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Document Instruction Form

Date received 14/10/15

Title Copy statement obtained from N282 Houghton, dated 25/08/15.

Other document Transmission Statement Report Interview

TYPING NO TYPING SCAN

SUMMARY
Copy statement obtained from retired Chief Superintendent Houghton and provided to Operation Clifton by the Greater Manchester Police Professional Standards Branch.

INSTRUCTIONS	Action Ref No.
1. R.DOC. 2. INDEX. 3. TYPIST/READER.	A269
<div style="border: 1px dashed black; padding: 2px; display: inline-block;">DPA</div> <i>[Signature]</i>	

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DPA

14/10/15

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WITNESS STATEMENT

Criminal Procedure Rules r 27.2; Criminal Justice Act 1967, s.9; Magistrates' Courts Act 1980, s.5B

URN

Statement of: **John Houghton**

Age if under 18: over 18 (if over 18 insert 'over 18') Occupation: Retired

This statement (consisting of 2 pages each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything in it, which I know to be false or do not believe to be true.

Signature: DPA Date: 28/8/15

Check box: (supply witness details on last page)

My name is John Houghton, I reside at the address shown overleaf. I am a retired Police Officer having retired from the Greater Manchester Police, at the rank of Chief Superintendent, in August 1992.

At the time of my retirement I was the Divisional Commander for the Rochdale division.

I have been asked about my recollections concerning matters which were brought to my attention in the spring of 1992 with regards to the situation at Knowl View children's home in the town.

I have been shown copies of correspondence, relating to those matters, which I both wrote and received. I also have recollections of other documents which have not been provided to assist me.

I recall that in 1992 I received a copy of a report written by one Val Mellor. The report raised issues regarding the management of the Knowl View children's home and also contained allegations of potential child sexual abuse involving children from the premises.

I recall that I took the view that, given the nature of the allegations, a police investigation would have to take place and that the investigation was likely to be protracted. Given the fact of my impending retirement, I wanted to ensure that the matter was suitably progressed for handover to my successor.

At that time the structure of the Greater Manchester Police was different than today and was in a period of change. The Crime Operations Department (CID) was designated the 'V' department and had its own command structure. The Detective Superintendent based at Rochdale at that time was Jim Henderson.

Although I have no clear recollection of it, I can say that I would have passed the allegations on to him to instigate the enquiry. It would have been his role to appoint the lead investigator and I had no involvement with this process, nor do I recall ever having spoken to any of the investigators regarding the case.

Signature: DPA Signature witnessed by: DPA

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I have been reminded of the letter I sent to Diane Cavanagh in which I outline the problems being experienced by the investigators trying to make contact with Val Mellor. Although I don't recall, it is likely that I wrote this letter on behalf of Detective Superintendent Henderson because he was aware of my good working relationship with the Chief Executive of the Local Authority,

I have no recollection of having had any further involvement in the case. DPA

DPA

Signature DPA
2006 DPA

Signature witnessed by: DPA

Witness contact details		URN
Home address:	<input type="text" value="DPA"/>	Postcode: <input type="text" value="DPA"/>
Home telephone no.:	<input type="text" value="DPA"/>	Work telephone no:
Mobile no:		E-mail address:
Preferred means of contact:	<i>(Specify details for vulnerable/intimidated victims and witnesses only):</i>	
Gender: Male	Date and place of birth:	
Former name:	Ethnicity code	<input type="text" value="DPA"/>
DATES OF WITNESS NON-AVAILABILITY:		
Witness care		
a) Is the witness willing and likely to attend court? If 'No', include reason(s) on form MG6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) What can be done to ensure attendance?		
c) Does the witness require Special Measures Assessment as a vulnerable or intimidated witness? <i>Youth under 18; witness with mental disorder, learning or physical disability; or witness in fear of giving evidence or witness is the complainant in a sexual offence case) If 'Yes' submit MG2 with file in anticipated not guilty, contested or indictable only cases.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Does the witness have any particular needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes' what are they? (Disability, healthcare, childcare, transport, language difficulties, visually impaired, restricted mobility or other concerns?)		
Witness consent (for witness completion)		
a) The Victim Personal Statement scheme (victims only) has been explained to me:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) I have been given the Victim Personal Statement leaflet:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) I have been given the leaflet 'Giving a witness statement to the police'	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) I consent to police having access to my medical record(s) in relation to this matter: <i>(obtained in accordance with local practice)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
e) I consent to my medical record in relation to this matter being disclosed to the defence:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
f) I consent to the statement being disclosed for the purposes of civil or other proceedings if applicable: e.g. child care proceedings, CICA.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
g) Child witness cases only. I have had the provision regarding reporting restrictions		
Explained to me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
I would like CPS to apply for reporting restrictions on my behalf	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
I understand that the information recorded above will be passed on to the Witness Service, which offers help and support to witnesses pre-trial and at court;		
Signature of witness:	PRINT NAME:
Signature of parent/guardian/appropriate adult:	PRINT NAME:
Address and telephone number if different from above:		
Statement taken by (print name):	Station:	
Time and place statement taken:		