ADULT ABUSE INVESTIGATION UNIT (AAIU)

Owning Department: Safeguarding and Investigations

Department SPOC: DCI Investigations

Risk Rating: High

Legal Sign Off: Nicola Thatcher 18/07/2023

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Legal Basis

Legislation specific to the subject of this policy document:

- Sexual Offences Act 1956
- Sexual Offences Act 2003
- Police and Criminal Evidence Act 1984 (PACE)
- Mental Health (Patients in the Community) Act 1995
- Mental Health Act 2007
- Mental Capacity Act 2005
- Theft Act 1968
- Theft Act 1978
- Domestic Violence, Crime and Victims Act 2004
- Criminal Justice and Courts Act 2015
- Care Act 2014
- Deprivation of Liberties Safeguards 2007 (DOLS)

Other relevant legislation which you must check this document against (required by law):

- Human Rights Act 1998 (in particular A.14 – Prohibition of discrimination)
- Equality Act 2010
- Crime and Disorder Act 1998
- Health and Safety at Work etc. Act 1974 and associated Regulations
- General Data Protection Regulation (GDPR) and Data Protection Act 2018

- Freedom Of Information Act 2000
- The Civil Contingencies Act 2004

Other documentation which you must check this document against:

- College of Policing – Code of Ethics
- Norfolk and Suffolk Constabularies' Standards of Professional Behaviour
- College of Policing – Authorised Professional Practice

1. Policy Statement

1.1 All officers and staff of Norfolk Constabulary, in accordance with the Mental Capacity Act 2005 and the Criminal Justice and Courts Act 2015, have a responsibility to actively support the process of safeguarding and protecting vulnerable adults suspected to be at risk of abuse or neglect.

1.2 Norfolk Constabulary is committed to providing a standard and coherent response to all allegations of abuse, ill treatment or neglect in a manner which ensures the best possible protection is afforded to the victims and witnesses. Offences of a serious nature committed against vulnerable adults will be investigated without undue delay and to the same standards as equivalent crimes against any other victims.

1.3 The procedures set out in this document apply to all Police Officers, Police Staff; including those employed by the Police and Crime Commissioner and partner agencies where appropriate, Special Constables and Volunteers.

1.4 Public authorities have an obligation to act in accordance with the Human Rights Act 1998. Staff must be mindful of their responsibilities within the Act and take them into account whilst engaged in Adult Protection activities.

1.5 The policy is intended to promote equality, eliminate unlawful discrimination and actively promote good relations regardless of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, economic or family status.

1.6 This policy has been formally agreed via the approved policy development/review process. It will be maintained by the Safeguarding and Investigations Command in conjunction with the Central Policy Unit.

2. Purpose

2.1 The overall aim of the Policy is to inform operational personnel of their responsibilities in relation to the protection of vulnerable adults from abuse, criminal or otherwise. The safeguarding duties under the Care Act 2014 apply to an adult (who has attained the age of 18):

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

2.2 The policy highlights the role of Adult Abuse Investigators within the Safeguarding and Investigations Command and the responsibilities of operational staff when dealing with incidents involving vulnerable adults. The policy also highlights the responsibility of all staff towards promoting safeguarding and welfare of vulnerable adults. The policy should be used in conjunction with locally developed multi-agency adult protection procedures available via the Adult Abuse Investigation Unit intranet site and within the Multi-Agency Safeguarding Hub (MASH) process.

2.3 All police officers and police staff that come into contact with members of the public need to be aware, particularly given an ageing population, of how to identify those in need of help or support and how to ensure any safeguarding is offered through Adult Protection Investigations (APIs) and referral into the MASH. A vulnerable adult is defined below and contact with such a person is likely to occur in most policing roles. Any referral in the first instance should be to the MASH unless it is clear that there are issues of threat risk and harm that require early intervention or safeguarding with immediacy. If a vulnerable adult is encountered and immediate safeguarding action is required, the MASH should be contacted in the first instance if during office hours, or if out of office hours, the Emergency Duty Team (EDT). Children Services and Adult Social Care will receive referrals via the Norfolk County Council Customer Service Centre (CSC) – 24-hour service by calling 0344 8008020.

2.4 Operational Partnership Teams (OPTs) are ideally placed within their community to share information and through partnership working, be aware of vulnerable adults or potentially vulnerable adults with their local community. Through this local partnership working, Adult Protection Investigation (API) referrals should be made to ensure wider agency involvement within the MASH occurs. Officers encountering vulnerable adults in circumstances where they may be at risk are required to refer to the MASH through use of APIs. These will then trigger the appropriate MASH process and the sharing of information with partner agencies as appropriate.

2.5 The MASH process is to review the referral and, with MASH partners, consider whether a strategy regarding safeguarding or investigation is required. Following the strategy meeting, options will be considered that are appropriate to the situation or circumstances reported. It may be that community-based support or care is appropriate, or if the vulnerable adult is a victim of crime and/or abuse, an investigation is created within Athena and forwarded to the Adult Abuse Investigation Unit (AAIU). It may be that

there is only a single agency involvement is required and no further investigation is required. The matter would be for other disposal and a record made of this.

2.6 The lawful authority to share information with partner agencies, when the necessity exists, is provided by Section 115 of the Crime and Disorder Act 1998. Further guidance around the purpose and justification of information sharing with the Adult Safeguard can be found in the Norfolk Safeguarding Adults Board document 'Information Sharing in Safeguarding Adults'.

2.7 In addition, the MASH will:

- Offer advice, support and assistance to officers dealing with crimes against vulnerable adults.
- Ensure that all relevant referrals to the AAIU are correctly recorded and shared, including third party reports from partner agencies as per the flowchart.
- Liaise and cooperate with other agencies with regards to reports of offences being committed against vulnerable adults.
- Further guidance around the role of the MASH can be found on the intranet page.

2.8 The role of the Adult Abuse Investigation Unit is to investigate:

- The most serious offences committed against adult victims who are the most vulnerable by virtue of their complex needs irrespective of whether they are in receipt of care.
- Allegations of a serious offence between residents in a residential/nursing care home or secure hospital facility. Repeat locations and/or institutional allegations would be considerations during multi-agency strategy meetings.

2.9 The AAIU has a Business Continuity Plan in place to ensure critical functions can be maintained in the event of a business continuity incident.

3. Definitions

Vulnerable Adult

3.1 A person defined as being over 18 years of age who is, or who may be, in need of community care services by reason of mental*, physical or learning disability/impairment, age** or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant **harm or exploitation.**

**Mental illness is as defined by the Mental Health Act.*

***Age alone will not necessarily deem someone to be vulnerable and therefore must be allied with frailties.*

Community Care Services

3.2 Includes all care services, provided in any setting or context, (e.g. services provided by a Community Psychiatric Nurse, Social Worker, Community Nurse and Home Care).

Harm

3.3 To include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical) but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.

4. Underpinning Procedures

4.1 Police Officers, Police Staff and volunteers routinely come into contact with vulnerable adults during the course of their day to day duties. Officers in specialist investigation roles who are regularly dealing with members of the public are likely to encounter vulnerable adults. It could also be when members of the public attend Public Enquiry Offices (PEOs) that the first contact is established and staff need to be aware of what may be a limited opportunity to engage with and correctly refer vulnerable adults in need of care or who are at risk of harm. Awareness of the signs that an adult may be subject of abuse (including financial mismanagement), ill treatment or neglect and in need of additional support is essential and to know what actions to take.

4.2 All officers and staff have a general responsibility within the multi-agency setting to ensure the best interests and welfare of the vulnerable adults are maintained at all times. Adult Safeguarding investigations are investigated by numerous Departments across the Force area including County Policing Command, Criminal Investigations Department (CID), Custody Investigation Units (CIUs) and Safeguarding and Investigations. Norfolk MASH provides a multi-agency specialist safeguarding service to protect vulnerable adults.

4.3 The central theme throughout this policy places a personal responsibility on officers and staff to take the most appropriate and immediate action to safeguard vulnerable adults. This is not a deferrable responsibility and cannot be abdicated through the subsequent submission of intelligence reports and Athena Adult Protection Investigations (APIs). Safeguarding vulnerable adults must be the primary concern in any interaction with Norfolk Constabulary.

4.4 Officer and staff should be mindful

5. Duty to Protect Vulnerable Adults

5.1 Police officers, police staff and volunteers have a duty to safeguard all potentially vulnerable adults and should be professionally curious in their enquiries. Particular care should be taken to identify cumulative risk, e.g.

living conditions, assisted living requirements, apparent domestic abuse due to coping mechanism breakdown (victim or perpetrator), obvious health or mental health issues, hoarding and lack of housing or financial capacity should be borne in mind. It must be recognised that some adults are at greater risk of abuse than others and require additional considerations.

5.2 As part of this duty to safeguard, police officers, police staff and volunteers should be curious when a potential vulnerable adult is present at the scene of an incident but does not have a defined role (such as victim, suspect, witness). This is particularly relevant when attending/dealing with domestic abuse incidents, where potentially vulnerable adults could still be affected by the act(s) that are taking places (whether directly or indirectly) but are not identified as having a specified role in the investigation. An example of this would be where someone with a caring responsibility for a vulnerable adult is being removed or the act(s)/environment are preventing the vulnerable adult from accessing care/assistance. For further information around this consideration please refer the Domestic Abuse policy.

5.3 Vulnerable adults may lack the ability to keep themselves safe and could be at increased risk of certain crime types due to their lack of mental capacity and inability to understand consent. There should be an assumption that the victim has capacity to makes decisions, look after their welfare and understand what is being asked of them, unless it is clear that they have an impairment of, or disturbance in the functioning of, the mind or brain. Police Officers cannot make formal assessments of capacity but can provide helpful insight for assessors. For further information see Mental Capacity Act 2005.

6. What constitutes Abuse?

6.1 There are a number of ways in which a person can be abused:

- **Physical Abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic Violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- **Sexual Abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological Abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

- **Financial or Material Abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern Slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. The Modern Slavery and Human Trafficking policy should be referred to as appropriate.
- **Discriminatory Abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational Abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and Acts of Omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-Neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. (Ref: The Care Act 2014).
- **Elder Abuse** – abuse against older persons. The CPS defines crimes against older persons as:

  'Where the victim is 65 or over, any criminal offence which is perceived by the victim or any other person, to be committed by reason of the victim's vulnerability through age or presumed vulnerability through age.'

- **Radicalisation and extremism** – being exploited by radicalisers who promote terrorism and violence, via personal contact or through internet sources.
- **'Cuckooing'** – criminal gangs may target homes of vulnerable adults with care and support needs to be used for drug dealing. This process is known as 'cuckooing' (after the bird that invades other birds' nests) and the victims are often left with no choice but to cooperate.

7. Awareness of Safeguarding Issues

7.1 All police officers and police staff who interact with the public, in whatever format, must receive initial training to understand safeguarding issues and signs to be aware of, which may indicate if an adult is suffering or is at risk of suffering harm.

7.2 The Policing Education Qualification Framework (PEQF) is a national programme with a curriculum defined by the College of Policing. There is a timetabled unit entitled 'Adults at Risk' which covers both vulnerability and risk. The topic of adult abuse is also covered within the curriculum of Professionalising Investigation Programme Level 2 (PIP2), Specialist Child Abuse Investigators Development Programme (SCAIDP) and Specialist Sexual Assault Investigators Development Programme (SSAIDP).

7.3 Further guidance can be found in the College of Policing briefing note for adults at risk: Initial response and safeguarding document.

8. Referrals to the Adult Abuse Investigation Unit (AAIU)

8.1 APIs are to be raised on Athena when an officer comes into contact with a vulnerable adult and the officer believes that the vulnerable adult may be in need of additional support and/or is posing a risk to either themselves or others. An API can either be submitted as a standalone non-crime incident or as part of a crime investigation on Athena. The API should not be used to address urgent risk but is aimed to consider additional support from partner agencies and for police to address any accumulative risks.

8.2 This API will be triaged by a Detective Constable or a Police Staff Investigator (PSI) within the MASH and a decision made as to which partners this may be disseminated to. (See flowchart)

8.3 Matters requiring an immediate investigative or safeguarding response should be referred directly to the MASH via a registered interest on Athena, email into the MASH Adult Safeguarding inbox, via CAD or phone call to a member of the team. Referrals are not to be sent directly to the AAIU team as all referrals must be triaged and assessed accordingly.

8.4 The MASH will look to raise an Athena referral where required and information will be referred to partners where appropriate. Where the vulnerable adult has an Allocated Social Worker, this will be discussed with the relevant team. Where there is no allocated worker this will be discussed within the MASH with an Adult Practice Consultant.

8.5 Following the multi-agency triage and assessment process, the MASH will allocate appropriate investigations to the AAIU. Investigations not suitable for the AAIU will be allocated to the most appropriate resource along with suitable advice and guidance.

8.6 Officers and staff dealing with criminal investigations involving vulnerable adults should be mindful around the potential need to secure and capture their evidence via a Visually Recorded Interview (VRI). Guidance should be sought from a member of the AAIU if required. Further guidance and support can be found in the Ministry of Justice Achieving Best Evidence in Criminal Proceedings guidance document.

9. Adults who may be at Increased Risk

9.1 Some adults may be at increased risk of abuse due to the potential of additional vulnerability factors. Such characteristics or situations may mean that those falling into these groups are unable to communicate concerns as readily as others due to lack of capacity linked to the onset of dementia or diagnosed dementia. Officers and staff should be alert to risks to adults in every situation, particular attention should be given when attending situations involving those vulnerable adults. Vulnerability factors should be clearly highlighted on the Athena record as part of the API recording or potentially vulnerable person (PVP) non-crime report.

9.2 Other factors could be the suitability of housing such as access and location, local Anti-Social Behaviour (ASB) issues, apparent reclusiveness such as a clear lack of ability to leave the property. Are there friends or family nearby that can offer help? Are the living conditions suitable such as adequate heating, lighting, tidiness, food and the ability to be clothed and washed? All such information should be recorded on the referral.

10. Adults in care homes – Deprivation of Liberty (DOLs)

10.1 Deprivation of liberty is defined as Article 5 of the Human Rights Act, which states that 'everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed in law'. The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

10.2 A Supreme Court judgment in March 2014 made reference to the 'acid test' to see whether a person is being deprived of their liberty, which consisted of two questions:

- The person is under continuous supervision and control AND is not free to leave. Every element of this must be satisfied, i.e. Continuous; Supervision; Control and Not free to leave. *Is the person free to leave? – with the focus being not on whether a person seems to be wanting to leave, but on how those who support them would react if they did want to leave.*
- If someone is subject to that level of supervision, and is not free to leave, then it is likely that they are being deprived of their liberty. But

even with the 'acid test' it can be difficult to be clear when the use of restrictions and restraint in someone's support crosses the line to depriving a person of their liberty. Each case must be considered on its own merits, but in addition the two 'acid test' questions need to be considered.

10.3 DOL would be completed by professionals involved in the on-going care and treatment of vulnerable adults; however, the process could potentially be triggered following initial police contact referred to the MASH that triggers multi-agency involvement.

11. Deaths in Care Homes/Hospitals

11.1 Officers are routinely deployed to care homes when death was not expected or the relevant health professional (Doctor) cannot issue a death certificate. In such cases, deaths in care homes should be treated as unexpected or unexplained and the Death Investigations Policy, as well as the aide memoire for officers attending a sudden unexplained death, should be consulted.

11.2 Protocol agreement with the East of England Ambulance service states that a paramedic will attend to confirm death. Declaring “life extinct” is NOT the same as issuing a death certificate and Coroner’s Office procedures should be followed.

11.3 Deaths in hospitals will mainly not be referred to the police unless there are extenuating circumstances such as incidents regarding treatment (e.g. medicine errors) that may be a causational link to the death or poor care/ill-treatment is suspected. Such matters are usually referred via established procedures into the MASH (adult safeguarding). **If death occurs within a care home and a DOLs is in place, police MUST attend and inform the Coroner as deaths where a DOLs in place are subject to inquest.** Deaths within hospitals will also be referred to the Coroner where a DOLs is in place. Coroner’s office guidance is:

> “*If a person dies who is subject to a Deprivation of Liberty & Safeguarding Order at the time of their death then the death MUST be reported to the Coroner. Because the patient is under a DOLs there is a requirement to hold an inquest. The treating Doctor or manager of a care home should report the death to the Coroner. If a doctor is not available to confirm if he/she can confirm the medical cause of death the patient should not be removed until the Police have attended and obtained all the relevant information and arranged removal by the Coroners duty undertakers. If a doctor can confirm the cause of death they are asked to submit a report*

to the Coroner confirming this. Formal identification of the patient will be required before an inquest can be opened and adjourned and the body released for the funeral as is the case with all inquestable deaths".

11.4 The Post Incident Management policy should be referred to where necessary.

12. Process for Managing Referrals

12.1 Where there is a concern for a vulnerable adult:

Adult Services responsibilities

- Social Care Community Engagement (SCCE) is the principle point of contact for all safeguarding adults concerns arising in respect of vulnerable adults who are not currently allocated to a social care professional or team.
- New safeguarding referrals can be reported via Norfolk County Council's Customer Service Centre (CSC, 0344 800 8020).
- CSC will ask for the vulnerable adult's name and address, this enables them to check if the vulnerable adult already has a social care worker.
- If the vulnerable adult does not have a social care worker, CSC will undertake a live three-way handover to an Assistant Practitioner from the SCCE team, who is trained to take safeguarding adults referrals.
- The Assistant Practitioner will ask for relevant details known about the vulnerable adult, the nature of the concern and the caller's view of immediate risks. They will also need to know where the vulnerable adult is now.
- The Assistant Practitioner will share the details of the referral with a Safeguarding Adults Practice Consultant (SAPC).
- The SAPC may request that the Assistant Practitioner undertakes further information gathering about the vulnerable adult and their circumstances from relevant agencies and their own multi-agency records, and from this combination of information, will make a decision about levels of risk and complexity, using a number of analysis tools.
- The SAPC will decide whether a safeguarding adults referral needs to be made.
- If the referral is assessed as low complexity and low risk, the MASH SAPC will manage the referral remotely
- If the referral is assessed as medium complexity, it will be passed to the relevant Adult Social Care Locality Team for their management, under the supervision of a locality SAPC.

- If the referral is assessed as complex, it will be passed for management by the relevant locality SAPC.
- Where the concerns for a vulnerable adult are immediate and serious, the MASH information gathering process runs parallel to essential safeguarding action planning between Adult Social Care, the police and any other relevant partner agency.
- The MASH SAPC or Assistant Practitioner will inform referrers of the decision that has been taken. Where a decision to take no further action is made based on a third party's information, the SAPC may not be able to share that information with the original referrer

Norfolk Constabulary responsibilities:

- Receives safeguarding concerns via a variety of routes including calls from the Central Control Room (CCR), direct referrals from officers and staff and direct referrals from partner agencies including Adult Social Services.
- In all cases MASH police staff will evaluate the information received to establish which police unit would be responsible for any subsequent investigation, carry out an initial check of police systems (Athena, CIS, CRCIS, CATS) for existing relevant information and establish what action needs to be taken to ensure immediate safeguarding concerns are addressed.
- Each new safeguarding referral will be brought to the attention of Adult Social Services and a record will be created on Athena if the victim meets the criteria for a vulnerable adult. A strategy discussion will be held with Adult Social Services. A Detective Constable or Police Staff Investigator will take part in the strategy discussion unless the risk level or complexity warrants the involvement of a Detective Sergeant.
- Once the strategy discussion has been held the MASH Detective Constable/Sergeant will ensure that the Detective Sergeant from the Adult Abuse Investigation Unit receives all relevant information to allow them to carry out an effective investigation, The Safeguarding Support Team will also be sent an email in order to carry out full police checks.
- If it has been deemed that the investigation should be carried out by uniformed SNT officers the MASH Detective Constable or PSI will raise an Athena record and allocate accordingly. If it is of a more urgent nature then contact will be made with Duty CPC Sergeant to expediate deployment.
- In cases where it has been agreed that the referral does not require police involvement, the Detective Constable/Sergeant will ensure a record of the strategy discussion is included on the Athena record and will close the referral. Any crime report will be raised in accordance with National Crime Recording Standards where required.

Emergency Duty Team (EDT)

- The Emergency Duty Team (EDT) will provide emergency social care services when the Adult Social Care and Children's Services offices are closed. All calls placed with the EDT are triaged by social workers and the Team Manager. The aim of EDT is to provide a service which maintains consistently high social work standards and ensures prompt, efficient delivery of services to service users.
- EDT provides a generic service across all social work specialisms, working with children, vulnerable adults with physical disabilities, learning disabilities, mental health issues and older people. The service is committed to working in partnership with service users, families and carers.
- Referrals to EDT are made by telephone to the Council's 0344 800 8020 number. Calls will be answered by EDT Call Handlers between 17:00 to 09:00 hours on weekdays and 24 hours at weekends and Bank holidays.
- EDT call handlers will ask for all of the relevant details known to the referrer about the child or adult, their family composition including siblings, the nature of the concern and the caller's view of immediate risks. They will also need to know where the child or vulnerable adult is currently and whether the caller has informed parents/carers of their concerns.
- EDT social workers will make decisions on all safeguarding cases in consultation with the EDT Team Manager. When the EDT makes a decision that no further action (NFA) is required, this will be recorded.
- All referrals which require further action on the next working day will be sent to the relevant Children's Services and Adult Social Care team.

Timeliness

12.2 The timeliness of an assessment is a critical element of the quality of that assessment and the outcomes for the child, young person or vulnerable adult. The speed with which an assessment is carried out after a referral is received should be determined by the needs of the individual and the nature and level of any risk of harm faced by the individual.

12.3 On being notified of a referral the agency has a duty to decide within **one working day** whether an Initial assessment is required.

Appendix A: MASH Process and Strategy Discussions (Professionals only)

The MASH is a hub for co-located agencies involved in the safeguarding of vulnerable adults. All partners are subject to an Information Sharing Agreement and information is shared and discussed in relation to the safeguarding of vulnerable adults.

Appendix B: Adult Protection Investigation Workflow Flowchart