

29. In addition in Merseyside, sex workers are referred to Operation Red Umbrella and Changing Lives. The SARC offer a 24 hour help line service, washing facilities if required and also hot food and toiletries. From a police perspective this is coordinated by the OIC/STO working in partnership with RASA/RASASC.

CPS attitude to MG19 – Victim Compensation.

30. I have no direct knowledge of the attitude of the CPS to victim compensation and I have not been able to discuss this with them. This is a matter which should be addressed by the CPS.

Operation care and victim trawling.

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Please see MSP000165

I believe that the facts in this witness statement are true.

DPA

Signed

Serena Kennedy

Dated this 5 day of December 2018

DPA

Witness contact details

URN : / / /

Name of witness:

Home address: Postcode:.....

Email address: Mobile:

Home telephone number: Work telephone number:

Preferred means of contact (specify details for vulnerable/intimidated witnesses only):

Gender:..... Date and place of birth:

Former name: Ethnicity Code (16 + 1):

DATES OF WITNESS NON-AVAILABILITY:

Witness care

- a) Is the witness willing to attend court? Yes [] No [] If 'No', include reason(s) on form MG6.
b) What can be done to ensure attendance?
c) Does the witness require a Special Measures Assessment as a vulnerable or intimidated witness? (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)
Yes [] No [] If 'Yes', submit MG2 with file in all cases.
d) Does the witness have any particular needs? Yes [] 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 and I have been given the tear-off slip explaining the Victim Personal Statement Scheme (VPS) and information about 'what happens next?' Yes [] No []
b) I wish to make a VPS / Impact Statement for Business (ISB) (delete) Yes [] No []
c) I would like the VPS / ISB read out at court by: myself / CPS (delete) Yes [] No []
d) I consent to police having access to my medical record(s) in relation to this matter (obtained in accordance with local practice) Yes [] No [] N/A []
e) I consent to my medical record in relation to this matter being disclosed to the defence: Yes [] No [] N/A []
f) I consent to the statement being disclosed for the purposes of civil proceedings if applicable, e.g. child care proceedings, CICA Yes [] No [] N/A []
g) Child witness cases only. I have had the provision regarding reporting restrictions explained to me and I would like the CPS to apply for reporting restrictions on my behalf Yes [] No [] N/A []

'I understand that the information recorded above will be passed on to the witness services, which offers help and support pre-trial and at court'

Signature of witness:..... PRINT NAME:

Statement taken by (print name): Station:.....

Date, time and place statement taken:

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