Surrey Police Safeguarding Adults Policy

Abstract

Surrey Police will give special consideration to those members of society who may be defined as an Adult at Risk (AAR).

Policy

1 Introduction

1.1 This procedure aims to ensure that the Force has an effective and consistent response to the protection and safeguarding of Adults at Risk including the investigation of adult abuse and neglect.

2 Policy Statement

2.1 Surrey Police will give special consideration to those members of society who may be defined as an Adult at Risk (AAR).

2.2 A person's vulnerability will depend upon surrounding circumstances and environment and each case will be assessed upon its own individual circumstances.

2.3 The College of Policing APP defines vulnerability as follows: 'A person is vulnerable if, as a result of their situation or circumstances, they are unable to take care or protect themselves, or others, from harm or exploitation'.

2.4 Surrey Police will not tolerate the abuse of vulnerable victims and in order to identify, prevent or investigate abuse we will work in accordance with the Surrey Safeguarding Adults Multi Agency procedures. Please refer to SSAB Adult Safeguarding Policy and Procedures 2018.docx

2.5 Abuse may consist of a single act or repeated acts. It may be physical, verbal, psychological, an act of neglect or omission to act, or where a vulnerable person is persuaded to enter a financial or sexual transaction to which that person has not consented or cannot consent.

2.6 Where there is an identified need for intervention from Adult Social Care and/or Mental Health Services, a Vulnerable Adult Referral within SIGNS should be completed regardless of whether other services have been involved and have their own information

sharing protocols. The exception being at the time when the vulnerable person is sectioned (either S135 or s136) when a SIGNS will NOT be required because all relevant professionals will already be aware of the concerns.

Procedure

1.1 All reports of adult abuse and neglect should be fully investigated. This requires staff to be confident in identifying adults at risk and responding appropriately. These procedures provide guidance for staff regarding their role and responsibilities.

The Voice of the Victim

We need to ensure that the voices of vulnerable victims and witnesses are heard. This means that the opinions, thoughts and experiences of the victim will be considered when identifying what service provision is required and to ensure procedural justice. Through listening to our victims, we will be able to provide a quality service as well as understand and effectively address their vulnerabilities. Victims should be spoken to in person and their needs assessed.

1.2 Investigations will be compliant with the College of Police APP Guidance on Adults At Risk CoP Adults At Risk . Investigations will be compliant with The Care Act 2014.

1.3 This procedure is set out in the following sections:

2. Adult at Risk

2.1 An Adult at Risk is any person who is aged 18 years or over **and**:

- Has needs for care and support (whether or not the authority is meeting any of those needs),
- Is experiencing, or is at risk of, abuse or neglect **and**
- As a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

2.2 However, if the above criteria are not met a person can also be considered vulnerable, if because of their situation or circumstances, they are unable to take care or protect themselves, or others from harm or exploitation.

2.3 Professional curiosity should be exercised to understand and assess the person's vulnerability and risk of harm.

2.4 In the situations described above safeguarding measures will be taken and will include the submission of a SIGNS regardless of whether other services have been involved and have their own information sharing protocols.

3. What is safeguarding?

3.1 Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect.

3.2 Everyone in the police service has a role to play in identifying concerns, sharing information in accordance with local protocol and taking prompt action to safeguard an adult.

4. The Care Act 2014

4.1 The Care Act 2014 provides a statutory framework for working in partnership in cases involving adults at risk.

4.2 The Care Act provides six key principles which underpin all adult safeguarding work.

- Empowerment – People being supported and encouraged to make their own decisions and informed consent
- Prevention – It is better to take action before harm occurs
- Proportionality – The least intrusive response appropriate to the risk presented
- Protection – Support and representation for those in greatest need
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability – Accountability and transparency in delivering safeguarding.

4.3 Section 42 Care Act 2014 relates to an enquiry with the Local Authority. When a Local Authority has reasonable cause to suspect that an adult in their area (whether or not ordinarily resident there)

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- May be experiencing, or at risk of, abuse or neglect; and
- As a result of those case and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

The Local Authority must make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and if so, by whom.

4.4 Should a concern not reach the threshold for a Section 42 Enquiry, Adult Social Care may wish to convene a Non Statutory Safeguarding Enquiry. Local authorities are not required by law to carry out enquiries for these individuals; they do so at their own discretion.

4.5 For information regarding Investigating Allegations of Adult Abuse in Care Settings refer to Considerations – Allegations of Abuse in Care Settings

5. Types of Abuse

5.1 Physical Abuse

i) This is the non-accidental infliction of physical force by one person on another, which may or may not result in physical injury. Physical abuse can involve the following:

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair).

ii) Possible Indicators:

Any injury not fully explained by the history given:

- Injuries inconsistent with the lifestyle of the adult
- Bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs

- Clusters of injuries forming regular patterns or reflecting the shape of an article
- Burns, especially on soles, palms or back; from immersion in hot water, friction burns, rope or electric appliance burns
- Multiply fractures
- Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- Marks on body, including slap marks, finger marks
- Injuries at different stages of healing
- Medication misuse (under or over medicating)
- Inappropriate use of physical restraint
- Person showing signs of fear or emotional distress.

5.2 Domestic Abuse

Domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behavior, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Please refer to the Domestic Abuse Policy

5.3 Financial Abuse

i) The misuse of a person's funds and assets; obtaining property and funds without their knowledge and full consent, or in the case of an elderly person who is not competent, not acting in their best interests.

ii) Increasingly fraud is becoming more complex and deceptive. Much of it is targeted at vulnerable and elderly people. Op Signature is a Surrey/ Sussex campaign to identify and support vulnerable victims of fraud within the Force areas. Op Signature Protecting vulnerable fraud victims

iii) All reports of fraud should be reported to Action Fraud. However, if the victim is vulnerable/at risk the report of fraud must be treated as a ‘Call for Service’. Under these circumstances, police deployment is required in order to safeguard the victim and ensure information is shared with partner agencies. Fraud - Recording and Allocating Allegations of Fraud Procedure

5.4 Sexual Abuse

Direct or indirect involvement in sexual activity without valid consent.

i) Sexual Abuse includes:

- Rape;
- Indecent exposure
- Sexual harassment
- Inappropriate looking or touching
- Sexual teasing or innuendo
- Sexual photography
- Subjection to pornography or witnessing sexual acts

ii) Possible Indicators:

- Significant change in sexual behaviour or attitude
- Pregnancy in a woman who is unable to consent to sexual intercourse
- Changes to urinary continence or soiling
- Poor concentration
- Person appears withdrawn, depressed or stressed
- Unusual difficulty or sensitivity in walking or sitting
- Torn, stained or bloody underclothing
- Bruises, bleeding, pain or itching in genital area
- Sexually transmitted diseases, urinary tract or vaginal infection
- Bruising to thighs, upper arms or neck or 'love bites'
- Self-harming behaviour
- Showing signs of fear or emotional distress
- Sexual Assault Investigation Procedure can be found Rape and Serious Sexual Assault Investigation Procedure.

5.5 Other forms of abuse or crime which may be relevant include

- Honour based abuse, Harmful Traditional Practices, Honour Based Abuse (HBA) and Forced Marriage (FM).
- Forced marriage, female genital mutilation, Female genital mutilation, APP Forced marriage,
- Modern slavery and human trafficking Modern Slavery and organised immigration crime.

These crime types have their own policies and procedures which can be found on the intranet.

5.11 Psychological Abuse

Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact with others, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber-bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Examples of behaviour:

- Treating a person in a way that is inappropriate or discriminatory because of their protected characteristic
- Blaming, swearing, intimidation, insulting, harassing, 'cold shouldering'
- Deprivation of contact with others.

5.12 Neglect

Neglect includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or education services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

5.13 Self-Neglect

i) Self-neglect can occur when an adult is unable to take care of themselves and the situation causes or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm or substantial damage to or loss of assets.

ii) It is not always possible to establish a root cause for self-neglecting behaviours the person may:

- be depressed
- have poor health
- have cognitive (memory or decision making) problems
- be physically unable to care for self

iii) Self-neglect includes:

- Living in grossly unsanitary conditions
- Suffering from an untreated illness, disease or injury
- Suffering from malnutrition to such an extent that, without an intervention, the adult's physical or mental health is likely to be severely impaired
- Creating a hazardous situation that will likely cause serious physical harm to the adult or others or cause substantial damage to or loss of assets
- Suffering from an illness, disease or injury that results in the adult dealing with their assets in a manner that is likely to cause substantial damage to or loss of the assets

5.14 Organisational Abuse

i) Organisational abuse includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in a person's own home. This may range from one off incidents to ongoing ill treatment. It can be through neglect

or

poor professional practice because of the structure, policies, processes and practices within an organisation.

ii) Examples of behaviour:

- Managers or staff failing to recognise that systems and processes are failing to safeguard people or to provide them with adequate or appropriate support or care
- Poor recording or communication processes
- Lack of effective risk assessments or care planning
- Individual concerns identified may be being addressed but the wider or cumulative impact is not being identified or acted upon.

iii) Possible Indicators:

- Inappropriate or poor care
- Misuse of medication
- Inappropriate restraint methods
- Sensory deprivation e.g. denial of use of spectacles or hearing aid;
- Lack of respect shown to the person
- Denial of visitors of phone calls
- Lack of appropriate access to toilet or bathing facilities
- Lack or appropriate access to medical or social care
- Failure to ensure appropriate privacy or personal dignity
- Lack of flexibility and choice e.g. activities, lifestyle choices, mealtimes, bedtimes, choice of food;
- Lack of personal clothing or possessions
- Lack of adequate procedures e.g. medication, financial management
- Controlling relationships between staff and clients
- Poor professional practice
- Poor communication and recording of essential care information
- Insufficient account taken of the views of individuals, carers or relatives
- Lack of appropriate and/or robust management arrangements, staff supervisor and/or training
- Significant numbers of low-level concerns
- The priorities of the initial responder are to safeguard the victim and consider whether a criminal offence has been committed. Care should be taken to ensure that the conversation with the victim is confined to establishing their safety and taking an initial account so as not to compromise a future.

5.15 Discriminatory Abuse

This includes forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

5.16 Elder Abuse

i) The World Health Organisation (WHO) uses the following definition for elder abuse:

'A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.'

The WHO defines an older person as someone who is aged 60+. Elder abuse can include any of the abuse types listed above, the key element being that the abuse occurs where there is an expectation of trust.

ii) Within the UK, Hourglass is a specialist organisation that provides advice and guidance and aims to challenge elder abuse. They have a dedicated helpline and further information please refer to Hourglass.

6. Initial Response Role and Responsibilities

6.1 Call takers and front counter staff

i) An investigation begins with the receipt of a report of adult abuse either via the phone, online or attendance to a police station front counter. Officers and police staff should establish as much detail as possible to support an investigation.

ii) A call coming in/online report/caller to the station should be assessed to identify if the caller is in any way vulnerable. If the call is clearly one that needs to be deployed to on either a grade 1 (immediately) or a grade 2 (within the hour) then deployment protocol should be adhered to.

iii) If the caller is deemed to be vulnerable and the deployment criteria is not met then the THRIVE risk assessment must be completed.

Once completed the deployment decision must be reconsidered.

iv) It is important to respond appropriately both to calls/reports received or when dealing with the public at the front counter and report any concerns. If unsure always seek advice from a Public Protection Officer or Supervisor

6.2 **Neighbourhood Patrol Teams (NPT) – including Police and Community Safety Officers (PCSO) and Special Constables Actions upon arrival at scene.**

The priorities of the initial responder are to safeguard the victim and consider whether a criminal offence has been committed. Care should be taken to ensure that the conversation with the victim is confined to establishing their safety and taking an initial account so as not to compromise a future interview which may be carried out in accordance with Achieving Best Evidence (ABE). It may be that a visually-recorded interview (VRI) is more appropriate than a written statement.

7. Recording, Assessing and Sharing Safeguarding Issues

- SIGNS is the method by which we share our information with partner agencies. This is the only method of referral.

- An occurrence and a SIGNS must be created when dealing with an adult at risk who is suffering from abuse or may be at risk of suffering abuse. This will include reports of a crime that have or are suspected to have taken place.

- A SIGNS must also be submitted for any adult that may benefit from an assessment of need.

- One SIGNS is required for the occurrence but a separate vulnerable section within that same form for each vulnerable adult involved.

- It is important that every SIGNS is completed with sufficient and accurate detail to allow specialist teams and the Local Authority to act on it.

- A SIGNS must be completed and BRAG rated prior to termination of duty.

- In ALL cases the reporting officer will still be responsible for the completion and submission of any SIGNS.

- Further guidance on how and when to create an adult referral form can be obtained SIGNS - Adult Referral Policy.docx

8. Crime Allocation and Management

Please see the link below for information on which teams or departments investigate crimes involving adults at risk:

Public Protection Guiding Principles Interim ISR Changes

Since the publication of the Public Protection Guiding Principles Interim ISR Changes, Surrey Police have set up a team of investigators who deal solely with allegations of adult abuse. The Adults At Risk Team (ART) will investigate some of the offences against adults at risk where a joint response with Adult Social Care is required and the case is likely to generate an enquiry under Section 42 of The Care Act 2014. The team can be contacted by email !ART

9. Adult Discussion Meeting

9.1 When a crime is suspected, the police will take the lead in deciding how to proceed with the investigation. If there are any safeguarding concerns for the victim i.e. learning disability, mental health diagnosis, physical/cognitive impairment, lack of competency, lack of mental capacity etc the police will contact Adult Social Care and request that an adult section 42 enquiry discussion meeting be convened. Other participants will be agencies of any expected involvement to discuss joint visits, joint interviews, and forensic medical examination amongst other considerations. Contact should be made via ascmash@surreycc.gov.uk Please refer to Section 42 Investigation Guidance

9.2 The discussion will involve duty supervisors from both Adult Social Care and the police. Adult Social Care minute this meeting but all agencies should record any decisions or actions agreed. A physical meeting is not necessary as long as the telephone conversation is held with the correct individuals and a record taken. The discussion should also include actions around any suspects plus wider safeguarding measures.

9.3 If at this stage, the decision of the discussion is that no further action will be taken by the police, this fact must be subsequently officially recorded and held within the Adult At Risk File on Niche for any future reference. The discussion must always consider,

'What is in the best interest of the victim?' at that point in time and whether a criminal investigation should commence or would (in less serious cases) be more appropriate for Adult Social Care to intervene and support the Adult at Risk.

9.4 Information sharing is vital to ensure that all agencies can make informed decisions. It is paramount that the Adult at Risk is kept safe from further harm. Police officers will need to disclose any relevant information to the meeting to ensure that this element of personal safeguarding is met. This will enable identification of sources and levels of associated risk to the individual. All information sharing activity must be governed by a Surrey Multi-Agency Information Sharing Protocol - Surrey County Council between the police and relevant agencies.

9.5 The police and partner agencies must continue to work together throughout the investigation to ensure the Adult at Risk is properly safeguarded.

9.6 In the event of a professional disagreement and oversight of risk in work relating to safeguarding adults, an inter-agency policy and procedure has been produced for all Surrey Safeguarding Adult Board member agencies and organisations that are commissioned by Board members. It is recognised that at times there may be differences of opinion regarding how a case should best be progressed. This policy seeks to identify how resolution can be achieved in the face of differences of opinion. It covers, in detail, the inter-agency escalation process and can be found here. For additional support, please contact the Public Protection Support Unit (PPSU) or the Police Single Point of Access (PSPA).

10. Interviewing Vulnerable Witnesses

Special Measures

10.1 Under Section 16 of the Youth Justice and Crime Evidence Act (1999) a vulnerable adult is entitled to special measures as detailed below. Under section 16 an adult may be considered vulnerable if they:

- Suffer from mental disorder within the meaning of the Mental Health Act 1983, or otherwise have a significant impairment of intelligence and social functioning;

- Or that the witness has a physical disability or is suffering from a physical disorder.

10.2 The Special Measures that are available to vulnerable witnesses with the agreement of the court are:

- The use of screens (Section 23)

- The use of live TV link (Section 24)

- Giving evidence in private (Section 25) (limited to sexual offences and those involving intimidation)

- The removal of wigs and gowns (Section 26)

- The use of video recorded interviews (VRI) as evidence in chief

10.3 Witnesses who are defined as Adults at Risk are also eligible for the following Special Measures:

- Communication through intermediaries (Section 29)
- The use of special communication aids (Section 30)

10.4 A useful tool to show victims is an Interactive Courtroom link below

Courtroom - Victim Support

10.5 Under The Victim Code 2015 a vulnerable adult is a 'priority victim' and should be assessed to ensure they are interviewed in the way that will enable them to give their best evidence. This may be by way of a visually/video recorded interview (VRI). The Adult at Risk can then use the special measure available, and this interview can be used as their evidence in chief in any court case. It is important that this process is explained to the adult so they can make the right decision for them. They do not have to be interviewed by way of VRI; Adults at Risk can still make a statement if they wish to do so.

10.6 Some adult social workers have completed Joint Investigative Training (JIT) and are available to attend the VRI. Requests should be made through the ASC MASH (ascmash@surreycc.gov.uk) This ensures the victim need only disclose details of the incident once, enabling partners to complete a detailed risk assessment at an early stage.

10.7 Officers conducting a VRI with an Adult at Risk must have a minimum skill of PIP Level 2, Core Interview Training.

For further guidance please refer to Achieving Best Evidence, Adult

10.8 When responding to people with Mental Ill Health or Learning Difficulties, Surrey Police will work in accordance with National Guidance.
This guidance provides advice on:

- General Operational Guidance
- Mental Health Principles
- Operational Police Response to Victims and Witnesses, Suspects and Offenders
- Use of police Powers under the MHA 1983 and the MCA 2005
- Operational Police Response to Suspects and Offenders
- Managing Police Responses

11. Mental Capacity Act

11.1 The Mental Capacity Act 2005 (MCA) provides a statutory framework to empower and protect Adults at Risk who are not able to make their own decisions. Capacity describes a person's ability to make a specific decision at a specific time; capacity can fluctuate.

Capacity is pertinent in sexual and financial abuse investigations. It may be required to establish whether the victim had capacity to consent if the suspect claims the victim consented. The victim's capacity to engage with the investigation must also be established, e.g. can they agree to participate in an interview?

11.2 The decision for a capacity assessment is one that would be made at a strategy discussion with multi- agency partners and undertaken by health professionals

11.3 Police have a legal duty to have regard to the MCA when working with adults who may lack capacity.

11.4 There are five key principles to the MCA:

- An adult has the right to make their own decisions and must be assumed to have capacity unless it is proved otherwise (presumption of capacity)
- An adult must not be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success
- An adult must not be treated as being unable to make a decision merely because they make an unwise or bad decision
- Anything done for, or on behalf of, an adult who lacks capacity must be in that adult's best interests
- Anything done for, or on behalf of, an adult who lacks capacity should be the least restrictive option.

11.5 Someone with memory problems, a serious debilitating illness or at the end of life may quickly become too unwell to provide information. In these circumstances an account must be obtained as soon as possible. Investigators should consider the use of completing a VRI in situ if the person is too ill or frail to travel to a witness suite.

12. Intermediaries

12.1 An intermediary may be able to help improve the quality of evidence of any Adult at Risk or child witness (as defined in Section 16 Youth Justice and Criminal Evidence Act 1999) who is unable to detect and cope with answers to questions, especially in the context of an interview or while giving evidence in court. Further information regarding intermediaries can be found in the Achieving Best Evidence Guidance.

12.2 Intermediary services are requested as 'Special Measures' and should be requested for Adults at Risk with mental health issues, learning difficulties, dementia or any other condition where communication is affected.

12.3 An Intermediary can be requested by fully completing the National Crime Agency request form

12.4 Intermediary services are also available to assist with interviews of vulnerable suspects during a pre-planned interview. The intermediary can be requested by the legal representative of the interviewee. Alternatively, a request can be made by the OIC however any costs incurred will need to be met by Surrey police.

12.5 See links below on how to request an intermediary for suspect/ defendant:

Intermediaries for Justice | Intermediaries for Justice (intermediaries-for-justice.org)

Intermediary Services | Triangle

Intermediaries - The Advocate's Gateway

13. Independent Advocacy

13.1 Although not a direct process for the police, the Care Act 2014 provides capacity for Local Authorities to commission the support of an Independent Advocate whose aim is to strengthen the voices of individuals who use these services. It will also support their carers over the process of assessing, planning and safeguarding the Adult at Risk.

13.2 Under the Care Act 2014, local authorities must arrange an independent advocate to facilitate the involvement of a person in their assessment, in the preparation of their care and support plan and in the review of their care plan, if two conditions are met:

The person has substantial difficulty in being fully involved in these processes
There is no suitable adult available to support and represent the person's wishes.

13.3 We must be aware of the above provision, as this service will, at times, interface with our investigations. Due consideration must therefore be given to process and the services / support that the Independent Advocate can provide to enhance the welfare of the Adult at Risk.

14. Deprivation of Liberty Safeguards (DOLs)

14.1 The Deprivation of Liberty Safeguards in the Mental Capacity Act 2005 provide a framework for authorising the deprivation of liberty of people who lack the capacity to consent to arrangements made for their care or treatment (in either a hospital or care home) including that they need to be deprived of liberty in their own best interests, and to prevent harm to them, and that the deprivation of liberty is a proportionate response to the likelihood and seriousness of that harm. This would not be a procedure that the police would apply for but an awareness of the process by our partners is required.

14.2 Where a person needs to be deprived of liberty in a care home in England or Wales, the MCA 2005 Act provides that the supervisory body is always the local authority in which the person is ordinarily resident. This remains the case regardless of whether the

person has been placed in the care home in another authority's area by the local authority. All MCA DoLS authorisations should be given for as short a time as possible.

14.3 If a person needs to be deprived of liberty in a care home upon their discharge from hospital and the care home applies for a standard authorisation in advance, whilst the person is still in hospital (good practice in this situation), it is the local authority in which the person was ordinarily resident before their admission to hospital which is responsible for acting as the supervisory body. This remains the case even where it is planned that the person will be discharged from hospital to a care home located in another local authority area.

14.4 It is therefore very important that officers should ask (if not already informed by the Care Home) if the victim in any abuse case is subject to a DOLs and if this is the case this point must be recorded.

15. Office of Public Guardian

15.1 The Office of Public Guardian (OPC) is a statutory body established in October 2007 by the Mental Capacity Act 2005 (MCA). The remit of the OPG is to support and enable people to plan ahead to prepare for their health, welfare and for their finances to be looked after should they lose mental capacity in the future. This also offers to safeguard the interests of people who may lack the mental capacity to make certain decisions for themselves.

15.2 The police and local authorities will, at times, receive referrals from the OPG that relate to people who are not covered by this policy and who they feel are being abused in situations such as financially, mentally or physically and also in cases of institutional or abuse of trust.

15.3 For further details relating to the Office of Public Guardian, please refer to Safeguarding Policy Protecting Vulnerable Adults

16. Victim Code

16.1 Officers should not make early judgments on whether the victim or witness is likely to be accepted as a competent witness by the courts and should act on the general presumption that they will be regarded as competent.

16.2 The Code of Practice for Victims of Crime provides minimum standards of service for all victims of crime but also outlines an 'enhanced service' for those who are:

- Victims of serious offences
- Victims of domestic abuse
- Persistently targeted victims
- Vulnerable or intimidated victims.

16.3 The enhanced service offers additional support and services through the criminal justice process. Officers and staff must consider whether a victim of abuse is entitled to an enhanced service. Further information can be found here Code of Practice for Victims of Crime in England and Wales (Victim's Code) - GOV.UK (www.gov.uk)

Note The victims Code states that a family spokesperson for victims of crime who have a disability, who are badly injured or lack capacity difficulty in communicating are also entitled to receive the same enhanced services.

17. Adults at Risk in Custody

17.1 During the booking in process any highlighted concerns or risk that are discovered either by questions that are asked of the detained person (DP) or by their own admission will be assessed by the Custody Sergeant. The Custody Sergeant will ensure a full risk assessment is completed and entries on the detention log are made including rational for any actions to mitigate any risk of harm.

17.2 Whenever a Custody Sergeant has any suspicion or has been told in good faith that a suspect may be mentally disordered (as defined in section 1 MHA) or otherwise mentally vulnerable they must request that an Appropriate Adult is present. See PACE Code C paragraph 1.4. Note 1G of PACE Code C states that where the custody officer has any doubt about the mental state or capacity of a person detained, they should treat the person as mentally vulnerable and call an appropriate adult. This duty remains even if a health care professional's view is that an individual does not meet the formal definition of experiencing a mental disorder.

17.3 **Embedded Health Care Professional (HCP)**

There is a health care professional embedded in each custody suite. This is a service which is provided 24/7 and 365 days of the year. The staff are nurses or paramedics. They see anyone who is referred by the custody staff. They have the facility to look at previous medical history of the DP. During assessment any issue they identify will be brought to the attention of the Custody Sergeant who will update the risk assessment and detention log.

17.4 **Criminal Justice Liaison Diversion Service (CJLDS**)

This is a mental health service which works 7 days a week 365 days a year between 0700-1900hrs. They will see any detained person (DP) that is referred by the Custody Sergeant and will also see all young people whether referred or not. They have access to their own systems which will identify any current care or mental health plan that is in place for the DP. If they have significant concerns for the DP and a mental health assessment is required then they will work with the HCP and organise an approved mental health worker to come out and do the assessment with a doctor. All entries again will be added to the detention log to explain any rationale.

See College of Policing (COP) guidance for Adults at Risk in Custody Detention and custody

18. Safeguarding Adults Review (SAR)

18.1 The Surrey Safeguarding Adults Board has a duty under the Care Act 2014 to undertake a SAR when an adult dies as a result of abuse or neglect or if the adult has not died but has experienced serious abuse or neglect.

18.2 Any agency (including police) can notify the SSAB of a case for consideration of a SAR. A referral form can be obtained from the SSAB website Surrey County Council - SSAB Policies and forms. Details of where to send the completed document can also be found on the form.

18.3 The SSAB has a SAR sub-group, chaired by the police, and that group reviews SAR notifications to decide if the SSAB should start a SAR.

18.4 Where the SSAB undertakes a SAR, it will ask agencies who have been involved with the adult to be part of the review process. The purpose of a SAR is not to hold any individual or organisation to account (other processes exist for that) but to learn lessons about the way agencies work together so as to prevent harm occurring in similar circumstances in the future. It is therefore important that cases are notified to the SSAB to fulfill the statutory requirement and to better protect adults from abuse and neglect.

18.5 Sometimes there are other reviews taking place, for example, a Domestic Homicide Review (DHR) or Child Serious Case Review (CSCR). In those cases, the relevant Boards and Partnerships work together to decide the most appropriate review process to be followed and ensure the recommendations cover all the issues.

Executive Summaries of Reviews undertaken are published on the Board's website

19. Recording of Incidents and Crime

19.1 Any crime or incident disclosed to police must be recorded appropriately. A substantiated crime must be recorded as per Home Office Counting Rules. Any 'Non-Crime incident' must be recorded as a 'Non Crime Vulnerable Adult Incident'.

19.2 All professional discussions / strategy discussions must be properly recorded and located in an Adult At Risk File (see paragraph 9.3) on Niche to provide an audit trail of decisions made.

19.3 Please note, there are specific provisions within the National Crime Recording Standards regarding reports made by professionals acting on a person's behalf. This is a particularly relevant area concerning vulnerable persons who may not be able to access police services directly due to their vulnerability and rely on such parties to enable this.

19.3 Supervisors must ensure that warning markers on the person record are added prior to finalising an occurrence. For example, a person suffering from dementia must have the warning:

Vulnerable- Dementia updated on their Niche person record.

19.4 All adult abuse crime occurrences that fall within the adult abuse categories - discriminatory, financial, institutional, neglect, physical or psychological/emotional must have the relevant 'Adult Abuse Indicator' box ticked within the Niche occurrence within the Finalisation/Misc Tab under Local qualifier.

20. Common Law Police Disclosure (CLPD)

20.1 CLPD ensures that where there is a public protection risk the police will pass information to the employer or regulatory body to allow them to act swiftly to put in measures to mitigate any danger.

20.2 CLPD replaces the Notifiable Occupations Scheme (NOS) and focuses on providing timely and relevant information which might indicate a public protection risk. Information is passed on at charge or arrest rather than on conviction which may be some time after.

20.3 The new scheme provides robust safeguarding arrangements while ensuring only relevant information is passed on to employers. The scheme strikes the right balance between the interests of the individual and the importance of public protection.

Common Law Police Disclosure - Publications - GOV.UK

21. Employee Support

21.1 The organisation recognises that some of the subject matter contained within this policy and procedure may be sensitive. If any aspect of the content or your cases has caused you discomfort, distress, or concern, it is important that you seek support. Employees are strongly encouraged to speak with their line manager.

21.2 All managers are expected to familiarise themselves with the full range of wellbeing resources and guidance available through the force intranet. These resources are intended to support both managers and employees in navigating challenging situations. Should you require additional clarification, you are encouraged to contact the central Wellbeing Team directly.

21.3 The organisation remains committed to promoting a supportive, respectful and safe workplace.

Team: Public Protection