Police Data

To gain an understanding about the national picture of AA need and provision a request was sent to the 43 police forces asking for the following data for the year 2012/13 and the year 2013/14:

- The total number of adults arrested by the police
- The total number of adult arrestees for whom an AA was requested
- The total number of adult arrestees for whom an AA was secured
- The proportion of AAs for adult arrestees supplied by dedicated AA schemes

Twenty-three forces replied representing approximately 60% of adult arrests in England and Wales[1]. The data presented in this paper relates to 721,048 (2012/13) and 704,652 (2013/14) adult custody records searched.

Data quality

Forces experienced considerable difficulty in supplying data on the number of AAs requested and secured; in part due to problems with data recording and in part due to the problems with data retrieval. A number of forces also provided caveats about the reliability of their data. No force was able to provide data on the proportion of AAs coming from different sources (e.g. AA service, relative, friend).

Several approaches were adopted to identify both the number of AAs required and secured. To identify AAs required, some forces had to conduct a 'free text' search of the custody system, some searched for a record of self-identification or identification through the risk assessment at booking in and others searched a 'vulnerable adult' marker on the custody system (though this is not a guarantee that an AA was requested). To identify the number of adults secured, some forces checked for a record of an AA being present for rights and entitlements, some looked for the presence of AA information in the 'contact details' screen and others asked their local AA scheme to provide data on AAs supplied. One force said that they were unable to identify the number of custody episodes where an AA was requested/secured because the method of retrieval included multiple AA call outs for a single custody episode. As a result, there were anomalies in the data, which variously may underestimate the number of AAs requested and secured or overestimate the number of AA-supported custody episodes.

Identification of need

The average rate of identification in 2013/14 was 3.1% (Table 1). This is lower than that found by recent (London-specific) studies (4.2%-4.8%) and the Royal Commission in 1993 (4.3%). This rate suggests approximately 36,500 adults per year are currently identified by the police as requiring an AA[2].

[1] Home Office (2014), Police powers and procedures England and Wales 2012 to 2013. London: Home Office

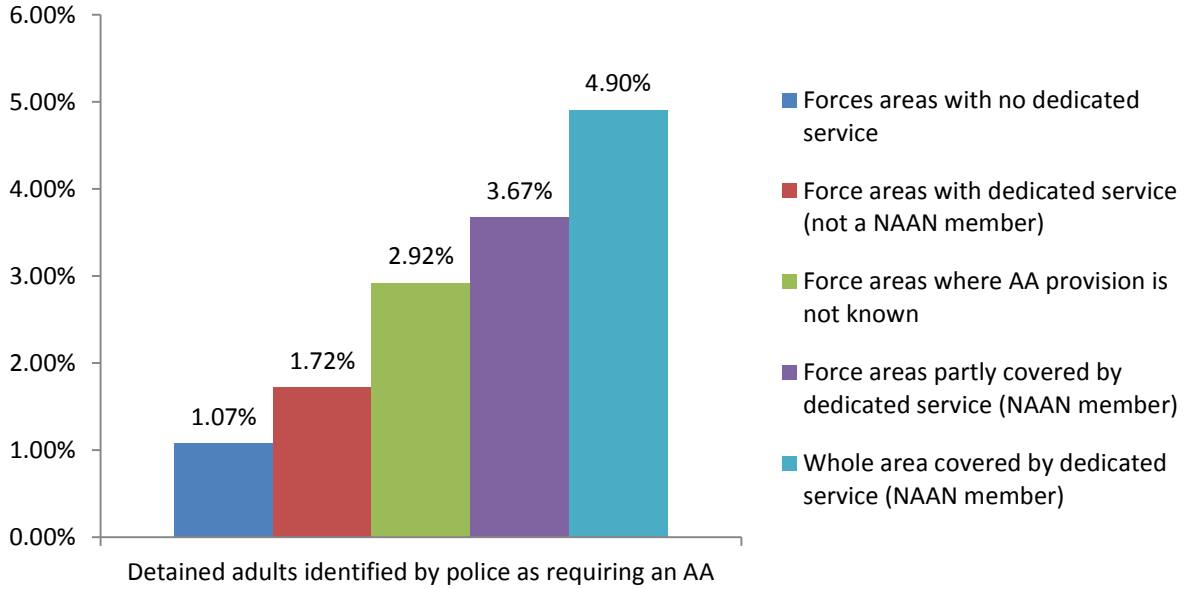
[2] Responding Forces made up 60.19% of the 944,242 arrests of adults for notifiable offences in 2012/13. The national estimate for AA need identified = respondents' AA required divided by 0.6019 = 36,483

Table 1: The average rate of identification

	2012/13	2013/14
Total adult detentions (23 Forces)	721048	704652
Identified need for AAs[3]	19619	21958
Identified need for AAs (%)	2.7	3.1

In 2013/14 the percentage of adults, from the 23 forces in the sample, who were identified as requiring an AA ranged from 0.5% to 9.2%. The two forces reporting 0.5% reported that their systems were poor and this was likely to be an underestimate. Chart 1 below provides an illustration of the correlation between the rate at which the police identify the need for an AA and the AA provision on which they rely. Interestingly, forces that have access to a NAAN registered scheme were the most likely to identify the need for an AA.

Chart 1: The effect of AA service provision on police identification of need



London

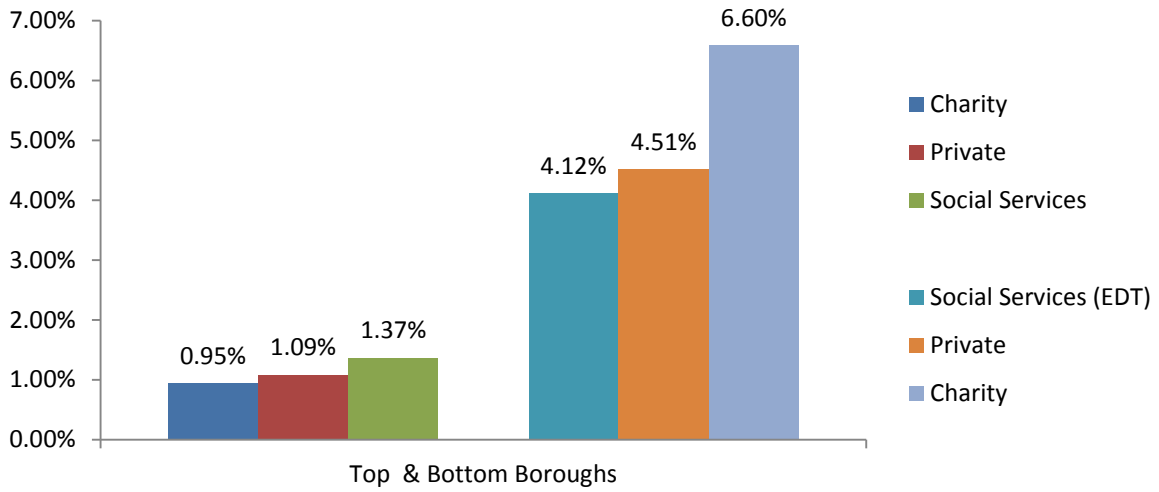
The Metropolitan Police alone accounted for 30% of the custody records searched and 23% of identification of AA need. The complexity of policing and local authority relationships across London is unparalleled in England and Wales, and this is reflected in AA commissioning and provision in the capital. Of the 33 areas[4], 30 provided data on AA provision; of these 11 boroughs have AAs provided by the private sector, seven by the public sector, six by a charity, two by a Youth Offending Team (YOT) and the remainder by an unknown provider.

[3] To mitigate against data issues, for each Force response we took the larger of either 'AAs required' or 'AAs secured'. Therefore this sum does not necessarily equate to AAs actually secured.

[4] 32 London Boroughs (covered by the Metropolitan Police) and the City of London (which has a separate police force)

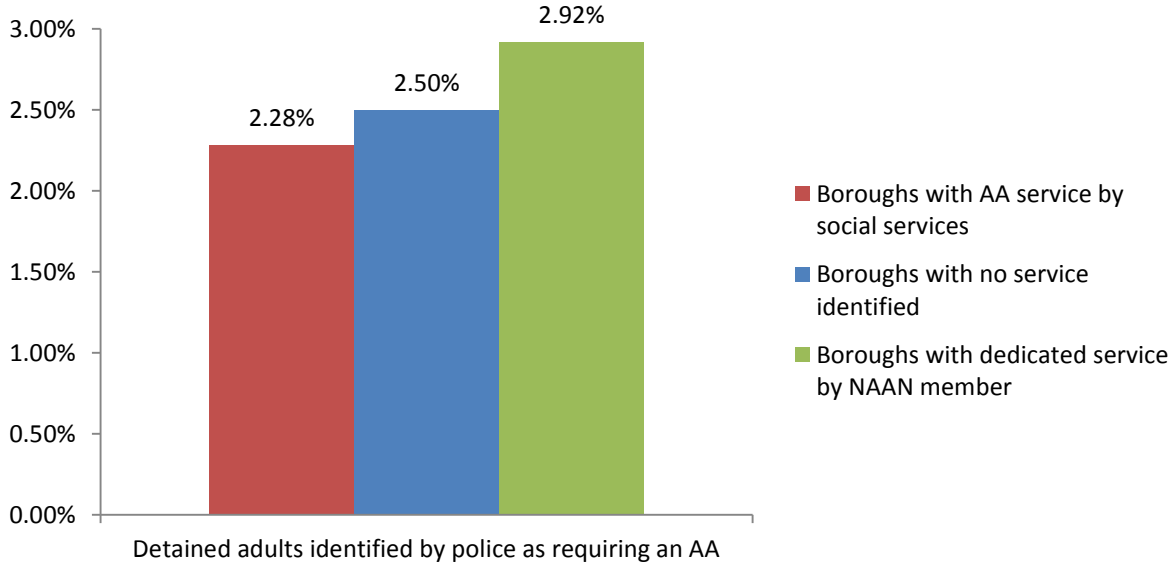
There was no evidence to suggest that the AA provider's sector made a signficiant difference to the rate at which police identified the need for an AA. The local authority areas with the lowest and highest rate relied on each sector equally. Chart 2 below illustrates the percentage of adults identified by the police who required an AA.

Chart 2: Percentage of adults identified by police as requiring an AA



Interestingly, the six boroughs with the highest identification rates all had dedicated AA services provided by NAAN members. Whilst areas with a dedicated service tended to have slightly higher rates, it was by no means a guarantee of high rates as illustrated by Chart 3.

Chart 3: Effect of AA service provision on police identification of need



To improve our understanding of the drivers of higher identification rates, we examined the commissioning in two boroughs where dedicated AA services are provided by the same NAAN member organisation but where rates are very different. The results are shown in Table 3 below and suggest that the nature of commissioning may significantly affect the rate at which police identify the need for an AA.

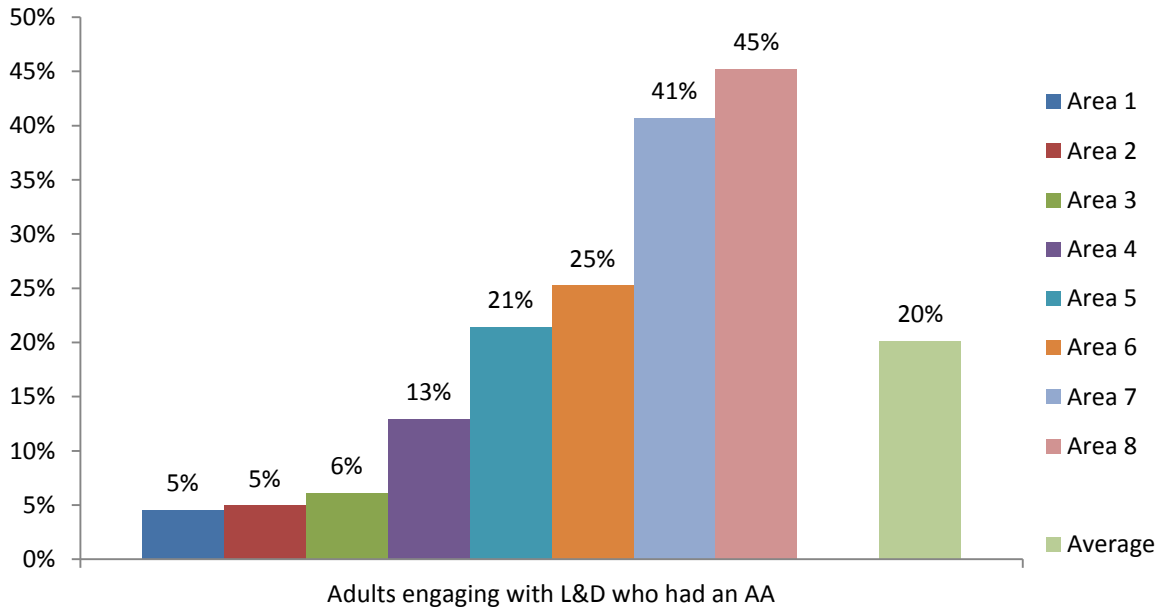
Table 3: The effect of commissioning on AA call out rates

	Borough A	Borough B
AA rate	2.2% (below average)	4.5% (above average)
Commissioner	Social services	Social services
Hours of operation	Monday to Friday 9am and 5pm	7 days per week 24 hours per day
Eligibility	Adults who live within the borough	All adults
Custody officer requests for AA	Must go via social services who consider and pass on requests to the provider	Direct to AA provider

Liaison and Diversion Data

Since 1st September 2014, the national liaison and diversion programme has been collecting data on the provision of AAs to individuals who are referred to, and engage with, the service. Liaison and diversion (L&D) involves the screening, assessment and referral of people with mental vulnerabilities including mental health and learning disabilities. Of the 11 operational sites, three had not collected data on AAs. The percentage of adults engaging with L&D who had received an AA varied considerably from five per cent to 45 per cent, the average was 20 percent, as illustrated in Chart 3.

Chart 4: Percentage of adults engaging with L&D who had an AA, by area (1st Sept - 31st Dec 2014)



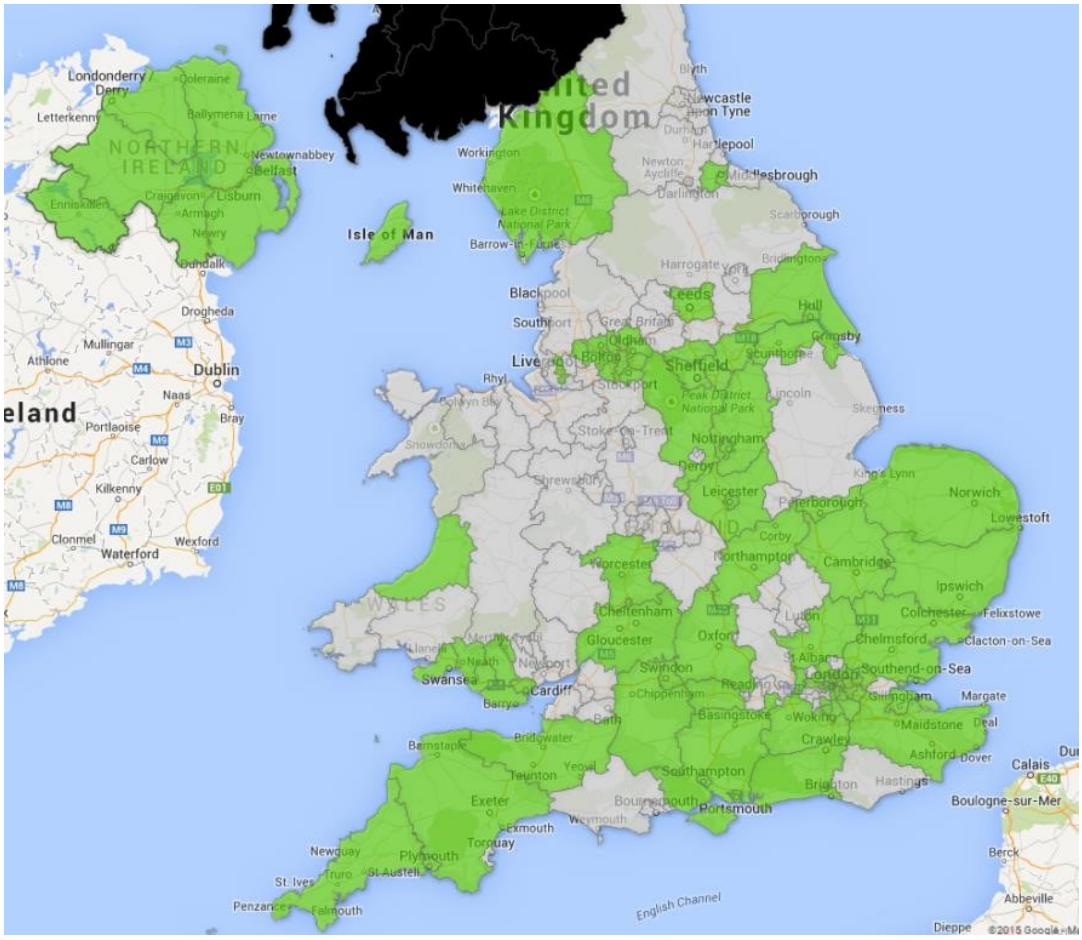
It was not possible to make comparisons with police data on the percentage detained adults for whom an AA is requested or secured. The liaison and diversion programme does not currently collect data on the proportion of detained adults who are referred to liaison and diversion services by custody staff.

NAAN Survey Data

The NAAN survey request received 38 responses from organisations currently providing appropriate adult (AA) services for vulnerable adults in England and Wales (78% of the relevant NAAN members)[5]. Unless otherwise specified, statements and figures relate to responses from England and Wales only and percentages are out of 38 responses.

Geography

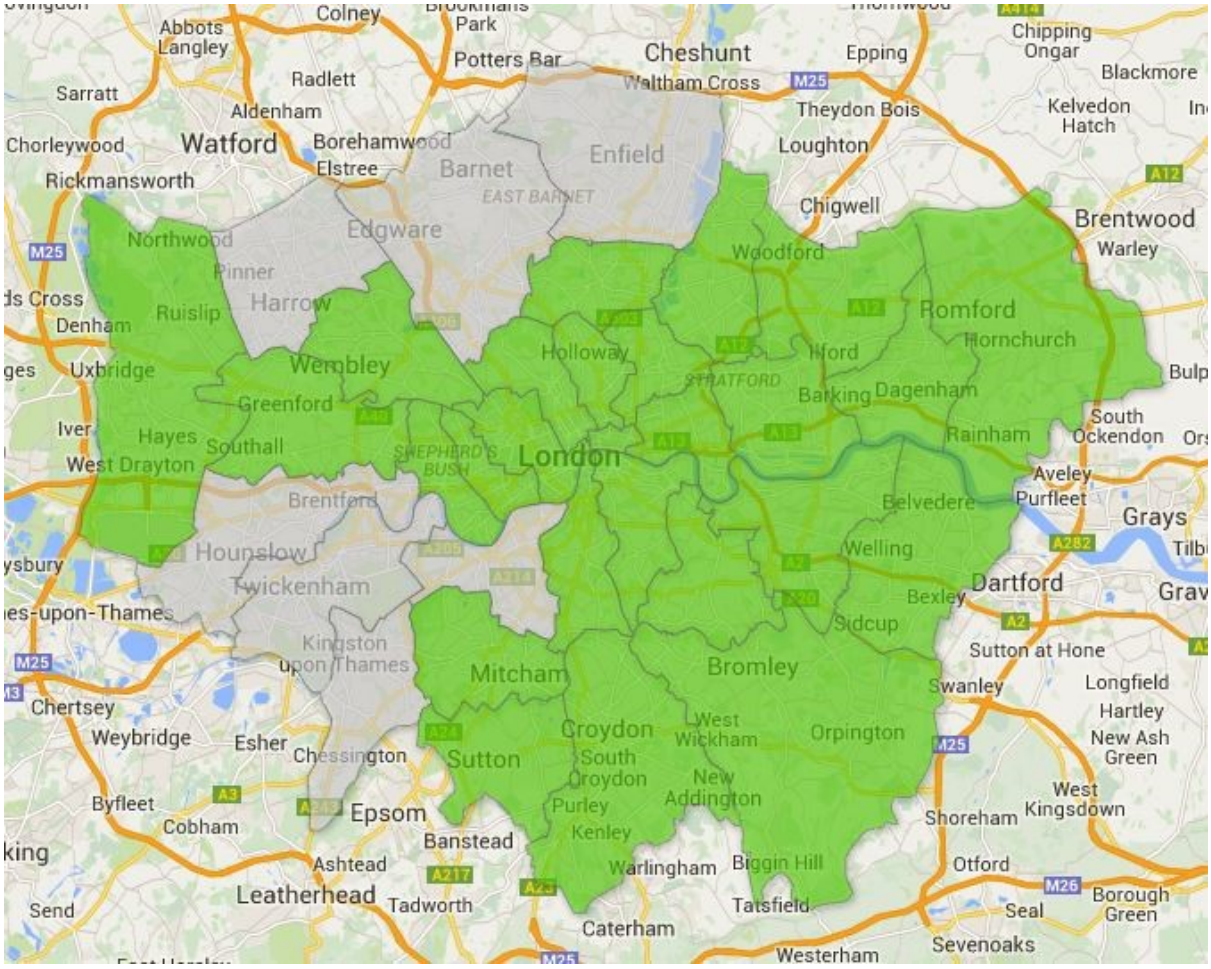
Eighty-seven percent of respondents said they covered all adults in a specific geographical area (one or more local authority) while eight per cent only provided AAs for their own clients.



Map 1: Adult AA service coverage by NAAN members (including non-respondents)

Seventy three per cent of schemes covered a single local authority, whilst 27% covered between two and six. One provider only covered adults with mental health issues and one said that eligibility varied across the contracts they held. One provider covered approximately 20 local authority areas (of which 14 were in London).

[5] A response was also received from the Northern Ireland AA Service, which is run by a charity providing a single service covering all of Northern Ireland.



Map 2: London Adult AA service coverage by NAAN members (including non-respondents) in the period covered by police data (2013 to 2014)

Service locations

Seventy-one per cent of providers said they provided services from one to five police stations, while 21% worked in six to 12 police stations. One provider covered interviews on its own premises and one was currently setting up a service. One provider covered almost 100 police stations. The average (excluding the large provider) was 4 police stations per provider.

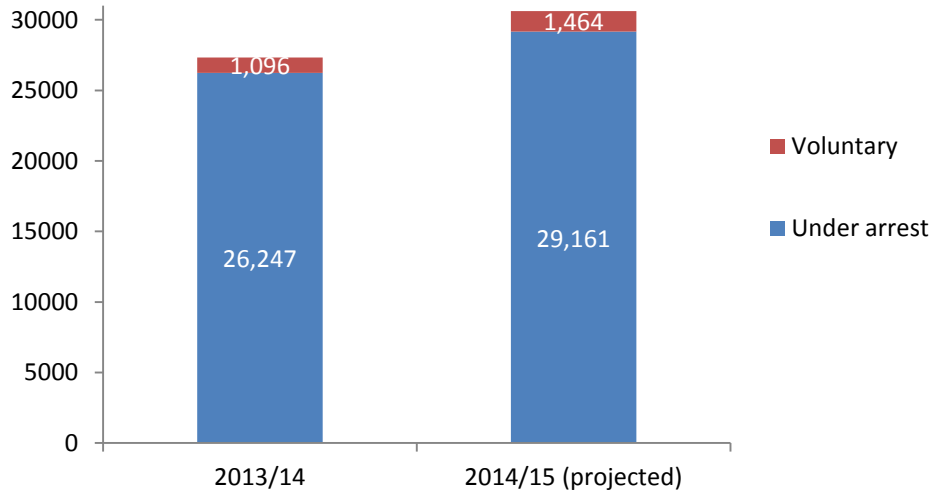
Half of respondents said they also covered prisons. Other locations covered included: young offender institutions (24%); Department for Work and Pension offices (18%); airports, ports and borders (11%); various secure mental health settings (8%)[6], agreed local authority buildings (3%). Eight per cent said they would attend any venue at which a voluntary interview was conducted. Services also reported that they provided AAs for PACE interviews conducted with the RSPCA[7], British Transport Police and Trading Standards, as well as for non-PACE age assessments of suspected illegal immigrants conducted by the UK Border Agency.

[6] Psychiatric hospitals, local psychiatric units (including forensic), Low Secure Units, secure mental health units
[7] Royal Society for the Protection of Cruelty to Animals

Call out volumes

Thirty-three respondents provided call out data including for custody and voluntary interviews for (a) the financial year to 2013/2014 and (b) the three quarters from April to December 2014. The latter was used to project volumes for 2014/15, as illustrated in column two in Chart 5 below.

Chart 5: Annual AA call out volumes in England and Wales



Call out volumes for 2014/15 are predicted to be 12% higher than the previous year, reaching 30,625. This is despite the police arresting around 10% fewer adults for notifiable offences in 2012/13 than the previous year (Home Office, 2014)[8], and police data provided to this study suggesting the use of custody reduced by around 2.3%. There are two possible explanations; there has been an increase in the proportion of adults being supported by an AA and/or an increase in the number of call outs per custody detention.

Provider sector

A variety of types of AA provider responded to the survey including: charities (20); youth offending teams (10); private AA companies (2); a private psychological counselling company (1); a local authority emergency duty team (1); a police and crime commissioner (1); a community safety team (1); a psychiatric hospital (1); and a social enterprise formed from local NHS mental health services (1). Over three-quarters of respondents stated that their service provided AAs for both children and mentally vulnerable adults.

[8] Home Office (2014), Police powers and procedures England and Wales 2012 to 2013. London: Home Office

Provider size

The number of call outs (per year) to police stations reported by AA providers varied considerably. Of the 33 respondents call outs ranged from three to over 10,000, with an average of 828. The six largest providers were responsible for more than two thirds of all AA call outs, whilst the seven smallest provided under one per cent. Chart 6 below illustrates the number of AA providers by the total annual call out and Chart 7 shows the proportion of total call outs by provider size.

Chart 6: Number of AA providers by annual call out volume

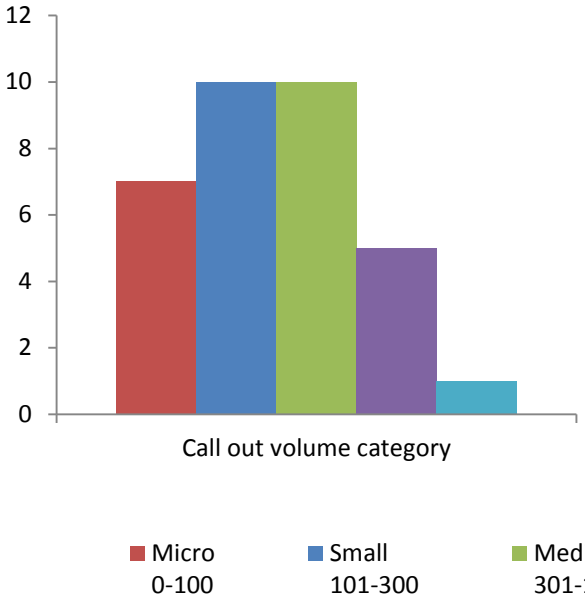
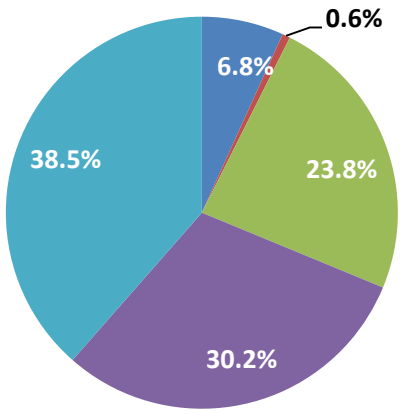


Chart 7: Proportion of total call outs by provider size



Staffing

Thirty-five respondents reported a total workforce of 1,320 people. Of these almost three-quarters were volunteers, just under a quarter were sessional staff, and just under five per cent were paid employee posts. Providers reported that paid staff spent a total of 1,243 hours per week on co-ordination. This implies efficient management, with 22 call outs achieved per hour of co-ordination. The average team size was 38 people (range from two to 184). The average annual number of call outs per team member was 15 (range from one to 57).

Capacity

Fifty-seven per cent of respondents said that they were generally able to respond promptly to a request within their current resources. While 11.4% said they had some spare capacity, just over a third said they were either 'sometimes' or 'often' unable to respond to the level of demand.

Commissioning

In 2013/14, almost nine in every ten call outs were commissioned under contract, based on either a fixed annual price or cost per use. Table 4 below provides data on the percentage of call outs in 2013/14 which were commissioned under a fixed price contract or similar agreement alongside the funding arrangements for all other call-outs.

Table 4: Commissioning and funding arrangements

	Providers	Number of call outs	% of annual call outs
Commissioned under a fixed price contract or other agreement	15 *(14 charities)*	10,480	38.3
Commissioned under contract with charges per hour or call out[9]	3	13,052	47.7
Spot purchase / Provided ad-hoc with charges per hour or call out	2	1,039	8.1
Funded by own organisation/authority (public sector)	9	2,217	3.8
Unfunded / funded by own organisation (charity or private company	6	517	1.9
TOTAL	**36**	**27343**	

The inequity of arrangements across the country was a leading theme, as was the urgency of the need to clarify accountability and ensure sufficiency. There were concerns about the current reliance in some areas on the goodwill of charities, some (but not all) of whom were well intentioned but poorly trained.

Most respondents thought AA commissioning, provision and oversight should be a shared responsibility between local government (78%), health authorities (31%), Police and Crime Commissioners (36%) and local partnerships such as safeguarding adults board (22%), with a partner agency commissioned to deliver the service. Respondents noted positive experiences of integrated health and social care commissioning teams and drew a link with liaison and diversion teams. Several concerns were raised about the responsibility sitting with Police and Crime Commissioners because AA provision is unlikely to be a community priority and it would be a conflict of interest with their role of inspecting custody. A quarter of respondents said that the responsibility should sit with national government, thus ensuring a clear national mandate unable to be diluted by local interpretation.

While direct delivery by adult social services was not viewed as a realistic option, there was a strong view that commissioning should be focused through local authorities. As AA services provided or commissioned by YOTs are well established, it was proposed that local authorities could negotiate with their own YOTs as to how best to

[9] This category includes all call outs by the single largest provider who delivers under various contract models but mostly under a pay per call out model with a fixed upper budget.

deliver AA services while minimising cost. Though it was made clear that these should be local decisions, combined services (children and adults) were seen by some to be desirable and workable. For one YOT scheme, extending existing service to adults via an service level agreement (SLA) and additional funding was relatively simple as it was ultimately 'coming from the same council pot'.

Respondents eschewed the idea of national or regional services, strongly supporting local (64%) or force area services (22%). In addition to cost benefits, localism was viewed as having qualitative benefits. One respondent stressed that local knowledge and needs must not be overlooked. Another noted that the development of local relationships with custody staff based on trust and positive links with local organisations and services ultimately benefitted vulnerable adults. These would not be replicated without the closeness of services to custody.

Eligibility criteria

Respondents said contracts should be based upon broad eligibility criteria that are inclusive of all mentally vulnerable people irrespective of their condition, home postcode or use of other services. They should enable provision both in custody and for voluntary interviews elsewhere if it is in a person's best interests. This would reduce complexity, result in shorter detention times and reduce overall costs.

The need for value for money

Respondents were aware that the commissioning landscape was changing. There was a recognition that value for money needed to be demonstrated and that a shift is required from activity based measures to an outcome focus. Respondents noted that even commissioners who already understood and valued the AA role increasingly needing to evidence their value. In part this was due to the increasing involvement of Clinical Commissioning Groups (CCGs), who are relatively new to the criminal justice system. It was said that greater sophistication was needed when gathering feedback and measuring outcomes if a reliable evidence base was to be established.

Funding

Twenty-three respondents provided a breakdown of their funding arrangements. Adult social services funded the most schemes, supporting 16 schemes and funding more than half of the call outs, as illustrated in Chart 8 below.

In total, the police funded six of the 23 schemes and around one fifth of call outs. YOTs were also reported to part fund adult schemes. This arises due to the high proportion of combined schemes in the sample and the methodological challenges of apportioning costs in a combined adult/child AA service. Chart 9 provides a breakdown of the percentage of AA call outs by funding source.

Thirty-five respondents provided information on the stability of their funding, of these over half (60%, representing 20,000 call outs per year) said their funding was at risk. If funding was available, 83% of providers stated that they would consider expanding the geographical coverage of their areas

Chart 8: Number of services receiving funds from each source

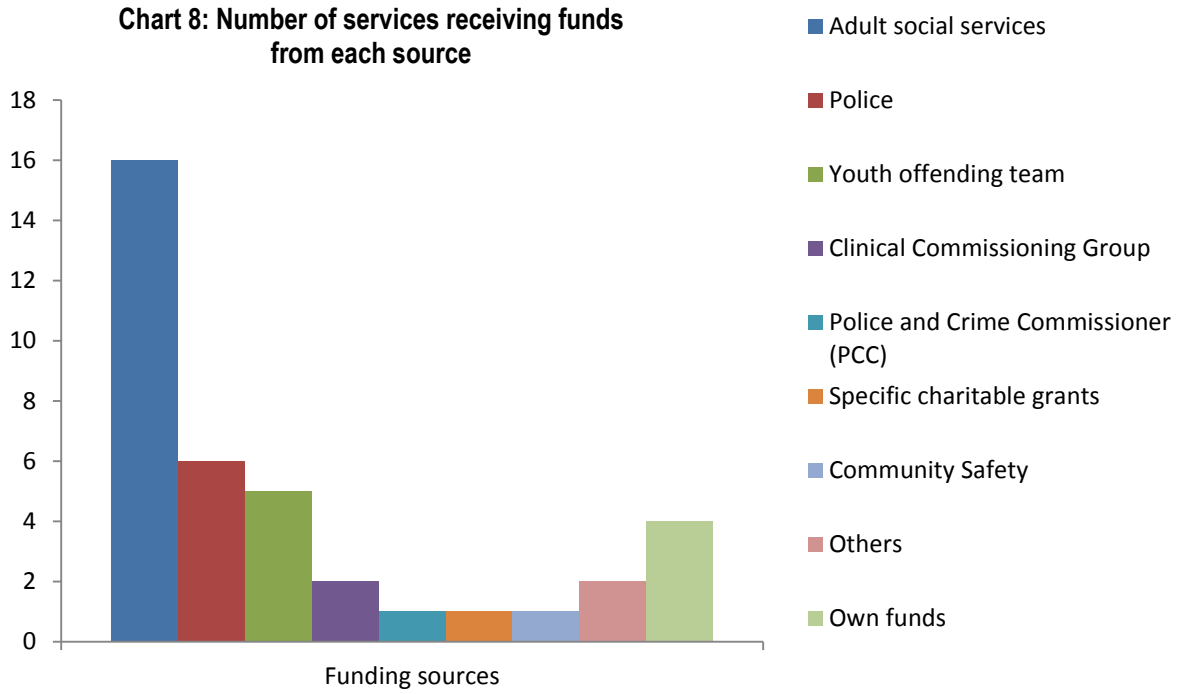


Chart 9: Percentage of AA call outs by funding source

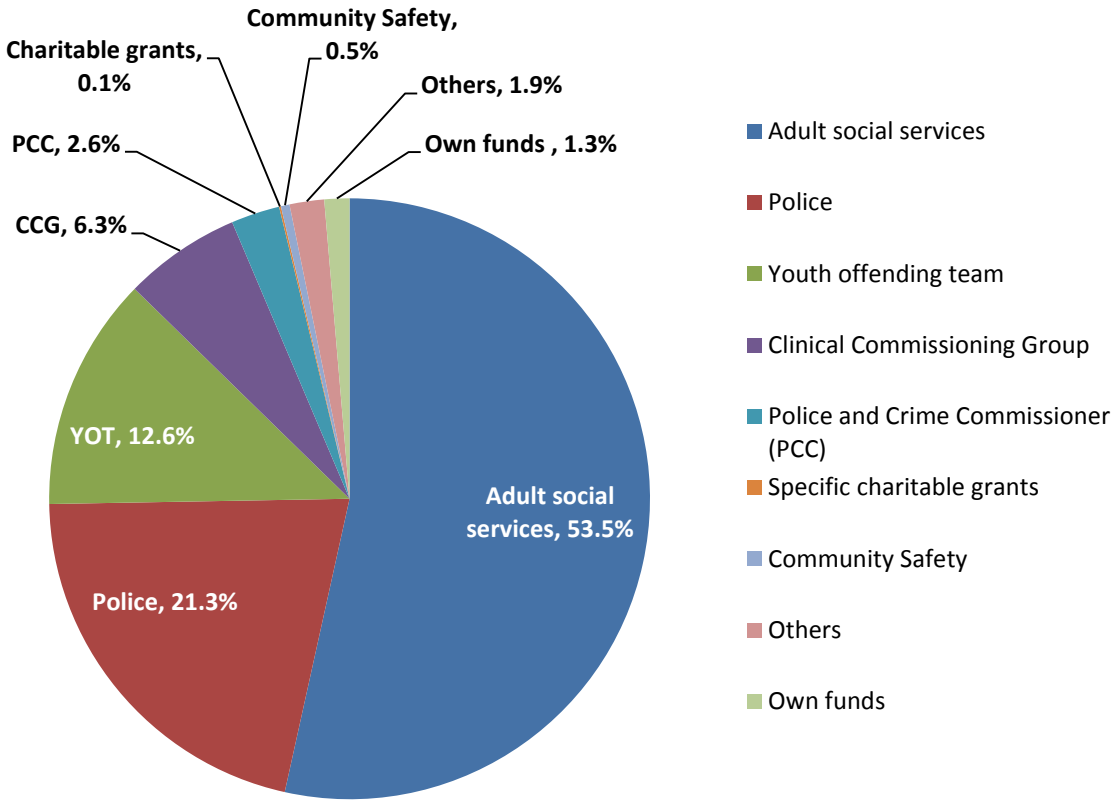


Chart 10a: Respondents stating AAs are likely to be present (high)

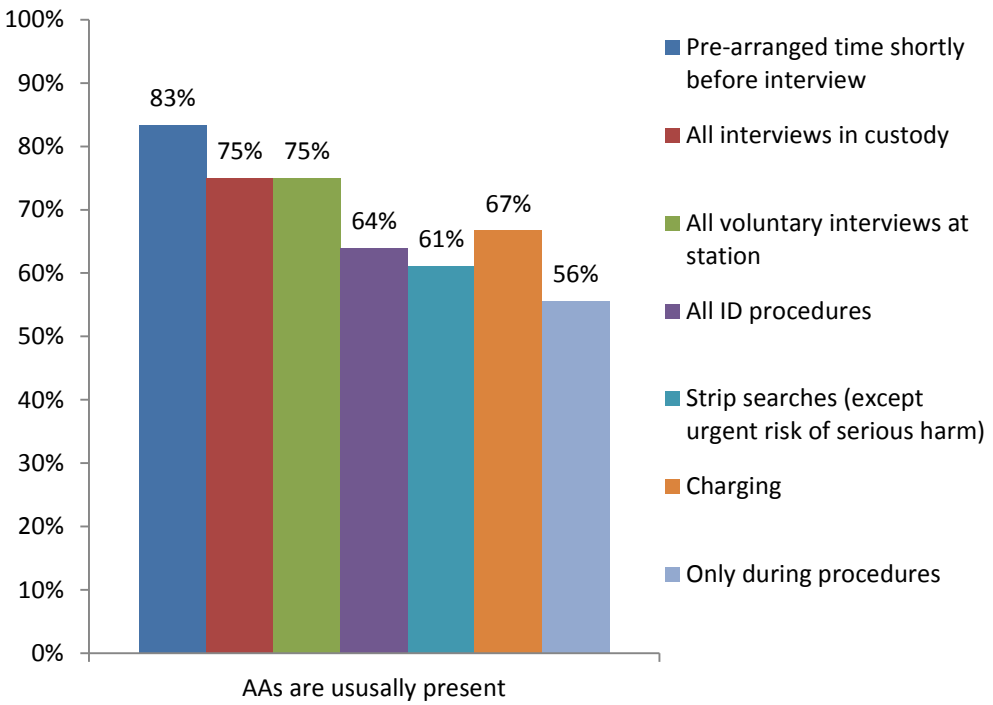
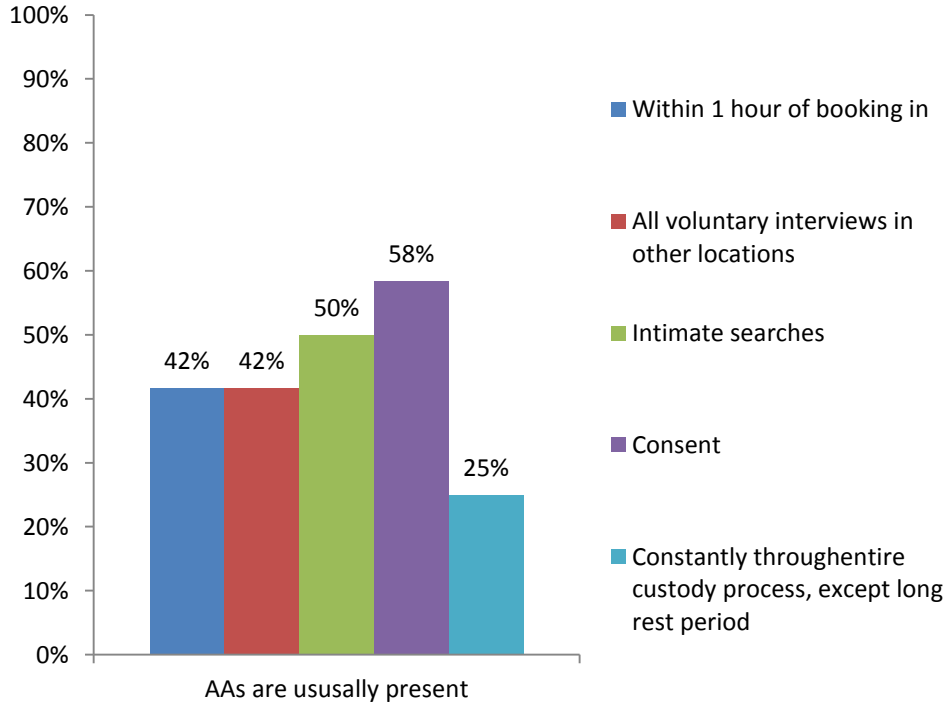


Chart 10b: Respondents stating AAs are likely to be present (low)



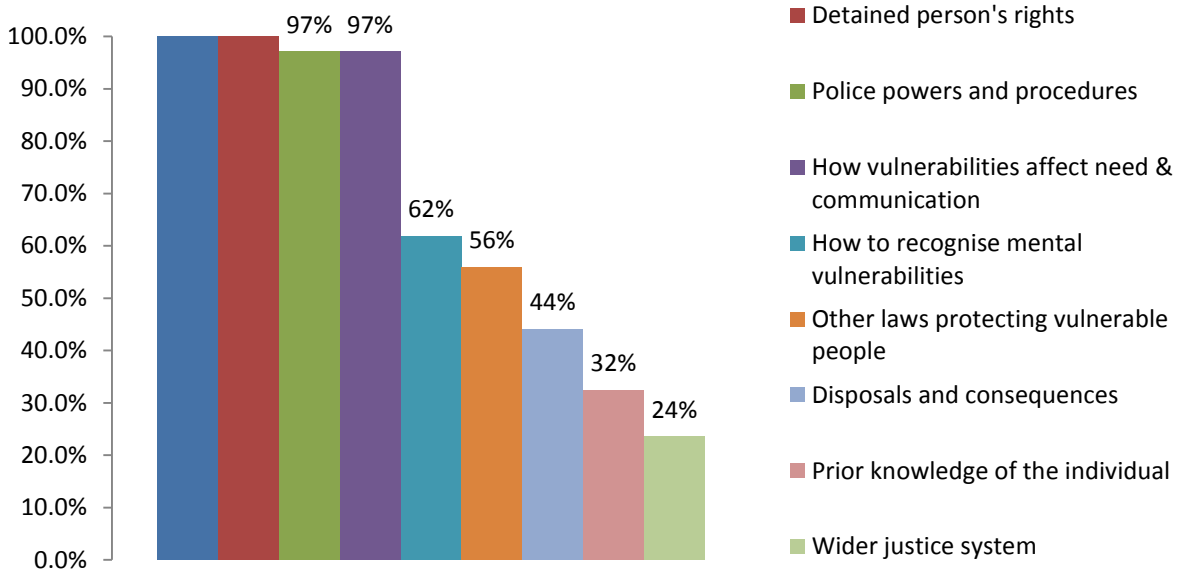
Use of AAs

Respondents were asked to say when their AAs were usually present. The results suggest that some AA requirements in the PACE Codes are adhered to more than others. Vulnerable people in custody appear unlikely to have support until shortly before interview, which leave a scarce amount of time to establish a detainee's needs or develop rapport. Many respondents reported that AAs were rarely present for strip or intimate searches. AAs are usually only present for the duration of specific procedures rather than throughout a vulnerable person's time in custody, Charts 10a and 10b illustrate respondents' views on the procedures for which an AA is usually present.

AAs skills and experience

Thirty-four respondents provided views on the knowledge (Chart 11) and skills required to be an effective AA. Knowledge about rights, powers and procedures were rated as 'necessary' by almost all respondents, along with understanding how mental disorders and mental vulnerabilities might affect a person's understanding, communication and welfare needs. This contrasted with prior knowledge of the individual (32%) and of the wider criminal justice system (24%). Respondents also noted the importance of an understanding of: safeguarding; the remit of other professionals at the station; local support services; and recording and following up on any concerns.

Chart 11: Respondents' views and rating of the necessary knowledge to be an effective AA



In terms of skills, being a skilled communicator (100%), maintaining boundaries (97%) and providing support (91%) were all viewed as essential. Respondents also viewed assertiveness, tenacity, patience, empathy, confidentiality, being non-judgemental and knowing when to ask for support as important skills for a confident and competent AA..

Mandatory training

Respondents were keen for mandatory national standards and *'a degree'* of regulation over training to be introduced. Several respondents also said that there needed to be clarification on the definition of vulnerability, and of the AA role in PACE with minimum training requirements introduced to ensure equality of outcome across the country.

Demand for AA services

Several respondents noted that there had been an increasing demand for their service. Reasons identified included increased efforts by the police to address concerns about mental vulnerability in custody and increasing appreciation and understanding of the AA role. Interestingly, one area where an AA scheme was established and reported a positive relationship with the police, said officers tended to call upon the services of an AA with greater frequency than in neighbouring areas where the custody population was similar but a less established scheme was in place.

Respondents were clear that a disinvestment in adult social care and mental health services by successive governments coupled with an increase in the number of adults being detained by the police - who would be better dealt with in another setting - had placed additional demands on existing AA services.

Some respondents said that one of the key drivers of demand was the increase in multiple call outs per custodial episode (e.g. booking in, interview and disposal). Delays in processing arrestees tend to increase the need for multiple call outs as additional visits were often seen as preferable to sitting and waiting. At times, however, this resulted in a vulnerable adult being supported by more than one AA for one custodial episode. Understandably, AA providers reported that delays in processing frequently had a negative impact on vulnerable adults.

Identification of need

Respondents reported that the extent to which custody officers fulfilled their duties varied considerably. Providers were clear that there is unmet need in custody but that the number of mentally vulnerable adults who are not supported by an AA is unknown. Respondents thought identification of vulnerability was hampered by the lack of training provided to custody officers. It was said that *'if a client does not seem to be too bad they [police] push them through the station'.* One particular provider reported that custody staff are open about their inconsistency in providing AAs, citing the case of a 'prolific shoplifter' who was provided with an AA on some occasions but on other occasions one was not requested '*so they could get him charged and into court.'* Respondents believed that the expansion of liaison and diversion services will undoubtedly help the police, by increasing understanding and assisting in the identification of vulnerable adults. The expansion of liaison and diversion was not however, viewed as a panacea to improving the custodial experience of vulnerable adults as it would not address those situations where police officers chose not to address a person's vulnerabilities.

Statutory provision

A recurring theme from respondents was the lack of a statutory duty to ensure provision of AAs for mentally vulnerable adults. The need is therefore '*overlooked and not treated seriously'* and as a result, '*vulnerable people are being let down'.* One provider noted that half the requests for AAs in their combined service were for vulnerable adults. This particular provider thought the current situation was an *'injustice'* and that AA provision for adults should be on a statutory footing. Another provider remarked that, *'Everybody wants the service but nobody want to pay for it'.*

Extending services up to court

Some respondents said that vulnerable adults were treated unfairly because they lost all support if during an investigation they switched from being a suspect to a witness and whenever they progressed to being a defendant at court. One respondent noted that if services were extended through to the court stage, cost savings would be available to mitigate the cost because mentally vulnerable people often fail to attend court appearances, generating costs in rearrangements and the creation and execution of warrants.

Remote provision

The delivery of AA services remotely for some elements of the process was also a matter of concern, with respondents feeling that physical presence was critical to understanding and supporting a vulnerable person's needs.

Data sharing

The sharing of relevant and proportionate data must be improved between social care, health and mental health, both to ensure that AAs are well informed before attending and to ensure that information captured by them is fed back, allowing vulnerable adults to benefit from additional support.

Costs

Respondents were asked how much their service costs to deliver. This was combined with call out figures to arrive at an average 'unit cost' per AA call out. Reliable figures were obtained for 26 AA services, totalling around 25,000 call outs per year (2013/14). The average unit cost ranged widely from £13.34 to £750, with an average of £80.79. In comparison, the absolute unit cost of a social worker (including on costs, overheads and ongoing training but excluding qualification costs) would be approximately four times higher at around £375[10] (see Charts 12 and 13).

Chart 12:Respondents by unit cost

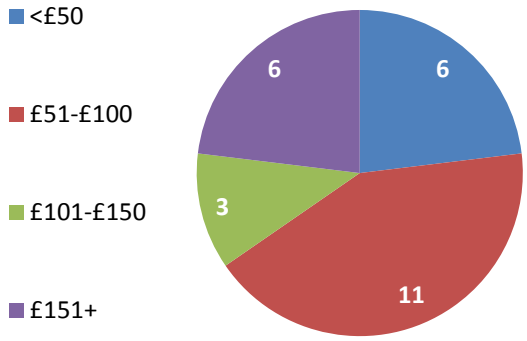


Chart 13: Unit costs of dedicated AA vs social worker

[10] Curtis (2013) Unit costs of Health and Social Care 2013. Kent: Personal Services Research Unit. This report calculated that the average cost of face-to-face social work was £128 per hour or £171 per hour in London. Based on an average callout time of 2.5 hours at £150 per hour the unit cost per call out is £375

Variations in unit costs were identified based on: the use of volunteers; the sector of the provider; whether the service combined with children's AA services and whether the scheme said they had spare capacity. Average unit costs are detailed in the four charts (Charts 14-17) below.

Chart 14: The use of volunteers and costs

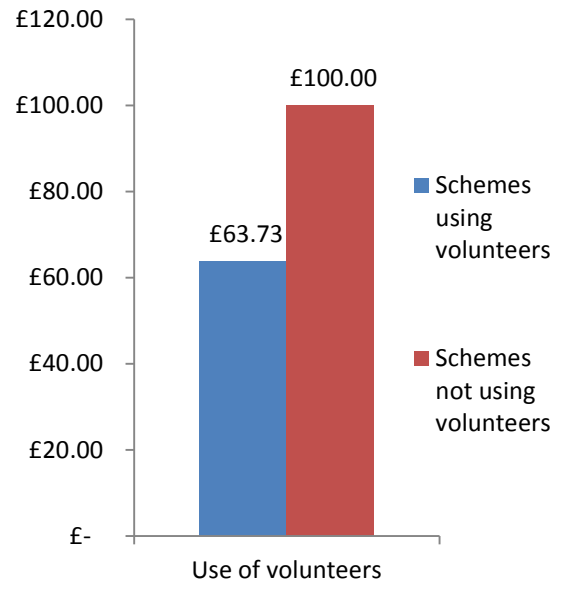


Chart 15: Type of service and costs

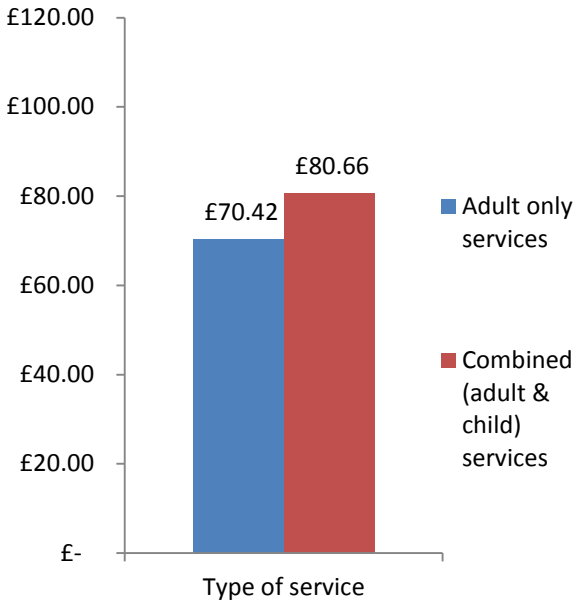


Chart 16: Sector provider and cost

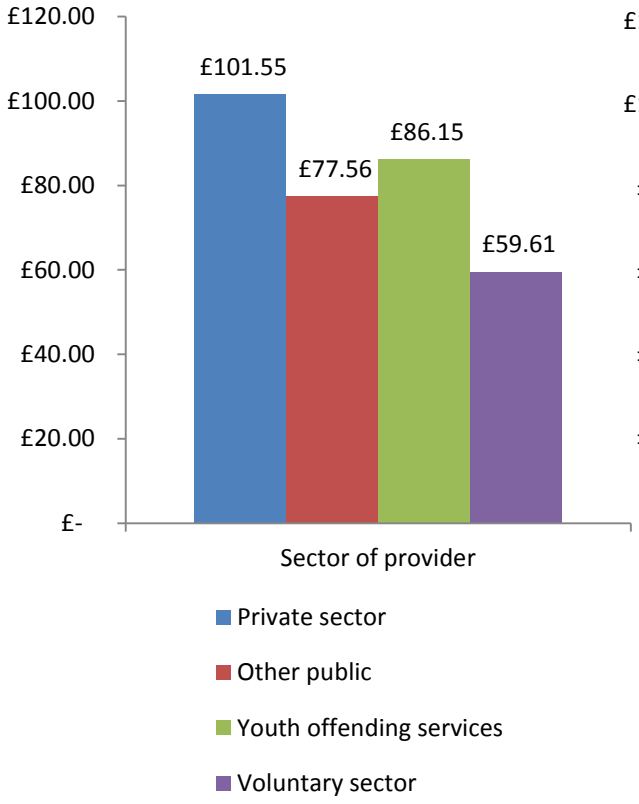
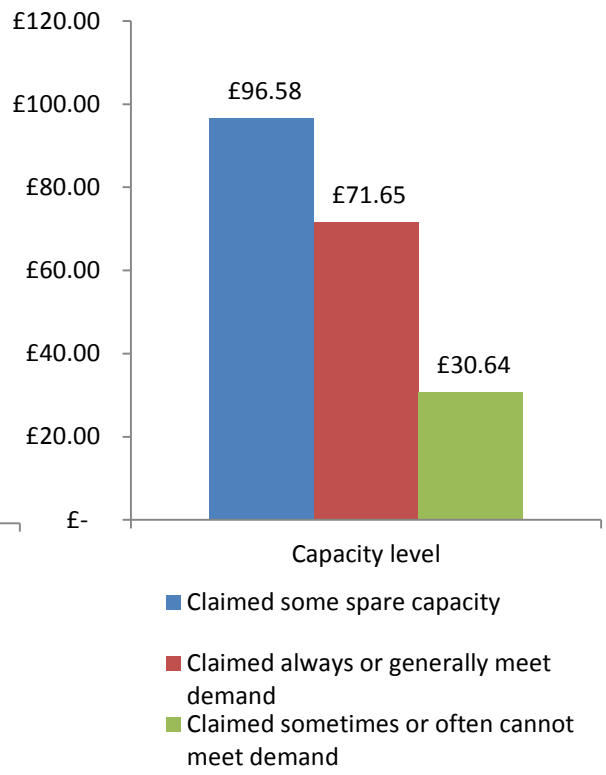


Chart 17: Capacity level and cost



Lower unit costs tended to be found amongst schemes using volunteers, those provided by the voluntary sector and those which served adults only. It is interesting to note that all the adult only schemes were only provided by organisations which offered a wider range of advocacy and support services. In addition to combining with children's AA services, this offers another method to spread the fixed overheads of an AA scheme.

Unsurprisingly, respondents who said that they had spare capacity to deliver more call outs within existing budgets, had a higher than average unit cost. Private sector providers made up the vast majority of those with spare capacity and the sector's higher unit cost should be seen in this light. However, claims of spare capacity from any provider should be viewed alongside the evidence that the survey showed AAs are not present for all custody procedures as required by the PACE Codes of Practice.