**Safeguarding Adults Procedure**

This procedure is part of North Yorkshire Police policy to which all Chief Constable personnel and the functions provided by the Police, Fire and Crime Commissioner are required to adhere.

**Procedure Statement**

The principles outlined in this procedure are intended to contribute to the provision of first-class standards of service delivery to all individuals including other professionals, victims, witnesses and suspects when safeguarding adults at risk from harm and abuse.

The Care Act 2014 became legislation on the 1st April 2015 and underpins the duties and responsibilities on each agency.

- ***"Adult Safeguarding means protecting an adult's rights to live in safety, free from the experience, or fear of abuse or neglect".***

- ***It is about organisations working together to prevent and stop both the experience, and risk of experiencing abuse or neglect, whilst ensuring the adult's wellbeing is promoted at all times. "Staff should not be advocating safety measures that do not take account of the person's wishes or the individual wellbeing of the adult".***

The statutory guidance sets out the six principles of safeguarding Adults:

1. Empowerment -People are supported and encouraged to make their own decisions and informed consent.
2. Prevention- It is better to take action before harm occurs.
3. Proportionality- The least intrusive response appropriate to the risk presented
4. Protection- support and representation for those in greatest need
5.Partnership - local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
6. Accountability - accountability and transparency in safeguarding practice

The Police have a crucial role to play in the safety and protection of adults at risk of harm and abuse. This includes empowering the community to have the confidence to identify and report signs of abuse and suspected criminal offences. A core policing role is identifying and managing perpetrators who choose to target adults who are vulnerable.

**Aim of the Procedure:**

The priorities of North Yorkshire Police (NYP) in responding to an adult at risk of harm and abuse are as follows:

- To take positive action to protect adults who are at risk from harm or abuse.
- To work with partnership agencies to prevent, identify and investigate cases where adults have been harmed or abused or at risk of harm and abuse.
- To take the lead in all criminal investigations involving the harm or abuse of adults at risk
- To contribute to the safeguarding of adults at risk by timely and effective intervention
- To foster a "one" team approach that places the welfare of individuals before the "needs" of the system – making safeguarding personal meaning it should be person-led and outcome focussed.
- To ensure equality of service provision and police response to all adults at risk within the remit of this procedure regardless of their race, gender, class, culture, disability, sexuality, age, or religion / belief

**Overarching Policies:**
Equality, Diversity and Human Rights Policy
Mental Health Policy
Adults at risk | College of Policing National Vulnerability Action Plan (NVAP) by VKPP

**Procedures:**
Hate Occurrence And Crime Procedure
Domestic Abuse Procedure
Honour Based Violence, Forced Marriage and Female Genital Mutilation Procedure
MAPPA Procedure
Safeguarding Children from Abuse Procedure

**Other Documents:**
Older People: Prosecuting Crimes against | The Crown Prosecution Service (cps.gov.uk)
Achieving Best Evidence in Criminal Proceedings (publishing.service.gov.uk)
Care Act 2014 (legislation.gov.uk)
Achieving Best Evidence Guidance
Vulnerable Risk Assessment
NYSAB (safeguardingadults.co.uk)
York-and-North-Yorkshire-Self-neglect-Practice-Guidance.pdf (safeguardingadults.co.uk)
NYSAB (safeguardingadults.co.uk) (PiPoT)
Lasting power of attorney - Mental Capacity Act | SCIE

## Process

Multi Agency Processes

Definition of an adult at risk

'S42 of the Care Act 2014 defines an adult at risk.' An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect

and **as a result of their** care needs - is unable to protect themselves against the abuse or neglect or the risk of it.

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

For example:

- An older person who is frail due to ill health, physical disability or cognitive impairment
- A person who has mental health needs including dementia or a personality disorder
- Misuses substances or alcohol
- A person who has a long-term illness/ condition
- A carer who provides personal assistance and care to adults and is subject to abuse

## Is the adult experiencing abuse?

**What is abuse?**

Abuse can take many forms. The below is not an exhaustive list but illustrates the kind of abuse which may be experienced. There are many different types of abuse.

- **Physical abuse**
- **Domestic violence or abuse**
- **Sexual abuse**
- **Psychological or emotional abuse**
- **Financial or material abuse**
- **Modern slavery**
- **Discriminatory abuse**
- **Organisational or institutional abuse**
- **Neglect or acts of omission**
- **Self-neglect**

Abuse can be the result of a single act or may continue over many months or years, as is often the case in instances of Neglect. It can be accidental or a deliberate act.

An abuser may be – a relative, a partner, someone paid to provide care and services, a volunteer, a neighbour, a friend, an organisation or stranger.

Abuse can happen anywhere:

- at home
- In a care home
- In hospital
- In sheltered housing
- In supported living centres
- At day centres and other day services
- Outside in a public place

Many instances of abuse are criminal and in this respect the adults are entitled to the protection of the law in the same way as any other member of the public.

The table below sets out the forms of abuse that vulnerable adults can experience and the specific criminal offences these behaviours can involve.

| Example of behaviour | Example of possible offences and relevant legislation |
|---|---|
| **Physical Abuse** | |
| • Domestic abuse<br>• Slapping, pushing, kicking or other forms of violence<br>• Misuse of medication (for example, increasing dosage to make someone drowsy)<br>• Inappropriate punishments (for example, not giving someone a meal because they have been 'bad') | • Common Assault Section 39<br>• Section 47 – Assault Occasioning actual bodily harm<br>• Non-fatal strangulation or non- fatal suffocation Sec 70 of the Domestic Abuse Act 2021<br>• Grievous bodily harm / with intent S.20 and 18<br>• Coercive and controlling behaviour section 76 of the serious crime act 2015<br>• Murder, Manslaughter, Corporate Manslaughter<br>• Causing or allowing death of a vulnerable person in a domestic setting S.5 Domestic Violence Victim and Crime Act 2004<br>• Aiding or abetting suicide S.2 Suicide Act 2004<br>• Failure to comply with conditions / contravention of regulations S.24, 25 Care Standards Act 2000<br>• Wilful neglect or ill treatment of a person lacking mental capacity S.44 Mental Capacity Act 2005<br>• Unlawfully administrating medication – S.58 Medicines Act<br>• Poisoning with intent to injure, aggrieve or annoy, S.23/24 OAPA |
| **Restraint** | |
| • Unlawful or inappropriate use of restraint<br>• Physical intervention<br>• Unlawful deprivation of liberty<br>• Use or threaten to use force to make someone do something they are resisting<br>• Where a person's freedom of movement is restricted | • False imprisonment, common assault, ABH, GBH<br>• Failure to comply with care conditions / contravention of regulations S.24, S.25 Care Standards Act 2000<br>• Wilful neglect or ill treatment of a person lacking mental capacity S.44 Mental Capacity Act 2005 |
| **Sexual Abuse** | |
| • Rape<br>• Sexual assault<br>• Sexual acts without consent (this includes if a person is not able to give consent or the abuser used pressure) | • Rape<br>• Sexual assault<br>• Causing sexual activity without consent S.104 sexual offences Act 2003<br>• Sexual offences by care workers against a person with a mental disorder, impeding choice, causing, inciting, engaging in the presence of / causing to watch S.38-41 Sexual Offences Act 2003 |

| **Psychological**<br>**(May occur as a result of or alongside other types of abusive behavior)** | |
|---|---|
| • Emotional abuse<br>• Threats of harm, restraint or abandonment<br>• Refusing contact with other people<br>• Intimidation<br>• Threats to restrict someone's liberty | • Threats to kill - section 16 Offences Against the Person Act<br>• Common assault, Ill treatment / wilful neglect s44 mental capacity act 2005<br>• Section 4 Public Order Act – Fear of violence<br>• Section 5 Public Order Act – Harassment Alarm or Distress<br>• Section 1 and 4 Protection of Harassment Act – course of conduct amounting to harassment |
| **Financial & Material** | |
| • Use of another person's property, assets, income, funds or any resource without their informed consent or authorisation. | • Theft / robbery s.1 and 8 Theft Act 1968<br>• Blackmail S.21 Theft Act<br>• Fraud by False representation, by failure to disclose information, by abuse of position S.2, 3 and 4 Fraud Act |
| **Modern Slavery** | |
| • Human trafficking<br>• Forced labour<br>• Domestic servitude | • Common Assault Section 39<br>• Section 47 – Assault Occasioning actual bodily harm<br>• Grievous bodily harm / with intent S.20 and 18<br>• Blackmail S.21 Theft Act<br>• False imprisonment<br>• Trafficking offences into, within, and out of the UK for sexual exploitation - section 57, 58, 59 of Sexual Offences Act 2003, or arranges or facilitates any of the offences (s.59a)<br>• Trafficking people for exploitation - section 4 of the Asylum and Immigration (Treatment of Claimants etc) Act 2004<br>• Trafficking people for labour and other exploitation - section 4 of the Asylum and Immigration (Treatment of Claimants etc) Act 2004 (AI (ToC) Act) as amended.<br>• Section 71 of the Coroners and Justice Act 2009 |
| **Discriminatory abuse** | |
| • Abuse based on a persons:<br>○ Race<br>○ Gender, gender identity<br>○ Age<br>○ Disability<br>○ Sexual orientation<br>○ Religion<br>• Other forms of harassment<br>• Slurs or similar treatment<br>• Hate incidents | |
| **Neglect & Acts of Omission**<br>**(Can be intentional or unintentional)** | |

| | |
|---|---|
| • Ignoring the person's medical or physical care needs<br>• Failing to get healthcare or social care<br>• Withholding medication, food or heating | • False imprisonment<br>• Ill treatment or wilful neglect of mentally disordered patients within hospital or nursing homes or otherwise in a person's custody or care S.127 (1) and (2) Mental Health Act 1983<br>• Failure to comply with conditions / contravention of regulations S.24, 25 Care Standards Act 2000<br>• False imprisonment, assault, ill treatment / wilful neglect S.44 Mental Capacity Act 2005 |
| **Organisational Abuse** | |
| • Includes neglect and poor practice within an institution or specific care setting or within the individuals own home | • Ill treatment or wilful neglect of mentally disordered patients within hospital or nursing homes or otherwise in a person's custody or care S.127 (1) and (2) Mental Health Act 1983<br>• Failure to comply with conditions / contravention of regulations S.24, 25 Care Standards Act 2000<br>• False imprisonment, assault, ill treatment / wilful neglect S.44 Mental Capacity Act 2005<br>• Causing or allowing death of a vulnerable person in a domestic setting S.5 Domestic Violence Victim and Crime Act 2004<br>• Wilful neglect or ill treatment of a person lacking mental capacity S.44 Mental Capacity Act 2005<br>• Unlawfully administrating medication – S.58 Medicines Act |
| **Self Neglect** | |
| • Neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding | • York and North Yorkshire Self Neglect Practice Guidance |

**Transition to adult care and support from Children & Young People Services**

The care Act contains provisions to help preparation for 3 particular groups of people – child/ young person (under 18 with care and support needs who is approaching transition), young carers (under 18 preparing for adulthood) and child's carers (adult carer of a young person preparing for adulthood).

A Transition assessment will be carried out with the individual at the most appropriate time for them. The duty to conduct the assessment lies with the Local Authority and it will be carried out when the individual is likely to have needs for care or support (or support as a carer) when the young person turns 18, the young person does not have to be already receiving support from

Children's Services. The timing of the assessment will depend on when it is of significant benefit to the young person or carer.

**Mental Capacity**

The Mental Capacity Act 2005 (MCA) empowers individuals to make their own decisions where possible and protects the rights of those who lack capacity. Where an individual lacks capacity to make a specific decision at a particular time, the MCA provides a legal framework for others to act and make that decision on their behalf, in their best interests, including where the decision is about care and/or treatment.

The Act provides 5 principles to determine a person's capacity:

- Principle one - A person must be assumed to have capacity unless it is established that they lack capacity.
- Principle two - A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
- Principle three - A person is not to be treated as unable to make a decision merely because they make an unwise decision.
- Principle four - An act done, or decision made, on behalf of a person who lacks capacity, must be done, or made, in their best interests.
- Principle five - Before the act is done, or the decision is made, regard must be had to whether the purpose of the act or the decision can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

A person lacks capacity in relation to a matter if, at the material time, the person is unable to make a decision for themselves in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.

Where a victim clearly lacks capacity or an ability to provide an initial account or consent to medical examination, officers will still pursue all lines of investigation and conduct a professional investigation.

**Assessment of mental capacity**

Assessment of mental capacity will be conducted by a qualified medical examiner. If there is an issue in relation to the finance of this examination in relation to a criminal investigation, prior to any charges, then NYP will pay.

**Best Interest**

The best interest's principle underpins the Mental Capacity Act. It is set out in section 1(5) of the Act.

*'An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.'*

This principle covers all aspects of financial, personal welfare and healthcare decision-making and actions. It applies to anyone making decisions or acting under the provisions of the Act.

There are two circumstances when the best interest's principle will not apply.

- The first is where someone has previously made an advance decision to refuse medical treatment while they had the capacity to do so. Their advance decision should be respected when they lack capacity, even if others think that the decision to refuse treatment is not in their best interests.
- The second concerns the involvement in research, in certain circumstances, of someone lacking capacity to consent.

Under the Act, many different people may be required to make decisions or act on behalf of someone who lacks capacity to make decisions for themselves. The person making the decision is referred to throughout this chapter, and in other parts of the Code, as the 'Decision-maker', and it is the decision-maker's responsibility to work out what would be in the best interests of the person who lacks capacity.

- For most day-to-day actions or decisions, the decision-maker will be the carer most directly involved with the person at the time.
- Where the decision involves the provision of medical treatment, the doctor or other member of healthcare staff responsible for carrying out the particular treatment or procedure is the decision-maker.
- Where nursing or paid care is provided, the nurse or paid carer will be the decision-maker.
- If a Lasting Power of Attorney (or Enduring Power of Attorney) has been made and registered, or a deputy has been appointed under a court order, the attorney or deputy will be the decision-maker, for decisions within the scope of their authority.

If an adult who has been assessed not to have capacity in respect of a decision to consent to a medical examination the consent will be provided by the person who is in charge of their care. This may mean their social worker, relative or legal carer.

Any action intended to restrain a person who lacks capacity will not attract protection from liability unless the following two conditions are met:

- The person taking action must reasonably believe that restraint is necessary to prevent harm to the person who lacks capacity, and
- The amount or type of restraint used and the amount of time it lasts must be a proportionate response to the likelihood and seriousness of harm.

**Deprivation of Liberty Safeguarding (DoLS)**

Although section 5 of the Act permits the use of restraint where it is necessary under the above conditions, section 6(5) confirms that there is no protection under the Act for actions that result in someone being deprived of their liberty (as defined by Article 5(1) of the European Convention on Human Rights).

Deprivation of liberty safeguards (DoLS) – the framework of safeguards under the Mental Capacity Act 2005 (MCA), as amended by the Mental Health Act 2007, for people who need to be deprived of their liberty in their best interests for care or treatment to which they lack the capacity to consent themselves.

DoLS authorisation – an authorisation under Schedule A1 to the MCA given by a 'supervisory body' (a local authority or, in certain circumstances, the Welsh Ministers) which authorises a deprivation of liberty in a care home or hospital after completion of the statutory assessment process, which includes an assessment that the detention is in the best interests of the person

Court of Protection order – a welfare order made by the Court of Protection that authorises a deprivation of liberty for an individual who lacks the capacity to decide whether or not to be accommodated in the relevant location, in their best interests.

Age and applicability of the MCA and DoLS:

- The MCA, in general, applies to individuals aged 16 years and over, however
- A DoLS authorisation can only be made in respect of an individual aged 18 or over.
- A Court of Protection order can be made in respect of individuals aged 16 or over, and
- A person must be 18 to make an advance decision to refuse treatment or create a lasting power of attorney (LPA) under the MCA.

**Chief Coroners Guidance No. 16**

This guidance concerns persons who die at a time when they are deprived of their liberty under the Mental Capacity Act 2005 (MCA 2005).

The Chief Coroner's present view, subject to a decision of the High Court, is that any person subject to a DoL is 'in state detention' for the purposes of the 2009 Act.

When that person dies the death should therefore be reported to the coroner and the coroner should commence an investigation under section 1.

The person is not 'in state detention' for these purposes until the DoL is authorised.

Where the authorisation relates to a care home and the person is removed to a hospital and dies there (or in transit), coroners should err on the side of caution in deciding that the DoL may extend from the care home to the hospital in cases of medical necessity and therefore an investigation must be commenced. Even if the DoL is strictly place-specific (see paragraphs 25-26, Schedule A1), the law of necessity may allow the hospital to 'detain' the person, therefore an inquest would be necessary.

**Office of Public Guardian**

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

- taking action where there are concerns about an attorney or deputy
- registering lasting and enduring powers of attorney, so that people can choose who they want to make decisions for them
- maintaining the public register of deputies and people who have been given lasting and enduring powers of attorney

• supervising deputies appointed by the Court of Protection, and making sure they carry out their work in line with Mental Capacity Act
• looking into reports of abuse against registered attorneys or deputies

Email: customerservices@publicguardian.gsi.gov.uk
Referrals: OPG.safeguardingunit@publicguardian.gsi.gov.uk
Search OPG register: www.gov.uk/find-someones-attorney-or-deputy
Telephone: 0300 456 0300

**Lasting Power of Attorney (LPA) & Enduring Power of Attorney (EPA)**

The Mental Capacity Act replaces the EPA with the Lasting Power of Attorney (LPA).

There are a number of differences between LPAs and EPAs. These are summarised as follows:

• EPAs only cover property and affairs. LPAs can also cover personal welfare.
• Donors must use the relevant specific form (prescribed in regulations) to make EPAs and LPAs. There are different forms for EPAs, personal welfare LPAs and property and affairs LPAs.
• EPAs must be registered with the Public Guardian when the donor can no longer manage their own affairs (or when they start to lose capacity). But LPAs can be registered at any time before they are used – before or after the donor lacks capacity to make particular decisions that the LPA covers. If the LPA is not registered, it can't be used.
• EPAs can be used while the donor still has capacity to manage their own property and affairs, as can property and affairs LPAs, so long as the donor does not say otherwise in the LPA. But personal welfare LPAs can only be used once the donor lacks capacity to make the welfare decision in question.
• Once the Act comes into force, only LPAs can be made but existing EPAs will continue to be valid. There will be different laws and procedures for EPAs and LPAs.
• Attorneys making decisions under a registered EPA or LPA must follow the Act's Principles and act in the best interests of the donor.
• The duties under the law of agency apply to attorneys of both EPAs and LPAs (see paragraphs 7.58–7.68 below).
• Decisions that the courts have made about EPAs may also affect how people use LPAs. Attorneys acting under an LPA have a legal duty to have regard to the guidance in the MCA Code of Practice. EPA attorneys do not.
Lasting power of attorney - Mental Capacity Act | SCIE

**Court of Protection**

Section 45 MCA sets up a specialist court, the Court of Protection, to deal with decision-making for adults (and children in a few cases) who may lack capacity to make specific decisions for themselves. This will include decisions about the property and financial affairs of people lacking capacity to manage their own affairs, as well as deals with serious decisions affecting healthcare and personal welfare matters.

An order of the court will usually be necessary for matters relating to the property and affairs (including financial matters) of people who lack capacity to make specific financial decisions for themselves, unless:

• their only income is state benefits, or
• they have previously made an Enduring Power of Attorney (EPA) or a Lasting Power of Attorney (LPA) to give somebody authority to manage their property and affairs.
The Court of Protection may:
• Make declarations, decisions and orders on financial and welfare matters affecting people who lack, or are alleged to lack, capacity (the lack of capacity must relate to the particular issue being presented to the court)
• Appoint deputies to make decisions for people who lack capacity to make those decisions
• Remove deputies or attorneys who act inappropriately.

## Roles and Responsibilities

### Call Taker Actions

A call may be received on the '999' emergency line or the 101 non-emergency number.

The call handler will determine the type of call being received using the THRIVE model and may at that stage be able to identify that an Adult at risk has been harmed or abused by a third party or could potentially be at risk because of any vulnerability.

If an incident of adult at risk from harm or abuse has been identified, then a STORM log is created to this effect.

### Risk assessment and grading of the calls.

Where life is at risk and/or in immediate danger the call should be graded as **'immediate'** an officer should be immediately directed to the scene.

All other incidents of abuse should be recorded as a **priority.**

**Officer Safety** – Ensure Intelligence, History checks are completed and relayed to the officer on the Victim and Suspect to ensure risk is identified, assessed and managed.

Briefing Note Adults at Risk Initial Response 2021 (college.police.uk)

### Response and Neighbourhood officers Initial Attendance and Investigative Strategy

The priority is to protect the vulnerable Adult from further harm and abuse and secure the safety of the Adult, ensuring the most appropriate care environment is used.

Briefing Note Adults at Risk Advice for Investigators 2021 (college.police.uk)

All Officers should comply with The Crime Allocation and Investigation Procedure

All Officers should Comply with the App College of Policing Guidance on Adults at Risk
Adults at risk (college.police.uk)

**Practical Approach and Advice**

- Street Triage Process Map
- consider Power of Entry – Section 17
- Section 135(1) warrant

The purpose of a section 135(1) warrant is to provide police officers with a power of entry to private premises, for the purposes of removing the person to a place of safety for a mental health assessment or for other arrangements to be made for their treatment or care. The warrant must be applied for by an Advanced Mental Health Practitioner (AMHP) and can be granted by a magistrate when the person is believed to be suffering from mental disorder and is being ill-treated, neglected or kept otherwise than under proper control, or is living alone and unable to care for themselves.

- Section 136 - mentally disordered people found in public places.

Section 136 is an emergency power which allows for the removal of a person who is in a place to which the public have access, to a place of safety, if the person appears to a police officer to be suffering from mental disorder and to be in immediate need of care or control, if the police officer believes it necessary in the interests of that person, or for the protection of others. The person should then receive a mental health assessment, and any necessary arrangements should be made for their on-going care.

**Officers must consider the following checklist.**

- Consider medical assistance to the scene.
- Identify the type of abuse.
- Prevent the adult from suffering further harm or abuse.
- Record/ preserve evidence/ forensics.
- Secure an initial account – An appropriate adult is NOT required to establish welfare.
- Identify suspects.
- Consider early evidence kits for sexual abuse.
- Herbert Protocol – Is there a copy held by family /care home particularly in cases where adults go missing.

**Making a referral to Adult Social Care (PPN)**

Officers need to consider what type of referral they are making:

(1) Where there is reasonable belief that an adult (attained 18 years):
(a) has care and support needs, *and*
(b) is experiencing, or is at risk of experiencing abuse and neglect, *and*
(c) is unable to safeguard themselves as a result of their care and support needs

APP Deciding Whether You Need to Make a Safeguarding Concern Referral

OR

**2) Where an adult has Care and Support needs**

This is where an adult is struggling with the activities of daily living (ADL)and may require a Social Care Assessment or other Assessment under S9 on the Care Act 2014. ADLs include eating, bathing, dressing, toileting, transferring (mobility), and continence. The Adult is unable to meet their own basic care needs or their care and support network is inadequate.
**THIS IS A CARE AND SUPPORT REFERRAL. This referral should be done with agreement/consent with the Adult, thus compliant with the care act 2014 making Safeguarding personal.**
Officers can familiarise themselves with support services that are available in North Yorkshire and City of York and can refer direct or make recommendations on the PPN please see the links:

Living Well in North Yorkshire | North Yorkshire Council
City of York

**The Duty Sergeant**
Supervisory officers should comply with the: Adults at risk (college.police.uk)

Responsibilities will include:

- ensure an effective initial response to an incident.
- liaison with officers in attendance with an adult at risk from harm or abuse
- provide direction in relation to crime scene management, evidence gathering, safety of the victim, safety of other adults and children, relevant lines of inquiry.
- Ensure referrals to Adult Social Care meet the threshold outlined earlier.

**Critical Incident Inspector**

Responsibilities will include:

- the supervision and management of the initial response to serious abuse and serious incidents involving adults at risk.

**Investigative Strategy**

Criminal allegations will be allocated as follows:

- Serious violence, sexual and financial abuse will be dealt with by the CID (Criminal Investigation Department) or Investigation Hub following a review and /or oversight by CID
- ASB, Theft, damage, and community issues will be allocated to either Response Officer, neighbourhood or if applicable to the Initial Enquiry Team.

A criminal investigation by the Police takes priority over all other enquiries, although a multi-agency approach should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout.

Investigators trained to PIP level 2 standard should always be appointed to deal with vulnerable adult abuse investigations where serious abuse or a serious incident has been reported, because of the complexities frequently involved often throughout the investigation.

**Community Safety Hub teams**

The Community Safety Hub teams play a key role in using Community and partnership Information to Identify vulnerable adults who are or may be unable to protect themselves against the risk of significant harm or exploitation. It is important that Community Safety teams and the VAT (Vulnerable Assessment Team) City of York and the MAST (Multi Agency Screening Team) North Yorkshire County Council are working together to Safeguard Adults.

Please see the VRA Guidance

Victims may score Low medium or High on the vulnerable risk assessment and not require a safeguarding referral and vice versa.

Safeguarding Referrals should be submitted if appropriate where the vulnerable person meets the criteria as mentioned earlier in this document.

OR

If it is apparent the vulnerable person has care and support needs and struggling to cope with day-to-day tasks, then a referral/PPN with the victims consent for an assessment of need. Where the vulnerable person has been referred or is open to Adult Social care, meetings should be attended by the VAT /MAST Detective Sergeant.

Community Safety officers should make direct referrals where a victim is struggling with daily living with the victim's consent, please see the link for Council on how to make the referral.
Officers should also download the NYP Service Directory App
New-Service-Directory-app-
City of York operate differently, and it will need to made clear that Care and support needs assessment is required and provide narrative of what the victim may need help with please see: Live Well York
New-Service-Directory-app- The NYP app covers the whole of North Yorkshire.

**VAT (Vulnerable Assessment Team City of York) and MAST (Multi Agency Screening Team North Yorkshire County Council) role**

The above teams are co-located with the local authority and work together with Adults and Children's services under the Care act 2014 (Adults) and working together 2018 (Children)

A report writing team is responsible for providing safeguarding information for Police and statutory agency requests in relation to Safeguarding.

**Referrals to NYP from Social Care and the Joint Screening process**

The VAT (Vulnerable Assessment Team) and MAST (Multi Agency Screening Team) will be the single point of contact for partner agencies wishing to report the harm or abuse of an adult at risk, because of the co-location bureaucracy is reduced.

The referral will be discussed on the day of receipt by the Adult Social Care Manager and the local Detective Sergeant, along with any other available agency (Mental Health, Housing, Care provider) this will review the concern raised and a decision will be made jointly as to the next course of action.

This process will enable NYP to:

- establish whether a criminal act has been committed and level of Police involvement.
- ensure forensic evidence is not lost or contaminated.
- consideration of an early arrest to ensure safeguarding of others.
- initiate specific appropriate protective actions.
- make necessary arrangements to interview the adult, early consideration in respect of the use of advocates and/or intermediaries.
- discuss and advise Social Care Managers and Care Home Managers of the investigation process and their responsibilities.

Details that will be recorded will include:

- Details of the referral and summary of any discussions
- If the referral does not merit police involvement a record of the decision-making rationale will be recorded on Niche
- Allocation of an investigating officer, if required.

What happens as a result of either process should reflect the adult's wishes Making Safeguarding Personal and wherever possible, criminal allegations will be allocated as follows:

- Serious violence, sexual and financial abuse will be dealt with by CID and Investigative hub.
- ASB, Theft, damage, and community issues will be allocated to either Response Officer or SNT.

A criminal investigation by the Police takes priority over all other enquiries, although a multi-agency approach should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout 'Making Safeguarding personal' where possible.

**Role of the Designated PIPOT SPOC Officer (Formerly known as DASM)**

The Policy document "Managing Concerns around People in Positions of Trust with adults who have Care and Support Needs" and the PiPot Referral forms, are available on NICHE and accessed via this example.

Referrals for PIPOT should be completed with a PPN, this may also require a LADO referral too.

There is a requirement for each Force to appoint a Designated PIPOT (Person in a position of trust) SPOC (Single Point of Contact) Officer. The Safeguarding Inspector of VAT and MAST upholds this responsibility.
The Safeguarding VAT and MAST Inspector is responsible for the initial management and oversight of individual complex cases and coordination, where allegations are made or concerns raised about an employee, volunteer or student, paid or unpaid.

Examples may include the following:

- Behaved in a way that has harmed an Adult or Child.
- Possibly committed a criminal offence or related to an adult or child.
- Behaved towards an adult or child in a way that indicated they may pose a risk of harm to adults with care and support needs.

For allegations against Police officers follow the ACPO procedure 2012 Guidance on Investigating Abuse on Vulnerable adults Page 102 (4.4) as recommended by The APP College of Policing Microsoft Word - VA Mature Draft v9.doc (college.police.uk)

The VAT and MAST will create a Safeguarding Occurrence and record the decision, rationale, actions and outcomes following a safeguarding concern (Adult at Risk).

**Safeguarding process – Local Authority**

The City of York and North Yorkshire Council are part of a collaboration sharing the same Multi Agency Safeguarding Policies and Procedures.