

Adult Safeguarding - A Procedural Introduction and Toolkit for Staff and Officers



West Mercia Police

*Ensuring the safety and wellbeing of
adults with care and support needs*

Adult Safeguarding - A Procedural Introduction and Toolkit for Staff and Officers



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

The standard operating procedure or toolkit will provide advice to all staff to ensure that investigation into abuse of an adult at risk is not perceived as something different to the investigation of other forms of serious crime. The working practices are structured to follow the pattern of responding to and investigating adult at risk abuse.

★ Purpose of Procedure and Toolkit

The process for safeguarding adults at risk of abuse has developed over recent years and there is a duty on police officers and police staff to identify adults at risk of abuse, and when a multi-agency investigation should be instigated.

This procedure and toolkit will:

- Help to effectively record, investigate and protect adults from abuse.
- Help to increase public confidence in West Mercia for protecting the most vulnerable in our society, by having a singular procedural guidance document.
- Encourage reporting, by dealing empathetically and diligently with criminal investigations into offences against adults with care and support needs.
- Increase general awareness ensuring adults at risk get the help and support they need to keep them safe from abuse.

★ Implications of Procedure

The existing legal framework for safeguarding adults is complex and it has been recognised by the Law Commission that some areas of adult social care law have previously been based on discriminatory concepts. Reference should however, be made to a wide range of law. See National Guidance and Legislation on page 25.

[The Mental Health Act 1983](#)

[The Mental Capacity Act 2005](#)

[The Safeguarding Vulnerable Groups Act 2006](#)

[The Criminal Justice and Courts Act 2015 \(Section 20 Ill-treatment or wilful neglect by care worker\)](#)

[The Criminal Justice and Courts Act 2015 \(Section 21 Ill-treatment or wilful neglect by care provider\)](#)

[Health and Social Care Acts - 2012](#)

[The Disclosure and Barring Service \(DBS\)](#)

[The Human Rights Act 1998](#)

Significantly, it is The Care Act 2014, which creates a legal framework to ensure that key organisations with responsibilities for adult safeguarding, work together.

The Care Act replaces the term 'vulnerable adult' with an 'adult at risk'.

- [The Care Act \(2014\)](#): An Act to make provision to reform the law relating to care and support for adults and the law relating to support for carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards; to establish and make provision about Health Education England; to establish and make provision about the Health Research Authority; to make provision about integrating care and support with health services; and for connected purposes.

★ Procedural Introduction

◆ Adult Safeguarding Principles

● What is Adult Safeguarding?

Adult safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. The Care Act 2014, creates a legal framework to ensure that key organisations, with responsibilities for adult safeguarding, work together. **The Care Act replaces the term 'vulnerable adult' with an 'adult at risk'.**

● Whom is an Adult at Risk?

Any person who is aged 18 and over who has care and support needs, and is experiencing, or **at risk of**, abuse or neglect; and is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

● What are Care and Support Needs?

Practical, financial and emotional support for adults who need extra help to manage their lives and be independent.

Adult safeguarding procedures only apply to adults with care and support needs, as defined by the Care Act 2014.

- There are six key principles outlined in the Care Act that underpin all adult safeguarding work they are:

- **Empowerment** – Personalisation and the presumption of person led decisions and informed consent – this is the making safeguarding personal element.
- **Protection** – Support and representation for those in greatest need.
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – Proportionate and least intrusive response appropriate to risk presented

- **Partnership** – Local solutions through services working with their communities.
- **Accountability** – Accountability and transparency in delivering safeguarding.
- **Making Safeguarding Personal** is an approach taken to all adult safeguarding work. The first priority should always be to ensure the safety and wellbeing of the adult with care and support needs and, when the adult has capacity to make their own decisions, to aim for any action to be in line with their wishes as far as appropriate. The adult should be supported to recognise risks and to manage them. The safeguarding process should be experienced as empowering and supportive. This concept is holistically termed within the Care Act as 'Making Safeguarding Personal' - **MSP**. Making Safeguarding Personal must not simply be seen in the context of formal safeguarding enquiries but in the whole spectrum of safeguarding activity, including prevention. There may however, be circumstances where true involvement of the adult cannot be obtained because the adult lacks capacity to engage or to give consent, but the best interests of the individual or others at risk may still demand action and appropriate referrals to other agencies.

For further information on the Care Act 2014 - [Care Act 2014](#)



West Mercia Police

Ensuring the safety and wellbeing of adults with care and support needs

There are already some well-established measures/methodologies/policy areas for the police that can support Making Safeguarding Personal in adult safeguarding. They include:

- Achieving Best Evidence interviews
- The use of special measures and intermediaries for vulnerable and intimidated witnesses
- Use of advocates, including Independent Domestic Violence Advocates (IDVAs) and appropriate Adults
- The Victims' Code
- Restorative justice
- Harm Assessment Units (HAU) or Multiagency Safeguarding Hubs (MASH) and the police role in these
- Multiagency risk assessment conferences in relation to Domestic Abuse (MARAC)

• **The 'Wellbeing' principle**

was introduced by the Care Act and introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. This is sometimes referred to as "the wellbeing principle" because it is a guiding principle that puts wellbeing at the heart of care and support.

The wellbeing principle applies in all cases where carrying out any care and support function, or making a decision, or safeguarding.

"Wellbeing" is a broad concept, and it is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect).
- Physical and mental health and emotional wellbeing.
- Protection from abuse and neglect.
- Control by the individual over day-to-day life (including over care and support).
- Participation in work, education, training or recreation.
- Social and economic wellbeing.
- Domestic, family and personal relationships.

- Suitability of living accommodation.
- The individual's contribution to society.

Promoting "wellbeing" means actively seeking improvements, at every stage in relation to the adult with care and support needs (regardless of whether they have eligible needs or not) and carers. It is a shift from providing services to the concept of "meeting needs".

Promoting "wellbeing" should inform the planning of individual care packages, delivery of universal services and strategic planning. To promote "wellbeing" it should be assumed that individuals are best placed to judge their own wellbeing, their individual views, beliefs, feelings, wishes are paramount and individuals should be empowered to participate as fully as possible.

◆ **What are the Types of Abuse or Neglect?**

- The term "abuse" has a broad definition in adult safeguarding. It may be physical, verbal or psychological, it may be an act of neglect, or occur where a person is persuaded to enter into some form of transaction to which they have not, or simply cannot consent to.



Patterns of abuse vary and they can be long-term, serial or opportunistic. Serial abuse is where the perpetrator actively seeks out and then 'grooms' the adult at risk. Sexual abuse sometimes falls into this pattern, as do some forms of financial abuse.

Long-term abuse for example, can be in the context of an ongoing family relationship such as spouses or family members that become carers. It can be over generations or persistent abuse.

Opportunistic abuse is fairly self-explanatory, this can for example, be where theft occurs because money or jewellery has been seen in the adult house, room or indeed handbag and then stolen by the perpetrator.

- Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act identifies the following types of abuse or neglect:

- Psychological
- Physical
- Sexual
- Financial or material
- Neglect or Acts of Omission
- Discriminatory
- Organisational
- Modern slavery
- Domestic abuse
- Self-Neglect



When we consider 'neglect' we often think of it as lack of care or duty by another person towards the adult with care and support needs. That is quite right but, it is very important to also recognise self-neglect.

- The definition of self-neglect is the inability (intentional or unintentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and potentially to their community.

It is most important to recognise that self-neglect is not merely 'a life style choice' and therefore requires no action. Often self-neglect has many underlying factors, indeed other abuse can be occurring, such as financial abuse. The referral process is still to be adhered to. Similarly, it is irrelevant that an Individual owns their own property. It may make it more difficult for multi-agencies to engage and assist, but recording on Athena and referrals will be made regardless of that fact.

Definitions of the different types of abuse and possible indicators can be found in [Appendix 1](#)

- Similarly, it is important to recognise 'cuckooing'. **[So what is 'cuckooing'?](#)**

Criminal gangs are targeting the homes of vulnerable people and adults with care and support needs, to be used for drug dealing – a process known as 'cuckooing' (after the bird that invades other birds' nests) and the victims are often left with no choice but to cooperate.

Drug dealers may approach the person offering free drugs to use their home for dealing or in some instances after providing 'free' drugs, will then force the person to deal for them in order to 're-pay' their drug debts. However, with adults with care and support needs, they tend to either intimidate and bully their way into the persons home, or initially manipulate them into believing that they can be 'friends' – once inside the home, the pretence of friendship soon disappears.

'Cuckooing' means the criminals can operate from a property rather than the street, which is out of sight from the police making it an attractive option. They can then use the premises to deal drugs from, which is difficult for the police to monitor and they often will only stay for a short period of time.

'Cuckooing' can be linked to a specific method of drug supply commonly referred to as county lines. County lines relates to the supply of class A drugs (primarily crack cocaine and heroin) from an urban hub into rural towns or county locations. This is facilitated by a group who may not necessarily be affiliated as a gang, but who have developed networks across geographical boundaries to access and exploit existing drugs markets in these areas.

For further information on cuckooing and county lines - [National Crime Agency County Lines, Violence, Exploitation & Drug Supply 2017](#)

- Sometimes an adult may experience more than one type of abuse. The impact of abusive behaviour may also be greater when there is a disproportionate balance of power involved, for example, when an adult is reliant upon another person for providing their care.

- **Who might be the abuser or 'person posing the risk'?**

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the adult with care and support needs. A wide range of people may cause harm. These include:

- A spouse/partner
- An adult with care and support needs
- Other family members
- Neighbours
- Friends
- Local residents
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals
- Volunteers and strangers

- ◆ **What does Mental Capacity mean?**

Capacity describes a person's ability to make a specific decision at a specific time. Capacity can fluctuate.

- The Mental Capacity Act 2005 (MCA), provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

The MCA states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests.

When an individual has a condition that causes an impairment or disturbance of the brain, such as Dementia or a Learning Disability, it should not automatically be presumed that they lack capacity.

The MCA provides a Code of Practice which provides guidance and information about how the act should

be interpreted. Police have a legal duty to have regard to the code when working with adults who may lack capacity.



- **There are five key principles to the MCA:**

- An adult has the right to make his or her 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 him or her to do so have been taken without success.
- An adult must not be treated as being unable to make a decision merely because he or she makes 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.



- The MCA provides a two stage test of capacity. It is decision and time specific. For example, a person may have the capacity to look after their own personal care, but lack capacity in respect of their finances. It is also important to remember that capacity can fluctuate on a daily basis.
- **Stage One** asks, does the person have an impairment of, or a disturbance in, the functioning of their mind or brain? If the person does not have an impairment or disturbance of the mind or brain they cannot lack capacity under the act. The impairment or disturbance does not have to be permanent.
- **Stage Two** asks, does the impairment or disturbance mean that the person is unable to make a specific decision when they need to? This stage can only be applied if all practical and appropriate support to help the person make the decision has failed.

Police officers cannot make a formal assessment of capacity, but as professionals they can form an immediate opinion around capacity involving adults at risk with care and support needs. They can then escalate their concerns to the Local Authority who will assist in arranging/coordinating a capacity assessment.

It is important to recognise that in some circumstances, the ambulance service may already be in attendance, and paramedics can undertake the initial capacity screening tests.

- The presumption in the Mental Capacity Act 2005 is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in adult safeguarding. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability:

- To understand the implications of their situation and to take action themselves to prevent abuse.
- To participate to the fullest extent possible in decision-making about interventions.
- **Independent Mental Capacity Advocates (IMCA)** support individuals who lack capacity to make sure their views are heard for specific decisions.
- Capacity is very 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, for example, can they agree to participate in an Achieving Best Evidence (ABE) interview.
- Police officers may need to make immediate decisions that relate to containing, controlling and potentially restraining an individual who lacks the capacity to make the decision in question for themselves, while awaiting further input or direction from a health or social care professional.

The MCA protects decision makers where they take reasonable steps to assess someone's capacity and then act in the reasonable belief that the person lacks capacity, and that such action is in their best interests.

For further information - [Mental Capacity Act 2005](#)



◆ Is the Adult Aware and Involved?

- It is always important in adult safeguarding and with 'making safeguarding personal' to the fore, to consider whether the adult with care and support needs is capable of giving informed consent, in essence, are they aware and involved in the decisions and process.

If they are able to make that informed decision, with or without the support of a person acting in their best interests, then they should be asked and their consent sought. **HOWEVER**, there will be occasions when an adult at risk may refuse to agree to intervention and help from services, **BUT - if the risk to themselves or others is so significant, then positive action or referral can still be taken.**

For example: if there is an aspect of public interest and not acting will put other adults with care and support needs at risk or indeed children at risk. Similarly, there is a duty of care on a particular agency to intervene such as the police if a crime has been or may be committed, or that person clearly needs social services involvement to improve their quality of life and general wellbeing.

- Also of consideration is the potential of 'undue influence'. If the adult with care and support needs is suspected of being abused or neglected and is thought to be refusing intervention on grounds of duress, then again action can be taken.

The notion of consent/involved in the safeguarding process, links into:

- **General Data Protection Regulation (GDPR) May, 2018**
- Also of consideration is the potential of The General Data Protection Regulation (GDPR) does not prevent, or limit, the sharing of information for the purposes of keeping adults with care and support needs safe. They actually serve to ensure that the right personal information is shared appropriately within the right agencies.

- Information can be shared without consent to keep an adult with care and support needs safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional wellbeing. **However**, in line with 'making safeguarding personal' within the Care Act, if the adult with care and support needs has the capacity to be involved and understand the process, then their consent should be sought initially.
- Ensure that the information being shared is necessary and proportionate for its purpose, and that it is shared only with those individuals and agencies with whom it has relevance for. The information should be accurate, up to date, shared in an expedient, secure manner.

For further information - [Guide to the General Data Protection Regulation \(GDPR\)](#)



◆ What are Deprivation of Liberty Safeguards/Liberty Protection Safeguards?

- The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005, and they provide procedures to authorise the deprivation of liberty of a person in a hospital or a care home who lacks capacity to consent to be there.
- The safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. DoLS are designed to protect adults 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.

- DoLS apply to people who have a mental disorder and who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to receive care or treatment. Care homes and hospitals must make requests to their local authority supervisory body for authorisation to deprive someone of their liberty if they believe it is in their best interests. All decisions on care and treatment must comply with the MCA and the DoLS codes of practice.

DoLS will be changing in the near future to Liberty Protection Safeguards. This document will then be amended accordingly once the legislation is formally amended.

For further information - [Mental Capacity Act 2005](#)

◆ **Person in a Position of Trust - what does this mean?**

- For the purposes of this procedural guidance, a person in a position of trust (PiPoT) is someone who works with or cares for adults with care and support needs, in a paid or voluntary capacity.
- Allegations made against a person working with adults with care and support needs can be any of the following:
 - Behaved in a way that has harmed or may have harmed an adult with care and support needs.
 - Possibly committed a criminal offence against or related to an adult with care and support needs.
 - Behaved towards an adult with care and support needs in a way that indicates she or he is unsuitable to work with such adults.
 - Behaved in a way that has harmed children or may have harmed children which means their ability to provide a service to adults with care and support needs should be reviewed.

- The scope of PiPoT procedures applies to all cases where concern, suspicion or allegation arises in connection with:

- The PiPoT's own work/voluntary activity. For example, a woman is employed in a day centre for people with learning disabilities but her own children are subject to child protection procedures as a result of emotional abuse and neglect.
- The PiPoT's life outside work concerning adults with care and support needs in the family or the social circle. For example, where a son is accused of abusing his older mother and works as a domiciliary care worker with adults with care and support needs. Or where a woman is convicted of grievous bodily harm and also works in a residential home for people with learning disabilities.
- PiPoT's concerns may be current or historical.

For further information - [Care Act 2014](#)

◆ **What is a Sec 42 Local Authority Enquiry under The Care Act?**

- Local Authorities receive safeguarding concerns from many sources and not just the police. They can be received from members of the public, care homes, hospitals, other agencies and the Local Authority has to make their own enquires into these concerns. An enquiry is any action that is taken (or instigated) by a Local Authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.

- The Care Act requires Local Authorities to make proportionate enquiries (or to make sure that, as the lead agency, enquiries are carried out by the relevant organisation) where there is a concern about the possible abuse or neglect of an adult at risk. This may or may not be preceded by an informal information-gathering process, if that is necessary to find out whether abuse has occurred or is occurring and therefore, whether the Section 42 duty applies.
- A Section 42 enquiry must take place if there is reason to believe that abuse or neglect is taking place or is at risk of taking place, and the Local Authority believes that an enquiry is needed to help it to decide what action to take to support and protect the person in question. The particular circumstances of each individual case will determine the scope of each enquiry, as well as who leads it and the form it takes.
- The Local Authority may decide that another organisation should carry out the enquiry, but the Local Authority will retain overall accountability. The Local Authority must satisfy itself that the organisation will meet agreed timescales and follow-up actions.
- Discussions or 'professionals meetings' will be attended by the Local Authority and relevant organisations or agencies. At these meetings, decisions over what an enquiry should involve will be discussed. These discussions and meetings will also provide an opportunity for feedback and update. The adult concerned should be made aware of these discussions or meetings through the Local Authority, and records of actions or notes can be made available to them if requested. If the safeguarding concerns are resolved through actions agreed with the adult through the initial enquiry response, the Local Authority can conclude the Section 42 enquiry.
- **The police become involved** in a section 42 enquiry, if there is a reasonable suspicion that a crime may have been committed and the

harm caused to the adult concerned was deliberate, malicious or reckless. The Local Authority will refer the concern to the police in those instances and the Local Authority and the police will hold a 'strategy discussion', initially over the telephone. That strategy telephone discussion should be within the HAU's as the HAU's are best placed to assess, record and then most importantly, direct the concern to the appropriate policing unit i.e.: CID or local policing. A criminal investigation will take primacy over Section 42 enquiry if a crime is established.

For further information - [Section 42 enquiries under The Care Act 2014](#)

◆ **Best Evidence Considerations for Victims and Witnesses who are Adults with Care and Support Needs**

- The College of Policing have produced national guidance for the police in relation to generic crime investigation and evidence gathering, and this National Investigation Model should be referred to as standard practice. [National Investigation Model - Approved Professional Practice \(College of Policing\)](#)
- West Mercia police have also embraced the THRIVE methodology:

Threat
Harm
Risk
Insight
Vulnerability
Engagement



This is a systematic approach to assessing and considering initially the threat, harm and risk of the victim's situation, and then the other factors of their vulnerability, and also the best way to engage with that person so that their personal outcomes may be achieved.

- The following points are in addition to those models and are considerations when achieving best evidence involving adults with care and support needs.
 - The priorities of the initial responder to an adult with care and support needs, are obviously to safeguard the victim and then establish 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 (if achievable) an initial account and their wishes, so as not to compromise a possible future interview in accordance with Achieving Best Evidence (ABE).
 - A victim or indeed witness who is an adult with care and support needs, may communicate in other ways rather than speaking. Someone who cannot speak must have the same opportunity to provide an account about what has happened as any other victim or witness. With that in mind, consider the use of Body Worn Video (BWV) to record the initial communication, and immediately establish who maybe the best person to aid further communication.
 - If there is no appropriate person known to the adult themselves, then the use of a **Registered Intermediary** should be considered. These experts facilitate communication and can be involved throughout the entire process, from pre ABE through to court. A registered intermediary can be secured by contacting the Specialist Operations Centre of the national Crime Agency on 0845 0005463.
 - The Care Act extends the range of situations and people who are eligible for **independent advocacy**. Local Authorities must arrange an independent advocate for any person, who would experience substantial difficulty in being involved in their care and support assessment, care planning or review or safeguarding enquiry/review, and there is no appropriate person (no family member, or friend) to support their involvement and represent them.
 - Sometimes people with a disability, a seriously debilitating illness or at the end of life may suddenly become too unwell to provide information. Consider the use of recording an ABE in situ if the person is too ill or frail to be moved to a witness suite.
 - Physical evidence, including photos of injuries, is particularly important in cases where victims and witnesses are unable to provide comprehensive accounts of what happened.
 - In cases of neglect in any health and care setting, it is most important to gain access to the care records of that person in their entirety as soon as is practicable. Understanding these records may require the help of other agencies – see other organisations and agencies further on.
- ◆ **The Victims' Code**
- Officers should not make early judgements on whether the victim or witness who has care and support needs, 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.
 - The Victims' Code is a statutory document which sets out the services and information victims of crime are entitled to from criminal justice agencies – like the police and courts – from the moment they report a crime to the end of the trial. The Code states that extra support should be given to three priority categories of victims:
 - Victims of the most serious crime
 - Persistently targeted
 - Vulnerable or intimidated victims



Victims, including adults with care and support needs, are entitled to choose to make a Victim Personal Statement (VPS) and to read it, or have it read out, in court if the offender is found guilty. The VPS lets victims explain how the crime has affected them physically, emotionally or in any other way. The judge can then take this in to account when deciding on the sentence.

The code provides minimum standards of service for all victims of crime but also outlines an enhanced service that offers greater support and services through the criminal justice process. Adults with care and support needs often receive this enhanced service.

For further information - [Code of Practice for Victims of Crime \(2015\)](#)

◆ Suspect Considerations

- Adult abuse can be perpetrated by anyone and on occasion, may not even be intentional. Perpetrators can include family members as well as health and social care providers. In some situations, the person responsible for the abuse may also be an adult with care and support needs themselves. It is important that the needs of both adults are addressed and that the most appropriate way to deal with the 'vulnerable' suspect is considered on a case by case basis.
- In cases involving concerns and allegations against professionals, there are additional considerations especially if the suspect has access to other adults with care and support needs. The criminal investigation may be running alongside an internal disciplinary process where the suspect is suspended and prevented from attending work due to the enquiry. This can put additional strains on employers who have to pay the suspect and cover their absence from work, so any unnecessary delays in completing enquiries must be avoided.

Delaying arrest and interview of a 'professional' suspect can lead to problems with disciplinary interviews taking place before any PACE Act interview. This may give the suspect time to manufacture an account or present the disciplinary interview as their only answer to questions put to them by police.

Abuse within a paid care setting may involve several members of staff who may be under pressure from colleagues to provide limited or untrue accounts. In cases with multiple suspects, or where witness testimony will be required against work colleagues, it is vital to obtain all witness and suspect accounts as soon as possible to avoid contamination or witness interference.



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◆ Other Organisations and Agencies involved in Adult Safeguarding

- Local Authority Safeguarding Adults Policies and Procedures gives guidance for statutory and non-statutory agencies to work together to prevent and detect the abuse of adults at risk who have care and support needs.
- Various health services are provided by NHS England, this includes hospitals, doctors' surgeries and mental health services.

For further information - [NHS England](#)

- **The Clinical Commissioning Groups (CCG)** are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. They are statutory members of Adult Safeguarding Boards.

CCG's commission a range of health and care services including:

- Planned hospital care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services

CCG's work with patients and health and social care partners (e.g. local hospitals, local authorities, local community groups etc.) to ensure services meet local needs.

CCG's provide strategic leadership, ensuring the wider NHS network has established systems and processes to safeguard adults effectively. This includes promoting adult safeguarding as a core element of local clinical governance arrangements, establishing local standards, monitoring the effectiveness of local systems, promoting and embedding joint working, delivering key messages and supporting the NHS network to promote and deliver effective safeguarding systems, practices and resources.

For further information - [Clinical Commissioning Groups \(CCG\) - NHS clinical commissioners](#)

- **The Care Quality Commission (CQC)**

The CQC is the independent regulator of all health and adult social care in England, including those provided by the NHS, local authorities, private companies and voluntary organisations. Specifically, this includes:

- Medical and clinical treatment given to people of all ages, including treatment given in hospitals, ambulance services, mental health services and GP practices

- Care provided in residential and nursing homes
- Care provided in the community or in peoples own homes
- Services for people whose rights are restricted under the Mental Health Act
- Care provided either by the NHS or by independent organisations.

All health and adult social care providers are required by law to be registered with CQC and must show that they are meeting the regulators fundamental standards.

Registration is combined with continuous monitoring of the fundamental standards as part of a system of regulation.

For further information - [The Care Quality Commission \(CQC\)](#)

- **The Disclosure and Barring Service (DBS)** facilitate checks for employers to allow them to make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups including adults with care and support needs. When someone is convicted or disciplined for abuse of an adult with care and support needs, their details should be referred to the DBS by their employer and the Local Authority, so that they can be barred from working with those vulnerable people in the future.

For further information - [The Disclosure and Barring Service \(DBS\)](#)

After a safeguarding case has been concluded, there can be certain circumstances when a review of that case is required, and officers may be involved in that Safeguarding Adult Review. So what is this review?



◆ Safeguarding Adults Reviews (SAR) what are they?

- A Safeguarding Adult Review (SAR) is a multi-agency learning process that considers:
 - Why and how serious abuse or neglect happened to an adult and what could have been done to prevent it happening.
 - Could partners have worked together differently to protect the adult and prevent the abuse that lead to the death or serious harm of an adult with care and support needs.
- The criteria for Safeguarding Adults Boards to instigate a SAR is:
 - If an adult dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
 - If an adult in its area has not died, but the Safeguarding Adults Board knows or suspects that the adult has experienced serious abuse or neglect and the individual would have been likely to have died but for an intervention.
 - If an individual has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

- The review aims to identify and share lessons learnt to prevent similar abuse or neglect happening again. It is not the reviews purpose to redo the investigation or apportion blame to any organisation or partners.

The aims of a Safeguarding Adults Review include:

- Establish if there are lessons that can be learned about how professionals and organisations work together to protect adults.
- Giving adults and/or their advocates a voice about how professionals and services can better protect vulnerable adults in the future.
- Review how effective safeguarding procedures are.
- Act on learning to improve local multi-agency practice.
- Highlight good practice that can be shared with others

For further information - [Care Act 2014](#)

West Mercia Police

Ensuring the safety and wellbeing of adults with care and support needs

Adult Safeguarding Toolkit for Staff and Officers

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1 Introduction

This guidance will provide operational advice to all staff to ensure that investigation into abuse of an adult at risk is not perceived as something different to the investigation of other forms of serious crime. The working practices are structured to follow the pattern of responding to and investigating adult abuse. Officers and staff should ensure that their actions and decision making (including cases where actions are considered unnecessary or disproportionate) are recorded in detail.

- This procedure will:
- Help to effectively record, investigate and protect adults from abuse.
- Help to increase public confidence in West Police for protecting the most vulnerable in our society, by having a singular procedural guidance document.
- Encourage reporting, by dealing empathetically and diligently with criminal investigations into offences against adults who have care and support needs.
- Increase general awareness ensuring adults with care and support needs, get the help and assistance they need to keep them safe from abuse.
- There are links throughout this guidance, and at the end of the document to all the relevant information and legislation referred to.
- There is a crucial concept that is overarching within Adult Safeguarding and that it is **Making Safeguarding Personal**. The first priority should always be to ensure the safety and wellbeing of the adult with care and support needs and, when the adult has capacity to make their own decisions, to aim for any action to be in line with their wishes as far as appropriate. The adult should be supported to recognise risks and to manage them. The safeguarding process should be experienced as empowering and supportive.

This concept is holistically termed within the Care Act 2014 as 'Making Safeguarding Personal' – **MSP**.

Linked in with MSP is The 'Wellbeing' principle. This was introduced by the Care Act and it's about the duty to promote wellbeing when carrying out any care and support, or indeed safeguarding actions in respect of an adult with care and support needs.

In reality the police will have attended an address, carried out the initial information gathering and have formulated a plan involving the adult with care and support needs, as far as is practicable. Generation of a crime or non-crime on Athena is the initial step.

2 Generation of a Crime or Non-Crime on Athena

- There are links throughout this guidance, On Athena the generation of a crime or non-crime is termed an 'event creation'. There is extensive guidance on the generation of 'events' on the intranet (please see relevant link at the end of this guidance) However, from the adult safeguarding perspective, the key points to remember are:
- Make sure that the mandatory information of crime or non-crime is on the classifications tab when you create the event, i.e.: adult protection incident or substantive crime.
- If it is a crime, then that is always the primary classification, and because that crime involved an adult with care and support needs, then remember to add the included classification of an adult protection incident.



- If there is the remotest chance that a crime may have occurred, then generate a crime event as primacy and then add the included classification of a non-crime adult protection Incident. This will then allow for the case to be built should the investigation prove the criminal case.
- If a crime or non-crime, also populate the classification category. Here the type of abuse can be entered.
- The personal information or POLE data can then be generated. To note: if it's a crime then the adult with care and support needs can be shown as a victim etc., if a non-crime then the adult is shown as the 'involved party'.
- As the POLE data is generated, a series of tabs will be present and one of those will be the PVP adult protection tab. This tab asks for specific information in relation to adult protection investigations.
- Similarly, a further tab is the event summary. This is an important tab as it allows for the recording of all activities and outcomes within the investigation. Activities such as 'professionals meetings', these meetings are where all agencies will attend if required to do so by the Local Authority, and a plan of engagement and actions for agencies around the adult at risk with care and support needs will be implemented and adhered to.
- It is important to inform partner agencies of investigation outcomes and updates. This then ensures that safeguarding and care plans can be amended if necessary.
- Consideration of the offences is most important, particularly when considering neglect. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act identifies the following types of abuse or neglect:



- Psychological
- Physical
- Sexual
- Financial or material
- Neglect or Acts of Omission
- Discriminatory
- Organisational
- Modern slavery
- Domestic abuse
- Self-Neglect

Definitions of these different types of abuse and possible indicators can be found in [Appendix 1](#)

It is important however, to mention specifically -

- **Criminal Offences to Consider with Neglect Investigations**

Highlighting neglect offences is important as they can be overlooked for more familiar offences.

Section 44 Mental Capacity Act 2005 states that -

A person commits an offence if he/she ill-treats or willfully neglects a person who lacks mental capacity or whom he/she believes lacks mental capacity and that person has the care of the other person or is the donee of a lasting power of attorney, or an enduring power of attorney created by the person who lacks capacity, or is a deputy appointed by the court for the person who lacks capacity.

The offence is triable either way and carries a maximum penalty on indictment of 5 years imprisonment and/or a fine.

For further information - [Mental Capacity Act 2005 Section 44](#)

- **The Criminal Justice and Courts Act 2015, Sections 20 and 21** - These sections create two new criminal offences of ill treatment or wilful neglect which apply both to individual care workers and care provider organisations and unlike Sec 44 above – capacity is irrelevant.

Previously, prosecutions for ill treatment or wilful neglect could only be undertaken where the victim lacked capacity or was receiving treatment for a mental disorder. A new offence arises (Section 20) if a care worker ill-treats or wilfully neglects any other individual of whom he has the care by virtue of being paid to provide social care or health care for that person (whether a child or adult). It should be noted that any neglect should be “wilful” and that ill treatment requires a deliberate act or action that is reckless.

The offence carries a maximum penalty of imprisonment of up to five years and/or an unlimited fine.

The Act also provides a new provider offence (Section 21). A care provider can be prosecuted if:

- Someone who is part of its arrangements to provide care ill-treats or wilfully neglects an individual in their care; and
- The way in which the care provider manages or organises its activity constitutes a gross breach of its duty of care to that individual; and
- If that duty of care had not occurred the ill treatment or wilful neglect would also not have occurred or will have been less likely to occur.

The new provider offence is punishable with a fine but in addition the court may make a remedial order or a publicity order, or both, in relation to the care provider.

For further information – [The Criminal Justice and Courts Act 2015 \(Section 20 Ill-treatment or wilful neglect by care worker\)](#)

[The Criminal Justice and Courts Act 2015 \(Section 21 Ill-treatment or wilful neglect by care provider\)](#)

To note: Early discussions with CPS around consideration of appropriate charges is recommended. The next part of the process to complete is:

3 The Adult with Care and Support Needs Risk Assessment on Athena

- The adult risk assessment is a requirement and a prerequisite for completion of any safeguarding referrals that need to be made.
- The risk assessment can be found in supplementary data area to the right of the screen. It will ask initially ‘have you considered risk?’ click yes and it will lead to a further screen where details of whom is undertaking the risk assessment, rationale for their classification etc. Also at that point, to assist in the classification of risk will be the following risk tool:

● Adult Risk Assessment Tool

High	<p>Abuse has taken place, or is immediately imminent</p> <p>This is likely to meet a S42 Care Act standard made by Local Authority Social Care. A safeguarding concern referral is required.</p>
Medium	<p>Adults with Care and Support needs</p> <p>An assessment of needs referral is required, so that the Local Authority can assess whether care and support of the person is appropriate, or other locally available support service is relevant.</p>
Standard	<p>No ongoing support needs identified</p> <p>There is no continuing cause for concern. The actions taken at the point of reporting have effectively resolved the situation for the person and there is no identified need for further provision of services.</p>

- When completing the risk assessment, there is a 'free text' area. This is important as officers and staff should be commenting on certain areas if appropriate and the following list is an aid but not exhaustive or definitive. The more information given, the better the 'picture' will be when the referral is generated and HAU's will be better placed to make either a safeguarding concern or an assessment of needs referral.

- The adult's accommodation type, condition, general circumstances and 'vulnerability'.
- Any existing care arrangements or networks of support and contact details if known.
- Details of the risk to the adult.
- Details of current and any previous police involvement.
- The relationship with the abuser.
- The adult's views of what they would like to happen and whether they are aware and involved in the referral process.
- Details about the adult's care provider and any previous or associated incidents which may indicate institutional abuse.
- The risk assessment once completed must be saved to the record. Once the Athena record is processed by the Incident Management Unit (IMU) the risk assessment will be linked to that number and person it relates to.
- Risk can dynamically change during an investigation or safeguarding process. If it needs updating this can be done by accessing the risk area once more in supplementary data.
In the risk assessment area, create a new risk assessment or a review risk assessment (HAU only for the review risk assessment). The new assessment will once again go through a series of questions, and allow for the rationale as to why the risk level has changed. Once saved, it will update on Athena the level of risk associated with that crime/event or adult protection incident.

The next step is the referral process:

4 The Referral Process, an Assessment of Needs and a Safeguarding Concern – what is the difference?

- An **assessment of needs** is a duty undertaken by Local Authorities in relation to assessing people's needs and their eligibility for publicly funded care and support.

Under the Care Act 2014, Local Authorities must:

- Carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care.
- Focus the assessment on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve.
- Involve the person in the assessment and, where appropriate, their carer or someone else they nominate.
- Provide access to an independent advocate to support the person's involvement in the assessment if required.
- Consider other things besides care services that can contribute to the desired outcomes (e.g. preventive services, community support).
- Use the new national minimum threshold to judge eligibility for publicly funded care and support.
- A safeguarding concern is when any person has a reasonable cause to think that an adult with care and support needs, who is unable to protect themselves because of those needs, is experiencing, or is at risk of, abuse or neglect. A concern can be identified and reported by anyone, including the adult, a carer, family, friends, professionals or other members of the public. Any individual or agency can respond to an adult safeguarding concern raised about an adult. This can include reporting the concern and seeking support to protect individuals from any immediate risk of harm. The next step is the process of generating and forwarding these referrals:

5 How to generate a referral through Athena

- **HAU's will generate referrals** from the completed risk assessments and POLE data on Athena. However, it is important officers are aware of the process for out of HAU hours.
- At this current time there is one adult safeguarding referral form on Athena, **so it is important to clearly state in the narrative on the risk assessment whether it is for an 'assessment of needs' referral, or a 'safeguarding concern'**.

The referral form can be found in the 'add document' tab, again in the supplementary data area to the right of the screen. The referral form will automatically draw details from the completed and current risk assessment, and details from the investigation – that is why it is so important to get the POLE data and risk assessment as correct and as detailed as possible.

- Once saved, the referral can be exported into 'outlook' and can be sent onto the appropriate Local Authority Adult Safeguarding referral unit e-mail address. There are a large selection of Local Authority e-mail addresses already within Athena. These can be accessed at the point of generating the referral as there are a number of tabs just above referral document. One tab will say 'what do you want to do?' When clicked, this will offer options, one of those options will be 'e-mail'. Having clicked on that, there may well be the relevant Local Authority e-mail address.

To note: If it is an urgent immediate safeguarding concern then it would be a discussion with EDT as is standard practice, and that discussion should then be recorded on the 'events summary' tab found within the POLE data on that person on Athena.

- Once the referral has been sent, then return to the record on Athena, go to event details and there is a referral tab in the main body of the

event and the referral tab needs to be endorsed. It will ask for who has the referral been sent to, the time, date etc. In essence, this can be seen an audit tool however, it will not show the actual time and date sent on the system, so best practice dictates for complete accountability and audit purposes, the endorsed referral form can be shared from Athena. It can be opened and viewed and 'shared', it can be sent to an officers 'outlook' account, that way it is dated and timed, and can be saved accordingly.

- As noted in the risk assessment information, risk can change dynamically and consequently further referrals will be required. When this new referral form is self-populated, it will also be the new risk assessment that is used to undertake this process. However, previous risk assessments can be resent with the new one, especially if it helps give a holistic overview to the change in risk.

Remember, throughout the whole adult safeguarding process and the use of Athena, it is vital to record and note everything in the enquiry log tab. Meetings and then their outcomes, referrals, risk assessments, and relevant exchanges with other agencies. Consider the enquiry log tab as a timed, diary of events in the adult safeguarding procedure. Similarly, it is vital to complete referrals on every occasion and just because another agency may be present, don't assume that they will refer. If we build up a picture on our own IT systems, we can see if for example – 6 police referrals have been made in the last few months on an individual, HAU can then use that information and consider escalating the risk/action to the Local Authority.

To note: Duty to refer homeless individuals

Under the new Homeless Reduction Act 2017, which came into force on 1 April 2018, specified public bodies in England now have a duty to refer a homeless individual's case (with consent) to a housing authority. The police does NOT have a specific duty to refer however, effective prevention and relief of homelessness requires public bodies to work together to help address the multiple factors that cause an individual's homelessness. So, if officers and police staff feel that a referral is required due to the seriousness of an individual's situation, the following procedure should be followed:

- Officers should create an 'adult protection incident' Athena record and make a referral to Harm Assessment Unit (HAU) in the usual manner.
- In addition to the usual required information fields, officers should note that the individual's agreement to refer them is required and should be recorded, and it should be clear which local authority the individual wishes to be notified. Please also record how best the local authority can contact the individual.

HAU will then notify the appropriate local authority.

For further information on Athena adult protection process - Adult Protection Step-by-step Guidance on Athena, which can be found on our secure police intranet systems.

So the referrals have been generated and sent to the Local Authority, what should they do?

6 Local Authority Response to Referrals

- Firstly, officers and staff must ensure that the relevant Local Authority is made aware of any safeguarding concerns or assessment of needs requests as soon as possible, and any subsequent police investigation should form part of a multi-agency response.
- Once a referral has been received by the Local Authority, they will gather information in order to evaluate any immediate risk to the adult and make a decision as to whether a care assessment needs or an enquiry under section 42 of the Care Act is required.

For further information on what is a Section 42 Local Enquiry under the Care Act, see [Adult Safeguarding Procedure](#).

- **The police become involved** in a section 42 enquiry, if there is a reasonable suspicion that a crime may have been committed and the harm caused to the adult concerned was deliberate, malicious or reckless. The Local Authority will refer the concern to the police in those instances and the Local Authority and the police will hold a 'strategy discussion', initially over the telephone. That strategy telephone discussion should be within the HAU's as the HAU's are best placed to assess, record and then most importantly, direct the concern to the appropriate policing unit i.e.: CID or local policing. A criminal investigation will take primacy over Section 42 enquiry if a crime is established.



There are further considerations with an adult safeguarding investigation and these are:

7 Best Evidence for Victims and Witnesses who are Adults with Care and Support Needs

- West Mercia police have also embraced the THRIVE methodology: **T**hreat **H**arm **R**isk **I**ntermediary **V**ulnerability **E**ngagement

This is a systematic approach to assessing and considering initially the threat, harm and risk of the victim's situation, and then the other factors of their vulnerability, and also the best way to engage with that person so that their personal outcomes may be achieved.

- The following points are in addition to those models and are considerations when achieving best evidence involving adults with care and support needs.
- The priorities of the initial responder to an adult with care and support needs, are obviously to safeguard the victim and then establish 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 (if achievable) an initial account and their wishes, so as not to compromise a possible future interview in accordance with Achieving Best Evidence (ABE).
- A victim or indeed witness who is an adult with care and support needs, may communicate in other ways rather than speaking. Someone who cannot speak must have the same opportunity to provide an account about what has happened as any other victim or witness. With that in mind, consider the use of Body Worn Video (BWV) to record the initial communication, and immediately establish who maybe the best person to aid further communication.
- If there is no appropriate person known to the adult themselves, then the use of a **Registered Intermediary** should be considered. These experts facilitate communication and can be involved throughout the entire process, from pre ABE through to court. A registered intermediary can be secured by contacting the Specialist Operations Centre of the national Crime Agency on 0845 0005463.
- The Care Act extends the range of situations and people who are eligible for **independent advocacy**. Local Authorities must arrange an independent advocate for any person, who would experience substantial difficulty in being involved in their care and support assessment, care planning or review or **safeguarding enquiry**/review, and there is no appropriate person (no family member, or friend) to support their involvement and represent them.
- Sometimes people with a disability, a seriously debilitating illness or at the end of life may suddenly become too unwell to provide information. Consider the use of recording an ABE in situ if the person is too ill or frail to be moved to a witness suite.
- Physical evidence, including photos of injuries, is particularly important in cases where victims and witnesses are unable to provide comprehensive accounts of what happened.
- In cases of neglect in any health and care setting, it is most important to gain access to the care records of that person in their entirety as soon as is practicable. Understanding these records may require the help of other agencies – see other organisations and agencies in section 10.



8 The Victims' Code

- Officers should not make early judgements on whether the victim or witness who has care and support needs, 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.
- The Victims' Code is a statutory document which sets out the services and information victims of crime are entitled to from criminal justice agencies – like the police and courts – from the moment they report a crime to the end of the trial.

The Code states that extra support should be given to three priority categories of victims including vulnerable or intimidated victims. Adults with care and support needs often receive an enhanced service.

For further information - [Code of Practice for Victims of Crime \(2015\)](#)

9 Suspect Considerations in Adult Safeguarding

- Adult abuse can be perpetrated by anyone and on occasion, may not even be intentional. Perpetrators can include family members as well as health and social care providers. In some situations, the person responsible for the abuse may also be an adult with care and support needs themselves. It is important that the needs of both adults are addressed and that the most appropriate way to deal with the 'vulnerable' suspect is considered on a case by case basis.
- In cases involving concerns and allegations against professionals, there are additional considerations especially if the suspect has access to other adults with care and support needs. The criminal investigation may be running alongside an internal disciplinary process where the suspect is suspended and prevented from attending work due to the

enquiry. This can put additional strains on employers who have to pay the suspect and cover their absence from work, so any unnecessary delays in completing enquiries must be avoided.

Delaying arrest and interview of a 'professional' suspect can lead to problems with disciplinary interviews taking place before any PACE Act interview. This may give the suspect time to manufacture an account or present the disciplinary interview as their only answer to questions put to them by police.

Abuse within a paid care setting may involve several members of staff who may be under pressure from colleagues to provide limited or untrue accounts. In cases with multiple suspects, or where witness testimony will be required against work colleagues, it is vital to obtain all witness and suspect accounts as soon as possible to avoid contamination or witness interference.

It is also important to consider the role and assistance of other agencies and organisations involved in adult safeguarding during your investigation. Their assistance and direction is often crucial.



10 Other Organisations and Agencies involved in Adult Safeguarding

- Local Authority Safeguarding Adults Policies and Procedures gives guidance for statutory and non-statutory agencies to work together to prevent and detect the abuse of adults at risk who have care and support needs. Please refer to your Local Authority Safeguarding Adults Board website for further details.
- Various health services are provided by **NHS England**, this includes hospitals, doctors' surgeries and mental health services.

For further information - [NHS England](#)

- **The Clinical Commissioning Groups (CCG)** are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. They are statutory members of Adult Safeguarding Boards.

CCG's commission a range of health and care services. CCG's work with patients and health and social care partners (e.g. local hospitals, local authorities, local community groups etc.) to ensure services meet local needs.

CCG's provide strategic leadership, ensuring the wider NHS network has established systems and processes to safeguard adults effectively.

For further information - [Clinical Commissioning Groups \(CCG\) - NHS clinical commissioners](#)

- **The Care Quality Commission (CQC)**
The CQC is the independent regulator of all health and adult social care in England, including those provided by the NHS, local authorities, private companies and voluntary organisations.

All health and adult social care providers are required by law to be registered with CQC and must show that they are meeting the regulators fundamental standards.

Registration is combined with continuous monitoring of the fundamental standards as part of a system of regulation.

For further information - [The Care Quality Commission \(CQC\)](#)

- **The Disclosure and Barring Service (DBS)** facilitate checks for employers to allow them to make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups including adults with care and support needs. When someone is convicted or disciplined for abuse of an adult with care and support needs, their details should be referred to the DBS so that they can be barred from working with those vulnerable people in the future.

For further information - [The Disclosure and Barring Service \(DBS\)](#)

11 Further Considerations for Supervisors

- Supervisors should be referring to the supervisor review document as per this link: [Supervisory Guidance](#) The concept of Making Safeguarding Personal (MSP) should be considered throughout the entire investigation and closure considerations and also supervisors crime management toolkit on the intranet. Most importantly, update fellow safeguarding agencies.



West Mercia Police

Ensuring the safety and wellbeing of adults with care and support needs

This standard operating procedure has focussed upon the key elements of adult safeguarding and from the police practitioner's perspective. For more detailed information, please see the links below.

[Appendix 1](#)

Definitions of the different types of abuse and possible indicators.

National Guidance and Legislation

[National Police Chiefs Council \(NPCC\) Guidance on Safeguarding and Investigation, Abuse of Vulnerable Adults \(2012\)](#)

[Care Act 2014](#)

[Mental Capacity Act 2005](#)

[Mental Capacity Act 2005 Section 44](#)

[The Mental Health Act 1983](#)

[The Criminal Justice and Courts Act 2015 \(Section 20 Ill-treatment or wilful neglect by care worker\)](#)

[The Criminal Justice and Courts Act 2015 \(Section 21 Ill-treatment or wilful neglect by care provider\)](#)

[Health and Social Care Act 2012](#)

[Modern Slavery Act 2015](#)

[Warwickshire Police & West Mercia Police Domestic Abuse Policy](#)

[National Crime Agency County Lines, Violence, Exploitation & Drug Supply 2017](#)

[Guide to the General Data Protection Regulation \(GDPR\)](#)

[The Safeguarding Vulnerable Groups Act 2006](#)

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[The Human Rights Act 1998](#)

[Article 2: The right to life](#)

[Article 3: The right not to be subjected to torture or inhuman treatment](#)

[Article 5: The right to liberty and security of a person](#)

[Article 8: The right to private and family life](#)

[Care and Support Government Statutory Guidance](#)

[Social Care Institute for Excellence \(SCIE\) - Safeguarding Adults at Risk of Harm](#)

[National Investigation Model - Approved Professional Practice \(College of Policing\)](#)

[Code of Practice for Victims of Crime \(2015\)](#)

Useful links

[Making Safeguarding Personal - What might 'good' look like for the police?](#)

[Clinical Commissioning Groups \(CCG\) - NHS clinical commissioners](#)

[The Care Quality Commission \(CQC\)](#)

[The Disclosure and Barring Service \(DBS\)](#)

