for Practitioners and Managers.

Concerns about vulnerable adults at risk of abuse must be referred to adult social care as soon as possible and in accordance with local authority safeguarding policy (normally within the same working day that a referral is received). The process of managing, recording and assessing referrals
relating to the abuse of vulnerable adults should be supervised and audited.

The process of referral will depend on local force safeguarding arrangements. As the first point of contact, the SVAC should, make the referral to adult social care. For serious abuse and serious incidents that occur out of hours, supervisors should ensure that officers dealing with such cases make the external referral directly to the adult social care out-of-hours team and ensure the SVAC is also made aware that the referral has been made and to whom. It will be the decision of adult social care whether or not to accept the referral under the local authority safeguarding policy.

5.5 Identified Stages of a Multi-Agency Approach

ADASS (2005) Safeguarding Adults; A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work states:

The impetus for a multi-agency approach is the recognition that a plethora of organisations are involved in providing services to adults and may be involved in enabling them to access safety.

The framework provides a best practice guide through the various stages of a multi-agency approach. The terminology used has been adopted in this guidance to try and provide consistency across police and local authority areas, and for the benefit of partners working in other local and national organisations who have signed up to the implementation of the framework. Alternative terminology, some of which is already familiar to the police, is provided in brackets for ease of reference. It is recognised that some local authorities already use different processes and terminology from that described in the ADASS framework in order to achieve successful outcomes for vulnerable adults. This guidance is not intended to alter that position.
The various stages of a multi-agency approach outlined in the ADASS framework are detailed in subsections 5.51 to 5.58 below. Not all incidents will require all these stages to be followed. The action taken will depend on a number of factors including the risk factors, the views of the vulnerable adult and whether the situation can be resolved at an early stage with a less formal intervention.

### 5.5.1 Stage 1 Alert

This relates to the initial report of abuse of a vulnerable adult to any organisation by any individual, and the screening and action that is taken on receipt. Many of these alerts will be made directly to the SVAC by adult social care.

Where the police are the first agency to identify that an incident relates to the abuse or suspected abuse of a vulnerable adult, information relating to the incident should be recorded and contain details of the action taken and persons involved. Once the incident has been responded to, details should be passed to the SVAC on the same working day that the alert was raised. Forces need to ensure that they have a standardised system for officers to record written details of incidents involving the abuse of vulnerable adults.

The SVAC’s role, regardless of who was responsible for alerting the incident, will then be to collate all relevant information, ensuring that the following has been considered:

- Intelligence checks on named victims and suspects;
- A risk decision on whether any individual is in immediate danger, or whether any other urgent action is necessary (for example, security and preservation of evidence);
- Whether a referral is necessary to adult social care or other partner agencies.
Where an alert is made directly to the SVAC from any partner agency and it is apparent that a criminal offence has occurred and requires an urgent response, police officers should be directed without delay to the scene of the crime.

Supervisors and managers have a duty to address concerns where the alerts by adult social care or other agencies are not made in a timely way and criminal investigations become compromised, for example, forensic evidence is lost. Such issues may need to be taken further to SABs so that lessons may be learned by all agencies. From the point of alert, local authority safeguarding policy must be taken into account in addition to considering this guidance. This will ensure an appropriate response that enables agencies to jointly consider how to proceed in the adult’s best interests.

5.5.2 Stage 2 Referrals
The term referral relates to placing information in respect of the abuse or suspected abuse of a vulnerable adult into a multi-agency context.

All referrals that relate to the abuse of a vulnerable adult should be made to adult social care as soon as practicable and, in any event, within the same working day of an alert being received. A record should be made of the time, date, content of the communication and to whom it was made.

The referral should contain all the information that is available from local systems which is likely to affect the way the case is to be managed, and should, whenever possible, include:

- Information obtained by call takers and initial response officers;
- Intelligence checks on named victims and suspects;
- The risk decision on whether any individual is in immediate danger, or whether any other urgent action is necessary.
A referral is the earliest point at which information is communicated to adult social care and it begins the process of deciding whether action will be taken and by whom. The police should refer details of all vulnerable adults who are suffering, or may be at risk of suffering, abuse, and details of any adult who may benefit from an assessment of need. The SVAC will normally undertake this. Forces must identify locally who should take responsibility for making the referral in the absence of the SVAC.

If a decision is made not to refer a case to adult social care, consideration should be given to recording the decision-making rationale in accordance with the NDM. This should include how the decision was reached, who was consulted in making the decision, what steps have been taken to minimise any risks, and any other support that has been offered to the vulnerable adult.

5.5.3 Stage 3 Decision
Adult social care has responsibility for deciding whether a referral made by the police meets the threshold outlined in the local authority safeguarding policy, and whether that policy is implemented in respect of safeguarding vulnerable adults. In making the decision, adult social care will also consider whether other agencies should be consulted.

Adult social care should make this decision on the same working day as receiving the referral from the police. Where adult social care decline to accept a referral in accordance with policy and the police officer or staff member making the referral is dissatisfied with that decision, this should be referred immediately to a police supervisor so that any conflict can be quickly resolved. It does not relieve the police of their duty to investigate crime where a crime has clearly been committed, or to ensure the vulnerable adult is effectively signposted to other agencies which may be able to offer support in the circumstances. In all cases the welfare of the vulnerable adult will take priority.
When a referral is made, the police should make clear whether the referral is in accordance with local authority safeguarding policy or whether it is made for a social care assessment of need to be undertaken.

Details of the decision-making rationale must be recorded by the person making the external referral.

### 5.5.4 Stage 4 Safeguarding Assessment Strategy

This stage may be referred to as a strategy/planning discussion or a strategy/planning meeting. The purpose of a safeguarding assessment strategy is to allow professionals to formulate a multi-agency plan for assessing the risk to a vulnerable adult, and to address any immediate protection and investigative requirements. The victim, their family or carers and suspects would not normally be present during this process, although in line with the six fundamental principles the wishes of the victim should be represented.

The safeguarding assessment strategy can be agreed by a telephone discussion (referred to as a strategy discussion) or a face-to-face meeting (referred to as a strategy meeting). This will depend on the urgency, the nature of the allegation and the type of investigation that is required. Adult social care has responsibility for coordinating the safeguarding assessment strategy, although any agency can ask for a strategy discussion or strategy meeting to be initiated. If it is decided that a strategy meeting is more appropriate because of the complexities of the case, adult social care should arrange this within five working days of accepting a referral.

Ordinarily, no action should be taken prior to the agreement of a safeguarding assessment. However, when it is clear that a criminal offence has been committed and a vulnerable adult is in urgent need of safeguarding, or there may be issues of potential loss of forensic and medical evidence, the initial criminal investigation must not be delayed. At the point that fast-track actions have been completed, the police, usually
the SVAC, will initiate a strategy discussion or strategy meeting. If, prior to a strategy discussion or strategy meeting being convened, it comes to police attention that a vulnerable victim has attempted to retract an allegation of abuse, the discussion or meeting should still go ahead and any subsequent investigation should explore whether there has been any intimidation or coercion.

The safeguarding assessment strategy enables professionals to clarify and evaluate the information available to them about the alleged abuse and consider the evidence that is available and the wishes and needs of the victim. Particular regard should be paid to whether this is an isolated concern or whether previous concerns or complaints have been expressed. The professionals are then able to:

- Clarify issues relating to the sharing of information and confidentiality.
- Decide whether the safeguarding adult process is the most appropriate forum for responding to the situation, taking into account the views of the victim, for example, should the matter be referred to a MARAC or be dealt with through MAPPA.
- Identify, assess and manage the risk to the victim.
- Identify, assess and manage the risk to other vulnerable adults.
- Identify, assess and manage the risk in respect of other individuals, and if children are at risk or are suspected of abusing a vulnerable adult consider whether child protection procedures should be triggered.
- Identify the issues in respect of managing the suspect, for example, where the suspect is also a carer, identifying ongoing care needs and how this will be managed, or where the suspect is a vulnerable adult what interventions and support structures can be put into place to minimise the future risk of abuse.
- Decide the most appropriate type of investigation and who will lead on safeguarding activity.
- Identify the roles and responsibilities of each agency and individual, detailing specific actions and the objectives to be
achieved immediately and in the short term. This should include identifying the key person in adult social care to whom all information will be passed and who will coordinate the safeguarding assessment strategy.

- Decide whether there is a need for any specialist assessments, for example, a specific mental capacity assessment may be needed to determine whether a duty of care must override a person’s view or inability to express a view, or an assessment may be required by an intermediary to assess communication needs prior to interview.

- Plan for securing communication aids where required, for example, use of an intermediary; see 7.6.5 Intermediaries.

- Assess the cultural, religious and language needs of the vulnerable adult and identify the need for any witness support or an independent advocate, IMCA or interpreter.

- Identify potential legal powers available to assist in safeguarding the vulnerable adult that may be required at this stage or any stage in the future.

- Assess whether there are identified risks to professionals tasked with actions.

- Assess which other professionals or agencies need to be informed or be party to the proceedings, for example, coroner’s officers or probation.

- Identify resources required for investigation.

- Determine what information will be shared with the vulnerable adult and their family or carers.

- Agree a wider multi-agency communication strategy where required, including consideration of whether a media strategy is needed in high-profile investigations.

- Formulate a plan that accurately reflects all the above considerations.

- Agree timescales for agency and individual actions.

- Set a date for any subsequent meetings as it may be necessary to reconvene the meeting several times to review progress and evaluate outcomes.
The options for investigation may include any one of, or a combination of, the following:

1. Police to conduct a criminal investigation.
2. Other agency to lead an investigation or an assessment, for example, adult social care or health completing an adult safeguarding investigation for incidents that do not meet the threshold for a criminal investigation, or adult social care completing an assessment of need in line with the National Health Service and Community Care Act 1990.
3. Any other agency conducting an internal complaint or disciplinary investigation initiated by employers.
4. Active or passive monitoring by adult social care or health services.
5. Care Quality Commission (CQC) monitoring against compliance with essential standards of quality and safety and reporting back any safeguarding issues to the relevant agency.
6. Take no further action.

When a decision is made that the police will lead on a criminal investigation, other investigations or assessments may need to run concurrently. It is essential that police officers and staff explain the basis of their criminal investigation and relevant processes to partner agencies to assist their understanding, including the timings and methods of evidence gathering. This will ensure that criminal proceedings are not compromised, for example, direction should be given about information sharing with a suspect in advance of a structured police interview.

Police officers and staff should carefully consider independently recording the outcomes of a strategy discussion or strategy meeting, and the timing and context of all exchanges of information with and from other agencies.

Adult social care have the responsibility for completing detailed minutes following a strategy meeting, and have local arrangements for circulating
them to all attendees. The minutes should contain sufficient information to ensure that all participants are aware of the risks to the vulnerable adult, the actions agreed for managing the risks and all decisions made. Police officers and staff have a responsibility to ensure that the minutes accurately reflect the agreed actions and timescales. Each force should have an agreed local protocol on how to respond to situations where there are disagreements or conflicts between different agencies.

5.5.5 Stage 5 Safeguarding Assessment (Investigation)

This process focuses on the range of options for investigation in safeguarding adult cases. The investigation may have several strands all of which will require careful coordination, decided as part of the safeguarding assessment strategy. An investigation may be criminal or non-criminal but they all have the following broad principles:

- Gather, secure and preserve information and evidence, take statements and establish facts;
- Continually identify, assess and manage the risks;
- Address the support and care needs of the vulnerable adult, children or others who may be in the setting or household, and initiate any safeguarding action needed to protect them from further harm;
- Reach a conclusion about whether or not abuse has occurred and whether the vulnerable adult, children or others may still be at risk.

A written report should be completed which presents and evaluates the evidence and makes recommendations relating to:

- The vulnerable adult’s care needs and safety;
- The management of the alleged suspect;
- The management or organisation of a regulated care or health setting;
• Any improvements or sanctions that are required to prevent a repeat incident.

Where a criminal investigation is the primary strategy, all other agencies have a responsibility to ensure that their input or action does not adversely impact on the integrity of the criminal investigation. This does not mean that other agencies can abrogate their safeguarding responsibilities. For example, the CQC is the independent regulator of health and social care in England. One of the CQC’s safeguarding principles states that while working in partnership with other agencies it will not suspend its own statutory enforcement responsibilities pending the outcome of another investigation, including a criminal investigation, where to do so would compromise the safety and wellbeing of the people who use the service. In these circumstances the CQC aims to coordinate actions to preserve evidence and avoid impeding each other’s investigation or enforcement action. See 8.3 Care Quality Commission.

The role of other agencies in a criminal investigation depends on a number of factors, which may include the location of the offence, the number of victims, the mental capacity of victims, the nature of the crime committed and who the alleged suspect is (eg, a professional carer). Police officers and staff conducting criminal investigations may require the specialist knowledge or expert opinion of professionals from partner agencies to interpret evidence (eg, a qualified nurse to interpret medication records where misuse of drugs is suspected).

Issues relating to the suspension or relocation of professional members of staff have historically proved problematic due to the complexities of employment law and the fact that agencies and private companies will have to continue to pay suspended members of staff pending the outcome of a disciplinary investigation. The police have no legal grounds to prevent a disciplinary investigation from being conducted, even where a criminal investigation has been commenced. The safeguarding assessment strategy will contain the notes of discussions that focused on the need to suspend or relocate employees suspected of
abusing a vulnerable adult, but this is ultimately the decision of the employer.

If a professional member of staff is alleged to have abused a vulnerable adult, it is important that any disciplinary investigation carried out by the employer is conducted, as far as possible, with regard for any criminal investigation. The coordination and sharing of information is essential. A disciplinary investigation should, ideally, only be implemented once a criminal investigation has been completed, to prevent contamination of evidence that may prejudice potential criminal proceedings. The timing and detail of information that will be shared with the employee at the point of suspension or relocation should be agreed with the police. Intrusive police supervision of criminal investigations and compliance with agreed timescales reduce the risks involved of employers failing to cooperate with the needs of a criminal investigation, or of staff claiming they have been unfairly dismissed.

There are provisions for victims and witnesses to give consent for statements made during a criminal investigation, to be disclosed for the purposes of civil or disciplinary proceedings. Before any material is disclosed by the police to support any civil or disciplinary proceedings, forces must seek advice from their respective legal services departments. The CPS must also be consulted where cases are progressing through the criminal justice system.

**ADASS (2005) Safeguarding Adults; A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work** states that investigations, including criminal investigations, should be completed within four weeks of the referral being made. Forces will aim to comply with this timescale in straightforward criminal investigations. However, there will be investigations, for example, large-scale institutional abuse cases, where these timescales simply cannot be met because of the nature and complexity of the investigation. In these circumstances realistic timescales will have been agreed as part of the safeguarding
assessment strategy. It is good practice for forces to conduct regular case reviews, initially at fourteen days followed by every twenty-eight days.

Interviews with vulnerable victims or witnesses will be conducted as soon as possible and in any event arrangements to interview will be made within five days of a referral being made to any agency.

Where, as a result of a criminal investigation, there are minor changes to actions agreed as part of a safeguarding assessment strategy, for example, a change in the lead investigators or where agreed timescales cannot be met, this information will be communicated to the key person in adult social care responsible for coordinating the process. They can then decide on whether a review strategy meeting is required.

The investigating officer will request an urgent strategy review meeting in circumstances where:

- There are doubts regarding the mental capacity of an individual that were not identified earlier;
- The vulnerable adult is refusing to cooperate with a police investigation and an officer has reasonable grounds to believe they have been subjected to abuse or are at risk from abuse or are being coerced or intimidated;
- Access to the vulnerable adult is being denied and it is not appropriate to use powers of entry under section 17(1) Police and Criminal Evidence Act 1984;
- The level of risk or abuse to the person greatly increases as a consequence of a criminal investigation;
- The investigating officer has discovered additional information not communicated as part of the safeguarding assessment strategy that alters the context and priorities of the investigation, for example, more victims identified or more serious offences disclosed;
- The vulnerable adult dies during the investigation.
When a vulnerable adult dies during an investigation, an immediate review should take place to establish whether or not there were any suspicious circumstances leading to the death. Where a suspicious death has occurred, the police will immediately take steps to preserve and secure evidence and inform the coroner if abuse or neglect is suspected to be a contributory factor of the death. Consideration also needs to be given to whether poor inter-agency working was a contributory factor and whether a serious case review should be called to examine the circumstances and identify lessons to be learned.

5.5.6 Stage 6 Outcome of Safeguarding Assessment (Investigation)

Professionals involved in the safeguarding assessment (referred to as the investigation) will share regular information updates and arrive at one of the following conclusions:

- Abuse has been substantiated and the alleged suspect has been identified;
- Abuse has been substantiated and the alleged suspect has not been identified;
- Abuse has not been substantiated;
- The investigation has been unable to establish whether abuse has taken place and remains inconclusive.

Professionals must establish at the same time whether there is an ongoing risk of abuse to the vulnerable adult.

In circumstances where abuse cannot be substantiated and there is no evidence of risk to the vulnerable adult, adult social care can make a decision, in consultation with partner agencies, to take no further action under safeguarding arrangements and close the case.

Where abuse has not been substantiated or the investigation has been unable to establish whether abuse has taken place, but it is believed that
there is an ongoing risk of abuse, a case conference should be convened and a safeguarding plan agreed.

5.5.7 Stage 7 Case Conferences

A case conference is a multi-agency meeting held to discuss the outcome of the investigation(s) once the agencies have collated all of the information and assessed ongoing protection issues for the vulnerable adult. The case conference should be held within four weeks of the completion of the investigation. It will need to review the same issues that were considered as part of the safeguarding assessment strategy discussion or meeting, albeit with a longer-term view.

The purpose of a case conference is to:

- Evaluate all of the evidence and facts in a multi-disciplinary arena, and on the basis of probability reach a final conclusion on whether abuse has been substantiated, found to be unsubstantiated or whether a conclusion cannot be reached;
- Examine the legal and statutory context of the situation and possible interventions, including the implications of any impending criminal court process;
- Identify the roles and responsibilities of agencies and individuals in continuing to provide support, which includes the need for further assessments, and to plan or review care and support plans;
- Ensure continued protection and welfare of the vulnerable adult;
- Consider whether suspects who are paid employees are reported to their professional body, eg, the Nursing Midwifery Council (NMC) and/or the Independent Safeguarding Authority (ISA);
- If appropriate, identify arrangements for monitoring and reviewing the situation, including the need to refer to MARAC and MAPPA;
- Identify an appropriate course of action for any suspect and ensure that positive actions are put into place to prevent the victim from abuse in the future;
• Create a safeguarding plan with timescales for actions agreed and a date for a review meeting.

It is the responsibility of a relevant safeguarding manager in adult social care to chair a case conference. They are responsible for facilitating the conference process and for ensuring that a decision is reached on whether the vulnerable adult has been subjected to abuse, and whether they remain at risk. They are also responsible for ensuring that minutes are taken and circulated to all relevant partner agencies participating in the process. The Chair has discretion to include or exclude anyone and this may include a suspect. Where it becomes apparent that a suspect may be present at a case conference, contact should be made with the conference Chair beforehand and a request made that the confidentiality of any information to be shared by the police be maintained within the meeting. This gives the option for the Chair to exclude the suspect for this part of the proceedings.

The suspect may be suspected of offences for which they have not yet been arrested or interviewed. Where a suspect imparts evidence at a case conference, the integrity of the evidence should be preserved, a caution will be given and the comments recorded. Where there is a conflict as to who should or should not be invited to a case conference, the decision of the Chair is final.

Any agency or professional who has information and can contribute to an understanding of the situation should be invited. The vulnerable adult and his or her representative have a right to attend the conference and express their views.

Where a criminal investigation has been undertaken or is ongoing, police officers leading the investigation should attend all case conferences, supported where possible by the SVAC. Cases meeting the threshold of serious abuse or serious incidents should be attended by a senior investigating officer (SIO).
When the investigating officer is unable to attend, the reasons should be documented and a written report of police actions, progress of the investigation and other relevant information should be sent to the Chair of the conference. All those providing information should take care to distinguish between fact, observation, allegation and opinion. Prior to attending a case conference, the police should ensure that all databases are searched again immediately prior to the conference so that any new, relevant information in relation to the vulnerable adult can be shared.

All forces should ensure that officers and staff attending strategy meetings and case conferences are appropriately skilled and trained to provide adequate information, make appropriate decisions and, if necessary, challenge the information and decision of other agencies.

5.5.8 Stage 8 – The Review Meeting

The timescale for the review meeting is decided at the case conference but must be held within six months. The purpose of this meeting is to ensure that the safeguarding plan has been actioned, to consider the effectiveness of the safeguarding plan in achieving the outcomes sought and make changes where necessary, including a reassessment of risk. There may be a series of reviews before a case is closed.

The police should be represented at all review conferences at which a decision may be taken that a vulnerable adult is no longer in need of a safeguarding plan. The review requires the same level of preparation, commitment and management as the case conference and should again consider whether the vulnerable adult continues to be at risk of significant harm and in need of ongoing safeguarding.

5.6 The Strategic Police Role in Multi-Agency Arrangements

No Secrets guidance encourages local authorities to consider structures for inter-agency collaboration. The guidance states:
To achieve effective inter-agency working, agencies may consider that there are merits in establishing a multi-agency management committee which is a standing committee of lead officers. Such a body should have a clearly defined remit and lines of accountability, and it should identify agreed objectives and priorities for its work. Such committees should determine policy, co-ordinate activity between agencies, facilitate joint training, and monitor and review progress.

5.6.1 Local Adult Safeguarding Boards

In May 2011 the Government announced plans to strengthen the protection of vulnerable adults by making it a legal requirement for all local authorities to have a Safeguarding Adults Board (SAB). In this context the role and function of SABs assume key importance and signal the need to work in partnership, with collective responsibility to local communities.

The organisational structure of the SAB is driven by local needs, but it must be able to demonstrate effective strategic leadership, and delivery and achievement of joint outcomes to vulnerable adults.

**ADASS (2011) Safeguarding Adults 2011: Advice Notice** defines the role of Safeguarding Adult Boards as follows:

Safeguarding Adults Boards have to be the vanguard of safeguarding, frame the activities of a range of organisations and ensure that there are effective interfaces between them to safeguard the full range of people who may be more at risk or in circumstances that make them vulnerable. Whilst the council, NHS Trusts, the Police Authority and others hold ultimate responsibility of the safeguarding within their individual organisations, it is the Safeguarding Adults Board
that brings their critical interdependence together and maximizes the effectiveness of their activity.

ADASS (2011) Safeguarding Adults 2011: Advice Notice states:

Safeguarding Adults Boards must have active partners who are able to influence and direct their organisations in ensuring adults are and feel safe and are supported to challenge and change abusive situations, lead and support the development and implementation of safeguarding practice and procedures within their own organisations, take forward any agreed action plans which prevent and minimise abuse, protect individuals and support the delivery of justice and fairness to all, support the development of wider public protection and prevention initiatives as part of embedding the quality and safety agenda, and ensure activities are monitored and audited. Local arrangements should set out the core training required for Board members.

Officers of superintendent rank hold the appropriate level of authority to represent the police at an SAB. As a minimum this can be delegated to detective chief inspectors. It is, however, essential that forces ensure continuity of representation at the SAB.

An SAB may devolve some of its tasks to subgroups, which could include policy, procedures and practice development, training and workforce development, quality assurance and serious case reviews (SCR). There is merit in experienced adult safeguarding staff, including the SVAC, attending subgroup meetings, but accountability for decisions made must be retained by the senior police representative on the SAB. Where an SAB has an SCR subgroup, this should be attended by an officer of at least inspector rank.

5.7 Serious Case Reviews and Individual Management Reports
Unlike child protection, there is no statutory requirement for the police or any agency to cooperate with SCRs relating to vulnerable adults. However, standard 1.22 of *ADASS (2005) Safeguarding Adults; A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work* recommends that each safeguarding partnership has an SCR protocol, agreed on a multi-agency basis, that details the circumstances in which an SCR will be undertaken. This guidance actively encourages forces to participate in this process to:

- Establish whether there are lessons to be learned from the circumstances of the case and the way in which the police have worked with partner agencies to safeguard vulnerable adults;
- Identify clearly what those lessons are, how and within what timescales they will be acted on and what is expected to change as a result, to include a review of the effectiveness of force policy and procedures;
- Inform and encourage best practice in multi-agency working and better safeguard and promote the wellbeing, independence and safety of vulnerable adults.

This guidance should be read in conjunction with *ADASS (2009) Vulnerable Adult Serious Case Review Guidance: Developing a Local Protocol*, which provides guidance to SABs, on the purpose, criteria, management and conduct of SCRs. This includes the setting up of serious case review panels and completion of individual management reviews. The document can be accessed at [http://www.adass.org.uk/images/stories/Safeguarding%20Adults/Vulnerable%20Adult%20Serious%20Case%20Review%20Guidance%20final2%20DEC%2006.pdf](http://www.adass.org.uk/images/stories/Safeguarding%20Adults/Vulnerable%20Adult%20Serious%20Case%20Review%20Guidance%20final2%20DEC%2006.pdf)

Other national guidance and research will be useful to nominated representatives with responsibility for engaging in SCR processes and will
assist in shaping the way the SCR process relating to safeguarding adults is conducted. Examples of these are:

- **HM Government (2010)** *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the Welfare of Children* (paragraph 8); **Ministry of Justice (2009)** *MAPPA Guidance, Version 3.0* (paragraph 28);
- LSAB policy and procedures;
- Specific analysis of serious case reviews including **Ofsted (2010)** *Learning lessons from serious case reviews: interim report 2009–2010* and earlier Ofsted reviews;
- Adult Safeguarding ‘Community of Practice’ – National serious case review tracker (new members have to register to access this online resource) at [http://www.communities.idea.gov.uk/comm/landing-home.do?id=2962596](http://www.communities.idea.gov.uk/comm/landing-home.do?id=2962596)

### 5.7.1 Serious Case Reviews

Local authorities have differing arrangements for setting up SABs, serious case review subgroups (SCRSGs), serious case review panels (SCRPs) and the writing of Individual Management Reports (IMRs). Some areas have the same representatives sitting on all or some of the groups, but good practice indicates that there should be a degree of independence between the different functions.

ACPO leads, SCRSG members, SCRП representatives and authors of IMRs are expected to familiarise themselves with relevant guidance before discharging any SCR roles. The circumstances when an SCR should be held are set out in **ADASS (2009)** *Vulnerable Adult Serious Case Review Guidance: Developing a Local Protocol.*
Each local authority may have their own interpretation of the ADASS guidance and criteria for conducting SCRs, which should be outlined in their respective safeguarding adults policy and procedures. It is most common for an SCR to be commissioned when a vulnerable adult dies and abuse or neglect is known or suspected to be a factor in the death.

5.7.2 Parallel Proceedings

Ensuring that the functions of the SCR in learning lessons are fulfilled requires careful consideration and timing. In practice, the SCR may take place during multiple parallel proceedings, for example, criminal proceedings, civil proceedings or an inquest. The involvement of an SIO is crucial in order that their representations are taken account of in the terms of reference of the SCR. This will minimise the risk of conflict arising in different proceedings. If a criminal investigation is being undertaken, the CPS should be consulted at an early stage about appropriate disclosure of information. It is important to note that the identification of safeguarding issues that may have a detrimental impact on other vulnerable adults cannot be deferred as a consequence of any other matter.

5.7.3 Serious Case Review Representation

Each force should nominate independent representatives to sit on the SAB (normally a superintendent), SCRSG (normally a detective chief inspector of the PPU or local BCU) or SCRP (normally a detective chief inspector or detective inspector of the PPU or local BCU). Where a force covers a number of local authority areas, a representative should be nominated for each area. The representatives should have experience of safeguarding, albeit this may be in a different discipline, for example, child protection, and should be familiar with this and associated guidance.

Depending on local arrangements, the SCRSG member or SCRP representative should contribute to developing the terms of reference for the review and ensure that consideration is given to parallel proceedings.
This officer should ensure that the police IMR meets the necessary standards in identifying lessons that can be learned to improve police practice.

The SCRP representative should support the IMR author, taking care not to compromise independence or exert improper influence. It is the responsibility of this representative to ensure that the police force implements promptly any recommendations to improve safeguarding practice.

5.7.4 Individual Management Reports
The aim of an IMR is to look openly and critically at individual and organisational practice and at the context within which individual staff members were working to see whether improvements could and should be made.

IMR authors should be trained for their role and must be familiar with *HM Government (2010) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the Welfare of Children* provides detailed information on how to scope and format IMRs in respect of children. This guidance is transferable in terms of structuring safeguarding adult IMRs.

Forces should use independent IMR authors because the author is then outside the line management of those parties whose practice is being examined and commented on. In high-profile cases it is essential that forces use independent authors because of the level of potential public scrutiny. In these instances forces may choose to seek assistance from another force or recruit consultants.

IMR authors should be supported in their role. Many authors may be given responsibility for completing an IMR in addition to their everyday job. IMRs require in-depth research and analysis and possibly interviews with key staff. This is a time-consuming, albeit valuable process. IMRs are also
subject to rigid timescales, and authors, therefore, need uninterrupted time dedicated to the process.

It is the responsibility of the force ACPO lead to receive, read and sign off the IMR. This includes signalling agreement with the recommendations and a commitment to implement the recommendations within the identified timescale.

5.7.5 Police Discipline
SCRs should be conducted openly and honestly. On occasions, this means that the IMR will identify shortcomings in police practice that in theory may amount to a breach of the Police (Conduct) Regulations 2008. Where a breach is identified, there should be liaison with the force professional standards department (PSD), which will advise and ensure that the matter is properly recorded and dealt with in accordance with local and national arrangements. Some forces routinely submit all IMRs to the PSD before submission to their SAB, which is good practice.

5.7.6 Serious Case Review Action Plans
At the conclusion of the SCR process, the force needs to implement recommendations agreed in the IMR and any additional recommendations contained in the overview report. A formal audit trail should be adopted to demonstrate that the recommendations have been accepted and implemented. To show that the force has learned lessons from the review process, the ACPO lead needs to ensure that recommendations are embedded in systems, procedures and training to minimise the likelihood of a repeat incident.

5.8 Multi-Agency Prevention and Education Initiatives
Forces and, in particular, SVACs should engage in multi-agency initiatives which are developed to safeguard vulnerable adults and prevent abuse.
When the police are involved in preventive and education initiatives, this may lead to alerts or referrals of abuse that require investigation. Prior to any initiative, partner agencies should be consulted on how best to deal with this.

Examples may include:

- Public education initiatives about recognising and responding to the abuse of vulnerable adults (including those communities where the abuse of vulnerable adults is known to be under-reported);
- Initiatives aimed at vulnerable adults which provide information on the steps they may take to protect themselves from harm, and how to access services including criminal justice;
- Education for carers and the services they may access to prevent carer stress.

### 5.9 Other Relevant Multi-Agency Arrangements

Such arrangements can improve the service delivered to vulnerable adults, ensure the six fundamental principles are considered and contribute to prevention, effective investigation and management of risk. They can also be used to monitor appropriate responses to safeguarding vulnerable adults within agencies.

### 5.10 Single Assessment Process

The Single Assessment Process (SAP) was introduced in the *Department of Health (2001) Older People: National Service Framework for Older People*. The SAP provides a person-centred health and social care framework and aims to ensure that older people’s needs are assessed thoroughly and acutely without being duplicated by different agencies. This includes contact, overview, specialist and comprehensive assessments. The SAP also encompasses care planning, care delivery and review. It coordinates the assessment of the health and social care needs
of an individual and shares the information appropriately between health and social care agencies, a vital element in joint working.

5.11 Common Assessment Framework

*HM Government, Department of Health (2006) Our Health, Our Care, Our Say: A New Direction for Community Services* proposes a Common Assessment Framework (CAF) for adults. This is to be developed primarily from the experience to date from implementing the Care Programme Approach (CPA) for Mental Health (see *ACPO (2010) Guidance on Responding to People with Mental Ill Health or Learning Disabilities*), the SAP, and Person Centred Planning for People with Learning Disabilities.

The aim of adopting the CAF is to remove the artificial boundary of older age, and provide continuity of a person-centred approach throughout adult life, geared towards self-determination and planning for independence. The SAP is increasingly being used for other adult groups as well as older people, and many areas now apply the principles of the SAP when delivering care to everyone over 18 years of age. National policy documents are promoting the SAP as a model for the CAF to deliver person-centred care. *HM Government, Department of Health (2006) Our Health, Our Care, Our Say: A New Direction for Community Services* states in particular that 'SAP provides a generic framework that could be applied more widely'.

The CAF will retain the core features and properties of the SAP by:

- Supporting seamless delivery of services across health and social care;
- Avoiding duplication of information collection and procedures;
- A proportionate assessment according to an individual's level of need;
- A person-centred assessment of needs which is included in a personalised care plan to support people;
• Delivering greater transparency around the needs assessment process and agreed support.

The police have no involvement in completing or contributing to the SAP or the CAF. However, while investigating the abuse of vulnerable adults, documentation related to these processes is likely to come into the possession of the police and form part of their used or unused material for disclosure purposes.

There are many occasions where police officers and staff attend incidents where they are concerned about the vulnerability of a particular adult who is not necessarily being abused and would, therefore, fall outside the remit of this guidance (for example, an adult living in unsanitary conditions or self-harming). Police officers and staff may, nevertheless, identify that the adult is in need of care and/or health services and want to alert the relevant service of their concerns. When submitting a referral relating to such an incident, police officers and staff should request that an assessment of need is carried out. This would subsequently be completed by the relevant agency, using the SAP or CAF frameworks.

5.12 Monitoring and Evaluation

Forces should ensure that issues relating to the abuse of vulnerable adults are included in their policing plans and strategies. Managers should be identified to take responsibility for performance management of investigations involving the abuse of vulnerable adults, which should be audited at both force and local level.

A performance framework should be developed in forces to monitor internal activity, outputs and outcomes from the police perspective. The ultimate measure of performance is increased safety for the vulnerable adult as a result of an effective multi-agency response. The victim’s views on whether they have been satisfactorily assisted and whether the outcomes that the victim wanted have been achieved are also important to consider.
Examples of information which facilitates monitoring and evaluation of the police role in contributing to safeguarding interventions and vulnerable adult abuse investigations may include the following.

**Internal Activity**

- Number of incidents involving vulnerable adults attended by frontline police officers and staff;
- Police internal alerts or referrals that a vulnerable adult is at risk of harm, resulting from incidents attended or other sources;
- Alerts or referrals received from partner agencies, broken down into relevant agencies;
- Referrals, reports of concern, or requests for assessments made to other agencies;
- Criminal investigations conducted resulting from alerts or referrals;
- Number of strategy discussions and strategy meetings involving the police;
- Number of case conferences or review meetings attended by the police;
- Number of case conference reports provided in the event of non-attendance of the police;
- Arrests for offences relating to the abuse of vulnerable adults across the force;
- Compliance with force policy and procedures data.

**Output**

No further police action:

- Safeguarding plans, including risk assessments compiled at case conference;
- Detections (broken down into categories of abuse);
- Case tracking and attrition (this requires shared understanding with the CPS about which cases relate to vulnerable adults, and the establishment of a scrutiny process).

**Outcome**
Victim satisfaction surveys to include whether victims feel as though they are better able to protect themselves in the longer term;

Identification of repeat victims who are vulnerable adults;

Overall recorded crime and detection rates for the abuse of vulnerable adults;

Crime reduction strategies aimed at vulnerable adults;

Conviction rates for cases reaching court;

Feedback from other agencies involved in safeguarding adults (to include cases where risk has been minimised or cases where the victim declined to cooperate with an investigation or risk assessment planning).
## MANAGEMENT ISSUES

- Effective working relationships with partner agencies. This should include a joint review of existing local authority safeguarding adult policy to ensure it is fit for purpose and accurately reflects the police role in safeguarding investigations.
- Systems are in place for monitoring compliance with timescales in respect of multi-agency meetings.
- Force policy on safeguarding adults includes guidance on the sharing of information, timeliness of referrals and how police officers and staff respond to inter-agency conflicts and disagreements.
- Information sharing protocols are developed with partner agencies so that information gained from victim and witness interviews can be shared lawfully and proportionately, to ensure effective risk decision making and safeguarding planning.
- Systems are in place for alerts and referrals to be recorded on a central database, and subjected to consistent decision making and risk decision making.
- Staff have access to timely legal services advice in respect of safeguarding adult issues and the interface with parallel proceedings.
- Staff attending multi-agency meetings (strategy meetings and case conferences) are trained and skilled to make appropriate decisions and constructively challenge other professionals where necessary.
- There is appropriate representation on the local Safeguarding Adults Board to oversee joint activity in relation to prevention and response to harm to vulnerable adults.
- Independent senior and experienced police officers are identified across each local authority area boundary who have responsibility for attending serious case review panels and undertaking individual management reviews.
- Staff undertaking any role within the serious case review process are trained and skilled for this purpose.
- Force professional standards departments are involved with the serious case review process in order to consider potential conduct and performance
issues.
- There is an audit trail for recommendations resulting from serious case review processes.
Initial Police Response to Concern for a Vulnerable Adult

This section is of particular relevance to all staff working in police communication rooms, on helpdesks or front offices, members of neighbourhood policing teams, initial response officers, supervisors and specialist safeguarding adult posts, including staff in dedicated PPU.
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6.1 First Contact

Abuse may be reported to the police in various ways, for example, the 999 system, helpdesks, front offices of police stations or directly to neighbourhood officers or specialist staff.

A victim or a witness making a report of vulnerable adult abuse may not actually identify it as such. It is essential that police officers and staff ask relevant questions that may assist them to identify vulnerable adults, without compromising a future interview in accordance with Achieving Best Evidence, as this will influence how the incident is graded in terms of response and whether a multi-agency response is subsequently activated.

The caller may themselves be a vulnerable adult. If they have a speech impediment linked to their particular disability, it may sound as though they are under the influence of drink or drugs. Some callers may also be on medication which may affect their speech. Others may be hearing impaired or have other disabilities that affect their ability to communicate effectively or to process information. They may be upset, confused, frustrated or agitated because of what has happened to them. Call takers must, therefore, demonstrate patience, reassurance and sensitivity when taking the call.

Appendix 1 contains a list of common conditions including those which may affect an individual’s ability to communicate. For further information see Ministry of Justice (2011) Vulnerable and Intimidated Witnesses: A Police Service Guide and ACPO (2010) Guidance on Responding to People with Mental Ill Health or Learning Disabilities.

The call taker must prioritise the safety of the caller, any other potential victims, including vulnerable adults, and children present at the scene, and give initial safety advice prior to deployment. Concerns for the safety
of an officer should not preclude deployment to an incident to ensure the safeguarding of a vulnerable adult, children present or other individuals. For further information see Health and Safety Executive 2010) Striking the Balance between Operational Health and Safety Duties in the Police Service.

6.2 Information Required in an Initial Report of Vulnerable Adult Abuse

An investigation begins with the report that a vulnerable adult has been the subject of abuse. Police officers and staff should establish as much detail as possible to support a thorough investigation. All reports will be recorded in line with Home Office (2011) National Standard for Incident Recording (NSIR) Counting Rules, and this includes information or intelligence received via Crimestoppers.

Achieving Best Evidence states that any initial questioning should be intended to elicit a brief account of what is alleged to have taken place. Such an account should include when and where the event is alleged to have taken place and who was involved or otherwise present. The purposes of initial questions should be to obtain answers to significant questions that will assist the early investigation. This will enable staff to establish whether a criminal offence has been committed and assess the current risk to the victim, children present and any other individuals. This information will be provided to deployed officers and is likely to influence the initial police response.
Checklist 1 Information Gathering When the Caller Is the Victim or another Vulnerable Adult

Call takers should adhere to the following basic principles:

- Do not interrupt a vulnerable adult who is freely recalling an event;
- Listen and use open questions to elicit the information;
- Ask no more questions than necessary to take immediate action;
- Make a comprehensive record of what has been said and disseminate to officers attending the incident.

Call takers should ascertain:

- Location of the victim or other vulnerable adult;
- Need for medical assistance;
- Nature of the incident;
- When it happened;
- Identity of the suspect;
- Location of the suspect if known;
- Identity of other persons present;
- Location of the incident;
- Demeanor of the caller (including words spoken).
Checklist 2 Information Gathering When the Caller Is an Adult other than a Vulnerable Adult

Call takers should obtain, record and disseminate the following information, where feasible, prioritising it in accordance with the circumstances:

- An initial account of what the caller says has happened;
- Nature of the incident or concern – what has happened;
- When it happened;
- The immediate safety of the victim (advice to be given to the caller about removing the victim from immediate danger);
- Severity of any injury and whether medical assistance is required (consider forensic opportunities);
- The contact details of the person reporting and the capacity in which they are reporting, for example, carer or health professional;
- Location of the incident;
- Location and identity of the vulnerable adult;
- Whether this is a domestic abuse case (if so refer to domestic abuse policy);
- Whether any children are present or have witnessed abuse;
- Location and identity of any suspects;
- Whether any other vulnerable adults are present and whether they are safe;
- Location of other parties (other vulnerable adults and witnesses);
- Whether any weapons have been used;
- Identities and details of parties involved, including names, gender, dates of birth, home address, telephone numbers.
- Whether any person present appears drunk or has taken drugs;
- Whether there is any history of social services or other community care involvement;
- Whether the suspect is known to the victim and whether there is a previous known history of abuse;
- Description of the suspect if applicable (required for disclosure and investigation);
6.2.1 Anonymous Callers

When an individual reporting the abuse of a vulnerable adult wishes to remain anonymous, the call taker should attempt to establish the capacity in which the caller is contacting the police for assistance (e.g., victim, carer, relative, adult social care or health professional) and ask why the caller wishes to remain anonymous and record this. The call taker should encourage the caller to phone back with any further information, offer their details as the future point of contact and provide the incident number for reference. Where an anonymous caller fails to phone back attempts should be made to trace them, using telephone tracing. An anonymous caller may be placed at increased risk if an unsolicited attempt is made to return their call. All such matters should, therefore, be referred to a supervisor for direction on how the anonymous call will be responded to.

6.3 Preservation of Evidence in Emergency Calls

Call takers will give the following advice in respect of preservation of evidence to anyone reporting vulnerable adult abuse, including the victim:
Do not touch or move anything and do not permit anyone to do so, unless absolutely necessary, for example, to save life;
Do not clean or tidy up the scene;
Protect the crime scene, prevent any persons or animals entering it;
Preserve any clothing or footwear or other evidence such as footprints by leaving in situ, pending the arrival of the police;
How to secure closed-circuit television (CCTV) evidence and to avoid tampering with any computers, phones or photographic equipment.

If the reported incident relates to a sexual assault that has occurred within the preceding five days, the following additional advice will also be given:

- Victim not to wash, shower, bathe or wash hands;
- Avoid using the lavatory or discarding sanitary products or condoms;
- Retain clothing worn at the time of the assault and subsequent to it;
- Do not drink, eat, smoke or clean teeth (where victims have cleaned their teeth or had a drink, drinking vessels and the toothbrush should be retained).

For further information see **ACPO/CPS (2009) Guidance on Investigating and Prosecuting Rape**.

### 6.4 Resource Deployment

Decisions relating to deployment should take into account local arrangements, but where the victim is a vulnerable adult they must be visited. This is to ensure:

- The safety of the vulnerable adult;
- Evidence is secured and preserved;
- Further accurate information is obtained;
• The vulnerability of the adult can be assessed in accordance with this guidance.

**Call takers should not make assumptions based on the vulnerability of the victim in deciding whether to deploy officers to the incident.** For example, repeated calls received from an adult placed in a mental health setting who is alleging they have been assaulted by other service users or staff should be visited, despite doubts about their credibility.

The call taker or control room staff should ensure that the information obtained at the initial call taking stage is disseminated to officers directed to deal with the abuse, or suspected abuse, of a vulnerable adult. For further information see **Checklists 1 and 2**.

Where possible, the officers deployed to every reported incident of vulnerable adult abuse will have been trained in **Achieving Best Evidence**. The unavailability of trained officers should not preclude officers from being despatched. All officers receive basic investigative interview training and are aware of the implications of asking questions that are likely to lead to suggestions of a contaminated testimony.

If the reported incident involves sexual assault, a specially trained officer (STO) should be despatched to the scene immediately. Having despatched officers to the scene, call takers should consider **Checklist 3**.
Checklist 3 Deployment

- Ensure that medical assistance is en route if required.
- Ensure that back-up support is available to the initial response officers if deemed necessary.
- Inform the caller that officers have been despatched and estimate their time of arrival.
- Check relevant IT systems for previous reported incidents, to establish previous history of the vulnerable adult involved, for example, Police National Computer (PNC), central database for related public protection concerns, force intelligence systems, control room records for any related incidents at relevant addresses, missing persons database, crimes database, ViSOR and Impact Nominal Index (INI). Ascertain whether domestic abuse is a factor and whether any other vulnerable adults, named suspects and/or any children are likely to be present at the identified incident address.
- Inform the initial response officers of all relevant information gleaned from intelligence systems that will assist them to make risk decisions. This will specifically include:
  1. Any communication difficulties (for example, hearing, speech).
  2. Any other factors that may affect the police response (for example, those relating to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
  3. Potential use of weapons.
  4. A description of the suspects where necessary.
- Where an incident referral indicates that a child is present at the incident address, this should be communicated to the attending officers, with a direction that physical checks be made regarding a child’s safety.
- Inform officers where the incident address has a warning marker regarding a vulnerable adult on a safeguarding plan, a child on the child protection register or if the incident involves serious abuse or amounts to a serious incident.
- If the call involves serious abuse or amounts to a serious incident, the call taker should ensure the following:
1. The duty sergeant is immediately deployed to the scene and a specialist officer informed.

2. The appropriate point of contact within adult social care is contacted and a referral made.

3. The duty inspector is made aware, who should then direct actions to be taken by initial response officers and the duty sergeant.

4. The control room supervisor is informed;
   - Ensure steps are taken to preserve the audio tape of the initial call.
   - Ensure deployment of a crime scene investigator (CSI) or other specialist resources on request.
   - Once the incident has been dealt with, obtain accurate and comprehensive information regarding the outcome of the incident.
   - Where a crime has been committed, include the crime reference number on the incident log.
   - Obtain details of the initial response officers, who will be responsible for establishing any remaining information from Checklist 1 and Checklist 2, recording the information and ensuring a referral is made to both the SVAC and adult social care where appropriate.
   - Where applicable, obtain details of the name of the adult social care worker who was contacted by the initial response officer.
   - Ensure that all relevant information is recorded on the incident log.

6.5 The Role of Control Room Supervisors

Control room supervisors have responsibility for conducting regular random checks to ensure that resources are properly deployed to incidents of vulnerable adult abuse. Initial response officers should be briefed appropriately with background information and history regarding the victim, suspect and incident address.

Supervisors ensure that incident logs clearly state what action has been taken, and that they are not just written off as ‘no police action required’ or ‘advice given’.
Call handlers should notify the control room supervisor of any incidents that relate to serious abuse, a serious incident involving a vulnerable adult or where an anonymous referral has been made in relation to the abuse of a vulnerable adult. Supervisors should manage these incidents.

In the absence of a control room supervisor, the call taker will notify the duty sergeant to ensure the incident is appropriately managed.

Control room supervisors have responsibility for monitoring and conducting regular audits regarding the use of warning markers in relation to vulnerable adults. In circumstances where the vulnerable adult is no longer at risk, a warning marker should be removed from the incident recording system. This must only be done following consultation with the SVAC or specialist officer dealing with the incident that has the warning marker.

**6.6 Any Incident that Triggers Concern for a Vulnerable Adult**

Officers attending any incident should be prepared to identify issues that affect the safety, wellbeing and independence of vulnerable adults, for example, reports of anti-social behaviour and neighbour nuisance, or reports of self-harm, drug, alcohol or substance misuse. In all incidents on private dwellings, officers should look for indicators that vulnerable adults may be resident in the household. While recognising that not all people with physical disabilities are vulnerable, indicators of vulnerability may include the presence of wheelchairs, walking frames, walking sticks, stair lifts and other mobility aids.

Officers should be aware of and be able to identify vulnerable adults at risk of abuse, even when they are dealing with matters that appear to be unrelated.
The first priority of any officer attending a vulnerable adult abuse incident is to protect the victim from any further abuse. The police will take steps to protect all people present from injury or further harm. This includes any witnesses, initial response officers and suspects, especially where the allegations are by one vulnerable adult against another or other professionals. This may involve identifying a safe place for a vulnerable adult to reside. It should be noted that unlike for children, there is no basis in law for removing an adult to a place of safety unless section 136 MHA 1983 applies. Therefore, this can only be done with the consent of the adult or, where the adult lacks capacity, in accordance with the MCA best interest principles. If alternative accommodation is required, adult social care must be consulted and they may assist in identifying a respite placement.

6.7 Powers of Entry

Whenever concerns have been expressed about a vulnerable adult, officers should take steps to see the adult in order to establish their safety and welfare. On occasions, officers may be confronted with situations where access to premises is denied, but they have reason to suspect that an offence has been committed or reasonably suspect that harm has been caused to a vulnerable adult.

Officers in these situations may feel it is necessary to enter the premises to secure the protection of the vulnerable adult using powers under the Police and Criminal Evidence Act (PACE) 1984 as amended by the Serious Organised Crime and Police Act (SOCA) 2005. Powers of entry should be exercised in accordance with the HRA and officers should record why they consider the exercise of entry powers to be legal, necessary and proportionate to the situation.

Other than powers under section 135(1) of the MHA 1983, which authorise a police officer, accompanied by a doctor and an approved mental health professional, to enter premises and remove a patient with a mental disorder to a place of safety, social workers do not have powers to
enter premises and remove vulnerable adults.

For further information see ACPO (2010) Guidance on Responding to People with Mental Ill Health or Learning Disabilities; Older Peoples Commissioner for Wales (2011) Protection of older people in Wales: A guide to the law; and Michael Mandelstam (forthcoming) Safeguarding adults at risk of harm: A legal guide for practitioners.

6.8 Action on Arrival at the Scene

On arrival, the priority of initial response officers is to safeguard the individual and establish whether a criminal offence has been committed. Officers should consider the actions detailed in Checklist 4.

<table>
<thead>
<tr>
<th>Checklist 4 Initial Response Officers: Actions on Arrival at the Scene</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establish the welfare of the adult by assessing their condition, and speaking to them.</td>
</tr>
<tr>
<td>• Consider the safety of all persons present including officer safety.</td>
</tr>
<tr>
<td>• Make an immediate assessment of the need for medical assistance (this includes the needs of the victim and any other vulnerable adults, children or person(s) present).</td>
</tr>
<tr>
<td>• If children are present, conduct welfare checks to ensure their safety.</td>
</tr>
<tr>
<td>• Confirm the identity of the suspect; if they are no longer at the scene circulate a full description.</td>
</tr>
<tr>
<td>• Establish who is or who was at the scene.</td>
</tr>
<tr>
<td>• Establish parameters of the scene.</td>
</tr>
<tr>
<td>• Conduct intelligence checks on the suspects and relevant parties.</td>
</tr>
<tr>
<td>• If it appears that the incident fits the definition of domestic abuse, deal with the incident in accordance with the force domestic abuse policy. <em>(There will still be a need to refer the incident to adult social care for a strategy discussion to take place.)</em></td>
</tr>
<tr>
<td>• Obtain an overview of what has occurred. Record information and</td>
</tr>
</tbody>
</table>
actions on an investigation log or in accordance with local arrangements. (It should begin with the initial response officer’s assessment of victim vulnerability and the demeanour of all relevant parties.)

- In circumstances when a victim clearly lacks mental capacity or the ability to provide an initial account, or where there are issues of fear or intimidation, officers should still pursue all other available lines of enquiry and conduct a professional investigation by managing the scene and preserving and gathering all available evidence.

- Decide on the most appropriate method of recording a victim’s or vulnerable witness’s subsequent interview. This decision should be made in consultation with the authorising officer or supervisor, who will take account of all available special measures. Decision-making rationale in respect of this should be recorded on the investigation log.

- Consider the use of photographs and/or video to record and preserve evidence of injuries and the scene.

- Secure the safeguarding of vulnerable adults within the most appropriate care environment, taking account of the fundamental principles.

- Record significant statements made by the suspect.

- If there is evidence of serious abuse or a serious incident, arrange for the call taker to notify a specialist officer and request attendance of the duty sergeant to the scene.

- Contact the relevant adult social care department or the out-of-hours service by telephone and refer the incident without delay. Agree a safeguarding assessment strategy, details of which will be recorded in detail on the investigation log.

- If there is evidence of serious abuse or a serious incident, ensure the duty inspector is made aware.
6.8.1 Seeing and Speaking to the Vulnerable Adult

Officers making decisions about a vulnerable adult should listen to them and take their views into account. Attention should be paid to what the adult says and does not say, how they look and how they behave. **Officers should not make early judgments on whether the witness is likely to be accepted as a competent witness by the courts, and should act on the general presumption in common law that they will be regarded as competent.** The stated case of *R v Watts* [2010] EWCA Crim 1824 tested the issue of witness competence in criminal proceedings and linked competence on the ability to understand and respond to questions. For further information see [http://pnld.westyorkshire.pnn.police.uk/docmanager/content/C2375.htm](http://pnld.westyorkshire.pnn.police.uk/docmanager/content/C2375.htm)

There may be occasions where enquiries show that adults have fluctuating capacity or that they may be more coherent at certain times of the day, for example, some medication can affect a person’s ability to respond competently. In these circumstances initial response officers must ensure the adult’s safety and arrange to speak to them at a more suitable time.

There is no legal requirement for another adult to be present, or for consent to be given to an officer who talks to a vulnerable adult purely to establish welfare. The possibility of a future prosecution should not prevent an officer from communicating with a vulnerable adult to determine their welfare.

Officers should explain to those with sufficient capacity and understanding that the incident is to be referred to adult social care, and they should seek written agreement from the individual regarding the sharing of information with other professionals.
6.8.2 Interview Supporters

The report *Home Office (1998) Speaking up for Justice* emphasised the value of social support for vulnerable witnesses at all stages of an investigation and subsequent trial. It is good practice, from the outset, to identify an individual who knows the vulnerable adult well and so may fulfil a supportive role in looking after the best interests of the vulnerable adult throughout the investigative process. They are known as an interview supporter.

The interview supporter must be a person independent of the police and may be a carer and/or relative, friend, neighbour or a social worker. These individuals can provide an important role in assisting an investigation through their personal knowledge of the vulnerable adult.

In some circumstances using an interview supporter who is well known to the vulnerable adult may be counterproductive, as their presence may inhibit the disclosure of information in sensitive cases (for example, sexual abuse). Officers must consider the impact this may have on the welfare of the victim and the investigation, and ask the views of the vulnerable victim or witness before contacting the interview supporter.

There are a number of key issues that officers need to be aware of when identifying the most appropriate interview supporter:

- Carers may have considerable knowledge of a person’s history and needs and may assist initial response officers with communication issues and provide emotional support;
- Carers may themselves be vulnerable adults and in need of support;
- The carer may be the suspect, in which case they must not be used as an interview supporter;
- Full intelligence checks should be completed on interview supporters as part of the planning and preparation of a subsequent interview;
• Adult social care should be contacted as they may have relevant information to assist in identifying a suitable interview supporter.

In cases where the officer suspects that any person present has had some involvement in the abuse, a request should be made to speak to the victim out of the sight and hearing of that person. If a person refuses access to the vulnerable adult, this may increase the officer’s suspicion of the risk of harm. In this situation officers should consider recording the response of the person who has refused access.

If vulnerable adult abuse concerns exist and where any person fails to cooperate with police enquiries, this should not prevent officers taking immediate action to establish the adult’s welfare and location.

**6.8.3 Obtaining an Initial Account**

Care should be taken to ensure that conversation with the victim is confined to establishing their safety and taking an initial account.

Response officers should limit the initial account to establishing the information contained in **Checklist 5**.

<table>
<thead>
<tr>
<th>Checklist 5 Response Officers: Obtaining an Initial Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any questions asked and responses given by the victim should be recorded, together with any unsolicited comments made by the victim that might be relevant to the legal process up to the time of a formal interview.</td>
</tr>
<tr>
<td>Officers should ascertain the:</td>
</tr>
<tr>
<td>• Nature of the incident and what assistance the victim is seeking (if the allegation amounts to sexual abuse an STO will be required);</td>
</tr>
<tr>
<td>• Need for medical assistance;</td>
</tr>
<tr>
<td>• Identity of the suspect if known;</td>
</tr>
<tr>
<td>• Location of the suspect if known;</td>
</tr>
<tr>
<td>• First description of the suspect, for circulation if necessary;</td>
</tr>
</tbody>
</table>
- Time the offence took place in order to prioritise action;
- Location of crime scenes;
- Identification of forensic opportunities;
- Activity since the offence took place, to establish further forensic opportunities;
- Identity of any other persons informed of the incident by the victim (essential in sexual abuse cases to secure evidence of early complaint);
- Identity of witnesses;
- Consent for sharing information with adult social care.

Officers should communicate with a vulnerable adult in a way that is appropriate to the vulnerable adult’s age, understanding and communication preference. Conversation should be conducted in a way that minimises distress and maximises the likelihood that the vulnerable adult will provide accurate and complete information.

Care needs to be taken to ensure that speaking to the vulnerable adult is confined to asking for the minimum amount of information. As far as possible, open questions should be used to enable the adult to give a brief account of anything that has occurred in accordance with Checklist 5. As soon as a brief account has been obtained, the conversation should be brought to a close so that it does not constitute an interview.

Officers should not assume that every victim who is the subject of a vulnerable adult abuse incident is to be also treated as a vulnerable witness in accordance with Part 11 of the Youth Justice and Criminal Evidence Act 1999 (YJCE). This will depend on the nature of their vulnerability and whether it affects their ability to perform the functions of a witness. Achieving Best Evidence states that early identification of a vulnerable adult’s abilities as well as disabilities is important in order to guide subsequent planning. An exclusive emphasis on disability ignores the strengths and positive abilities that a vulnerable individual possesses.
The views of the victim in terms of perceived vulnerability should be taken into account. When a victim is identified as eligible for special measures, the matter must be referred to the authorising officer in vulnerable witness cases as soon as possible and in accordance with local arrangements. The authorising officer will make a decision on how the victim’s evidence will be recorded. If an assessment is made that a vulnerable adult has the ability to provide an accurate and credible account, consideration must be given to taking a witness statement at the earliest opportunity. The authorising officer will provide direction on other special measures that should be considered when obtaining oral statements.

If the authorising officer authorises a video interview to be conducted with the vulnerable adult, that interview will be carried out by an officer trained in accordance with the principles and considerations contained in Achieving Best Evidence.

The use of an intermediary will be considered for every interview where a vulnerable adult with communication difficulties is alleging abuse.

6.8.4 Observing and Recording the Vulnerable Adult’s Condition

Officers should observe the vulnerable adult to determine their physical and emotional demeanour. The nature of the observation and the vulnerable adult’s condition will be recorded on the investigation log for the purpose of any future investigation or civil proceedings, and include the following:

- The adult’s name, gender, date of birth;
- The name of the carer if appropriate;
- Who was present when the vulnerable adult was initially spoken to;
- Questions asked of the vulnerable adult and their responses;
- A description of the adult’s physical appearance including injuries, clothing and state of cleanliness. Where sexual offences are being
investigated, officers should consider damage to the victim’s clothing, missing underwear, rips, broken fastenings and zips, missing buttons, blood or dirt stains.

Any apparent injuries should be noted and consideration given to taking photographs or videoing the injuries. This should only be done after the individual concerned is notified and an explanation given as to why photographs or recordings are being taken. A full description which includes the demeanour of the vulnerable adult should be recorded, for example, crying or shaking. The vulnerable adult’s surroundings, including the condition of the home, should also be noted.

6.8.5 Use of Interpreters
Interpreters should be independent, impartial and unbiased. Where English is not the victim’s first language, officers should only use family members or other close relatives to interpret as a last resort and then purely to establish facts that may secure the immediate safety of any vulnerable parties. Where a member of the family or any individual that is present at the scene of the alleged incident interprets, their full details will be recorded on the investigation log. In preference to using family members or other close relatives, officers should consider using a telephone interpreting service for preliminary enquiries at the initial scene.

6.8.6 Crime Scene Management
Some vulnerable adults may state that they do not wish a matter to be pursued by the police, despite it being clear that a criminal offence has been committed. The police will continue to secure and preserve evidence and a crime will be recorded. Although adults have a right to make decisions about their lives, including those related to their own vulnerability, in some circumstances the vulnerable adult’s wishes may be overridden due to considerations of their safety or that of others.

The management of a crime scene will determine the quality, quantity and integrity of material gathered. Undue delay or failure to consider forensic
issues at this initial stage may lead to valuable material being contaminated, overlooked or lost. This will be balanced, however, by the fact that officers could be faced with a situation where preservation of life, the protection of other vulnerable adults and themselves are the priorities.

In addition to the safety issues, officers should be aware of the victim’s state of mind and capacity to deal with forensic requests.

In a case of suspected sexual offences, officers should attempt to preserve evidence prior to a forensic medical examination by following the guidance in ACPO/CPS (2009) Guidance on Investigating and Prosecuting Rape.

6.8.7 Medical Examination
Officers should make an immediate assessment of the need for a victim to undergo a medical examination. An adult must consent to this examination and, in doing so, understand what they are consenting to and have the capacity to do so voluntarily.

Officers should consider the issue of consent to examination at an early stage and ensure that a record is maintained on the investigation log of all decisions and procedures undertaken in securing consent. The purpose and effect of the proposed examination must be explained to the victim and details recorded. If consent is given, a police officer will accompany the victim to the place of examination to maintain the continuity and integrity of the evidence, and to coordinate any investigations undertaken. It is then the responsibility of the forensic medical examiner (FME) or independent medical care professional to ensure that true consent has been obtained. The officer should ensure the FME records discussions that have taken place to establish consent as part of the formal record of the examination. If a vulnerable adult lacks capacity, medical staff, including FMEs, will need to make a decision to go ahead using the best interests principles of the MCA. For further information see the Mental Capacity Act 2005.
Consideration should be given to the use of a force FME and, where possible, the use of a special medical suite for gathering medical evidence. Officers are to ensure that the medical suite being used can cater for the needs of the individual vulnerable adult, dependent on their disability, and that appropriate transport arrangements are made for transfer to the suite. These arrangements should be made in consultation with the local adult social care department, which may be able to assist.

If the allegations amount to sexual abuse, an STO will be allocated to the incident. Where forces have access to Sexual Assault Referral Centres (SARCs), these should be used for the examination of all vulnerable adults who have been sexually abused.


**6.8.8. Photographic and Video Evidence**

Photographic and video evidence should be gathered whenever possible in vulnerable adult investigations. The consent of the victim should be obtained and recorded on the investigation log. The victim should be informed that photographic evidence obtained could be used as evidence in any subsequent criminal or civil proceedings.

Initial response officers should consider the use of Polaroid or digital photographs to record injuries to the victim and the state of the scene. This can corroborate the victim’s verbal account. Photographs of bite marks should be taken immediately. Polaroid or digital photographs can be used to good effect in suspect interviews, and the multi-agency communication process. For example, in neglect cases, although there may be insufficient evidence for the police to take criminal proceedings, pictorial evidence can be extremely powerful in demonstrating poor home
conditions. This evidence may subsequently support the need for a safeguarding plan.

Photographs taken by initial response officers should not replace expert CSI photographs, which will be required in court proceedings. Consideration should be given for the victim to be photographed again by a CSI a few days after the incident has been reported when the injuries may be more apparent. Video evidence should be obtained only from staff trained in video-evidence gathering. Hospital X-rays may also be required to support the investigation process and officers should consider their value as a potential source of evidence. Officers should be aware that photographic evidence identifying individuals is subject to the Data Protection Act 1998 and should only be shared with other agencies when necessary and in accordance with the law and local information-sharing protocols.

6.8.9. Using Tapes of Emergency 999 Calls

If a report is made via a 999 call, the 999 tape should be secured. The police officer or staff member receiving the call is a witness and a statement should be taken from them as soon as possible.

Tapes of emergency 999 calls to the police can provide a useful source of evidence to support the prosecution. In particular, 999 tapes should be examined to identify:

- The identity of the caller if they have remained anonymous;
- The demeanour of the caller;
- The background noises and unsolicited comments from witnesses, victims and suspects;
- Any first account of the incident as provided by the victim or witness;
- Any first description of the suspect as provided by the victim or witness.
6.8.10 Arrest Strategy

Section 24 PACE (as substituted by section 110 of the Serious Organised Crime and Police Act 2005) provides the police with the statutory power of arrest for persons suspected of involvement in a criminal offence. Under PACE, officers have the power to arrest for any offence but must demonstrate that they have reasonable grounds for believing that the arrest is necessary for one of the reasons listed in section 24(5) of PACE. The criteria for believing an arrest is necessary include the need to protect a child or other vulnerable person from the suspect. Code G, Code of Practice for the Statutory Power of Arrest by police officers states the:

- Use of the power must be fully justified and officers exercising the power should consider if the necessary objectives can be met by other, less intrusive means;
- Circumstances that may satisfy arrest criteria remain a matter for the operational discretion of individual officers and the officer must take into account the situation of the victim, the nature of the offence, the circumstances of the suspect and the needs of the investigative process.

The necessary objectives in the context of vulnerable adults should include ensuring that health and social needs are met and victims are empowered to make decisions about the options open to them for accessing and securing independence, wellbeing and safety.

When an investigating officer has reasonable grounds for believing that the arrest of a person is necessary and proportionate for protecting a vulnerable adult from the suspect, they will take into account the following considerations when planning the arrest of the suspect:

- The current location or address of the suspect.
- Does the suspect have continued access to the victim?
• Is the suspect also the main carer for the vulnerable adult? If so, arrangements will have to be made to ensure the health and social care needs of the vulnerable adult are suitably catered for.

• The suspect’s occupation, for example, whether the suspect has access to other vulnerable adults.

• The preservation of evidence (a particular consideration is preserving evidence which may be electronically stored, for example, on computers or mobile phones).

• The timing and location of the arrest, ensuring that action is proportionate. This planning will ensure that urgent action is taken to arrest a suspect who is aware of a criminal investigation, to prevent or minimise disposal of evidence and prevent the suspect from disappearing or interfering with witnesses or potential witnesses.

• Safeguarding the rights of the suspect with regard to their employment.

• Consulting partner agencies, in particular adult social services, to ensure that safeguards are in place for the victim or other vulnerable adults following the arrest of the suspect.

• The availability of officers to deal with the suspect, time limits on detention versus the requirement to secure and preserve evidence from the victim, scene and other significant witnesses.

• The suspect may also be a vulnerable adult.

In circumstances where an arrest is made, the victim and/or carer should be asked for details of how they may be contacted in the event of the suspect being released from custody. They should also be asked to provide any information that could assist the custody officer to make decisions regarding to bail conditions.

All considerations in relation to the arrest strategy will be recorded on the case papers. In cases where a decision to effect an arrest has been taken but the suspect cannot be located, the suspect will be circulated as wanted via the PNC immediately. Officers need to be aware that should a suspect they are investigating for abuse against a vulnerable adult go on
to abuse others while being sought for the initial offence, the investigating officer may be called upon to justify their arrest strategy in subsequent civil or criminal proceedings.

6.8.11 Arrest of Suspects Who Are Vulnerable Adults

Where the suspect is a vulnerable adult, this will not prevent a full criminal investigation being carried out. This may include the arrest and charging of a vulnerable adult so that a criminal trial can take place. PACE provides many safeguards to protect the rights of vulnerable adults while in custody, see *ACPO (2010) Guidance on Responding to People with Mental Ill Health or Learning Disabilities*.

A separate referral should be made to adult social care services when a suspect who also meets the definition of a vulnerable adult is to be arrested on suspicion of committing a criminal offence against another vulnerable adult.

Many local authority multi-agency safeguarding policies and procedures cater for working with vulnerable adults who are suspects as well as victims. Adult social care services may be able to provide support packages to minimise the risk of suspects reoffending. A strategy discussion should be held prior to the arrest of a vulnerable adult who is a suspect, taking into account that in some situations an arrest cannot be delayed because of the seriousness of the incident.

6.8.12 Internal Referral to the Safeguarding Vulnerable Adult Coordinator or Public Protection Unit (PPU)

Internal referral in this context is used to describe the situation where a police officer or member of staff informs the SVAC or specialist staff within the PPU of concern for a vulnerable adult. All cases that involve the abuse or suspected abuse of vulnerable adults should be referred internally by police officers or staff, depending on the local arrangements. The referral
must be in writing and should follow the local policy in terms of the processes and systems in place.

Information contained in the internal referral should be included in all external referrals made by the police to other agencies.

**Checklist 6 Information for an Internal Referral to the SVAC or PPU**

The following information should be provided:

- Name, rank and contact details of the police officer or member of staff making the referral;
- Date and time of the referral;
- Name, date of birth, address or previous addresses and gender of the vulnerable adult;
- Name, date of birth, address of carer or carers or any other relevant person (relatives, neighbours, friends);
- Name, date of birth and address of suspect;
- Details of children within the same household including name, date of birth and gender;
- An overview of what has occurred in accordance with **Checklist 4**, including whether there are any specific needs relating to disability, religion, ethnicity or language;
- The views of the victim, including whether they have given consent for the information to be shared;
- Details of the supervisor informed of the incident and a summary of their involvement;
- Risk decisions taken, including results of relevant intelligence checks;
- Copies of supporting documentation;
- The name and contact details of the vulnerable adult’s GP, social worker, domiciliary care agency, district nurse and other relevant professionals;
- Details of any professionals or individuals informed of the referral;
- Details of other action taken by the police or other agencies and the reason for action being taken.
### MANAGEMENT ISSUES

- Staff are trained in investigative interviewing to enable them to ask relevant questions at the reporting stage and during the initial investigation, to assist them in making appropriate risk decisions in adult safeguarding cases and enable them to take appropriate action.

- Staff fully understand that the initial response, namely the quality of the advice given, actions considered and decisions taken play a significant part in determining whether the subsequent investigation will result in a positive outcome for the victim. This message must be emphasised in local policies on safeguarding adults.

- Monitoring of all vulnerable adult abuse incidents so that callers are dealt with appropriately, adequate resources are deployed in all cases and the call has been graded accurately or flagged according to local policy.

- Systems are established for monitoring practice and supervision in respect of the initial response to concerns about vulnerable adults, so that effective investigations are conducted at an early stage and responses against checklists in this guidance can be measured.

- Staff have access to trained interview supporters in the event that family members, friends or people known to the vulnerable adult cannot be used to obtain an initial account.

- Specialist medical suites or SARC s are accessible to vulnerable adults, regardless of the nature of their disability.

- Systems are established so that timely internal referrals can be made and subsequently managed to ensure an effective multi-agency response.
7

Investigation Development

This section provides guidance for officers carrying out vulnerable adult investigations, including arresting officers, investigating officers, supervisors, custody staff, PPU staff, safeguarding adult coordinators, CSIs and SIOs.
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7.1 Police Responsibility for Criminal Investigation

Where an allegation of vulnerable adult abuse comes to the attention of the police, an initial assessment will be required. This must include intelligence checks and risk decision making. Where the police and adult social care, in consultation with the vulnerable adult, decide that a full criminal investigation will be conducted, the police are responsible for carrying out the investigation. Police officers are responsible for conducting the criminal investigation elements in cases of vulnerable adult abuse and will be held to account for the quality of that investigation through the multi-agency processes. Robust evidence gathering is the key to any investigation and should include information from partner agencies.

Adult social care has lead responsibility for the welfare of vulnerable adults under section 7 of the Local Government Act 1970. It may be appropriate for a social worker to accompany a police officer during some stages of the criminal investigation, for example, in evidential interviews. In some areas adult social workers have been trained in Achieving Best Evidence and there may be some situations where it is more appropriate for a trained social worker to lead an investigative interview, but the criminal investigation still remains the responsibility of the police.

Crimes should be recorded in accordance with Home Office (2011) National Crime Recording Standards. Supervisors should, from the outset, take an active role in ensuring that a thorough professional criminal investigation is carried out, where all opportunities are maximised and best possible standards of service are given to vulnerable adults. Enquiries should be undertaken in such a way as to minimise distress and to ensure that families are treated sympathetically and with respect. Distress can be minimised by limiting the number of occasions that a vulnerable adult gives an account of what has happened to them.
7.2 Managing the Investigation

A vulnerable adult abuse investigation should be managed and supervised in accordance with national and local guidance. For an investigation to be effective, it will require the development of the following, where appropriate:

- An investigation log (policy file in serious abuse cases);
- A disclosure plan;
- A search plan;
- A surveillance plan;
- A victim care plan;
- A witness management plan;
- A forensic management plan;
- An evidence recovery strategy;
- A suspect management plan.

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


7.3 Lines of Enquiry

When concern about the welfare of a vulnerable adult has been expressed, investigating officers should explore the full background and history to ascertain whether the incident amounts to a:

- Single incident against a vulnerable adult;
- Pattern of abuse against a vulnerable adult;
- Pattern of abuse against a number of vulnerable adults.
Vulnerable adult abuse often involves patterns of behaviour, and an accumulation of individual minor abuses can constitute significant harm. An officer may be presented with an apparently minor issue which does not, in itself, cause concern, but which is actually part of a pattern of abuse. It is also possible that concerns about vulnerable adults that appear to be unconnected are actually part of a pattern of abuse by either the same suspect or different but connected suspects. Concerns about one vulnerable adult may also lead to concerns about other adults with whom the suspect has contact. Identifying such patterns often depends on careful, accurate and coordinated record keeping by the police and other agencies. It also requires officers to be vigilant to potential vulnerable adult abuse in all areas of their work.

Investigations should relate to the vulnerable adult about whom concern has been expressed and any other vulnerable adults resident at the same address or at risk of abuse from the same suspect. Investigating officers have an obligation to record any material that may be relevant to the investigation for disclosure purposes.

**Checklist 7** provides officers with some general lines of enquiry for various categories of abuse. They are not exhaustive and each reported incident of vulnerable adult abuse will be investigated depending on the individual circumstances.

<table>
<thead>
<tr>
<th>Checklist 7 General Lines of Enquiry in all Categories of Criminal Abuse</th>
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<tbody>
<tr>
<td>Officers should consider the following general lines of enquiry from the outset and develop them further against identified gaps in the evidence and use them to prove or disprove critical factors in the case:</td>
</tr>
<tr>
<td>• Debriefing the initial response officers and obtaining statements;</td>
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<tr>
<td>• Suspects’ identity checks including names used and previous addresses;</td>
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<tr>
<td>• History of previous reports;</td>
</tr>
</tbody>
</table>
• Police intelligence systems;
• Records relating to the suspect held by adult social care and other agencies;
• The relevance of any court orders or applications;
• Adult social care involvement with the vulnerable adult and his or her family make-up;
• The history and structure of the vulnerable adult’s family;
• The history of domestic abuse or child abuse at the victim’s address;
• Medical information that may constitute evidence, such as failure to attend medical appointments or checkups, repeated presentation of the adult with unexplained injuries, obtainable from GPs, hospital accident and emergency departments, dentists, hospital records and records retained by care homes;
• Evidence of sexual activity by a vulnerable adult who is lacking mental capacity, including use of contraception, abortion, pregnancy, sexually transmitted diseases, abuse through prostitution or sexual exploitation;
• Evidence of grooming by a suspect, including any contact with vulnerable adults;
• Evidence of previous conduct by a suspect which could provide bad character evidence;
• In situations where a carer is suspected of abuse, the carer’s style and modus operandi while looking after other vulnerable adults, which may provide similar fact evidence;
• Evidence of alcohol or substance misuse or mental health problems of the carer, which may identify them also as vulnerable adults;
• Records held by other police areas;
• Significant events in a family including accidents, illness, death of a family member;
• Poor presentation and self-care skills within the family;
• Family’s social integration and access to community resources including social support of relatives, neighbours and friends, and more formal networks such as the support of institutions;
• Evidence held by other agencies such as Adult Social Care, Probation
Service, Prison Service, Housing Services, CQC, IS Authority, Department of Work and Pensions (DWP), Court of Protection (COP), Office of the Public Guardian (OPG);

- Further education records including lecturers’ and teachers’ notes and any matters coming to the attention of staff;
- Witnesses to uncharacteristic behaviour by the victim which are linked to abuse such as withdrawal, violence or explicit sexual behaviour;
- Where appropriate, conducting an Achieving Best Evidence interview with victim;
- Obtaining statements from potential witnesses to the abuse, to include evidence of early complaint – these witnesses may include other vulnerable adults;
- Forensic submissions including attempting to cross-match DNA;
- Covert surveillance.

### 7.3.1 Lines of Enquiry in Cases of Ill Treatment or Neglect

Section 44 of the MCA outlines the criminal offence of ill treatment or willful neglect of a person who lacks capacity.

There is no criminal offence of neglect where an adult has capacity. There may still, however, be safeguarding issues that need to be addressed through established multi-agency processes. For example, officers or staff may identify a person in the community who has full mental capacity, but also has severe physical disabilities that restrict their capability to protect themselves from harm. Where there are concerns that this person is being neglected by someone entrusted with their care (eg, deprivation of food, heat or medication), an external referral should still be made to the adult social care in accordance with safeguarding policy. Social care in accordance with safeguarding policy.
Checklist 8 Lines of Enquiry Where Neglect Is a Factor

The following lines of enquiry will provide evidence to support criminal offences of neglect. Additionally, they may assist in the formulation of any future safeguarding plans to be decided through the multi-agency framework where neglect may be a feature of other categories of abuse, or a person with mental capacity is being neglected.

- Identifying hazards such as bare electric wires, unguarded heating appliances, broken windows, needles, broken toilets, animal or human faeces, all of which may render lodgings inadequate.
- Identifying hazards in the garden or nearby.
- Kitchens that reveal inadequate or unhygienic provision for food, water, cleaning cloths or household cleaning.
- Bathrooms that reveal inadequate or unhygienic provision for sewage and cleaning.
- Bedrooms revealing inadequate or unhygienic sleeping arrangements;
- Concealed food, locks on the outside of doors.
- Inappropriate electrical appliances.
- Quality of heating.
- Weapons or implements that may match marks found on vulnerable adults.
- Inadequate storage or inappropriate accessibility of medicines or dangerous drugs.
- Drugs paraphernalia.
- General observations of the home circumstances dependent on the particular needs of the vulnerable adult.
- Reactions of vulnerable adult when spoken to and the interaction between them and their carers or relatives.
- Financial means of the suspect, which may assist in proving that neglect was wilful and as potential rebuttal evidence should finance be advanced as part of the defence or in mitigation.
- Medical examination and expert evidence on the health, condition, physical and mental development of the vulnerable adult, for example, regular reviews of medication and whether pressure ulcers developed as a result of neglect as opposed to illness.
Officers will find the following information useful when trying to establish whether neglect contributed to the development of pressure ulcers:

**Bradford Protocol for Determining Neglect in the Development of a Pressure Ulcer** at

and

**National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 29 on the Prevention and Treatment of Pressure Ulcers** at
www.nice.org.uk/page.aspx?o=cg029publicinfo

- Statements from neighbours, relatives, agency representatives or any source which may demonstrate the persistence of neglect such as inadequate clothing, hunger, abandonment, deprivation of necessary personal care, removal of aids to daily living.
- Any appeals made by the vulnerable adult to a carer or relative for respite or treatment which have been ignored.
- Whether the carers or relatives have been responsible for other vulnerable adults and their experience of caring for them.
- Carers’ or relatives’ understanding of any medical condition of the vulnerable adult and training received for their role. Their observations of other professionals’ handling of vulnerable adults.
- What impact the sudden vulnerability of an adult had on the carers’ or relatives’ own home life, family or work circumstances.
- What support was available and received or declined and on what basis.
- Particular circumstances of the discovery of the incident including:

  1. Any medical condition or agency intervention.
  2. Where the vulnerable adult was located.
  3. Description of the setting.
  4. Last time the vulnerable adult was seen by any professional,
5. Condition of the vulnerable adult.
6. Actions and behaviour of the suspect before, during and after events.
   - Specific details of who had care of the vulnerable adult at any relevant times.
   - Specific details of the information exchange at handover periods in institutional care settings.
   - Details of who else had access to the vulnerable adult.
   - Whether the suspect can identify any hazards or inadequate care arrangements (e.g., lack of food, hygiene or failure to access medical and social care) and is aware of why these may present a risk of harm to a vulnerable adult.

7.3.2 Lines of Enquiry for Financial Abuse

For further information in respect of the financial abuse of vulnerable adults see, **Action Fraud** at http://www.cityoflondon.police.uk/CityPolice/Media/News/131211-vulnerableadultsreport.htm and **The National Fraud Intelligence Bureau** at http://www.nfib.police.uk/nfib-research-leads-to-national-acpo-campaign.html?searched=vulnerable+adults&advsearch=oneword&highlight=ajaxSearch_highlight+ajaxSearch_highlight1+ajaxSearch_highlight2

**Checklist 9 Lines of Enquiry for Financial Abuse**

Most forces have trained and accredited financial investigators; others have dedicated Economic Crime Teams who should be able to provide practical advice and guidance to police officers investigating the criminal financial abuse of vulnerable adults. Their specialist knowledge should be used where necessary. The following should also be considered.

- Taking urgent steps to minimise the risk of further financial abuse.
Obtaining the consent of the victim, or someone acting in an official capacity and acting in the best interests of the victim and recognised as such by the financial institution, to gain access to bank or building society accounts to assist the investigation.

- What the mental capacity of the victim is.
- Identifying at an early stage who may have access to the victim’s assets.
- Identifying the necessary paper trails. Where are the original legal and financial documents linked to the abuse?
- Obtaining sample handwriting from both the victim and the suspect to assist in identifying forged documents.
- Identifying the legal processes in place, wills, enduring power of attorney, lasting power of attorney.
- If a solicitor was involved during the legal process, were they satisfied that the victim had capacity to sign legal documentation? A solicitor is a potential witness.
- If the suspect has power of attorney or has been identified as a court appointed deputy, contacting the OPG, which will assist the investigation by exchanging information relevant to a criminal investigation.
- What is the financial situation of the victim and suspect?
  Applications for Production Orders may need to be made on relevant accounts in accordance with Schedule 1 Police and Criminal Evidence Act 1984.
- Does the victim’s lifestyle match their income? (They may be demonstrating signs and symptoms of neglect, and have unpaid bills indicating financial abuse.)
- If the suspect has unexplained financial wealth or increased material possessions (foreign holidays, home improvements) but does not appear to have a legitimate income to support the improved lifestyle.
- Obtaining credit history reports on both the victim and the suspect.
- Undertaking land registry checks.
- Requesting checks on suspicious activity reports (SARs) for both the
victim and the suspect via Economic Crime Teams or Financial Investigators.
• Working in partnership with the CQC where financial abuse takes place within regulated care settings.

7.3.3 Lines of Enquiry for Honour Based Violence and Forced Marriage

Checklist 10 Lines of Enquiry for Honour Based Violence and Forced Marriage

These enquiries can be particularly sensitive. The following lines of enquiry are based on good practice.

• Speak to the victim or caller in person and in private and at a neutral location where members of the family or community are unable to see. Ensure the conversation is not overheard.
• Do not speak to a victim by telephone assuming it is them.
• If an interpreter is required, do not use a family member or someone from the community.
• Start an investigation log with decision-making rationale.
• Create an incident log, which should have restricted access.
• Obtain detailed information on the family make-up and create a family tree.
• Establish whether there are other members of the family at potential risk, including children and other individuals, for example, friends or professionals who may have sought support and help in removing the victim from the risk or reporting the concerns.
• If the partner is from another religion or caste consider, a community impact assessment.
• Ensure the SVAC and qualified staff within the PPU are made aware of the situation.
• Ensure a referral is made immediately in accordance with local authority safeguarding adult multi-agency arrangements.
• Inform the caller or victim of the options they have available to them:
  o reporting offences for investigation
  o providing help to the victim, enabling them to leave the family home, and details of local support groups
  o supporting the victim if they wish to remain in the family home.

If the victim chooses to remain in the family home, consider the following:
• Placing a warning marker on their home address and home address of their new partner where appropriate;
• Issuing a personal attack alarm;
• Having regular contact via a single point of contact (SPOC) using a codeword for them to use so that the SPOC knows they are always talking to the victim or person known to be supporting them;
• Preparing an emergency plan for leaving if this becomes necessary, which includes taking important documents;
• If there is a risk of the person being taken abroad, taking their passport for safekeeping and requesting details of the family home in the country they may be taken to, including relatives’ names and full addresses;
• Obtaining travel details (flight numbers);
• If the adult chooses to remain in the family home but there is a belief that their life is in danger, a supervisor must give the victim an Osman warning;
• If a victim or supporter fears they are to be forced out of the country, putting out an all ports warning and inform the airport Special Branch;
• Completing an intelligence log;
• Holding a MARAC if the victim is considered high or very high risk;
• Whether there is a need for the local authority to apply for a Forced Marriage Protection Order;
- Request fingerprints, photograph and DNA on a voluntary basis and get them to sign a statement informing them that this information will be placed on a police database;
- Be conscious that families may report a victim as a missing person and use the police to try to find them purely so that they can deal with the issues of a forced marriage and/or honour based violence;
- Relocating a victim outside the area may be necessary to protect them from harm by their family or community. The police force and local authority areas where they are being placed (however temporary) should be made aware of any potential risks.

For further information see **2.6.3 Forced Marriage** and **2.6.7 Honour Based Violence**.

### 7.3.4 Deaths and Serious Harm in Health and Institutional Settings

This guidance should be read in conjunction with **ACPO Homicide Working Group (forthcoming) An SIO’s Guide to Investigating Unexpected Deaths and Serious Untoward Harm in Healthcare Settings**. Although it refers mainly to incidents occurring in NHS settings, many of the principles are applicable to incidents in other settings, which include the independent healthcare sector and nursing, and residential care homes. It supplements the advice in **ACPO (2006) Murder Investigation Manual**.

SIOs must take into account that many incidents resulting in death or serious harm in such settings frequently involve vulnerable adults as defined by this guidance, and will require a referral under local adult safeguarding arrangements.

SIOs will find the following references particularly useful when investigating abuse in health and institutional settings.
**NPIA (2005)** *The Journal of Homicide and Major Incident Investigation, Volume 1 Issue 1* contains an article on investigating deaths in healthcare settings and provides advice on setting up a critical incident management team. See [http://www.npia.police.uk/en/16671.htm](http://www.npia.police.uk/en/16671.htm)


**Memorandum of Understanding Investigating Patient Safety Incidents (unexpected death or serious untoward harm): A Protocol for Liaison and Effective Communications between the NHS, ACPO and HSE** applies to patients receiving care and treatment from the NHS in England and Wales. It takes effect in circumstances of unexpected death or serious untoward harm, which may involve criminal intent, recklessness and/or gross negligence, or a work-related death, any of which require investigation by the police or the Health and Safety Executive (HSE) or the police and HSE jointly.

The protocol is intended to help the three agencies:

- Meet their responsibilities for the safety of patients and NHS staff;
- Make clear to each other from the outset their particular statutory responsibilities;
- Set out their own operational needs and requirements;
- Prompt early decisions about the actions and investigation thought to be necessary by all the organisations and a dialogue about the implications;
- Provide an efficient and effective approach to the management of the investigation;
- Develop and strengthen partnership working;
• Prompt the identification of lead personnel to manage liaison between the three agencies;
• Save time and other resources of all the agencies concerned.

The protocol is available at

_HSE/ACPO/BTP/CPS/LGA (2003) Work Related Deaths: A protocol for Liaison: Health and Safety Executive_ – the five signatory organisations to which are the HSE, ACPO, the British Transport Police (BTP), the CPS and the Local Government Association (LGA), which represents all local authorities.

The HSE is responsible for enforcing work-related health and safety legislation in hospitals, including nursing homes. For the purpose of the protocol a work-related death is defined as a fatality resulting from an incident arising out of, or in connection with, work. The principles set out in the protocol also apply to cases where the victim suffers injuries in such an incident that are so serious that there is a clear indication, according to medical opinion, of a strong likelihood of death.

The underlying principles of the protocol are:

• An appropriate decision concerning prosecution will be made, based on a sound investigation of the circumstances surrounding work-related deaths.
• The police will conduct an investigation where there is an indication of the commission of a serious criminal offence other than a health and safety offence. The HSE, the local authority or other enforcing authority will investigate health and safety offences. There will usually be a joint investigation, but on the rare occasions where this would not be appropriate there will still be liaison and cooperation between the investigating parties.
• The decision to prosecute will be coordinated and made without undue delay.
• The bereaved and witnesses will be kept suitably informed.
• The parties to the protocol will maintain effective mechanisms for liaison.

The protocol is available at
http://www.hse.gov.uk/pubns/misc491.pdf

_HSE/ACPO/BTP/CPS/LGA (2003)_ Work Related Deaths: Investigators’ guide: Health and Safety Executive takes into account the underlying principles of _Work-Related Deaths: A Protocol for Liaison_. It places an emphasis on a sound investigation and, in particular, the philosophy of joint investigation. A specific requirement is placed on the first person at the scene, police supervision and the investigating officer to have appropriate liaison, see

## 7.4 Forensic Evidence

The nature of the offence should dictate the evidence likely to support the victim’s allegations. In most incidents of vulnerable adult abuse it is likely that at some point the suspect has had legitimate access to the victim. The suspect may be living with the victim, acting in the role of a carer, or be a relative or a visitor, for example, from a domiciliary care agency or other professional service. This presents different issues from those where the suspect is unidentified or has no legitimate access to the scene. In cases where the suspect has legitimate access, it will not usually be necessary to use forensic evidence to show the suspect has been present at a scene of crime. The forensic investigation should consider the sequence of events as explained by each party, looking at the scene in that context. This means testing whether the information from the scene corroborates the sequence of events supplied by the suspect as well as the victims and witnesses.
Areas of significant evidence which could assist the investigator and the CSI to interpret the scene will be outlined in local forensic management policy arrangements.

Officers should adhere to the guidelines contained in the *Forensic Science Service: Scenes of Crime Handbook (Version 5)*, which provides comprehensive information relating to the recovery and preservation of the most commonly encountered evidence types.

### 7.5 Other Evidence

Evidence can be held about actual abuse and/or its impact on a vulnerable adult by a number of specialist professionals, multi-agency teams or officers, including those referred to in 4.1 All Staff Responsibility.

#### 7.5.1 Debriefing the First Officer at the Scene

The first officer at the scene is a witness and should, where necessary, be debriefed to cover the officer’s initial appraisal of the following issues:

- The victim’s injuries and reactions on the arrival of the police at the scene;
- Observations regarding the scene;
- Identification of generic risk factors or risk factors relating to the vulnerable adult or the perpetrator;
- Any first description of the incident provided by the victim or witnesses;
- Unsolicited comments and significant statements made by the suspect;
- Actions taken by the officer at the scene and afterwards, including any referral made to adult social care or signposting to any other relevant agency.
The above issues should be included in the officer’s evidence and detailed in their statement.

### 7.5.2 House-to-House Enquiries

The potential for using house-to-house enquiries should be identified early in the investigation. This type of enquiry is generally used to conduct a large number of interviews in a defined area, as quickly as possible. In vulnerable adult abuse investigations, house-to-house enquiries might require slightly different planning as the defined area for the operation may include only the immediate neighbours of the victim. Careful questioning may result in information being provided about things said by the vulnerable adult, observations about things heard and seen and the behaviour of the suspect towards the vulnerable adult. Such evidence may be inadmissible in criminal proceedings but can assist the investigation by confirming suspicions. It may also be important to support a multi-agency response and can be used to formulate a safeguarding plan for the vulnerable adult.

Officers should consider using a standard questionnaire in vulnerable adult abuse investigation house-to-house enquiries, which takes account of the following:

- The sensitivity of the enquiry might require that appropriate questioning techniques are adopted to establish what the neighbour saw or heard, without disclosing the exact nature of the alleged offence or incident;
- Questionnaires should use open questions, designed to allow interviewees to describe previous incidents and to provide further pieces of evidence;
- Questions should be constructed to relate to general issues about the vulnerable adult who may be at risk of harm through contact with the suspect.

For further information see ACPO (2006) Practice Advice on House-
7.5.3 Closed-Circuit Television (CCTV)

In addition to CCTV cameras that are now sited in most cities and town centres, for which police forces and local authorities have clear standard operating procedures, a number of members of the general public also use CCTV to protect their property. All of these systems could be used as part of a case for the prosecution in relation to the abuse of vulnerable adults.

It is also possible to install CCTV to reassure a victim who has been identified as being at high risk of further harm. Cameras should be positioned to provide reassurance and to capture potential evidence. Where possible, they should survey the outside of a victim’s home to enable any suspicious activity to be monitored, without the need for the victim to unlock doors or show themselves at a window.

Existing protocols governing the collection, use, storage and ownership of CCTV evidence should extend to cases involving vulnerable adults, particularly when dealing with sensitive CCTV footage.

Where possible, CCTV footage should be shown:

- To suspects during interviews, depending on the interview strategy;
- To custody officers and CPS prosecutors to assist in determining the weight of evidence and the appropriate charges;
- As part of the prosecution case in court.


7.5.4 Covert Methods

In vulnerable adult abuse investigations, all investigative methods should be considered, including those which are covert. For example, in
institutional abuse cases where the victim does not wish to make a report to the police or any other agency, but officers have serious and justifiable concerns for the victim’s safety and the safety of other vulnerable adults in the setting. Covert policing techniques should only be contemplated when consideration has been given to all of the circumstances of the case and conventional policing methods have failed or are likely to fail. The priority should always be the protection of vulnerable adults from abuse. While monitoring the activity recorded by covert methods, officers should ensure that the investigation strategy provides effective intervention measures to prevent harm to the vulnerable adult.

Before covert methods are used, the force Covert Operations Unit should be consulted to ascertain appropriate techniques and the authorities required.

### 7.5.5 Evidence and Information from other Agencies

Records held by other agencies, particularly adult social care and health services, may reveal previous reports or incidents, evidence of the existence of abuse, or evidence of the impact of the abuse that will assist the criminal investigation. This might be photographic evidence, body maps, witness evidence, items or samples that they are safeguarding on behalf of a victim. Body maps allow medical staff to mark the location of injuries on the patient’s body. These can be particularly useful in cases where the victim declines to have photographs taken of injuries. Investigating officers should establish the procedures that are undertaken by other agencies to gather and secure evidence related to the abuse of vulnerable adults. Any investigation concerning the abuse of a vulnerable adult should always include enquiries with the local authority safeguarding team where the vulnerable adult lives.

Police officers should note that partner agencies might, on occasions, be better placed to obtain evidence from victims. For example, victims may consent to have photographs taken of their injuries, or body maps
completed, by medical staff or other professionals at a time when they are not ready to disclose the abuse formally to the police.

When consent victims give consent for the police to access medical records, officers should seek information from a variety of sources, including general practitioners, mental health specialists and hospital emergency departments.

For further information on agencies that may be able to assist the investigation, see Checklist 8 General Lines of Enquiry in all Categories of Abuse.

7.6 Victim and Witness Evidence

The identification of a vulnerable victim or witness at an early stage of an investigation is of paramount importance. It will assist the victim or witness to give information to the investigating officer and later to the court, and improve the process of evidence gathering. It is likely to increase the likelihood of fair and equitable trials. It can also help to ensure that the victim or witness has been adequately supported to give evidence, thereby empowering them.

Ministry of Justice (2011) Vulnerable and Intimidated Witnesses: A Police Service Guide provides prompts to assist officers in identifying vulnerable and intimidated witnesses, improve the understanding of a variety of difficulties that may be experienced in two-way communication between the police and the vulnerable or intimidated witness and advice on action to be taken once identification has been made. See http://www.justice.gov.uk/victims-and-witnesses/vulnerable-intimidated-witnesses-guidance

7.6.1 The Code of Practice for Victims of Crime

The Office for Criminal Justice Reform (2005) The Code of Practice for Victims of Crime details how criminal justice agencies are required
by law to provide minimum standards of service to victims of crime. The code provides an enhanced service for vulnerable and intimidated witnesses (using definitions from the YJCE Act 1999).

Police responsibilities under the code include:

- Taking all reasonable steps to identify vulnerable or intimidated victims, using the criteria in the YJCE Act 1999;
- Where a vulnerable or intimidated victim may be called as a witness in criminal proceedings and may be eligible for assistance by way of special measures under Chapter I of Part II of the YJCE Act 1999, the investigating officer must explain the provisions and record any views the victim expresses about applying for special measures;
- Informing victims shortly after a suspect is arrested, bailed or charged in connection with their case;
- Ensuring victims receive accurate and reliable information at all stages of their case;
- Identifying the individual needs of victims as soon as possible, and responding to information and passing it on to other agencies.


**7.6.2 The Witness Charter**

The Witness Charter details how witnesses can expect to be treated by the police if they are a witness to a crime or incident. It also covers subsequent standards of care for other criminal justice agencies and lawyers. The charter sets out the help and support that witnesses can expect to receive at every stage of the process from all the agencies and lawyers involved. The standards of service set out in the Witness Charter apply to all witnesses, regardless of whether they may also be the victim of the crime. Unlike *Office for Criminal Justice Reform (2005) The*
Code of Practice for Victims of Crime, the Witness Charter is not statutory, and there may be constraints which affect the ability of the various agencies to provide the service. The Witness Charter includes provisions for:

- An initial needs assessment by the police, including the preferred means of contact, the language and communication needs of a witness and the help required to give evidence in court.
- Initial identification as a vulnerable or intimidated witness and seeking the views of the witness on measures that might help them provide their best evidence in court, for example, the use of a live TV link or a screen around the witness box. It may also include the use of an intermediary if they are a vulnerable witness with a communication difficulty.
- Giving priority to cases involving vulnerable witnesses in respect of the times and dates of hearings.
- Special arrangements for witnesses with disabilities or medical conditions which mean they need help in attending court or in giving evidence.
- Ensuring that court staff make the special measure that has been authorised by the court available and provide any assistance as required.
- Communication aids if the need has been identified in advance (including interpreters, registered intermediaries and signers).


7.6.3 Interviews of Vulnerable Witnesses in Accordance with the Youth Justice and Criminal Evidence Act 1999
Where a vulnerable adult is also defined as a vulnerable witness in accordance with Part II of the YJCE Act 1999 and an authorising officer has made a decision that the interview should be video-recorded, all those involved in interviewing the vulnerable adult must be trained in the application of *Achieving Best Evidence*. See 4.7.3 Obtaining an Initial Account. In some cases professionals from other agencies may be involved in the interview process, although in criminal investigations the police will always lead on investigative interviews.


It is a general principle that all witnesses should freely consent to being interviewed and to have the interview video-recorded. Obtaining consent from some vulnerable adults for a video-recorded interview may raise difficulties. In these circumstances officers must take account of the principles set out in the MCA and the code of practice that accompanies it.

An interview with a vulnerable adult should take place after a strategy discussion with adult social care. The interview should not be delayed solely for the purposes of a strategy discussion, if this is not in the best interests of the adult concerned.

Where adult social services have conducted a core assessment of social care needs, this may provide considerable information about the vulnerable adult. The interviewing team may, therefore, have access to detailed information about the vulnerable adult which can be used when planning and conducting the interview. This information may also assist an intermediary where one is used.
Officers should share information gained from victim and witness interviews with partner agencies in accordance with local information sharing protocols, to ensure effective risk decision making and informed safeguarding planning. Officers should also ensure that any confidential details are not disclosed in a recorded interview where this information is not known to the suspect.

### 7.6.4 Special Measures

In addition to defining vulnerable and intimidated witnesses, Part II of the YJCE Act 1999 specifies provisions and special measures that may be made available to vulnerable and intimidated witnesses when giving evidence.

Not all adults with disabilities will necessarily be vulnerable witnesses and will not wish to be treated as such. This is recognised in the legislation. Witnesses who are eligible for consideration for special measures fall into two categories. These include witnesses eligible for assistance on grounds of age or incapacity (section 16) and witnesses eligible for assistance on grounds of fear or distress about testifying (section 17).

Section 16 applies where the court considers that the quality of evidence given by the witness is likely to be diminished by reason that the witness:

1. Suffers from mental disorder within the meaning of the Mental Health Act 1983; or
2. Otherwise has a significant impairment of intelligence and social functioning; or
3. Has a physical disability or is suffering from a physical disorder.

Section 17 applies where the court is satisfied that the quality of evidence given by a witness in criminal proceedings (other than the accused) is likely to be diminished by reason of fear or distress in connection with testifying in the proceedings.
In determining whether a witness falls into this category, the court will need to take account of:

- The nature and circumstances of the alleged offence;
- The age of the witness and, where relevant, the social and cultural background and ethnic origins of the witness;
- The domestic and employment circumstances and any religious beliefs or political opinions of the witness.

The court will also take into account any behaviour towards the witness by:

- The accused;
- Members of the accused person’s family or their associates;
- Any other person who is likely to be an accused or a witness to any proceedings arising in the case.

A victim or witness may be both vulnerable and intimidated, and it is possible to make applications and for the courts to grant special measures on more than one ground under the YJCE Act 1999.

Where a witness is the complainant to a sexual offence, the assumption is that they are eligible for special measures, unless they make an explicit request to the contrary.

To enable access to justice and to ensure sufficient support is provided to vulnerable adults, the needs and individual circumstances of each victim or witness will be taken into account. The special measures provisions will need to be explained to the vulnerable adult and the interview supporter. Officers must not give the adult any guarantees as the decision on special measures is for the court.
It is important that officers establish, at an early stage, whether the victim or witness is likely to qualify for a special measures direction under the YJCE Act 1999. Early consultation with the CPS will ensure that special measures can be considered and support provided for the victim, depending on their needs.

When an intermediary is being considered, an early special measures meeting should be held with the CPS before an investigative interview.


7.6.5 Intermediaries

Section 29 of the YJCE Act 1999 provides for the examination of a witness to be conducted by an intermediary approved by the courts. This measure allows witnesses, eligible under section 16 YJCE Act 1999, to have the necessary help to communicate their best evidence. In some cases an intermediary makes the difference between a vulnerable witness being able to testify or not. Witnesses who are eligible for special measures assistance solely on the grounds of fear or distress about testifying under section 17 of the 1999 Act are not eligible for an intermediary.

The use of an intermediary will be considered for every interview where a vulnerable adult with communication difficulties alleges abuse. Where an intermediary is not used, the authorising officer in vulnerable witness cases must record the reasons for this decision. Before an intermediary can assist with communication, they need to conduct one or more assessment meetings. This enables them to build rapport, consider the specific communication needs of the witness and devise strategies and recommendations for maximising understanding. The
assessments will normally take place in the presence of the investigating officer. The intermediary will subsequently produce a report for the court detailing the witness’s communication needs.

The witness intermediary scheme transferred to the NPIA Specialist Operations Centre in August 2009, to enhance the operational support provided to policing. The National Vulnerable Witness and Intermediary Advisor oversees the scheme and provides support to police officers dealing with vulnerable witnesses, especially with their interview strategies.


7.6.6 Victim Personal Statements

Over sixty per cent of victims who have made a victim personal statement (VPS) felt it had a positive effect on their experience of the criminal justice system.

The purpose of a VPS is to:

- Give victims an opportunity to state how the crime has affected them, physically, emotionally, psychologically, financially or in any other way;
- Allow victims to express their concerns about the suspect obtaining bail or the fear of intimidation by or on behalf of the suspect;
- Provide victims with the opportunity to state whether they want to claim compensation or request support from any other agency, for example, Victim Support;
- Provide the criminal justice agencies with a ready source of information on how the particular crime has affected the victim involved.
The VPS must not include the victims’ opinions about how the offender should be punished. That is for the magistrate or judge to decide.

By supporting victims to make a VPS, the police are helping to:

- Place victims at the centre of policing;
- Make the victim feel more involved in the handling of their case;
- Use views expressed by victims to inform decisions on bail and bail conditions;
- Identify direct intimidation or fear of intimidation and mitigate it;
- Build confidence in the criminal justice system overall.

Investigating officers will give all victims the option of making a VPS, explaining the purpose of the scheme and handing the victim or their interview supporter a copy of the victim personal statement leaflet. For further information see www.kent.police.uk/.../N65B_VPS-Guide_for_police_officers_investigators_and_crimina.pdf

Where the victim is a vulnerable adult, the officer should:

- Explain to the victim what a VPS is;
- In the first instance, offer the victim the opportunity to make a VPS;
- Consult the carer about whether they, the victim or both of them should make the VPS, if this is more appropriate;
- Ask which carer the police should contact in future;
- Explain that the statement might be disclosed to the defence in criminal proceedings.

If a VPS is taken at the same time as the main witness statement, the VPS should be taken in the same format (either written or video-recorded).
Second victim personal statements can be taken at a later stage, prior to the appearance of a defendant in court, when the full impact of the incident on the victim’s life and personal circumstances has been assessed. Corroboration, particularly in relation to medical matters, may be required. If a VPS is taken at a later stage, it should always be in a written format unless there are exceptional circumstances.


### 7.6.7 Withdrawal and Retraction Statements

Retractions or withdrawal of support for a prosecution should not be confused with situations where the victim has provided false information. Officers should take into account that a vulnerable adult reporting a criminal offence implicating family members or carers may risk losing their independence, security, family, home and possessions as a result.

Victims may wish to withdraw support for a prosecution for a number of reasons, for example:

- Anxiety and distress caused as a result of their loss of independence, security, family, home and possessions as a consequence of making a complaint;
- Anxiety and distress caused by a forthcoming court case;
- Intimidation;
- Reprisals;
- Insufficient support or information about the progress of an investigation.
In cases where a suspect has been charged with a criminal offence, no retraction statement should be taken from a victim until the CPS has been consulted.

The CPS will direct whether such a retraction statement should be taken, the information that should be included and the format in which it is to be recorded. If agreement is made that a retraction statement should be taken, this will be obtained by the same officer who obtained the original statement(s) and in the same format.

Where there is suspicion that a vulnerable adult is being pressured or coerced to make a retraction statement, efforts must be made to speak to the adult separately from the person suspected of intimidation. If the victim expresses a wish to withdraw the statement because of fear, making a court appearance or intimidation by the suspect, the matter should be discussed during the consultation with the CPS. The options available to protect vulnerable witnesses, including consideration of further offences (witness intimidation) and special measures can then be fully explored.

7.7 Suspect Interviews

Supervisors should ensure that all officers conducting suspect interviews are trained in accordance with ACPO (2009) National Investigative Interviewing Strategy and comply fully with the requirements of the Police and Criminal Evidence Act 1984 (PACE) and the Codes of Practice.

In planning and preparing interviews, the interviewing officers will fully research and understand the legal requirements, points to prove and potential defences for the offences they are investigating. The aim of investigative interviewing is to obtain an accurate and reliable account and to discover the truth about matters under police investigation. Officers should interview in accordance with the principles of investigative interviewing and the PEACE model.
When planning lines of questioning in cases involving the abuse of vulnerable adults, interviewing officers should consider the following areas in addition to obtaining a first account from the suspect:

- The circumstances leading up to the alleged offence;
- The motives when committing the alleged offence;
- Bad character of the suspect;
- Family relationships and structure;
- Future intention with regard to the victim, for example, is the suspect intending to re-establish the relationship;
- Future residence;
- Professional relationships (for example, staff in institutional care or health settings);
- Contact with external support agencies (for example, adult social services or domiciliary care);
- If the suspect is a professional, are they registered with professional bodies.

Information from the suspect interview should be used in police bail decision making. It should also assist the CPS and the courts to determine the appropriate method of protecting vulnerable adults deemed to be at risk of harm, and to assess and manage the risk.

**7.7.1 Suspects Who Are Vulnerable Adults**

Suspects may themselves be vulnerable adults, and all officers have a duty of care to ensure vulnerable suspects are dealt with according to PACE and the Codes of Practice for the detention, treatment and questioning of persons in custody.

PACE provides many safeguards to protect the rights of vulnerable adults while in custody. The Codes of Practice specify a number of special considerations for vulnerable suspects and those suspects who suffer from mental ill health or who are deaf, blind or visually impaired.
When dealing with a suspect who is a vulnerable adult, the following points need to be considered as part of the suspect management plan:

- The use of Tier 3 interview trained officers for serious abuse cases or serious incidents;
- An appropriate adult will be present in the interview and this must not be the same individual who has acted as an interview supporter for the victim or other vulnerable witnesses;
- Questioning of the suspect should not be unfair or oppressive;
- An interpreter for the suspect should be different from the one used for the victim or witnesses;
- Appropriate arrangements should be made for people with hearing impairments, which may include sign language interpreters, lip speakers, speech-to-text reporters or specific interpreters for those with dual sensory impairment.

Consideration should be given to visually recording the interview of vulnerable suspects, ensuring the provisions of Code F of the PACE Codes of Practice are complied with. For further information see ACPO (2010) Guidance on Responding to People with Mental Ill Health or Learning Disabilities.

Some local authorities have included provision within their safeguarding structures for the police to refer vulnerable suspects as well as vulnerable victims. Appropriate interventions and support structures can then be put into place to minimise the future risk of abuse. This would be discussed as part of the strategy discussion or meeting.

### 7.8 Charging

Police officers must comply with The Director of Public Prosecutions (2011) Guidance on Charging, Fourth Edition, see www.cps.gov.uk/publications/directors_guidance/dpp_guidance_4.html This ensures that charging and prosecution decisions are fair and consistent and fully comply with PACE, the PACE Codes of Practice and
Prosecutors will provide guidance and advice in serious, sensitive or complex cases and any case where a police supervisor considers it would be of assistance in helping to determine the evidence that will be required to support a prosecution, or to decide if a case can proceed to court.

Cases involving a death, rape or other serious sexual offence should always be referred to a local area prosecutor as soon as possible. This also applies where a suspect has been identified and it appears that continuing the investigation will provide evidence upon which a charging decision may be made. Wherever practicable, this should take place within twenty-four hours in cases where the suspect is being detained in custody or within seven days where released on bail.

Every case that prosecutors receive from the police is reviewed. Prosecutors must ensure that they have all the information they need to make a decision about how best to deal with the case. This will often involve prosecutors providing guidance and advice to the police and other investigators about lines of inquiry and evidential requirements, and assistance in any pre-charge procedures throughout the investigative and prosecuting process.

Restorative justice brings those harmed by crime or conflict and those responsible for the harm together, enabling everyone affected by a particular incident to play a part in repairing the harm and finding a positive way forward. It empowers the victims, placing them at the centre of the process.
Historically, there have been concerns about using restorative processes when the victim is vulnerable, but the Government is committed to applying the principles across the criminal justice system. There is, therefore, the opportunity to use restorative justice in safeguarding vulnerable adults from abuse, especially in situations where a vulnerable adult is being abused, wants the abuse to stop but also wishes to maintain a positive relationship with the person responsible for the abuse.

Where there has been serious abuse or a serious incident, restorative justice will not normally be considered unless there are compelling reasons to do so. An officer of at least the rank of inspector must be consulted and authorise the process, where this applies.

Restorative justice includes using these processes either formally or informally. An example of the formal process may be a family group or restorative justice conference involving trained staff facilitating problem solving in complex situations. This may be appropriate where there have been offences of institutional abuse in a care setting.

For further information on using family group conferencing to safeguard adults see http://www.worldwebwise.co.uk/daybreakfgc/programmes_bluebird.html

Using the process informally may involve community resolution or disposal, for managing minor conflicts between service users in residential or institutional settings. An example of this could be as follows:
The victim and offender are aged 18 and 19 respectively and suffer from learning difficulties. The offender asked to look at the victim's mobile phone and when it was handed to him, the offender ran off with it. The phone was later sold and could not be recovered. The offender admitted that he had done wrong, and the victim told officers that he did not wish to go to court. The officers outlined the options to the victim and his family, and it was agreed that the offender would be asked to pay £200 to
the victim for the phone. The offender agreed to this, paying in full and offering the victim an apology.

The appropriateness of using restorative justice processes to solve problems should be discussed as part of the Safeguarding Assessment Strategy meeting.


The Business Case for Restorative Justice and Policing written by ACC Garry Shewan, ACPO Lead on Restorative and Community Justice at


7.9.1 Restorative Justice and the Use of Cautions

Cautions may be appropriate in some cases of vulnerable adult abuse, but supervisors should closely monitor the process of administering them.

The use of conditional cautions may be particularly useful when the vulnerable victim continues to rely on the suspect to provide care and support in the future. For example, where a neighbour does the shopping for a vulnerable victim and then financially abuses them by short-changing, but the victim wishes the neighbour to continue providing the shopping support.
The Director of Public Prosecutions (2010) Guidance on Adult Conditional Cautions, Sixth Edition states that offences classified as hate crime and domestic violence may not be conditionally cautioned.

The requirements that can be attached to a conditional caution can have a rehabilitative objective. Rehabilitation conditions should identify the help intended to change the behaviour of the suspect and reduce the likelihood of them reoffending. They may include attendance at a drug or alcohol misuse programme, or interventions tackling other addictions or personal problems. Specific financial compensation may also be appropriate if the case involves financial abuse.

The police can administer a conditional caution only after consultation with the CPS. Conditional cautions can also only be offered to suspects who have admitted their guilt. Crown prosecutors will offer a conditional caution where it is a proportionate response to the seriousness and the consequences of the offending, and where the conditions meet the aims of rehabilitation, reparation or punishment within the terms of the Criminal Justice Act 2003. Crown prosecutors may offer a conditional caution where, having taken into account the views of the victim, they consider that it is in the interests of the victim or suspect to do so.

7.10 Police Bail and Release of Suspects

When a decision has been made to release a suspect with or without charge, consideration should be given to the risks posed by the suspect to the victim. The risk posed by the suspect is particularly relevant when the suspect is living in the same household as the victim, is a relative or there are circumstances where they may have access to other vulnerable adults. Consideration should be given to the involvement of other agencies, especially adult social services in the risk assessment process.

Where a decision has been made to bail a suspect in order to refer a case to the CPS for a charging decision, bail conditions may be considered if the custody officer is satisfied that the conditions imposed are likely to be
effective, reasonable, proportionate and capable of being monitored for compliance. Where the suspect indicates an unwillingness to comply, the custody officer will consider withholding bail where it is justifiable and the case meets the threshold test for charging. For further information see *CPS (2010) The Code for Crown Prosecutors* and *Director of Public Prosecutions (2011) Guidance on Charging, Fourth Edition.*

Custody officers should consider the following bail conditions to maximise protection to victims:

- Not contacting the victim directly or indirectly;
- Not going within a certain distance of the victim’s home address;
- Residing at a bail hostel or specified address which is not that of the victim;
- Reporting to a named police station on specific days of the week at specified times.

### 7.10.1 Keeping the Victim Informed

Once a decision regarding bail has been made and before the suspect has been released, the investigating officer should contact and update the victim or the person acting in the best interests of the victim, in accordance with *The Office for Criminal Justice Reform (2005) The Code of Practice for Victims of Crime.* The victim or persons acting in the best interests of the victim should be informed of any decision to charge and/or bail the suspect, including details of any bail conditions and the action that should be taken if bail conditions are breached.

### 7.11 Pre-Trial Therapy for Vulnerable or Intimidated Adult Witnesses

Concern has been expressed that some witnesses are denied therapy pending the outcome of a criminal trial for fear that their evidence could be considered tainted and the prosecution lost. Advice on pre-trial therapy for vulnerable and intimidated adult witnesses is the subject of guidance.

This CPS guidance specifies that the best interests of the vulnerable or intimidated witness are the paramount considerations in decisions about the provision of therapy before the criminal trial. Whether a vulnerable adult should receive therapy is not a decision for the police or CPS. Such decisions can only be taken by the vulnerable or intimidated witness, in conjunction with professionals from the agencies providing services and individuals who are emotionally significant to the witness. A vulnerable adult must not be prevented from having therapeutic help before a criminal trial, especially where they experience mental ill health, even if this leads to the prosecution being halted.

Therapeutic input will not automatically undermine the prosecution case. The CPS will advise on the likely impact on the evidence of the adult receiving therapy. Investigating officers must ensure that the CPS is fully informed of any pre-trial therapy provided or intended to be provided to vulnerable or intimidated adult witnesses.

For further information on witness support and preparation for court, including pre-trial therapy, refer to Achieving Best Evidence.

7.12 Crime Prevention

Information about crime prevention strategies can be found in ACPO (2008) Guidance on Investigating Domestic Abuse. Such strategies are transferable in terms of preventing the abuse of vulnerable adults.
### MANAGEMENT ISSUES

- Vulnerable adult abuse investigations focus on robust evidence gathering, including information from partner agencies to support a victim’s statement.

- Investigative interviews are supervised, and adult social workers who are trained in *Achieving Best Evidence* are identified locally, to accompany police officers on investigative interviews where this is in the best interests of the victim or witnesses.

- Early assessments are conducted to determine whether victims or witnesses require special measures.

- The services of an intermediary are secured in all interviews where a vulnerable adult with communication difficulties is alleging abuse.

- The management of the investigation is consistent with any plan agreed at a multi-agency strategy discussion or meeting and where there is a need to amend the agreed plan this is communicated to the relevant agencies involved.

- Arrangements for interviewing suspects who are vulnerable adults are communicated to the relevant local authority in accordance with multi-agency policy and procedures and custody processes are supervised.

- Investigating officers and supervisors maintain accurate records of the progress of criminal investigations involving vulnerable adults.

- The use of cautions and other forms of restorative justice are considered and actively supervised to take account of the views of the victim, especially with regard to the continued health and social care needs of the victim.
• Risk is identified and managed prior to making decisions relating to the release of a suspect on police bail.

• Investigating officers are trained and comply with their obligations under the Criminal Procedure and Investigations Act 1996, including those regarding information in possession of third parties. This should include the development of protocols between the police, the CPS and local authorities for the exchange of information in the investigation and prosecution of vulnerable adult abuse cases.

• Financial investigators and crime prevention officers are trained in the recognition, awareness and investigation of vulnerable adult abuse.

• There is a system in place for ensuring Suspicious Activity Reports (SARs) are analysed for evidence of financial abuse against vulnerable adults.

• Investigating officers have access to the *Forensic Science Service: Scenes of Crime Handbook, Version 5*, to assist them in identifying forensic opportunities.

• Delivery of the principles contained in the *The Office for Criminal Justice Reform (2005) The Code of Practice for Victims of Crime* and the Witness Charter so that victims and witnesses are kept informed of issues concerning the investigation and throughout the criminal justice process.

• Sufficiency and availability of crime prevention equipment so that vulnerable adults identified at risk of abuse in the community can be safeguarded.
Roles and Responsibilities of other Agencies

This section provides a brief summary of the key adult safeguarding roles and responsibilities of a range of other organisations. There are also links to key documents that may assist investigators when they are undertaking complex investigations in institutional health and care settings.
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8.1 The Crown Prosecution Service

The Crown Prosecution Service (CPS) is the principal public prosecuting authority for England and Wales and is headed by the Director of Public Prosecutions. The fundamental role and purpose of the CPS is to protect the public, support victims and witnesses and deliver justice. The CPS delivers its services in accordance with a set of Core Quality Standards. For further information see

http://cps.gov.uk/publications/core_quality_standards/index.html

Although the CPS works closely with the police, it is independent of them. It is the duty of crown prosecutors to review, advise on and prosecute cases, ensuring that the law is properly applied, that all relevant evidence is put before the court and that obligations of disclosure are complied with.


The Prosecutors’ Pledge is a ten-point pledge that describes the level of service that identifiable victims can expect to receive from prosecutors. For further information see CPS: The Prosecutors’ Pledge at http://www.cps.gov.uk/publications/prosecution/prosecutor_pledge.html

The CPS has numerous prosecuting policies or public policy statements that are relevant to safeguarding vulnerable adults. For further information see:
• **CPS (2009) Policy for Prosecuting Cases of Rape** at
  http://www.cps.gov.uk/publications/docs/prosecuting_rape.pdf

• **CPS (2010) Policy for Prosecutors in Respect of Cases of Encouraging or Assisting Suicide** at

• **CPS (2009) Policy for Prosecuting cases of Domestic Violence** at

• **CPS (2007) Policy for Prosecuting Cases of Disability Hate Crime** at

• **CPS (2010) Disability Hate Crime – Guidance on the distinction between vulnerability and hostility in the context of crimes committed against disabled people** at
  http://www.cps.gov.uk/legal/d_to_g/disability_hate_crime_/index.html

• **CPS (2009) Prosecuting Policy for Crimes against Older People** at

8.2 Local Authority Adult Social Care

Local authority adult social services departments have the lead responsibility for coordinating the response to an allegation of abuse, even though another agency may take the lead in conducting the investigation. The police, for example, will lead on criminal investigations. This means that adult social care is responsible for liaison with other agencies and coordination of their respective contributions to the investigative process. Identified staff in adult social care are responsible for convening, chairing and recording the various stages of a multi-agency approach to safeguarding adults (see 3 Managing the Police Response to Investigating the Abuse of Vulnerable Adults).

All local authorities in England and Wales have coordinated the production of multi-agency policy and procedure guidance for their own respective areas, and police officers and staff need to be aware of how to access this guidance.
Local authorities structure their adult social services departments in different ways. Most have a safeguarding vulnerable adults lead officer or coordinator. Some have dedicated safeguarding vulnerable adult investigators or adult protection teams. Others have a central call centre that operates a duty system and an out-of-hours emergency response to urgent safeguarding referrals and concerns. Many have individual teams and duty systems for adults with learning or physical disabilities, mental health problems, older adults and younger adults. Local multi-agency policy and procedures will detail local arrangements.

Although local multi-agency policy and procedures may differ, adult social services nationally have certain duties and responsibilities placed upon them. These are embedded in existing community care legislation and include, in particular, the National Health Service and Community Care Act 1990. This legislation places a duty on local authorities to assess the needs of individuals, compile care packages and coordinate and commission services to meet identified social care needs.

Local authorities now have strengthened guidance in Department of Health (2010) Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care - Guidance on Eligibility Criteria for Adult Social Care which includes safeguarding adults issues as the criteria for access to services. See http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009653

Social workers and managers have a responsibility to regularly review and reassess services. This includes taking action to protect vulnerable adults from abuse and prevent it. When allegations of vulnerable adult abuse or neglect are referred to adult social care in the first instance, social workers and managers have the following responsibilities:
• Ensure immediate safeguarding action is taken where necessary. This includes contacting the police where criminal offences are suspected.
• Establish previous involvement of their department with the vulnerable adult and alleged suspect.
• Gather more background information by contacting relevant agencies.
• Where necessary, ensure that a strategy discussion or meeting takes place with the relevant agencies to decide whether an investigation or assessment is required, coordinate the investigation or assessment and consider the need for a case conference.
• Decide which agency will lead the investigation. The police will lead on all criminal investigations.
• If the abuse is non-criminal, ensure a social worker is identified within social services to lead on the investigation or assessment. In criminal cases ensure that a social worker is identified to co-work the investigation and manage the review and monitoring arrangements in terms of continued social care needs.
• Oversee the entire adult safeguarding investigation.
• Coordinate the case conference where one is required, arranging an independent Chair.
• Decide actions and outcomes to protect vulnerable adult(s) from abuse and neglect and formulate a safeguarding plan.
• Review individual cases until risk has been minimised and the case closed to safeguarding services.

8.3 The Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It makes sure that care in hospitals, dental practices, ambulance services, care homes, people’s own homes, and elsewhere, meet government standards of quality and safety and are the standards anyone should expect whenever or wherever they receive care.

The CQC also protects the interests of vulnerable people, including those whose rights are restricted under Mental Health Act Legislation. Prior to 1 April 2009, this work was carried out by the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection (CSCI).

The CQC carries out its role by:

- Licensing providers if they meet government standards, and checking compliance to ensure they continue to meet such standards, taking action if standards are not being met;
- Responding quickly to concerns that people may be receiving poor care and checking all services at least once every two years;
- Sharing information and identifying concerns with a wide variety of organisations;
- Listening to local groups, care staff, whistleblowers and members of the public, and monitoring data from a range of sources;
- Ensuring that the views, experiences, health and wellbeing of people who use services remain central to their role;
- Basing their assessments on people’s experiences of care and the impact it has on their health and wellbeing, as well as on whether or not the right systems and processes are in place.

From April 2010 a new registration system, introduced by the Health and Social Care Act 2008, requires all providers of a regulated health and adult social care service to be registered with the CQC. Providers will be registered for each of the regulated activities they provide (for example, personal care) rather than for their individual services (for example, a
care home or a hospital). The new essential standards of quality and safety and associated guidance about compliance focus on people’s experiences of care. This means that providers must focus on positive outcomes for people who use their services when demonstrating to the CQC that they are meeting the standards.

Under the new registration system, people who use regulated services will be able to expect that all registered providers meet the same set of essential standards of quality and safety, and respect their dignity and rights, regardless of the care setting. This marks a change from regulation that has previously focused on the systems, processes and policies that providers follow, to regulation that is based on outcomes for people in terms of a quality experience of care. For further information see CQC (2010) Guidance about compliance: Essential standards of quality and safety at www.cqc.org.uk/sites/default/files/media/.../gac_-_dec_2011_update.pdf

The Health and Social Care Act 2008 gives the CQC a number of powers to intervene and take enforcement action where the requirements of the Act are not being met. Other legal requirements and powers are set out in:

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010;
- The Care Quality Commission (Registration) Regulations 2009.

Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 deals specifically with safeguarding service users from abuse (defined in the regulations as, sexual abuse, physical or psychological ill-treatment, theft, misuse or misappropriation of money or property, or neglect and acts of omission which cause harm or place service users at risk of harm) and states:

- The registered person must make suitable arrangements to ensure that service users are safeguarded against the risk of
abuse by means of taking reasonable steps to identify the possibility of abuse and prevent it before it occurs and responding appropriately to any allegation of abuse.

- Where any form of control or restraint is used in the carrying on of the regulated activity, the registered person must have suitable arrangements in place to protect service users against the risk of such control or restraint being unlawful or otherwise excessive.

To ensure effective safeguarding the CQC will:

- In partnership with other agencies, consider what regulatory action is needed where concerns of abuse suggest breaches of regulations or that a registered person is not fit for their role;
- Monitor and make public how well relevant services and activities are complying with essential standards of safety and quality including those standards related to safeguarding;
- Use their perspective across social care and health to report on their findings about safeguarding issues;
- Contribute to the formation and review of national safeguarding strategies, making recommendations for change and improvement;
- Work with partners such as the police, the Office for Standards in Education, Children's Services and Skills (Ofsted), local councils and government departments as part of the multi-agency arrangements.

The CQC may also be requested to carry out inspections by the Secretary of State for Health where there are serious concerns. These could be triggered by safeguarding issues.

The CQC have developed a protocol which provides guidance on their role in local safeguarding arrangements. This replaces the protocol that was previously issued by the CSCI that had been formally agreed with ADASS and ACPO, entitled Safeguarding Adults. For further information see CQC (2010) Safeguarding Protocol: The Care Quality Commission’s Commitment to Safeguarding at
8.4 The Health Service in England

Under current government plans for NHS reform, the roles and responsibilities of Primary Care Trusts will transfer to new health organisations. The plans for this are still being developed and will require a legislative framework.

8.4.1 Commissioning Health Services

Primary Care Trusts (PCTs) are responsible for commissioning or planning and securing local community health services. Commissioners of services have a key role to play in determining the quality of service to be provided to vulnerable adults, by setting out clear expectations of provider agencies and monitoring compliance.

PCTs should be developing and negotiating agreed safeguarding indicators in their contracts with their providers to ensure that all services commissioned will give a commitment towards safeguarding patients during healthcare delivery. PCTs should specify how they expect the service provider to meet the requirements of the contract.

8.4.2 Health Commissioners’ Safeguarding Responsibilities

Health commissioners are currently employed by PCTs.

PCTs’ current commissioning responsibilities are to:

- Implement a leadership structure for safeguarding adults that identifies the roles and responsibilities of the executive board lead and any other designated leads;
- Ensure that providers across the public sector, third sector, independent sector, and social enterprises adhere to relevant
registration requirements, guidance, and the multi-agency safeguarding adult policy and procedures;

- Ensure that all documents such as service specifications, invitations to tender, service contracts and service level agreements reflect the expectation of safeguarding adults who are vulnerable;
- Ensure that managers of the service understand their leadership role in adult safeguarding, and that they are responsible for the quality of the service, supervision and support of staff, and for responding to and investigating a concern that an adult is being, or is at risk of being, abused or neglected;
- Ensure that documents specify that the service provided meets the requirements of the safeguarding adult policy and procedure, include a requirement that staff have received induction and training and understand their duty to act on any concern or suspicion, and are able to recognise abuse and respond appropriately;
- Actively interact and cooperate with the local SAB and regulatory bodies and make regular assessments of the ability of service providers to effectively safeguard patients;
- Ensure that services routinely provide patients with information in an accessible form about how to make a complaint and how the complaint will be dealt with;
- Ensure that service providers give information to patients about abuse, how to recognise it and how they can raise a concern;
- Ensure that safeguarding adults must always be included in the monitoring arrangements for contracts and service level agreements.

8.4.3 Provider Services

Provider services differ in the range of services that they are set up to deliver, such as Acute Hospital Trusts, Mental Health Trusts and Community Provider Services. These organisations are responsible for providing health services directly to patients.
Provider organisations directly manage large groups of multi-professional staff and are responsible for development, training and performance management of the workforce. Providers carry a large responsibility to ensure that the services delivered to patients are safe. They also have to meet the CQC requirements for registration and the new safeguarding standard, and are expected to provide evidence on how they are meeting the CQC standards as well as satisfying commissioners that safeguarding practice is integrated into services.

8.4.4 Provider Services Safeguarding Responsibilities

The provider services responsibilities are to:

- Implement prevention strategies and monitor the progress of prevention activities;
- Implement a leadership structure for safeguarding which sets out the roles and responsibilities of the executive board lead and designated and named professional leads;
- Ensure that staff, patients, the public and key agencies are aware of staff within the organisation that have a responsibility for developing safeguarding systems;
- Ensure that patients are aware of what abuse is and the safeguards available to them;
- Provide patients with a copy of procedures they can follow if they are concerned about abuse, in a form that they can understand;
- Ensure that special attention is given to the wellbeing of patients who cannot communicate verbally;
- Ensure staff receive appropriate safeguarding training, supervision and mentoring to develop good practice;
- Have an open culture where staff and patients feel safe and supported to raise concerns, and where visitors and outside contacts are encouraged;
- Know when to report a concern to the local authority, under the local procedures;
• Provide support and updates to the person who has raised the concern;
• Ensure staff know who in the organisation they need to contact if someone has disclosed abuse;
• Implement and monitor compliance with the CQC safeguarding standards ensuring that staff are empowered to work within the standards;
• Ensure that there are systems in place for sharing learning from incidents with all staff and providing opportunities for discussion and reflection;
• Have internal procedures and guidance to cover all aspects of care which underpin safeguarding best practice, including
  o the Mental Capacity Act 2005 Code of Practice checklist for making a best interest assessment where the patient does not have mental capacity in relation to a particular decision
  o restraint in compliance with the Mental Capacity Act 2005 Code of Practice Deprivation of Liberty Safeguards and the Mental Health Act Code of Practice (2008)
  o management of disturbed behaviour, including protecting other patients who may be put at risk
  o dealing with challenging behaviour and protecting other patients
    o health and safety
    o personal and intimate care
  o Moving and handling
    o tissue viability
    o control and administration of medication
  o risk assessment and management
  o conduct and capability
  o promoting dignity
  o clinical supervision.

The Department of Health has published a range of materials describing the contribution health services make in achieving positive outcomes in adult safeguarding.
These documents remind health services providers of their duties to safeguard adults. They assist NHS commissioners, health service managers and practitioners to prevent and respond to neglect and abuse, focusing on patients in the most vulnerable situations. The documents include good practice principles and examples.

For further information see

Serious incidents in healthcare are uncommon, but when they occur the NHS has a responsibility to ensure that there are systematic measures in place for safeguarding people, property and NHS resources and reputation. This includes responsibility to learn from these incidents to minimise the risk of them happening again. National Patient Safety Agency (2010): National Framework for Reporting and Learning from Serious Incidents Requiring Investigation details a national framework for the reporting and management of serious incidents for investigation which occur in the NHS and those parts of the independent sector that provide NHS services in England. For further information see http://www.nrls.npsa.nhs.uk/resources/?entryid45=75173

8.5 The Health Service in Wales

Major changes to the structure of the NHS in Wales took effect from 1 October 2009. They include the replacement of twenty-two local health boards and eight local NHS trusts with seven new health boards and three national NHS trusts. The new health boards are responsible for delivering all NHS healthcare services within a geographical area (for example, hospital and community services including GP, pharmacy and dental services). The NHS trusts, called All Wales Trusts, operate nationwide agencies and services (for example, ambulance services and specialist cancer services). For further information see http://www.wales.nhs.uk/

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and

8.6 Housing

Housing services can offer a valuable source of support in safeguarding adults. Housing officers and housing support workers often have a detailed knowledge of vulnerable tenants and the issues that are placing adults at risk of abuse. Housing encompasses a range of different schemes, including the following support mechanisms.

**Housing-Related Support**

The primary purpose of housing-related support is to develop and sustain an individual’s capacity to live independently in their accommodation. Some examples of housing-related support services include enabling individuals to access their correct benefit entitlement, ensuring they have the correct skills to maintain a tenancy, advising on home improvements and accessing a community service alarm. Other services include a home visit for a short period each week or an on-site full-time support worker for a long period of time. A range of services and activities can be tailored to individuals’ support needs. Support services can be categorised as short-term and long-term according to their aims and objectives. Short-term schemes last for up to two years with the intention of moving an individual on to independent living or increasing their ability to live independently. Long-term services are on a continuous basis and are often open-ended.

**Supporting People**
The Supporting People programme was launched in 2003. It provides housing-related support to vulnerable people and is delivered at a local level. The programme is committed to providing a better quality of life for vulnerable people so that they can live more independently and maintain their tenancies. The programme provides housing-related support to prevent problems that can lead to hospitalisation, institutional care or homelessness, and can help the smooth transition to independent living for those leaving an institutionalised environment.

The objectives of Supporting People are to:

- Develop a programme that delivers quality of life and promotes independence;
- Provide services that are of a high quality, strategically planned, cost effective and complement other existing care services;
- Ensure that the planning and development of services is needs-led;
- Establish working partnership arrangements for local government, probation and health services, voluntary sector organisations, housing associations, support agencies and service users.

**Sheltered Housing**

Sheltered housing (also known as retirement housing) is a group of flats or bungalows where all residents are usually aged over 55 years. With a few exceptions, all developments provide independent, self-contained homes with their own front doors. There are usually some common facilities all residents can use, for example, a residents' lounge, a guest suite, or a garden.

Many schemes also have their own manager or warden living on site or nearby, whose job is to manage the scheme and help arrange any services residents need. Properties are usually also linked to a Careline service (also called emergency alarm or community alarm service) so that residents can call help if needed.

**Extra-Care Housing**
The term extra-care housing is reserved for schemes meeting the standards set by the Department of Health and the Housing Corporation and is housing designed with the needs of frail older people. There are varying levels of care and support available on site twenty-four hours a day. People who live in extra-care housing have their own self-contained homes, their own front doors and a legal right to occupy the property. Individual accommodation is wheelchair accessible and has a minimum of one bathroom with provision for assisted bathing and emergency alarm services. Communal facilities are also wheelchair accessible.

Extra-care housing comes in many forms, including blocks of flats, bungalow estates and retirement villages. It is a popular choice among older people because it can sometimes provide an alternative to a care home. In addition to the communal facilities usually found in sheltered housing, extra-care schemes may include a restaurant or dining room, health and fitness facilities, hobby rooms and computer rooms. Domestic support and personal care are available, usually provided by on-site staff. Properties can be rented, owned or part owned and part rented. There is a limited (though increasing) amount of extra-care housing in most areas and most providers set eligibility criteria which prospective residents have to meet.

**8.6.1 Housing Providers Safeguarding Responsibilities**

Housing providers safeguarding responsibilities include:

- Alerting statutory authorities regarding concerns, allegations and suspicions of abuse;
- Helping to prevent abuse, eg, through awareness raising campaigns with tenants;
- Contributing to strategy meetings and investigations of abuse, drawing on extensive knowledge of service users’ lives, circumstances and wishes;
- Monitoring abusive situations and reporting back to the adult social care services if circumstances change;
- Using statutory powers relating to tenancy agreements and injunctions to protect tenants;
- Ensuring that safeguarding is part of the strategic and business plans of local authorities and housing associations, with appropriate training and policy framework set by councillors and board members;
- Regularly reviewing tenancy agreements and considering specific clauses relating to safeguarding;
- Including safeguarding as part of housing strategy documents and developing policies in this area;
- Reviewing the approach to re-housing in order to support applications from vulnerable individuals and families;
- Supporting individual access to Choice Based Lettings, but also considering multi-agency panels to review allocations and re-housing policies to facilitate the re-housing of victims and alleged suspects;
- Supporting victims of abuse and advocating for them, which includes providing a safe refuge from abuse, e.g., in sheltered and supported housing;
- Reviewing which staff will need to be registered with the Independent Safeguarding Authority, ensuring that visitors, for example, hairdressers, volunteers and food providers have been checked;
- Reviewing internal policies and procedures annually, incorporating improvements and good practice models;
- Reviewing how alerts have been responded to, learning from outcomes and reporting back to the local authority on barriers to reporting;
- Ensuring that an appropriate training and policy framework is set by councillors and board members (including training for board members themselves) particularly in recognising the signs and indicators of abuse, and knowing how to handle a disclosure of abuse and how to report abuse;
- Synchronising internal adult safeguarding procedures with the local authority multi-agency safeguarding policy.
8.7 Office of the Public Guardian

The Office of the Public Guardian (OPG) supports and promotes decision making for those who lack capacity or would like to plan for their future, within the framework of the MCA 2005.

The OPG, established in October 2007, supports the Public Guardian in registering Enduring Power of Attorney (EPA), Lasting Powers of Attorney (LPA) and supervising Court of Protection (COP) appointed deputies.

The OPG is an agency of the Ministry of Justice and replaces the Public Guardianship Office, the former administrative arm of the Court of Protection.

The OPG is based in North London and has responsibilities which extend throughout England and Wales.

The OPG also helps and supports attorneys and deputies in carrying out their duties and protects people who lack the mental capacity to make decisions for themselves.

It does this through:

- Regulating and supervising Court appointed deputies and by registering LPAs and EPAs;
- Working with other organisations to ensure that any allegations of abuse are fully investigated and acted on where there are suspicions that an attorney or deputy might not be acting in the best interests of the vulnerable adult;
- Providing information on mental capacity to public, legal and health professionals, and researchers. It can also provide contacts with other organisations working in the field of mental capacity.

The OPG also has responsibility for policy issues relating to the MCA and to mental capacity issues in general.
8.7.1 The Public Guardian

The role of the Public Guardian is to protect people who lack capacity from abuse.

The Public Guardian, supported by the OPG, helps protect people who lack capacity by:

- Setting up and managing a register of Lasting Powers of Attorney (LPA);
- Setting up and managing a register of Enduring Powers of Attorney (EPA);
- Setting up and managing a register of court orders that appoint deputies;
- Supervising deputies and working with other relevant organisations (for example, social services, if the person who lacks capacity is receiving social care);
- Instructing the Court of Protection (COP) visitors to visit people who may lack mental capacity to make particular decisions, and also those who have formal powers to act on their behalf such as deputies;
- Receiving reports from attorneys acting under LPAs and from deputies;
- Providing reports to the COP, and dealing with cases where there are concerns raised about the way in which attorneys or deputies are carrying out their duties.

The Public Guardian is also personally responsible for the management and organisation of the OPG, including how it uses public money and the way it manages its assets.

8.7.2 Court of Protection

The MCA provides for a new COP to make decisions in relation to the property and affairs, healthcare and personal welfare of adults who lack
capacity. The COP also has the power to make declarations about whether someone has the capacity to make a particular decision.

The COP has the same powers, rights, privileges and authority in relation to mental capacity matters as the High Court. It is a superior court of record and is able to set precedents (ie, examples to follow in future cases).

The COP has the powers to:

- Decide whether a person has capacity to make a particular decision for themselves;
- Make declarations, decisions or orders on financial or welfare matters affecting people who lack capacity to make such decisions;
- Appoint deputies to make decisions for people lacking capacity to make those decisions;
- Decide whether an LPA or EPA is valid;
- Remove deputies or attorneys who fail to carry out their duties, and;
- Hear cases concerning objections to registering an LPA or EPA.

In reaching any decision, the COP must apply the statutory principles set out in the MCA. It must also make sure its decision is in the best interests of the person who lacks capacity.

The COP operates an enquiry line on telephone number: 0300 456 4600.

8.7.3 Office of the Public Guardian and the Court of Protection Working Together

The OPG works closely with the COP to make sure that the best interests of people who lack mental capacity are served.

If a vulnerable adult has not made or registered an LPA for property and affairs or for personal welfare, and they lose capacity to make decisions
for themselves, someone else may apply to the COP for the power to make these decisions on behalf of the vulnerable adult.

Only the COP is able to decide who is the best person to do this on behalf of the vulnerable adult and it will give that person whatever powers it believes are necessary for them to act in the best interests of the individual concerned.

The COP may appoint a deputy decision maker who can be given a wide range of powers, or it may make a single order for an individual decision.

In coming to its decision, the COP may ask the OPG to obtain a report on an individual case. This report can cover a wide range of issues and may involve the OPG sending a specialist visitor to gather the facts in the case.

Once the COP has made its order, it is up to the OPG to monitor and supervise any deputies who are appointed. The OPG can decide on the level of supervision each case requires and this will depend on a wide range of factors.

Where a deputy fails to meet the supervision requirements laid down, the OPG has the power to take the case back to the COP. The case will then be reviewed and the COP may take further action, including terminating the appointment of the deputy.

Both organisations will complement one another, with the COP providing the decision making functions and the OPG providing regulation and supervision.

For further information on how the CPO and OPG work together with local authorities in safeguarding vulnerable adults from abuse, see Office of the Public Guardian and Local Authorities: A Protocol for Working Together to Safeguard Vulnerable Adults at http://www.publicguardian.gov.uk/docs/joint-working-protocol1-1208.pdf
8.8 Vetting and Barring Scheme and the Role of the Independent Safeguarding Authority

The (2004) Bichard Inquiry Report was published following the murders of Jessica Chapman and Holly Wells by Ian Huntley (a school caretaker). One of the issues this inquiry looked at was the way in which employers recruit people to work with children and vulnerable adults.

The Inquiry’s recommendations led to the Safeguarding Vulnerable Groups Act 2006 and, as a result of recommendation 19 of the Inquiry, the creation of the Vetting and Barring Scheme (VBS). The Independent Safeguarding Authority was established under section 1 of the Safeguarding Vulnerable Groups Act 2006 as the Independent Barring Board (IBB).

The ISA has four statutory duties.

1. To maintain a list of individuals barred from engaging in regulated activity with children.
2. To maintain a list of individuals barred from engaging in regulated activity with vulnerable adults.
3. To make well-informed and considered decisions about whether an individual would be included in one or both barred lists.
4. To reach decisions about whether to remove an individual from a barred list.

**Note:** The two new barred lists for children and adults replace the following:

- Protection of Children Act 1999 (PoCA);
- Protection of Vulnerable Adults (POVA);
- List 99 – information held under section 142 of the Education Act 2002, maintained by the former Department for Children Schools and Families (DCSF), which contained the details of those who are considered unsuitable or banned from working with children.
To achieve its statutory function, the ISA assesses individuals working or wishing to work in regulated activity who are referred to it on the grounds that they pose a possible risk of harm to either vulnerable adults or children. The ISA does this by working closely with the Criminal Records Bureau (CRB). The CRB will continue to undertake checks on individuals wishing to work with either vulnerable adults or children in order to support organisations recruiting people into positions of trust.

In assessing the information, the ISA will decide whether to put an individual on one of the ISA Barred Lists. The ISA will also store information about an individual’s status for employers and voluntary organisations to use when they are recruiting new staff.

The range of organisations that are able to make referrals include:

- Regulated activity providers;
- Personnel suppliers;
- Local authorities;
- Education and Library Boards;
- Health and Social Care (HSC) bodies;
- Keepers of Registers named in the legislation;
- Supervisory authorities named in the legislation.

Additionally, the ISA can take referrals from members of the public. However, it does not have investigatory powers so will always advise any individual considering making such a referral to first contact the police and/or the relevant local authority’s children and adults safeguarding team for advice.

For further information see ISA Referral Guidance at http://www.isa-Gov.org.uk/PDF/Referral%20Guidance%20and%20Form%20FINAL%20v%202010-01.pdf

It was initially intended that all new applicants for jobs working with children and vulnerable adults, along with those changing posts, would
have to register with the ISA. On 11 February 2011 the Government published a review into the VBS and as a result has cancelled the requirement for registration. Changes to the VBS will be implemented in due course under the Protection of Freedoms Bill. However, the ISA’s barring responsibilities which were introduced in October 2009 are still in force.

It remains a criminal offence for individuals barred by the ISA to work or apply to work with children or vulnerable adults in a wide range of posts, including most NHS jobs, the Prison Service, education and childcare. It is also a criminal offence for employers to knowingly employ a barred individual across a these areas of work.

If, as a result of initiating and following a multi-agency Safeguarding Adult process, it is believed that an employee of any organisation has harmed a vulnerable adult, the employer must refer the case to the ISA for a decision to be made on whether or not to place the employee on one of the barred lists. The local authority heading the process must ensure this has been complied with.

For further information on the role of the ISA and the findings of the Government review into the VBS, see http://www.isa-gov.org.uk/

8.9 Trading Standards

The Trading Standards Service (TSS) enforces consumer related legislation as determined by central government. There is a range of activities, including those of rogue traders, bogus callers and distraction burglars, some of which may involve criminal activity, that could be addressed by referral to the TSS.

Rogue traders often intimidate, manipulate or threaten their victims into parting with large amounts of cash and, in some cases, into signing over their properties. These incidents often remain hidden. Distraction burglary is also a crime primarily targeted at vulnerable older people. The effects of
these events can be devastating for the victim. They may not have told anyone about what has happened to them so the first sign of problems may be when there is an unexplained inability to pay for household shopping or bills, there are large, unexplained withdrawals of money, possessions have gone missing and/or living conditions have deteriorated.

It is usually at this point that the possibility of abuse may be raised by family members, care workers, housing agencies or organisations whose bills are not being paid (for example, gas and electricity suppliers). Research has highlighted the sense of guilt, and the effect these incidents can have on the victim’s sense of health, safety and emotional wellbeing. Many may become withdrawn, isolated, reclusive and fear going out or speaking to anyone. In some instances a move to a care home may be considered, as the victim is too frightened to remain at home.

Where the victim of such an incident is a vulnerable adult, this should automatically instigate a referral through the multi-agency safeguarding process. This can provide an opportunity to consider a range of options available to provide environmental safeguards or alternative support to enable the victim to remain in their own home. The involvement of the TSS in safeguarding activity, especially in respect of effective preventive strategies, should always be considered.

8.10 The Health and Safety Executive

The Health and Safety Executive (HSE) and local authorities are responsible, under section 18 of the Health and Safety at Work etc Act 1974, for making adequate arrangements for the enforcement of health and safety legislation. This is to secure the health, safety and welfare of workers and to protect others, principally the public.

In relation to safeguarding vulnerable adults from abuse, the HSE is responsible for enforcing work-related health and safety legislation in hospitals, including nursing homes. Local authorities enforce the Health and Safety at Work etc Act 1974 in respect of certain non-domestic
premises, including residential care homes. The supporting role of the HSE should be considered in all investigations of criminal abuse that occur within health and care service settings.

Health and safety offences are usually prosecuted by the HSE, the local authority or other enforcing authority in accordance with current enforcement policy. The CPS may also prosecute health and safety offences, but usually does so only when prosecuting other serious criminal offences, such as manslaughter, arising out of the same circumstances.

At present, only the police can investigate serious criminal offences (other than health and safety offences) such as manslaughter, and only the CPS can decide whether such a case will proceed.

When making a decision to prosecute, the CPS, the HSE and the local authority or other enforcing authority will review the evidence according to **CPS (2010) The Code for Crown Prosecutors** to decide if there is a realistic prospect of conviction and, if so, whether a prosecution is needed in the public interest.

The HSE in agreement with ACPO, the British Transport Police (BTP), the Local Government Association and the CPS have published **Work Related Deaths (2003): A Protocol for Liaison**. This protocol sets out the principles for effective liaison between the parties in relation to work-related deaths in England and Wales. In particular, it deals with incidents where, following a death, evidence indicates that a serious criminal offence, other than a health and safety offence, may have been committed.

The underlying principles of this protocol are:

- An appropriate decision concerning prosecution will be made, based on a sound investigation of the circumstances surrounding work-related deaths.

- The police will conduct an investigation where there is an indication of the commission of a serious criminal offence (other than a health
and safety offence) and the HSE, the local authority or other enforcing authority will investigate health and safety offence. There will usually be a joint investigation, but on the rare occasions where this would not be appropriate there will still be liaison and cooperation between the investigating parties.

- The decision to prosecute will be coordinated, and made without undue delay.
- The bereaved and witnesses will be kept suitably informed.
- The parties to the protocol will maintain effective mechanisms for liaison.

A work-related death is defined as a fatality resulting from an incident arising out of, or in connection with, work. This protocol will also be followed where the victim suffers injuries in such an incident that are so serious that there is a clear indication, according to medical opinion, of a strong likelihood of death.


### 8.11 Department for Work and Pensions

The Department for Work and Pensions (DWP) may be able to assist in cases of financial abuse against vulnerable adults. The Pension Service is a dedicated service for current and future pensioners. It provides state financial support to the country’s pensioners at national and local level in partnership with other organisations. The Disability and Carers Service support disabled people and their carers, whether or not they are in work. It has responsibility for delivering Attendance Allowance, Disability Living Allowance and Carers Allowance. The DWP is represented at some Safeguarding Adults Boards and in some areas representatives will attend case conferences to facilitate information exchange. The DWP can
contribute to a safeguarding plan by recommending strategies to prevent or minimise the impact of fraud, especially benefit fraud.
**MANAGEMENT ISSUES**

Ensuring effective multi-agency partnerships are established at strategic and operational levels which focus on safeguarding vulnerable adults.

Roles and responsibilities of other agencies are clarified, ensuring effective working relationships, timeliness of information sharing and the resolution of conflicts and disputes between professional agencies.
9

Safeguarding and the Law
9.1 KEY REFERENCES

As mentioned in 1.2 Summary of Legal framework, the existing law for safeguarding adults is complex and fragmented.

The following guides seek to simplify this difficult area of legislation to help practitioners in their work:

Mandelstam, M. (2008) Safeguarding adults at risk of harm: A legal guide for practitioners and
Appendix 1

Successful and Unsuccessful Prosecutions under Section 44 Mental Capacity Act 2005
### MCA Section 44 Successful Prosecutions

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Case Summary</th>
<th>Reference</th>
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<td><a href="http://www.dailymail.co.uk/news/article-508867/Vulnerable-patients-locked-car-THREE-hours-carers-went-bookies.html">http://www.dailymail.co.uk/news/article-508867/Vulnerable-patients-locked-car-THREE-hours-carers-went-bookies.html</a></td>
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<td>26/02/09</td>
<td>Isle of Wight</td>
<td><a href="http://www.iwcp.co.uk/news/care-workers-filmed-attacks-on-elderly-24800.aspx">http://www.iwcp.co.uk/news/care-workers-filmed-attacks-on-elderly-24800.aspx</a></td>
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<td>23/11/10</td>
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<td>R v Dunn (2010) EWCA Crim 2935</td>
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<td>06/01/11</td>
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<td><a href="http://www.bbc.co.uk/news/uk-wales-south-east-wales-12125575">http://www.bbc.co.uk/news/uk-wales-south-east-wales-12125575</a></td>
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</tbody>
</table>
Appendix 2

List of Common Conditions Including those which Could Affect an Individual’s Communication
<table>
<thead>
<tr>
<th><strong>Arthritis</strong></th>
<th>A condition which deteriorates the bone and causes joint pain. The most common condition in the country.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Autistic Spectrum Disorder</strong></td>
<td>Includes Autism, High Functioning Autism and Asperger Syndrome. These individuals can have learning disabilities, be of average intelligence or above average intelligence. All have core difficulties with communication, social interaction and inflexible ways of thinking. May display repetitive speech, rituals and aggressive behaviour when under stress. May have sensory issues. An almost obsessive interest in a hobby or collection and the love of routines, are typical of people with Asperger Syndrome.</td>
</tr>
<tr>
<td><strong>Profound Blindness</strong></td>
<td>As defined by the World Heath Organisation, the inability to count fingers at a distance of ten feet or less.</td>
</tr>
<tr>
<td><strong>Registered Blind</strong></td>
<td>Visual activity is 3/60 or worse, or 6/60 if field of vision is very restricted.</td>
</tr>
<tr>
<td><strong>Severe Low Vision</strong></td>
<td>The inability to count fingers at twenty feet or less.</td>
</tr>
<tr>
<td><strong>Brain Damage</strong></td>
<td>People with brain damage can exhibit a wide range of symptoms, such as memory loss, inappropriate, uninhibited behaviour, severe mood swings, and can have little or no understanding of their own condition. They may have communication difficulties and be unable to fully understand what is being said to them, appreciate the implications for them and be able to express their ideas properly.</td>
</tr>
<tr>
<td><strong>Cerebral Palsy</strong></td>
<td>This is a disorder of movement and posture. It is due to damage to a small part of the brain which controls movement. Speech may be difficult to understand.</td>
</tr>
<tr>
<td><strong>Cystic Fibrosis</strong></td>
<td>A genetically inherited disorder which affects the lungs and the digestive system.</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Deaf blind</td>
<td>People are regarded as deaf blind if they have a severe degree of combined visual and hearing impairment. Few deaf blind people are both profoundly deaf and blind. May not have speech. May additionally have learning disability.</td>
</tr>
<tr>
<td>Deafness</td>
<td>A breakdown of the physiological mechanisms of hearing. May be congenital or the result of an accident or illness. May not use sign language but be able to read and write. May not have speech. May be proficient at lip-reading.</td>
</tr>
<tr>
<td>Dementia</td>
<td>This is the progressive loss of the powers of the brain. Common causes/types include Alzheimer’s disease, multi-infarct dementia, alcohol-related dementias, Lewy Body dementia and Pick’s disease. Tend to have poor short-term memory and may have a tendency to fall.</td>
</tr>
<tr>
<td>Disability</td>
<td>A physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities as defined by the Equality Act 2010, section 6 and Schedule 1.</td>
</tr>
<tr>
<td>Dysarthria</td>
<td>Commonly associated with stroke or neurological disorders, this is a muscle speech disorder which results in slurred/imprecise/spasms in speech.</td>
</tr>
<tr>
<td>Dyslexia</td>
<td>Is a difficulty in processing and storing information in the brain and affects writing, spelling and reading. It cannot be cured; it is more prevalent in men and boys and covers all social classes. It varies very much in severity and every person with dyslexia is different.</td>
</tr>
<tr>
<td>Dysphasia</td>
<td>A serious disorder of language where the intellect remains intact but the person loses their ability to use language.</td>
</tr>
<tr>
<td>Dyspraxia</td>
<td>A condition in which the person is unable to carry out planned or purposeful movement. One</td>
</tr>
</tbody>
</table>
indicator of dyspraxia is uncertain, struggling movement. A person may be found looking at their hand trying to remember what to do with it.

<p>| <strong>Epilepsy</strong> | A symptom of cerebral dysfunction. There are several types of epilepsy and many types of attack, some are major and may involve collapse or convulsions, others less severe involving only a momentary loss of awareness or some twitching in a part of the body. Some types present as aggressive behaviour. |
| <strong>Huntingdon’s Disease</strong> | This is a hereditary disorder of the central nervous system. It usually develops in adulthood causing physical and mental control to steadily deteriorate, can result in slurred speech, frequent falls and dementia. There is no cure. |
| <strong>Learning Disabilities or Difficulties</strong> | Section 1(4) of the Mental Health Act 1983 defines learning disability as a state of arrested or incomplete development of the mind which includes significant impairment of intelligence and social functioning. It can be classed as mild, moderate or severe and will usually have affected an individual since birth. Learning Disabilities or Difficulties affect over a million people in Britain. Two per cent of the population has mild learning disabilities, while 200,000 (0.4%) have severe learning disabilities for which they require support from education, social care and health, and financial services. They may be easily suggestible and easily led. They can have difficulty with everyday tasks such as understanding information, both written and spoken, and concentration and remembering. Learning disabilities may with mental health problems |
| <strong>Mental Disorder</strong> | This is defined in the Mental Health Act 2007 as any disorder or disability of the mind. |</p>
<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neurosis</strong></td>
<td>The more common form of mental illness whereby someone will be depressed, anxious or tense to a higher degree than is usual. It is present in around 1 in 7 of the population at any one time. The individual will usually recognise their maladaptive behaviour and the effect that it has on their personality.</td>
</tr>
<tr>
<td><strong>Psychosis</strong></td>
<td>A relatively rare form of mental illness, which less than 1% of the population experience, and is more serious than neurosis. The illness may involve delusions, hallucinations, the inappropriate expression of emotion, hyperactivity, social withdrawal and fragmented thinking. There is also a lack of realisation by a person that their behaviour is abnormal. Schizophrenia is a psychotic illness.</td>
</tr>
<tr>
<td><strong>Personality Disorder</strong></td>
<td>There are a number of categories of personality disorder which cover a wide range of attitudes and behaviour, from ruthless exploitation to fear of other people and social withdrawal.</td>
</tr>
<tr>
<td><strong>Multiple Sclerosis</strong></td>
<td>This is the most common neurological disorder among young adults and affects around 85,000 people in the United Kingdom. It is the result of damage to the protective sheath surrounding all the nerve fibres in the brain and spinal cord. The damage can affect nerves in the eyes, parts of the brain and spinal cord. Damage to sensory nerves can result in numbness or tingling.</td>
</tr>
<tr>
<td><strong>Paraplegia</strong></td>
<td>A person whose lower extremities and the lower part of the torso are paralysed from an injury to the back.</td>
</tr>
<tr>
<td><strong>Polio</strong></td>
<td>This is an infectious disease caused by one of three viruses. If the virus attacks the nerves supplying the arms and legs, they can become weak or paralysed. The virus can affect any</td>
</tr>
</tbody>
</table>
part of the body. The most serious cases are those involving the breathing muscles. Any of these symptoms can result in permanent disability.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatism</td>
<td>Pain in soft tissue, such as muscles, tendons and ligaments.</td>
</tr>
<tr>
<td>Spina Bifida</td>
<td>This literally means ‘split spine’ and is a congenital deformity of the vertebrae, some of which fail to close. Damage to the spinal cord or spinal nerves may cause varying degrees of paralysis and lack of sensation below the level of damage.</td>
</tr>
<tr>
<td>Tetraplegic</td>
<td>A paraplegic person with additional paralysis of the hands and part of the arms resulting from an injury to the neck.</td>
</tr>
<tr>
<td>Usher Syndrome</td>
<td>A genetic sight-hearing condition.</td>
</tr>
</tbody>
</table>
Appendix 3
Summary of Checklists

Checklist 1  Information Gathering When the Caller Is the Victim or another Vulnerable Adult
Checklist 2  Information Gathering When the Call Is Made by an Adult other than a Vulnerable Adult
Checklist 3  Deployment.
Checklist 4  Initial Response Officers: Actions on Arrival at the Scene
Checklist 5  Response Officers: Obtaining an Initial Account
Checklist 6  Information for an Internal Referral to the Safeguarding Adult Coordinator or PPU
Checklist 7:  General Lines of Enquiry in all Categories of Abuse
Checklist 8  Lines of Enquiry Where Neglect Is a Factor
Checklist 9:  Lines of Enquiry for Financial Abuse
Checklist 10 Lines of Enquiry for Honour Based Violence and Forced Marriage
# Appendix 4
## Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACPO</td>
<td>Association of Chief Police Officers</td>
</tr>
<tr>
<td>ADASS</td>
<td>Association of Directors of Adult Social Services</td>
</tr>
<tr>
<td>ASB</td>
<td>Anti-Social Behaviour</td>
</tr>
<tr>
<td>BTP</td>
<td>British Transport Police</td>
</tr>
<tr>
<td>BCU</td>
<td>Basic Command Unit</td>
</tr>
<tr>
<td>CAADA</td>
<td>Co-ordinated Action Against Domestic Abuse</td>
</tr>
<tr>
<td>CAF</td>
<td>Common Assessment Framework</td>
</tr>
<tr>
<td>CCTV</td>
<td>Closed-Circuit Television</td>
</tr>
<tr>
<td>COP</td>
<td>Court of Protection</td>
</tr>
<tr>
<td>CPA</td>
<td>Care Programme Approach</td>
</tr>
<tr>
<td>CPS</td>
<td>Crown Prosecution Service</td>
</tr>
<tr>
<td>CRB</td>
<td>Criminal Records Bureau</td>
</tr>
<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>CSI</td>
<td>Crime Scene Investigator</td>
</tr>
<tr>
<td>CSCI</td>
<td>Commission for Social Care Inspection</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DoLS</td>
<td>Deprivation of Liberty Safeguards</td>
</tr>
<tr>
<td>DNA</td>
<td>Deoxyribonucleic Acid</td>
</tr>
<tr>
<td>DWP</td>
<td>Department of Work and Pensions</td>
</tr>
<tr>
<td>ECHR</td>
<td>European Convention on Human Rights</td>
</tr>
<tr>
<td>EHRC</td>
<td>Equality and Human Rights Commission</td>
</tr>
<tr>
<td>ECTHR</td>
<td>The European Court of Human Rights</td>
</tr>
<tr>
<td>EPA</td>
<td>Enduring Power of Attorney</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>FME</td>
<td>Forensic Medical Examiner</td>
</tr>
<tr>
<td>FCO</td>
<td>Foreign and Commonwealth Office</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HSCA</td>
<td>Health and Social Care Act 2008</td>
</tr>
<tr>
<td>HSE</td>
<td>Health and Safety Executive</td>
</tr>
<tr>
<td>HBV</td>
<td>Honour Based Violence</td>
</tr>
<tr>
<td>HRA</td>
<td>Human Rights Act 1998</td>
</tr>
<tr>
<td>IBB</td>
<td>Independent Barring Board</td>
</tr>
<tr>
<td>IMCA</td>
<td>Independent Mental Capacity Advocate</td>
</tr>
<tr>
<td>IMR</td>
<td>Individual Management Report</td>
</tr>
<tr>
<td>INI</td>
<td>Impact Nominal Index</td>
</tr>
<tr>
<td>ISA</td>
<td>Information Sharing Agreement</td>
</tr>
<tr>
<td>IS Authority</td>
<td>Independent Safeguarding Authority</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
</tr>
<tr>
<td>LASSA</td>
<td>The Local Authority Social Services Act 1970</td>
</tr>
<tr>
<td>LPA</td>
<td>Lasting Power of Attorney</td>
</tr>
<tr>
<td>MAPPA</td>
<td>Multi-Agency Public Protection Arrangements</td>
</tr>
<tr>
<td>MARAC</td>
<td>Multi-Agency Risk Assessment Conference</td>
</tr>
<tr>
<td>MCA</td>
<td>The Mental Capacity Act 2005</td>
</tr>
<tr>
<td>MHA 1983</td>
<td>The Mental Health Act 1983</td>
</tr>
<tr>
<td>MHA 2007</td>
<td>The Mental Health Act 2007</td>
</tr>
<tr>
<td>NCRS</td>
<td>National Crime Recording Standard</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>NHS &amp; CCA</td>
<td>National Health Service and Community Care Act 1990</td>
</tr>
<tr>
<td>NSIR</td>
<td>National Standard for Incident Recording</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>NOS</td>
<td>National Occupational Standards</td>
</tr>
<tr>
<td>NMC</td>
<td>Nursing Midwifery Council</td>
</tr>
<tr>
<td>OFSTED</td>
<td>The Office for Standards in Education, Children's Services and Skills</td>
</tr>
<tr>
<td>OPG</td>
<td>Office of the Public Guardian</td>
</tr>
<tr>
<td>PACE</td>
<td>Police and Criminal Evidence Act 1984</td>
</tr>
<tr>
<td>PEACE</td>
<td>Police Interview Training mnemonic (P-preparation/planning; E-engage; A-account; C-close; E-evaluation)</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
</tr>
<tr>
<td>PDP</td>
<td>Potentially Dangerous Person</td>
</tr>
<tr>
<td>PIP</td>
<td>Professionalising Investigations Programme</td>
</tr>
<tr>
<td>PNC</td>
<td>Police National Computer</td>
</tr>
<tr>
<td>PPU</td>
<td>Public Protection Unit</td>
</tr>
<tr>
<td>PSD</td>
<td>Professional Standards Department</td>
</tr>
<tr>
<td>RSO</td>
<td>Registered Sex Offender</td>
</tr>
<tr>
<td>SAB</td>
<td>Safeguarding Adults Board</td>
</tr>
<tr>
<td>SAP</td>
<td>Single Assessment Process</td>
</tr>
<tr>
<td>SAR</td>
<td>Suspicious Activity Report</td>
</tr>
<tr>
<td>SARC</td>
<td>Sexual Assault Referral Centre</td>
</tr>
<tr>
<td>SCR</td>
<td>Serious Case Review</td>
</tr>
<tr>
<td>SCRP</td>
<td>Serious Case Review Panel</td>
</tr>
<tr>
<td>SCRSG</td>
<td>Serious Case Review Sub Group</td>
</tr>
<tr>
<td>SIO</td>
<td>Senior Investigating Officer</td>
</tr>
<tr>
<td>SPOC</td>
<td>Single Point of Contact</td>
</tr>
<tr>
<td>STO</td>
<td>Specially Trained Officer</td>
</tr>
<tr>
<td>SVAC</td>
<td>Safeguarding Adult Coordinator</td>
</tr>
<tr>
<td>TSS</td>
<td>Trading Standards Service</td>
</tr>
</tbody>
</table>
**VBS**  Vetting and Barring Scheme

**ViSOR**  Violent Offender and Sex Offender Register

**VPS**  Victim Personal Statement

**WIHSC**  Welsh Institute for Health and Social Care

**YJCEA**  Youth Justice and Criminal Evidence Act 1999
Appendix 5

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