

Introduction

This section of the report explores the views and experiences of custody sergeants working in custody suites, involved in processing vulnerable adults that need an appropriate adult. The findings presented here are based on a web-based survey of custody sergeants from one police force¹. In total 64 custody sergeants undertook the survey, of which fifty completed the survey².

Identification and assessment of vulnerability

Almost all (58) custody sergeants (n=60) stated that they have dealt with adults whom they have identified, or who have identified themselves, as vulnerable. A range of issues were said to be taken into account by custody sergeants when assessing vulnerability and when considering whether to provide an AA. This included (ranked based on number of responses): a suspect's ability to understand the purpose of the custodial process; ability to understand and respond to the questions asked during a PACE interview by investigating officers; ability to understand and respond to the general questions when being booked in; ability to understand what being charged, bailed or cautioned means; and ability to understand their rights (access to a free solicitor, phone calls, sleep etc.). 'Other' considerations about whether to provide an AA included, if the suspect was known (via previous custody records or disclosed by the suspect themselves) as having a mental health issue; the suspect's presentation and behaviour in custody; following a risk assessment; consultation with an FME (forensic medical examiner or forensic physician) and the age of the suspect.

A minority (6) of custody sergeants (n=55) indicated that they would accept a detainee's self-assessment of vulnerability at face value. Just under two-thirds stated that a) they would accept but ask the opinion of a medical professional (34), and b) accept but seek to verify by accessing previous custody records to see if an AA has been requested and supplied (32). Almost half stated that they would accept but seek to verify through a series of force-approved questions (24); under a third would accept but seek to verify (with consent) by contacting a relative or close friend (17); rarely accept at face value and always carry out own independent assessment (12); and accept but seek to verify (with consent) by contacting local AA scheme staff (7).

Will always err on the side of caution and will look to verify using medical professional, (FME or Mental Health Liaison Nurse) and previous custody history

Any vulnerability at all - if you are questioning if they need an appropriate adult, they probably do

¹ Five police forces were invited to take part in the survey. However, only one force participated. The web-based survey ran for a three weeks between Feb-March 2015.

² 14 respondents dropped out of the survey at different points between questions 3 and 19. A further 42 respondents dropped out at questions 1-2, and there were 60 views of the front page which were not taken further. Nil responses are excluded from the analysis. The total number of responses for each question is variable as not all respondents answered all questions.

Training

The survey asked respondents what training is provided to custody sergeants to assist them to identify vulnerable adult suspects. Almost a third (15) of the custody sergeants who responded to this question (n=55) reported that 'no training is provided'. This was in contrast to the remainder of the sample (40) who had received training and stated that training was provided in the following ways:

Training provided	No. mentions
On the job training	26
Training as part of custody sergeant training	19
E-Learning	7
Training as part of the sergeant's training/exam	4
In-house training provided by professional AA service providers	1
'Other'	10
Total	67*

*Includes a number of multiple responses from 40 respondents.

'Other' responses referred to the limited training provided to custody sergeants to assist the identification of vulnerable adult suspects. A few custody sergeants cited a vague recollection of some one-off training or training provided as part of a custody refresher course. Some mentioned the need for more focussed training around the identification of mental health issues specifically. Other custody sergeants were of the opinion that they were provided with 'training' on-the-ground, given their first-hand experience and years in service dealing with suspects.

Part of custody training but not much and needs to be more especially in regard to mental health issues

Recently had [name of course] training, most of it was pointless as we knew what they were saying from years of experience dealing with people

There has been a training input as part of the PDD training programme in the last year about vulnerable adults / learning difficulties but not provided to my knowledge by the AA scheme itself.

All custody sergeants (n=54) stated that their force provided them with a risk assessment template for use when booking in detainees. The majority (44) of custody sergeants reported that the risk assessment template is 'good' for managing/identifying vulnerability. The remaining ten respondents felt that the Risk Assessment template did not contain any or enough information on identifying vulnerability.

Over half of the custody sergeants (n=54) stated that they had not been provided with the College of Policing (CoP) Authorised Professional Practice (APP) guidance on detention and custody. Six had been provided with the guidance and over a third were unsure if they had received it. Of the six who had been provided with the CoP

guidance, all stated that they had read it. Two of these six said they found the guidance useful for dealing with vulnerable adults; a further two found it useful in some situations; and one said it was not useful. (One did not comment on the usefulness of the guide).

Custody sergeants (n=37)³ were asked about what (other than individual force and CoP APP guidance) would help the police to identify vulnerability. With the exception of a minority of custody sergeants (4) who reported that the identification of vulnerability was not problematic and one who was unsure, other custody sergeants were able to suggest ways to improve the way police identify vulnerability. Echoing the findings from our stakeholder interviews, over a third (13) stated that there was need for more or better quality training and just under a quarter of the sample suggested the need for more information sharing from other agencies/services (e.g. through databases of information on vulnerability) (8). Other suggestions put forward by custody sergeants to help police identify vulnerability included more availability of medical staff (6); more experience (3); input from other experts in custody suites (3); and more time available to police to make decisions (1).

Access and availability of AAs

Custody sergeants (n=51) were asked in what proportion of cases AAs are obtained for adult suspects identified as vulnerable. The majority stated that AAs were obtained in 'all' (15) or 'almost all' (25) cases where suspects were identified as vulnerable. A smaller number of custody sergeants reported that AAs were secured in 'more than half' (7); 'around half' (2); 'less than half' (1); and 'rarely' (1).

Just under a half (n=53) of the custody sergeants explained that the main reasons for *not* securing AAs for adult suspects who have been identified as vulnerable related a) to AAs being requested but not available and b) AAs were difficult to obtain at weekends and at night (6pm-9am).

AA service will not come out after midnight. Need 24hr coverage so that vulnerable adults can be dealt with expeditiously

The limited availability of AAs when requested and provision of out-of-hours AA services were also concerns raised by all the stakeholders we interviewed. Further reasons provided for not securing an AA included, when a suspect is bailed to return when an AA becomes available (16); time pressures (the custody clock) (12); a suspect does not want an AA (9); a suspect is de-arrested (5). 'Other' (10) reasons included: AAs are often not secured by custody sergeants; cases where charges or simple cautions were given in the presence of the suspect's solicitor; the suspect is being sectioned the Mental Health Act; and where criminal charges are dropped.

³ The reported figures include a small number of multiple responses from 37 respondents.

The majority (36) of custody sergeants (n=52) stated that they had an approved AA scheme operating in their area. This contrasted with almost a quarter (12) who had a scheme in operation at certain times of the day and a minority (4) who did not have a dedicated scheme operating in their area.

According to the custody sergeants surveyed (n=37), the bulk of local AA services were provided by local authority or social services (15). The number of different providers of local AA services identified by custody sergeants is shown in the table below.

Provider	No. mentions
Local authority or social services	15
Dedicated AA scheme	10
Criminal justice charity	10
Mental health charity	3
Local volunteer service	1
Community Service Volunteer	1
Total	40*

*Includes small number of multiple responses from 37 respondents.

Custody sergeants (n=52) were asked how easy it was to secure an AA when one is needed. Most (22) said that securing an AA was relatively easy. Others rated the ease of accessing an AA as follows: very easy (3); neither easy nor difficult (13); relatively difficult (9) and very difficult (5).

There are various stages cited by custody sergeants (n=51) at which an AA is usually present, during dealings with a vulnerable adult suspect. All but two custody sergeants reported that an AA is usually present for *all* interviews conducted in custody. A breakdown of the various stages at which an AA is usually present, is presented in the table below.

Stage	No. mentions
For all interviews in custody	49
For all identification procedures (fingerprints, photographs, identity parades)	34
For charging and related actions (disposals including cautions)	33
Whenever consent for procedures is sought or given	33
For strip searches (except where there is an urgent risk of serious harm)	24
For all voluntary interviews conducted at the police station	23
For intimate searches	20
When procedures are carried out, leaving during long breaks	13
For all voluntary interviews conducted in other locations (e.g. homes)	4
Throughout the entire custody process, except during a detained person's rest period	2
Total	235*

*Includes a number of multiple responses from 51 respondents.

Custody sergeants were asked what they do when they are unable to secure an AA for a vulnerable adult suspect. Among the thirty-eight respondents who answered this question, only two 2 respondents stated that they have not faced the problem of being unable to secure an AA when one is needed. Around two-thirds (25) commented that they would bail the suspect or that bail would be considered in such instances. One respondent stated that the heightened risk of detaining a vulnerable adult in police custody places further pressure on custody staff and is central to decision-making when considering whether to bail a vulnerable adult suspect. Other responses are detailed below.

Wait or consider bail until AA is available

All depends on the nature of the crime and time limit. If no AA available the likelihood is that bail will be considered. Again this makes imposing bail conditions difficult as an AA should be present.

Best practise is to bail until [AA] is available.

Ten custody sergeants stated that (at least in some circumstances) they would wait for an AA to be secured; for example:

If bail is not an option then a short period of detention until an AA attends may be necessary.

Keep the detainee in Custody until an AA is available.

Consider waiting until one might be available; with due regard for proportionality and custody time constraints.

This contrasts with seven custody sergeants who said that they would consider proceeding without an AA, or attempt alternative approaches. Some of these approaches are summarised in the quotes below.

Consider range of available investigative disposals for subject, consider securing an AA by phone e.g. family member/relative etc. etc. to support/guide remotely.

I would, in the first instance, re-assess the detainee and see whether an AA is still required. I may also try to speak to an AA (if it is a relative) over the phone and explain what we need to do in terms of processing the detainee (e.g. taking fingerprints/ photograph/ DNA) and seek their agreement for it to be done without him or her actually being present. I would not let a tape-recorded interview go ahead, however. Everything I would do would be with the best of intentions in order to get the job done even if not completely 'by the book'.

Minimum try to ensure presence of solicitor...

In addition, a minority (4) of respondents said that they would seek an AA from a variety of sources, for example, an AA recruited from partner agencies such as the fire service or a family member or friend.

To get a sense of the AAs called into custody, custody sergeants were asked what proportions of AAs who attend the custody suite are suspects' friends/family; from approved AA schemes; members of the public; or other professionals. Their responses are shown in the table below. As the table shows, AAs were largely described as being from approved AA schemes or suspects' friends/family members. However, it appears other professionals and members of the public are regularly asked to 'fill in'.

What proportion of AAs are:	All	Most	Some	Few	None	Total
Friends/family members	1 (2%)	11 (22%)	34 (68%)	4 (8%)	0 (0%)	50
From approved AA schemes	1 (2%)	24 (48%)	19 (38%)	5 (10%)	1 (2%)	50
Members of the public	0 (0%)	1 (2%)	1 (2%)	19 (43%)	23 (52%)	44
Other professionals	0 (0%)	1 (2%)	4 (9%)	22 (50%)	17 (39%)	44

Custody sergeants (n=40) were asked how, overall, they think the provision of AAs for vulnerable adult suspects could be improved. The theme that emerged by far the most frequently (in 27 instances) was the need for greater supply of AA services; a finding that coincides with the views of all of the stakeholders we interviewed.

These comments focused, for example, on the importance of having 24-hour cover from AA services, or suggested that there should be AAs based in custody suites. These prevalent views are captured in the following quotes.

Having a 24 hour scheme would mean a lot more vulnerable detainees could be dealt with late evening or throughout the night as at the moment they stop between 0000 & 0900.

By having a permanent AA available at busy custody suites like we are supposed to have permanent health care professionals. There is more than enough demand for the role and it would significantly reduce the amount of time vulnerable adults spend in custody.

By simply incorporating an accredited company responsible for supplying paid private adults to act at short notice and at all hours. Similar to how the Duty Solicitors Scheme functions.

Three respondents argued that demand for AAs should be decreased 'by not arresting vulnerable people', by providing the right to an AA under-17s only, or reducing the amount of time that AAs are required to spend in the custody suite, such that 'An AA should not have to be present for the taking of fingerprints/photo/DNA or any other administrative matters.'