

Executive Summary



There to Help 2

Ensuring provision of appropriate adults for vulnerable adults detained or interviewed by police

An update on progress 2013/14 to 2017/18

May 2019

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About the National Appropriate Adult Network

The National Appropriate Adult Network (NAAN) is a registered charity working to ensure that every child and vulnerable adult detained or interviewed by police has their rights and welfare safeguarded effectively by an appropriate adult. The charity works towards its aim through:

- National [standards](#) and knowledgebases for [practitioners](#), managers and [commissioners](#);
- National training resources, direct [training](#), professional development [events](#);
- Accredited [qualifications](#) for appropriate adults;
- Individual advice and support, plus regular updates on law, policy, best practice and events;
- Informing policy and practice through research and engagement with other parts of the health, social care and justice systems;
- Informing the public about the rights of [suspects](#) and their [appropriate adults](#).

NAAN receives funding from membership fees, the provision of training and professional development opportunities, and a Home Office grant.

NAAN's full members are organisations that provide appropriate adult schemes, such as adult social care and youth offending teams, commissioned companies and charities. In addition, NAAN has a number of associate members including some police forces and police and crime commissioners. Together, NAAN members provide organised appropriate adult schemes in the [majority of local authority areas](#) in England and Wales, as well as in the Isle of Man, Jersey and Northern Ireland. NAAN does not operate in Scotland.

NAAN's trustee board combines people elected by, and from within, the charity's full membership with people appointed by the board for their skills and experience in areas such as finance, social work, law and policing. NAAN's President is Lord Patel of Bradford OBE.

Please visit www.appropriateadult.org.uk/index.php/members/discover for information about the benefits of NAAN membership.

Acknowledgements

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- The NHS England Liaison and Diversion Programme team for voluntarily recording and sharing data on the use of appropriate adults;
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- All NAAN members that took time from a demanding work schedule to collate and share data.

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Executive summary

1. Introduction

In 2014, Home Secretary Theresa May expressed concerns that “there are not enough appropriate adults to support vulnerable people who are in police custody” when requested by police. She commissioned the National Appropriate Adult Network (NAAN) to explore the issues and propose solutions. The resulting report, [There to Help](#) (NAAN 2015) found inadequacies in both the availability of appropriate adults (AAs) and the identification and recording of the need for AAs in relation to vulnerable adults¹ in police custody. It recommended improvements related to police practice, the PACE Codes, local AA commissioning, additional national funding, and consideration of new statutory duties. The Home Office established a working group which, in July 2018, made [changes to the PACE Codes](#) and published a [partnership agreement](#) to encourage local solutions.

This research report provides an updated national picture of:

- the *identification of need* for an AA amongst adult suspects;
- the *application* of the AA safeguard (the extent to which vulnerable adult suspects actually receive the support of an AA);
- the *availability* of organised AA provision in England and Wales.

By focusing on the period immediately prior to the Home Office’s (a) PACE Code changes and (b) partnership agreement, it illustrates the change brought about by local action prior to these central government initiatives. In so doing, it provides a baseline for evaluating the impact of these initiatives and considering the need for further action. In addition, the report provides updated information that it is hoped will be of value to commissioners and providers of AA schemes, and police.

2. Method

Requests for information were made to:

- 43 territorial police forces, plus British Transport Police (39 of 44 police forces responded, of which 31 were able to provide data on AAs at least in custody)
- NHS England’s national [Liaison and Diversion](#) (L&D) programme team (data was provided on all 29 L&D area services active at the time);
- AA provider organisations holding membership of the National Appropriate Adult Network.

Information from police forces and National Appropriate Adult Network (NAAN) members related to the 12 months ending 31st March 2018. Information from NHS England related to 2016/17 as this was the latest available at the point of request.

Information requests aimed to replicate those made for There to Help (NAAN 2015), in order to allow comparison where possible. However, additional information was accepted where available. Data analysis was carried out using Microsoft Excel 2016. In addition to analysis of each individual data source, datasets were combined to achieve additional insights.

¹ The term ‘vulnerability’ in this report refers to the definition in the Police and Criminal Evidence Act 1984 [Code of Practice C 2017](#), which was operational at the time the relevant data was recorded. This encompassed all mental illnesses, learning disability, brain injury and autism spectrum conditions. From 31st July 2018 a revised definition was introduced by PACE Code C 2018. See [NAAN PACE Update 2018](#).

3. Results

The ability of police forces to access information about their recorded need for appropriate adults

Several forces could not retrieve reliable data, particularly in relation to voluntary interviews.

- [31](#) forces (70% of forces, 79% of sample) were able to report on the proportion of authorised adult detentions (in police custody) in which the need for an AA was recorded. Only one force (2% of all forces, 3% of sample) this was not recorded at all.
- Only [15](#) forces (34% of forces, 38% of sample) were able to report AA need in voluntary interviews. Six (14% of forces, 15% of sample) reported that it was not recorded at all.
- In both [custody](#) and [voluntary interviews](#) some information systems (Niche and Athena) were associated with better access to data. Some forces did not use available reporting functions.

The level of need for AAs, as recorded by police forces

Recorded AA need for adults continued to increase but was variable and remained low compared to the 11%-22% range suggested in There to Help (NAAN 2015) based on academic [prevalence studies](#).

- Recorded need in custody had increased to [5.9%](#) of detentions, up 90%, from 3.1% (2013/14) but change varied significantly between forces, with some forces recording a decrease.
- Recorded need in voluntary interviews was higher than in custody at [6.9%](#), possibly indicating higher levels of vulnerability amongst suspects interviewed in this way.
- Recorded need varied between forces (custody: [0.2%-15.7%](#); voluntary interviews: [0%-24%](#)), with relatively [low correlation](#) between forces' rates in custody and voluntary interviews.
- If all forces had recorded need at the level of those with the highest rates, [111,000](#) more detentions and voluntary interviews of suspects would have been recording as needing an AA.
- Need for an AA is around [half as likely](#) to be recorded where there is no organised provision.

The application of the AA safeguard by police, as recorded by Liaison and Diversion (L&D)

L&D clients were more likely to get AA than in 2013/14 but the mean rate was low and variable locally.

- Though [69%](#) had an identified mental health need, only 21% got an AA (0% to 65% locally).
- Only [26%](#) of those with an identified mental health diagnosis got AA (0% to 72% locally).
- Only [15%-19%](#) of people with relatively high prevalence diagnoses (e.g. anxiety, PTSD, depression) had an AA, compared to a (still low) [54%-57%](#) of those with relatively low prevalence diagnoses (e.g. brain injury, dementia, schizophrenia).
- Only [66%](#) of those with a learning disability had an AA (0% to 100% locally).
- High average (mean) recorded need did not always result in high [recorded rates of use](#).
- [L&D](#) did not have a statistically significant effect on the police rate of recorded need for AAs.
- The *median* rate of AA use amongst L&D clients increased to [14%](#) (2013/14: 6%).

The use of voluntary interviews versus police custody

Voluntary interviews of all adults decreased from 2013/14 to 2017/18 but not as fast as detentions.

- Estimated detentions reduced by around [30%](#) and voluntary interviews by around [20%](#).
- Voluntary interviews' estimated share of total volume increased to [18%](#) (2013/14: 16%) but between forces this varied between [7% and 64%](#).

The availability of organised AA schemes²

The number of areas which had identifiable organised AA provision for adults increased significantly.

- 143 (82%) of 174 local authority areas had an AA scheme for adults (2013/14: 53%).
- 30 (70%) territorial police forces had an AA scheme for adults in 100% of their local authority areas, with nine (21%) having partial coverage and four (9%) having no coverage.
- 16% of the population lived in an area without identifiable organised AA provision for adults.

Changes in approach to AA provision

There were fewer, larger contracts and providers, with more paid AAs and 24/7 services.

- Of all 42 providers, the largest three (7%) covered 59% of areas with a scheme, while the 29 (69%) that provided only in their one local area covered only 17% of areas in total.
- Only 9% of areas were served by a scheme that covered only adults and only in one area.
- Of areas with a scheme, 50% were covered by charities and 57% by volunteers.
- 45% of areas with a scheme were covered 24 hours a day, 7 days a week.

The funding provided to organised AA schemes

Scheme funding per call out decreased while policing's share increased. Of areas with a scheme:

- Local authorities funded 44% of areas (sole funder in 34%), PCCs funded 34% (sole funder in 27%), and police funded 22% (sole funder in 10%).
- PCCs and police (effectively the Home Office) funded 56% of areas (sole funder in 37%). In Wales, they were sole funder in 100% of areas, while in England this was 30%.
- Average scheme funding per call out was £71.64, down by 12% from £80.79 in 2013/14. This equated to £0.042 (four pence) per head of population in the areas covered.
- Average funding per call out had become more standardised across provider sectors, AA types, hours and contract scale, (e.g. £64.48 for volunteer and £78.65 for paid AA schemes).

Ensuring access to organised AA provision for all vulnerable adult suspects

- Over 42,000 call outs were estimated to have been attended by organised schemes across 143 local authorities, giving an implied demand of over 50,000 per year in England and Wales.
- At current rates of identified need, the estimated additional funding required to cover all areas is £530k-£575k per year; however if social workers currently meet one third of this demand this represents a potential saving of £130k per year to local authority social care.
- While AA need was clearly significantly under identified, further research is required to determine the actual rate of need, particularly in light of changes to PACE Code C in July 2018.
- However, the additional cost of provision in all areas of England and Wales at higher rates of identified need was estimated to be in the range of £3.5m (at 11%) to £10m (at 22%) per year, and around £7m per year based on highest rates currently being recorded by forces.

² Data on appropriate adult schemes do not take account of the scope or quality of provision.

4. Recommendations

To ensure that all police forces record, retrieve, analyse and share reliable data

1. Forces should ensure their information systems for custody and voluntary interviews can be used by police officers to quickly and simply record and retrieve reliable data on the need for, application of, and source of AAs, cross referencing with data on protected characteristics under the Equality Act 2010 (especially race and gender) to monitor for bias.
2. At a local level, forces should ensure this data is regularly shared with the local Head of Custody, Head of Criminal Justice, Office of the PCC, AA commissioners and providers.
3. At a national level, the NPCC should collate and share this data on an annual basis.
4. Forces should share best practice in the design and use of information systems (encouraged and facilitated by the NPCC, College of Policing, HM Inspectorates, IOPC, and PCCs).

To ensure that police identify all vulnerable adult suspects and apply the AA safeguard correctly

5. The evidence base for the new (July 2018) PACE Code C definition of 'vulnerability' should be strengthened with research, and alternative terms considered (e.g. risks to justice, needs).
6. The NPCC should lead a partnership to develop, test and roll out an evidence-based national screening tool that can effectively and efficiently identify when people may be a 'vulnerable person' as defined in PACE Code C 2018 (e.g. with College of Policing, Liaison and Diversion, and academics from forensic psychology, forensic psychiatry and law).
7. Liaison and Diversion should screen 100% of suspects as soon as is possible in custody (subject to operational hours) and prior to any interview (including voluntary interviews).
8. Police forces should increase officer and staff awareness of the criminal justice risks and procedural safeguards associated with vulnerable suspects in custody and voluntary interviews, supported by NAAN, NPCC and College of Policing APP and learning resources.
9. Liaison and Diversion should ensure that its staff understand the PACE definition of vulnerability and AA requirement, through induction training and professional development.

To ensure that effective AA provision is available when and where required

10. The Government should achieve parity for adult suspects by establishing a funded statutory duty on local authorities to ensure AA provision which is independent of policing as required under PACE, as is the case for children under the Crime and Disorder Act 1998 s.38(4).
11. In the continued absence of a statutory duty, the Government could mirror its success with Liaison and Diversion by providing programme funding to local authorities to establish AA provision under a clear framework for ensuring standards, accountability and sustainability.
12. The evidence base regarding the outcomes achieved by appropriate adults (for vulnerable people, police and the justice system) should be strengthened through further research.
13. The Government should ensure that, in addition to HMICFRS, HMIP and ICVs holding police accountable for their responsibilities (identifying need and promptly contacting AAs), the commissioning and provision of AAs is made accountable via existing health and social care inspectors/regulators, recognising the importance of the AA's independence from policing.
14. NAAN, Home Office, Association of Directors of Adult Social Services (ADASS), the Association of Police and Crime Commissioners (APCC) and others should promote adherence to the [National Standards \(2018\)](#) and local completion of the national self-assessment tool.