

## The issues

It is estimated that over 20% of police time is spent responding to people with mental health problems<sup>1</sup>. In some circumstances this will be necessary and unavoidable; the police are often the first point of call for people in distress, crisis and emergency. However, in cases where a person has committed no offence and is principally in need of a medical intervention or the support of health and social care services, it is not likely to be in their interests to find themselves being dealt with by police officers; nor is it in the interests of the police or public, to have police officers taken away from their core front line duties unnecessarily.

This guide focuses primarily on adults with mental ill-health, learning disabilities or substance misuse problems. These factors alone do not necessarily make a person vulnerable. However, the purpose of this guide is to focus on police approaches when in contact with people in situations or surroundings that may make them more vulnerable than usual.

People with mental health problems or other vulnerabilities may have a range of complex needs, which the police alone are not fully equipped to meet. In such circumstances, it is crucial that there is early recognition of a person's requirements and a clear process for the police to access, in conjunction with partner agencies, the right and timely support to meet these.

## The content

This guide is intended to provide a strategic overview of the range of approaches available to provide effective help to people with mental ill-health, learning disabilities or substance misuse problems. It is primarily intended for police forces in England and Wales to use in conjunction with their partner agencies (including the voluntary and community sector) with responsibility for helping them respond to vulnerable people. It may also be of use in shaping appropriate local responses to others that may be deemed vulnerable.

It is not intended to represent a sequential progression. Some people may have only one-off contact with the police at a point of personal crisis. Others may have multiple contacts with the police and other agencies in a range of situations. Still others may be involved in criminal behaviour which needs to be dealt with through criminal justice processes.

The guide highlights some of the key issues and challenges facing professionals who respond to vulnerable people. It describes existing national provision and approaches as well as examples of locally developed innovative practice, which can be used to begin to tackle these issues.

## How to use the guide

Significant steps have already been taken at both the national and local level to improve provision for those with vulnerabilities. Many of these are referenced in this guide. The Government is committed to building on these, and to exploring further improvement. However, such measures also require the concerted effort of all agencies involved to deliver effective responses.

<sup>1</sup> Findings from an Independent Commission on Mental Health and Policing in London (May 2013)

Police forces and local partnerships are invited to use this document to review their local provision and examine how they are working together to address the needs of vulnerable people and those with complex needs. The Home Office would welcome further information from police forces and local partnerships about any local innovations in responding to vulnerable people.

Please contact us at [mentalhealthandpolicing@homeoffice.gsi.gov.uk](mailto:mentalhealthandpolicing@homeoffice.gsi.gov.uk) to send us your ideas and good practice or to obtain further information about the contents of this guide.

## Early intervention and prevention (local working)



### Multi-agency approaches

Multi-agency working is key to the early and effective identification of risk to vulnerable people, and to preventing those risks from escalating. Ideally these relationships bring about improved information sharing, joint decision making and coordinated action.

Multi-agency models - the most common of which is the Multi-Agency Safeguarding Hub (MASH) - aim to improve the safeguarding response to vulnerable children and vulnerable adults through high quality and timely safeguarding action.

The Home Office has collated a national picture of what good multi-agency arrangements look like, including through MASH, co located assessment or specialist teams. Whilst multi-agency working is critical in protecting children and vulnerable people, all agencies continue to retain their individual duties to identify, protect and support a child (section 11 of the Children Act 2004) or vulnerable person.

See: Multi-Agency Working and Information Sharing Project Final report, Home Office (July 2014).

### Safe and well checks

If any partner – for example local authority social services – is concerned about the welfare of a vulnerable person, it should ask the most appropriate agency to intervene. This might involve them carrying out a ‘safe and well check’ at a person’s place of residence.

It is appropriate to ask the police for support if a ‘safe and well check’ engages the core duties of the police – to prevent crime, to keep the peace, and to protect life or property. Some police forces have adopted a policy that when they carry out a ‘safe and well check’ and the person is vulnerable, they expect the agency best qualified to respond to that person’s needs also to be prepared to attend, particularly when there is sufficient time in which to plan the visit.

If the ‘safe and well check’ is outside of the core duties of the police, then police and non-police agencies should agree the most appropriate agency to respond.

See: Section 17 Police and Criminal Evidence Act (1984), Hampshire Constabulary “Concern for Welfare” flowchart.

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**In January 2014 the Metropolitan Police attended 3,100 safe and well checks, of which only 3% were judged to require their presence.**



### Identifying vulnerability

Vulnerable people may come into contact with the police in a range of contexts, some involving potential criminality and some not. Irrespective of the context, it is necessary for professionals to consider the most appropriate support and intervention.

The College of Policing is clear that police officers should have the training and skills to identify when a person is vulnerable. All forces should have a definition of vulnerability. This does not mean that the police need to be able to diagnose specific illnesses or disabilities, rather that they need to recognise when intervention from partner agencies, such as health professionals, may be necessary.

The College of Policing is also developing revised Authorised Professional Practice and training products that will be available to help officers at all levels respond to vulnerable people. Training will be developed in partnership with other professional colleges to develop a common curriculum.

See: Vulnerability Assessment Framework – an ‘ABCDE tool’ – used by the Metropolitan Police Service, also similar approaches in Hertfordshire, Northamptonshire and South Wales.

See also: HM Inspectorate of Constabulary report - Recommendation 11 - Core business: An inspection into crime prevention, police attendance and the use of police time (2014).

See also: National Centre for Applied Learning Technologies e-learning package on Mental Ill Health and Learning Disabilities which a number of forces currently use.

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**Up to 90% of prisoners have a diagnosable mental illness, substance abuse problem or, frequently, both. (Brooker C. et al, 2003)**

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**Previous police data suggested that 74% of people detained under s136 were taken to a Health Based Place of Safety in a police vehicle during 2012/13. (Health and Social Care Information Centre 2013).**

### Liaison and Diversion (L&D)

When the police identify a person whom they suspect of committing an offence as being vulnerable, some forces have systems in place to refer people into a L&D scheme. Health professionals within criminal justice L&D teams will then: assess the person’s health needs, refer them for treatment or support (when appropriate), and provide relevant information to police and courts to help inform charging and sentencing.

L&D schemes operate at various stages of the criminal justice system. This includes police custody, magistrates and crown courts, and within community settings.

In April 2014 NHS England commissioned ten schemes to operate across twelve police forces using a core model. The Government’s ambition is 100% coverage across England by 2017.

See: Further information from NHS England or Home Office Health and Policing team

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**In 2012-13 police stations were used as the place of safety on 7,761 occasions – this equates to 36% of all uses of s136 of the Mental Health Act during that period.**



## **Appropriate use of police powers under the Mental Health Act 1983**

All decisions by the police to use their power under the Mental Health Act should be consistent with guidance being produced jointly by the College of Policing and Royal College of Psychiatrists. This guidance will help ensure that the police only use these powers when it is the most appropriate way to ensure the person's safety and that of others.

Decisions must be proportionate and lawful. Just as with other sensitive powers, such as stop and search, powers under the Mental Health Act must be used appropriately in relation to individuals' ethnicity or community. Decisions should be informed by accessing relevant information and advice from mental health professionals. Note that there are a number of other powers police can use in specific situations.

See: Joint College of Policing and Royal College of Psychiatrists guidance (to be published by December 2014) and Code of Practice - Mental Health Act (2014 revision) / Code of Practice Mental Health Act for Wales.

## **Mental health 'street triage'**

Street Triage schemes are providing a means for ensuring that people experiencing a mental health crisis receive care from a mental health professional at the earliest opportunity. The current pilot schemes are reducing unnecessary use of section 136 detentions. Street Triage involves health professionals supporting police officers – in person or by phone – using their skills to manage crisis care situations, and ensure that people access the most appropriate care.

Schemes have found success where they; are shaped by learning from existing triage initiatives, use local partnership arrangements, take account of the local geography and population, and use sources of finance from across health, criminal justice and other partners.

See: West Midlands triage pilot has been responsible for diverting 288 s136s between March and August 2014.

## **Transportation**

Any movement of vulnerable people by the emergency services must be done in the most appropriate and dignified way. Anyone in need of urgent medical intervention (physical or mental) should always be transported in a vehicle appropriate to their needs. The police should always request an appropriate health response if they are the first to encounter the person needing help.

Clinical Commissioning Groups should agree joint local policies with police and health providers to ensure the services they commission will transport people in a timely, safe and dignified manner. Ambulance Trusts in England have agreed that when people are detained under s136 of the Mental Health Act they will aim to respond within 30 minutes to make a clinical assessment and arrange transportation.

See: Mental Health Crisis Care Concordat (February 2014), Code of Practice - Mental Health Act (2014 revision) and Code of Practice Mental Health Act for Wales.

## Mental Health Act detentions and places of safety

The Crisis Care Concordat has emphasised that people detained under s135 or s136 should be taken to health-based places of safety. It is for local health commissioners to put in place sufficient capacity to meet local demand (in line with the Royal College of Psychiatrists' guidance for commissioners) and with flexibility to accept people 24 hours a day seven days a week. Guidance is clear that police custody should only be used for a s136 place of safety in exceptional circumstances.

Where local health-based place of safety protocols are agreed (between local authorities, NHS commissioners, hospitals, ambulance services and the police) these help to ensure that national principles are followed, including the arrangements necessary to safely manage people who may be violent or intoxicated.

See: Mental Health Crisis Care Concordat (February 2014), Code of Practice - Mental Health Act (2014 Revision) / Code of Practice Mental Health Act for Wales, Royal College of Psychiatrists Guidance for commissioners (April 2013).

See also: Staffordshire Police aim never to use a police station as a place of safety for taking s136 detainees.

## Assistance through criminal justice processes



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**BME communities are 40% more likely than white Britons to access mental health services via a criminal justice system gateway (Bradley, 2009)**

### Arrival in police custody

Identification of vulnerable adults may occur before or after a person has been taken into a police station.

Custody booking in processes can help to build on initial observations, to provide a more detailed picture of the person. In some police forces, standardised tools help identify vulnerability, inform risk assessments, and referrals to custody nurses and mental health professionals.

See: Metropolitan Police Service for the 'Newcastle Screening Tool'.

Police have a duty of care to conduct a pre-release risk assessment when releasing a vulnerable person from custody. The police may wish to seek or use information from third parties, such as family or friends, to inform decisions about release.

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**“An accurate assessment of the number of people with learning disabilities within the CJS is impossible because of poor interpretations about what constitutes a learning disability and a failure to properly identify and record this issue by all key agencies at all points in the criminal justice process”. (Criminal Justice Joint Inspection, 2014)**

### Custody healthcare transfer

Custody healthcare services must be provided to people detained in police custody or people attending a police station voluntarily in line with PACE Code C.

Lord Bradley's review in 2009 recommended that commissioning responsibility for such services should transfer to the NHS.

See: NHS England and the Yorkshire & Humber Commissioning Support Unit, which recently supported West Yorkshire Police in the re-commissioning of their police custody healthcare provision. This resulted in an enhanced healthcare delivery model while realising significant financial savings. The new contract, which went live in April 2014, was won by a West Yorkshire based NHS Trust.

## **Appropriate adults**

PACE code C paragraph 3.15 requires the custody officer dealing with a mentally disordered or mentally vulnerable detainee to inform an appropriate adult as soon as practicable.

See: National Appropriate Adult Network

See also: South Wales Police employ a local charity (HAFAL) to provide the Appropriate Adult service using staff trained to work with people with learning disabilities.

## **Identifying and referring drug misusing offenders**

The police have a range of tools and powers to help identify people whose offending is driven by Class A drug misuse. Those testing positive for heroin or cocaine can be required to receive support from a qualified drug worker. This can direct more drug misusers into treatment – in the community or in prison – and address wider needs including offending, benefits, employment, housing, and wider family support, in addition to their health needs.

See: Drug Testing on Arrest: guidance for police forces (GOV.UK)

## **Communication tools and reasonable adjustments for people with communication difficulties**

It is a legal requirement to consider reasonable adjustments to standard processes and literature for any vulnerable people who may have reading or communication difficulties. Examples include one to one communication support, or where appropriate, the provision of British Sign Language interpretation.

See: Gloucestershire Police, Tascor and the 2gether NHS Foundation Trust have developed a document using Easy Read for people with communication difficulties.

## **Integrated Offender Management (IOM)**

IOM is a local collaborative approach that brings partner agencies together to cut crime and victimisation by tackling the most damaging offenders identified locally, and reduce the risk of re-offending. Under IOM, any offender who has been selected for inclusion within the local cohort will receive intensive management and, wherever possible, priority access to services and interventions until they are no longer assessed as being of concern locally (whether or not they are subject to formal offender management arrangements).

See: Joint thematic inspection of IOM - HM Inspectorates of Probation and Constabulary, (March 2014).

See also: HM Inspectorate of Constabulary report Core business: An inspection into crime prevention, police attendance and use of police time (2014). The Key Principles of IOM are also available on GOV.UK.



## Supporting vulnerable victims and witnesses

People with vulnerabilities may also encounter the criminal justice system as victims of crime. The Victims' Code explains the services the police must provide to victims throughout the investigation and pre-trial stages. These include special and enhanced provisions for victims falling into a priority category – which includes vulnerable victims. Under the Code, the police are required to conduct a needs assessment at an early stage to determine whether a victim falls into a priority category.

See: The Victims' Code and the Witness Charter (both implemented in December 2013).

See also: Third party reporting schemes for vulnerable victims.

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**People with mental health problems are up to three times more at risk of being victims of crime than the general population. (Mind and Victim Support, 2013)**

### Ensuring appropriate follow-up and referral



Ensuring that there is continued support available to people identified by the police as vulnerable and requiring assistance is important to the continued well being of the person and prevention of further crisis points. In particular the National Institute for Health and Care Excellence recommended the development of a crisis plan for people using mental health services and who may be at risk.

The Crisis Care Concordat advocates the development of local patient centred services, including setting clear criteria for acute care and transition arrangements; ensuring coordinated commissioning of appropriate services; and monitoring the effectiveness of such systems.

See: Sussex Mental Health Act Monitoring Group

### Throughout the journey



## Guidance and training on mental health

The College of Policing is reviewing a wide range of training packages to enable police officers to help vulnerable people effectively, such as training on the law - including duties under equalities and human rights legislation - and on the roles and responsibilities of the relevant agencies.

The Bradley Report (2009) states that forces should consider the advantages of interagency training.

Training should raise awareness of particular issues faced by BME communities and those with other protected characteristics and include culturally sensitive approaches.

See: Forthcoming College of Policing Authorised Professional Practice on mental ill health and learning disabilities.

See also: 'ACPO guidance on 'Responding to People with Mental Ill Health or Learning Disabilities' (2010).

## **Safe management of vulnerable people detained by the police or other agencies**

The police and other agencies must be able to use reasonable force to protect the public and themselves from harm. If a person is violent (or threatens to be) and non-physical de-escalation or diversion techniques are not appropriate, the use of any form of force must be lawful, proportionate and necessary. As far as possible it should also be safe for all concerned.

Police officers and healthcare professionals must be properly trained; the former acting in accordance with the College of Policing's Personal Safety Training Manual and the latter in accordance with the Department of Health's Positive and Proactive Care: reducing the need for restrictive interventions.

The need for police intervention in health or care settings should be minimal. Only in exceptional cases should the police be called to manage an individual's behaviour in this setting, and mental health professionals continue to be responsible for the health and safety of the individual concerned.

To promote transparency and enhance accountability, it is best practice for any use of force by the police to be recorded, including the reason why it was considered necessary, in order that it may be subject to scrutiny.

This year the Independent Police Complaints Commission is carrying out a comprehensive study on the use of force by the police. The College of Policing plans to publish its response to the consultation on Detention and Custody Approved Professional Practice by the end of the year, which puts in place a requirement for officers to record the type of force used on people they detain. Looking ahead, an overarching review of use of force data capture is being considered by the National Policing Lead for Conflict Management. Work on Taser and firearms data capture is also being planned to ensure it is robust and accurate, enabling proper scrutiny through increased transparency.

See: Detention and Custody APP; Personal Safety Training Manual; Positive and proactive care: reducing the need for restrictive interventions (Department of Health, 2014); Crisis Care Concordat (February 2014).

See also: Hampshire Constabulary provide regular multi-agency training sessions, including demonstrations on safe physical restraint and transportation of people who are violent.

## **Information sharing**

Effective sharing of information between agencies and professionals, whilst respecting necessary confidentiality, is key to improving the experiences of vulnerable people, including those experiencing crisis, and thereby reducing the likelihood of harm.

A range of legal and ethical considerations apply, including the need to comply with the Data Protection Act 1998. The extent of information that can be shared in any particular case may vary. In determining how to proceed professionals should have regard to:

- what information may be available and how to access it,
- where necessary, pursuing relevant consent to information sharing, and
- actively sharing available information between agencies when it will be of benefit to the well-being or safety of the person in question.

Urgent circumstances, where there is a high level of clinical risk to the individual or other people, will continue to require individual professional judgements to be made concerning disclosure of information without consent, or for overriding consent, in order to share risk factors in a proportionate and justifiable way.



When the police are required to carry out enhanced criminal record checks for employers, they should have regard to the Statutory Disclosure Guidance and the relevant section of the Quality Assurance Framework. This ensures that any disclosures relating to mental health matters, including detentions under the Mental Health Act, are both relevant and proportionate.

See: Information Sharing: Guidance for practitioners and managers (2009).

See also: Further information on information sharing - British Medical Association - Confidentiality tool kit: [www.bma.org.uk/practical-support-at-work/ethics/confidentiality-tool-kit](http://www.bma.org.uk/practical-support-at-work/ethics/confidentiality-tool-kit)

The Home Office is most grateful to the following organisations for their assistance in compiling this guide:

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