National Appropriate Adult Network

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

Chris Bath

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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www.appropriateadult.org.uk

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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 adults[1] 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 schemes

The number of areas which had identifiable organised AA provision[2] for adults increased significantly.

- 143 (82%) of 174 local authority areas[3] 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[4]

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] These results do not take account of the scope or quality of provision, for example operating hours.
[3] Of the 174 unitary and county councils with statutory social care responsibilities.
[4] These results do not take account of the scope or quality of provision, for example operating hours.

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.

Introduction

1. Background

People with mental ill health, learning disabilities, brain injury, autism and other conditions face significant disadvantages across the criminal justice system. As the gateway to that system, it is critical that when the police suspect a person of involvement in an offence, there are effective procedural safeguards and reasonable adjustments that ensure fair treatment and effective participation.

The Police and Criminal Evidence Act (PACE) 1984 Code of Practice C (2017) required police to apply the appropriate adult (AA) safeguard whenever a suspect was under the age of 18 or an officer had *any suspicion* that they may have *any mental disorder* or be *otherwise mentally vulnerable*[5]. Whether provided by a family member or by the state, the AA is an active participant and part of the 'evidential chain'. Their role includes:

- supporting, advising and assisting the person suspected of an offence;
- ensuring the person understands and can use their rights;
- informing police when officers are not acting properly, fairly and with respect for rights;
- assisting the person with communication (while respecting their right to silence).

Failure to apply the AA safeguard not only undermines the welfare of the individual but also puts them at risk of providing information that is unintentionally inaccurate, unreliable or misleading. This can lead to significant consequences, including additional court time to ascertain the admissibility of evidence, failed prosecutions and miscarriages of justice. The AA's core is to safeguard the rights, entitlements and welfare of suspects who are particularly vulnerable to these risks.

The identification of adult suspects for whom an AA is required, and the availability of such AAs, are not new to research. The Royal Commission on Criminal Justice (1993) considered both issues more than a quarter of a century ago. With social workers typically acting as AA as part of their broader role at that time, there were concerns about their availability and the cost of their time spent in police custody. In response, both the Home Office (1995) and the Audit Commission (1996) championed a move towards local authorities developing organised schemes of volunteer AAs. Through the Crime and Disorder Act 1998, the Government made it a statutory duty for local authorities to ensure provision of AAs. However, this only applied to child suspects, with no such statutory framework for provision of adult suspects who have a mental illness, learning disability, brain injury or autism.

Notably, the issues of identification and availability for adults featured in Lord Bradley's (2009) seminal report on mental health and learning disability in the criminal justice system.

> *"Studies into the use of Appropriate Adults have concluded that provision of the Appropriate Adult is very inconsistent. Firstly, the needs of a defendant have to be identified, which are often missed. Even when a need for an Appropriate Adult is identified there is currently a shortage of individuals who can perform the role effectively."*
>
> The Bradley Report (2009)

[5] In July 2018, PACE Code C was significantly amended, introducing a new definition of a 'vulnerable person' for whom an AA must be secured. However, the data in this report relate to the period before this change. Explanations of the changes are provided in NAAN (2018) and Dehaghani and Bath (2019)

2. There to Help (2015)

Much of the focus of activity following Lord Bradley's report was on developing and rolling out a national Liaison and Diversion programme (L&D), supported by tens of millions of pounds of funding. The National Appropriate Adult Network (NAAN) continued to highlight the issue of availability of AAs and surrounding AAs. Further to this, in 2014, Home Secretary Rt Hon Theresa May MP said:

> *"There is evidence to suggest that there are not enough Appropriate Adults to support vulnerable people who are in police custody. Appropriate Adults provide vital support and help to de-mystify what can be an intimidating and threatening experience. It is right that all vulnerable people can access this invaluable service. So the Home Office will commission the National Appropriate Adult Network to examine this situation and help us determine where the problems lie, and what can be done to ensure that that all vulnerable adults in police custody are able to receive the support they need from Appropriate Adults".*
>
> Speech to the Police and Mental Health Summit (Home Secretary 2014)

In January 2015 the Home Secretary commissioned NAAN to explore the under provision of appropriate adult for adult suspects. In March, NAAN and the Institute for Criminal Policy Research submitted a report entitled, There to Help: Ensuring provision of appropriate adults for mentally vulnerable adults detained or interviewed by police (NAAN 2015).

The report found significant shortcomings in current AA provision for adult suspects. This included:

- inadequate identification and recording of suspects' vulnerabilities and the need for AAs;
- limited availability of AAs;
- variable quality of AAs (particularly in relation to untrained AAs, including parents).

Notably, the research found that:

- an average of 3.1% of adult suspects were recorded by police as requiring an AA, while based on academic research the prevalence of need was likely to be at least 11%-22%;
- there were an estimated 235,000 detentions per year of vulnerable adults for which there was no evidence that PACE Code C had been complied with by involving an AA;
- identification rates ranged from 0.5% to 9.2% across police forces;
- organised schemes were identifiable in only approximately half of local authority areas;
- lack of organised provision had a significant effect on whether police identified/recorded adult suspects as vulnerable under PACE (police forces without any organised AA schemes in their area recorded the need for an AA in an average of only 1% of adult detentions, compared to almost 5% in police forces which had organised AA schemes in all their local authority areas);
- of adult suspects who engaged with Liaison and Diversion (L&D) in police custody (i.e. with an identified vulnerability) only 20% had an AA (and this ranged from 5% to 45% across areas);
- given the complexity of the role, a short explanation by a custody officer to an untrained person was not sufficient for effective support for a vulnerable suspect;
- AAs were often not available or present when vulnerable adult suspects are subjected to procedures for which the presence of an AA is mandatory under the Police and Criminal Evidence Act 1984 Codes of Practice (PACE Codes).

There to Help (NAAN 2015) also provided a number of recommendations. These included:

- a shared vision across relevant departmental bodies, agencies and organisations focused on vulnerable adult suspects having timely and competent AA support;
- a clear and consistent national framework for local co-commissioning;
- enhanced national standards to support local co-commissioning;
- improvements in police record keeping on vulnerable suspects, identification of need for AAs, securing of AAs and where they came from;
- integration of simple screening questions in police custody risk assessments;
- Ensuring all custody officers have received training on vulnerability and AAs;
- amendments to the PACE Codes to clarify and simplify their provisions on AAs;
- provision of short-term programme funding to support the inclusion of AA provision within mainstream budgets;
- consideration of new statutory duties on police (to secure an AA) and on local authorities (to ensure provision of an AA) for vulnerable adult suspects.

Based on current models of delivery, the total annual cost of ensuring full provision across England and Wales (meeting all of the requirements of PACE, 24 hours a day and 365 days a year, in custody and for voluntary interviews) was estimated at £19.5 million (£113,000 per local authority). This was based on the assumptions that:

- 11% of adult suspects met the criteria for an appropriate adult to be required, as set out in the PACE Codes;
- 100% of adult suspects meeting the criteria were supported by an AA from an organised scheme (rather than by family members);
- AAs were available to provide support throughout a custody episode, from shortly after detention was authorised, through searches and samples, interviews and on to when a charging decision and related actions (e.g. bail) were taken;
- There was no use of social workers to deliver AA provision (research indicated an average cost of £128 per *hour* and £171 per hour in London);
- The average operating cost of an organised scheme (whether it used employees, sessional staff, or volunteers) was £139.50 per call out (two call outs per episode at £69.75 to allow for full custody episode coverage as above).

Approximately £3m per year of existing spending was identified.

There to Help (NAAN 2015) also included an academic literature review, legislation review and case law review (Court of Appeal decisions in relation to failure to apply the appropriate adult safeguard).

3. Further developments

Prior to and during the research period

There to Help (NAAN 2015) attracted significant media interest. In response to the report, the Home Secretary said,

> *"The status quo is clearly not acceptable and I was concerned to read that a number of mentally vulnerable adults, who clearly meet the current eligibility criteria in PACE Code of Practice C, do not receive the support of an appropriate adult...the priority must be to act to ensure that vulnerable people are provided with the support they are entitled to".*

Martyn Underhill, Police and Crime Commissioner for Dorset, Chair of the Independent Custody Visitors Association and mental health lead for the Association of Police and Crime Commissioners said,

> *"We are clearly not getting it right for the more vulnerable members of our communities who need that extra protection and support. When a vulnerable person comes into contact with the police, their needs deserve to be properly identified, with a needs assessment made, and for them to then be dealt with quickly and fairly. For this to happen, every area needs an organised, trained appropriate adult scheme which is totally independent of the police."*

James Bullion, Association of Directors of Adult Social Services said,

> *"Helping to support and safeguard our most vulnerable citizens, whether they are victims or suspects, is central to the role of adult social care services. Many local authorities have a long history of providing social workers or funding dedicated AA schemes. ADASS supports the report's recommendations and is keen to work with central Government and local partners to ensure sustainable services are available for all."*

The Home Secretary asked officials to examine the recommendations and implementation options. A Home Office working group was established to "develop and implement solutions to ensure that vulnerable adults in police custody are correctly identified and have their rights and entitlements safeguarded by way of an appropriate adult". The deliverables of the group were to:

- consider whether the current guidance, standards, PACE Codes and national training concerning the identification and treatment of vulnerability are fit for purpose;
- examine current AA commissioning, including the roles and responsibilities of agencies currently involved or identified as having a relevant interest, mandate or responsibility;
- examine monitoring, accountability and compliance options, including the role of the College of Policing, HMIC and local adult safeguarding boards;
- explore the potential linkages between AA provision, Street Triage and Liaison and Diversion;
- engage with health and well-being boards, adult safeguarding boards, local authority adult social care, individual forces and PCCs to raise awareness of the issues and a need for action;
- develop pragmatic, workable options for local commissioning, coordination and provision of appropriate adults using existing structures; and
- consider the case for legislative change to secure AA provision.

Membership of the Home Office's working group included: Association of Directors of Adult Social Services (ADASS), Association of Police and Crime Commissioners (APCC), College of Policing (CoP), Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), Local Government Association (LGA), Ministry of Justice, NAAN, NHS England Liaison and Diversion , National Police Chief's Council (NPCC), Welsh Government, Jenny Talbot OBE (Care not Custody Coalition), Professor Gisli Gudjonsson and Rt Hon. Lord Bradley. The Home Office convened the group five times between December 2015 and October 2017.

Up to the end of the period covered by this research (to 31st March 2018):

- The Home Office Crime and Policing Knowledge Hub carried out additional research on the potential costs of plugging the gaps in existing provision (Home Office 2016);
- The Minister of State for Policing and Fire Services Nick Hurd MP wrote to all PCCs encouraging them to support a local collaborative approach, copying in APCC, LGA, Welsh LGA, ADASS, ADASS Cymru and the Welsh Government (September 2017).
- NAAN developed the first national AA scheme development and commissioning guidance for use by local areas and published it as an online resource (December 2017)
- NAAN held a meeting to seek to link separate work currently being undertaken on improving the identification of vulnerability by the NPCC (which commissioned research into a new risk assessment for custody), College of Policing (which the Home Office granted £1.9m to improve police responses to vulnerability) and NHS England's Liaison and Diversion programme (screening and assessment in all police custody suites), (February 2017);

During this period, the following additional developments occurred:

- In August 2016, a research paper in the Howard Journal of Crime and Justice (Dehaghani 2016) and another in March 2017 in Policing (Dehaghani 2017) reported how police officers did not define suspect vulnerability or apply the AA safeguard based upon PACE Code C.
- In January 2017, the Report of the Independent Review of Deaths and Serious Incidents in Police Custody, led by Rt. Hon. Dame Elish Angiolini DBE QC, recommended that: "Increased funding is required for appropriate adult schemes within a national framework for commissioning. This should include improved training and consistency of AA services";
- In September 2017, academics at University of Bristol published research into adult social care involvement in the provision of appropriate adults and engage service user views;
- In September 2017, Luciana Berger MP asked in a written question whether the Home Secretary would make statutory provision of appropriate adults for vulnerable adult detainees. Policing Minister Nick Hurd highlighted the There to Help (NAAN 2015) report and the Home Office working group, replying that, "There are currently no plans to introduce a specific statutory requirement concerning provision";
- In January 2018, Members of Parliament, including Policing Minister Nick Hurd and Shadow Minister Kevin Brennan, discussed the issue of AAs for adults as part of a debate in Parliament (Criminal Justice System: Adults with Autism);
- In January 2018, Alistair Carmichael, Liberal Democrat Chief Whip raised the issue of appropriate adults for vulnerable adults with Policing Minister Nick Hurd in a debate in Parliament entitled *People with Mental Health Problems: Detainment*.
- In January 2018, in Miller vs DPP the High Court quashed the conviction of a man who was not provided with an AA when asked to give a blood sample, [2018] EWHC 262 (Admin).

After the research period

After the period covered by this research (from April 2018), and therefore not affecting the data, the following actions were taken by the Home Office:

- Made revisions to the PACE Codes which altered the threshold and definition of suspects requiring an AA, and required police to make reasonable enquiries to ascertain what information is available that is relevant to whether the person may be vulnerable (July 2018).
- Published a strategic 'partnership agreement' which can be adopted voluntarily by directors of adult social care and police and crime commissioners at a local level, supported by another letter from the Minister of State for Policing (July 2018).

During this period, the following additional developments occurred:

- In June 2018, Lord Paddick, Liberal Democrat Home Affairs Spokesperson, raised the issue of AA provision for adults in a Lords debate on the revised PACE Codes;
- In August 2018, APCC's Mental Health Lead PCC Matthew Scott and Custody Lead and ICVA Chair PCC Martyn Underhill wrote to the Policing Minister calling for:
    - a statutory duty on local authorities to ensure provision of AAs for adults;
    - PCCs to engage with monitoring but not lead commissioning;
    - minimum standards to be established and communicated;
    - a public consultation subject to evaluation of the partnership agreement.
- In 2019, Dr Roxanna Dehaghani published Vulnerability in police custody: police decision-making and the appropriate adult safeguard, a book based on empirical research carried out in English custody suites.

4. Research purposes

There are three main purposes to this research report.

a) Tracking progress

The first purpose is to track progress since the There to Help (NAAN 2015) report on:

a. the identification of adults for whom an appropriate adult (AA) is required;
b. the extent to which AAs are secured for adult suspects known to be vulnerable;
c. the availability to police officers of AA schemes for adults.

This will help in assessing the impact of the original report itself, as well as highlighting the scale of the continued challenges to key stakeholders.

b) Establishing baseline data

The second purpose is to obtain baseline data to support evaluations of the two interventions made by the Home Office in July 2018, those being the:

a. changes to PACE Code C provisions relating to vulnerability and AAs; and
b. publication of a local partnership agreement document.

Measuring identification rates, AA usage rates and scheme coverage in the period immediately prior to these changes is intended to allow clearer evaluation of the particular impact of these actions.

c) Supporting development

The third purpose is to provide updated data to individuals and organisations who are in a position to support improvements at the local level, including:

- Developers and commissioners of AA provision
- AA providers
- Inspectorates and regulators
- Independent custody visiting schemes

5. Research scope

This research considers:

- Data on the recorded need for, and use of, AAs for adult suspects in police custody and voluntary interviews
- Organised AA schemes serving adult suspects in England and Wales.

The following are not within scope of this research report:

- PACE compliant investigations carried out by non-police agencies (e.g. DWP, RSPCA, HMRC);
- Geographical areas outside of England and Wales;
- The availability of AA provision for children;
- The development of new AA provision for adults after 31st March 2018;
- AA quality measures beyond availability (see National Standards 2018);
- The effectiveness of AAs in achieving outcomes.

Method

1. Police data on recorded need for AAs

a) Data request

On the 20th July 2018, information requests were made to all 43 territorial police forces in England and Wales, plus the British Transport Police.

The data requested from each force was for the 12-month period ending 31st March 2018, limited to adult (persons aged 18 or over) suspects and was as follows:

1. The total number of authorised detentions;
2. The total number of authorised detentions in which the need for an AA was recorded;
3. The total number of voluntary interviews;
4. The total number of voluntary interviews in which the need for an AA was recorded.

A copy of the exact information request is provided at Annex A.

Requests were made under the Freedom of Information Act 2000. This approach was chosen in order to maximise the response rate, following consultation with the National Police Chiefs Council (NPCC) and Association of Police and Crime Commissioners (APCC).

The WhatDoTheyKnow.com website was used to submit, track and follow up requests. Correspondence with, and final responses from, police forces are available at https://www.whatdotheyknow.com/user/chris_bath_2/requests.

Separately from the FOI request, information about the custody management software used by each force to record the relevant data was provided by national police contacts.

b) Data limitations

(i) Response rate

Under the FOI Act, public authorities must provide held information within 20 working days of the request in most circumstances. This made the deadline the 29th August 2018.

Of the 44 police forces, five had not provided a response as of 20th February 2019 (150 working days from the date of request. Of these:

- 3 advised that they were unable to respond due to high volumes or a backlog of requests (Northamptonshire, Nottinghamshire, Wiltshire)
- 2 provided no response at all except confirming receipt of the request (City of London, Sussex).

The remaining 39 forces provided responses between 7th August 2018 (12 workings days from request) and 12th February 2019 (143 working days from request). Of these:

- 31 were able to provide data for both questions 1 and 2 (custody only)
- 15 were able to provide data for questions 1, 2, 3 and 4 (custody *and* voluntary interviews).

(ii) British Transport Police

British Transport Police provided figures relating to BTP custody only. Where BTP arrests result in the use of another forces custody, this is reflected in the data provided by the host force.

(iii) System issues

Essex Police stated that, "Every effort is made to ensure that figures provided are accurate and complete, however systems are designed primarily for the management of individual cases and not primarily for the production of statistical information. Please note although data can be extracted from a number of sources via database queries the results are subject to inaccuracies inherent in any large-scale recording system and could also be inaccurate as a result of free text entry fields. Care should be taken to ensure data collection processes and their inevitable limitations are taken into account when interpreting data".

Data from Norfolk and Suffolk Constabularies relates to information relating to interviews that have occurred at the Police Investigation Centre (PIC) only and does not include occasions where an individual has voluntarily attended to be interviewed at any other station.

Due to a change of systems, Humberside Police were unable to access data between 1 April 2017 and 30 June 2017 but instead provided 12 months of data for the period 1st July 2017 to 30th June 2018.

Leicestershire Police stated, "Please be aware that use of Appropriate Adults and Voluntary Interviews are not recorded on a central database, therefore this information has been draw from easily searchable fields within our system. However some may have attended voluntarily or had appropriate adults and this information has been recorded within the file and may not therefore have been identified on the search".

A small number of forces provided data limited to a quarter or half year period. Where this was the case, values were multiplied up pro-rata. In relation to custody, this applied to South Yorkshire Police and North Yorkshire Police. In relation to voluntary interviews, this applied to North Yorkshire Police, West Mercia Police and West Midlands Police.

No other warnings or caveats were given in relation to the data from other forces.

(iv) Scope

The proportion of adult suspects that each force recorded as needing an appropriate adult does not provide a comprehensive picture of the performance of each force or area in relation to the application of the AA safeguard.

Examples of police performance that are outside the scope of this research include:

- Whether forces are identifying those who meet the PACE criteria correctly
- Whether forces are recording all cases in which they identify an AA is needed
- The proportion of need which is actually met (application of the safeguard)
- The appropriateness of the person asked to perform the AA role
- How long police delay before contacting an AA (e.g. only for interview).

Therefore, it is important that charts which represent the recorded rate of need in order of size are not perceived as 'rankings' of police force performance on wider measures.

2. Liaison and Diversion data on use of AAs

a) Data request

Liaison and Diversion (L&D) services identify people who have mental health, learning disability or other vulnerabilities when they first come into contact with the criminal justice. It operates in police custody suites and courts. In police custody, police are responsible for identifying possible signs of vulnerability. L&D then carry out screening questions and, where required, a more detailed assessment of the person's vulnerability using approved screening and assessment tools. This information can then be used to help police make informed decisions.

NHS England's national Liaison and Diversion Programme has, since 1st September 2014, been collecting data on whether the appropriate adult safeguard had been applied in cases in which a suspect was identified, screened and assessed as being 'vulnerable' by Liaison and Diversion professionals.

For the original There to Help (NAAN 2015) report, NHS England provided data covering the period 1st September to 31st December 2014, including all 11 L&D services that were operational at that time[6]. Broken down by area, this data included:

1. The number of cases in the reporting period;
2. The number of cases in the reporting period in which the AA safeguard was applied.

For this new research, NHS England provided data covering the period 1st April to 30th June 2016, including all 29 L&D services that were operational at that time[7].

A bespoke data analysis was received, including significantly more detailed information. This included the number of cases in the reporting period and, of those, the number in which:

1. the AA safeguard was *known* to have been applied;
2. the AA safeguard was *known not* to have been applied;
3. the AA safeguard was *'declined'*;
4. the application of the AA safeguard was *unknown*.

Furthermore, the data was broken down to the use of AAs for those with a learning disability versus for those with a mental health need. In the case of the latter, the data was also broken down by the type of mental health diagnosis that had been identified.

[6] Avon & Wiltshire (Avon & Somerset Constabulary, Wiltshire Police); Dorset (Dorset Police); Coventry (Warwickshire Police), Leicestershire (Leicestershire Police); Liverpool (Merseyside Police); Middlesbrough (Cleveland Police); Sunderland (Northumbria Police), London Wave 1 (Metropolitan Police); South Essex (Essex Police); Sussex (Sussex Police); Wakefield (West Yorkshire Police)

[7] In addition to the original 11 L&D services: Barnsley (South Yorkshire Police); Black Country (West Midlands Police); Cleveland (Cleveland Police); Devon & Cornwall (Devon & Cornwall Police) ; Durham (Durham Constabulary); Hampshire (Hampshire Constabulary); Kent & Medway (Kent Police); Lancashire (Lancashire Constabulary); London Wave 2(Metropolitan Police); Norfolk & Suffolk (Norfolk Constabulary; Suffolk Constabulary); Northamptonshire (Northamptonshire Police) ; Northumbria (Northumbria Police); Nottinghamshire (Nottinghamshire Police); Oxfordshire (Thames Valley Police); Rotherham & Doncaster (South Yorkshire Police); Sheffield (South Yorkshire Police); Surrey (Surrey Police); Wiltshire (Wiltshire Police)

b) Data limitations

(i) Definitions of vulnerability

L&D and PACE definitions of vulnerability are not exactly the same.

PACE Code C (2017) required police to apply the AA safeguard where they had "any suspicion" that a person "may be mentally disordered or otherwise mentally vulnerable" unless there is "clear evidence to dispel that suspicion". There was no requirement for screening or assessment.

NHS England's Liaison and Diversion Standard Service Specification (NHS England 2014 a) states: "The service will address the conditions detailed, but not be limited, to those tabulated in the following non-exhaustive list:

- Mental health
- Learning disabilities
- Autistic spectrum
- Substance misuse
- Physical health
- Personality disorder
- Acquired brain injury
- Safeguarding issues."

L&D therefore has a wider definition than the Police and Criminal Evidence (PACE) Act's Code C (2017). As a result, its dataset is likely to include some cases in which the AA safeguard was not applicable. Therefore, it should not be expected that 100% of cases in the L&D data required an AA.

There is of course significant overlap. The presence of 'physical health' in the above list might suggest that the L&D data bears little relevance to the question of the AA safeguard. However, given the separate presence of nurses embedded in police custody, L&D would not typically handle cases involving only physical health issues. Its inclusion in the L&D specification recognises the high likelihood of co-morbidity within the target population. In 2016/17, "mental health needs" were recorded in 69% of L&D cases[8] and this demonstrates that the majority of people who are screened, assessed and engage as an L&D client would meet the PACE criteria requiring police to apply the AA safeguard.

(ii) Case coverage

L&D data does not cover all cases in which an AA was required. Therefore, there may be a significant number of cases to which the AA safeguard applies but which are not included in the NHS data.

- Firstly, Liaison and Diversion is an NHS England commissioned service. It does not extend to Wales.
- Secondly, the L&D programme is not yet available in all parts of England. In July 2016 (when this data was recorded), NHS England reported that its L&D services covered 53% of the population of England (NHS 2016). 100% coverage is projected for 2020.
- Thirdly, the L&D dataset represents only those cases in which a person passed through the three L&D gateways: case identification (usually by police), screening and assessment. In comparison, while PACE is narrower in definition, it has a lower threshold. A case which passed through just the first L&D gateway (for a relevant reason) should trigger the safeguard under PACE since police would have demonstrated suspicion. The L&D data set only includes

[8] 2015-2018 L&D Headline Data provided by Liaison and Diversion national programme team shows a total adult caseload for 2016/17 of 55,940, of which 38,619 involved mental health.

cases where vulnerability was actually identified by qualified practitioners using approved tools. If police officers do not identify possible vulnerability, a person may not be screened or assessed by trained L&D staff. Cases in which a person chose not to engage with L&D are not included in the figures.

- Fourthly, L&D services' operating hours in police custody vary by area but are typically limited. For example, they may not be available after 6pm or on weekends. This means that some people who meet the criteria for the AA safeguard are not seen by L&D and therefore not included in the figures.

While the 2016/17 dataset included a breakdown of AA usage with clients known to have a learning disability, this data was not available for one area (Rotherham & Doncaster).

Additionally, while the 2016/17 dataset included (a) mental health conditions (including brain injury) and (b) learning disability, autism spectrum conditions were not explicitly included in the data.

(iii) Treatment of zero figures

In the original report, using the 2014/15 dataset, three services (Coventry, Sussex and Wakefield) reported zero figures for AAs. A decision was taken at the time to treat this as a recording issue and *exclude* these areas from the analysis.

In the new 2016/17 dataset, one service (Barnsley) reported a zero figure for clients having an AA. The more detailed data illustrated that this was not a lack of reporting issue. All clients were logged as not having an AA, having declined an AA or unknown AA status. It was therefore decided to include this data in the analysis.

In order to allow fair comparison, the 2014/15 dataset has been reanalysed in order to include the zero figures which were excluded from the There to Help report (NAAN 2015).

(iv) Dates

While it would have been preferable for the L&D data to be for the same period as the police data, the 2016/17 dataset was the most recent available at the time of request.

(v) Completeness of data at point of request

After completion of data analysis, the total number of adult L&D cases for the full year 2016/17 was revised from 55,940 to 59,419. As the total number of those cases which involved mental health needs was not available prior to the publication of this research, Chart 23 (illustrating the proportion of L&D cases that involved mental health) remained based on the original dataset. It was assumed that the additional data would not have a significant effect on the findings because the data amounted to a 94% sample of the full data.

3. NAAN data on provision of AAs

a) Data request

The National Appropriate Adult Network (NAAN) is the national infrastructure charity for organisations concerned with appropriate adult provision. It maintains a database of its members. This includes information about:

- the local authority areas in which they provide a service
- the police forces with which they work
- the beneficiary groups served
- whether they use volunteers
- the service's operational hours
- the number of call-outs per year
- the source of their funding
- the total value of their funding
- whether the contracts cover more than one area or beneficiary group

In relation to this research, a number of methods were used to maximise the quantity and quality of information.

1. On 2nd March 2018, as part of the annual membership renewal process, members were emailed with their data extracted from the membership database and asked to check and advise of any updates or corrections. This included data on call outs, total funding, and staffing. Responses were received from members between 2nd March 2018 and 10th May 2018.
2. On 14th June 2018, a more detailed data request was emailed to members. In addition to reconfirming total funding and call out number, this requested additional data on geographical coverage, beneficiary groups, operating hours, funding sources and contracts. Completed requests were received from members between 14th June and 22nd August 2018.
3. Other sources were also used to make ad-hoc updates to the database as information they became available. This included information from the membership via other routes (e.g. during advice calls) and publicly available information (e.g. procurement information made public online).

The data was extracted for analysis from the NAAN database on 25th September 2018.

b) Data limitations

(i) Coverage

Membership of NAAN is not mandatory. Therefore, it is likely that some existing provision will not be included in the data. However, coverage appears to be relatively high. NAAN has 93 member organisations, operating in 158 of the 174 (91%) unitary and county council areas in England and Wales. NAAN is aware of 10 local authorities that have an active scheme for adults in which the provider is not a member of NAAN[9]. Specifically in relation to adult suspects, academic research provides strong evidence that there is negligible AA provision of which NAAN is unaware (Jessiman, T. and Cameron, A. 2017). Based on that extensive research, the analysis in this report assumes that where no provision has been identified for adults, none exists.

(ii) Funding levels

It was difficult to obtain precise data on funding for adult services at local authority level, due to:

- no requirement to make data available;
- concerns about commercial confidentiality and competitiveness;
- increasing use of combined contracts which cover both children and adults; and
- increasing use of multi-area contracts that cover multiple areas.

Where only the total contract value was available for a combined contract, it was assumed that 50% of the funding related to adults. Where only the total contract value was available for a multi-area contract, it was assumed that this was divided equally between each local authority area. For contracts that were both combined and multi-area, both approached were applied. Using these assumptions, and based on data obtained from NAAN members and public procurement websites, estimates of funding covering 94 (66%) of the 143 local authority areas with an active service.

Furthermore, data on funding levels did not take into account quality measures. Therefore, differences in funding levels (e.g. between sectors or between volunteer and paid models) do not represent measures of value. For example, data was not collected on the average length of stay of AAs in each scheme. Therefore, funding per call out figures do not take into account differences in the amount of time spent with suspects (which can have a significant effect on the suspect and police ability to comply with PACE). For example, a scheme funded hourly at £30 and with an average stay of 2 hours would have an average funding per call out of £60. A scheme with an average stay of 4 hours and fixed funding which gave an effective rate of £15 per hour, would also have an average funding per call out of £60. This may be an important factor requiring further analysis as there is evidence that the average length of detention has increased. For example, Kemp (2018) found average times of over 17 hours in 2017, compared to around 9 hours in 2009.

(iii) Operating hours

Data on scheme operating hours was obtained for 113 of 143 areas (79%). Of these, four may have covered additional hours due there being a second, separate service for which we did not have data.

(iv) Dates

Any data added to the database after 25th September 2018 will not be included in the analysis.

[9] Torbay Council (Parkview Society); Richmond upon Thames; Kingston upon Thames (Cambridge House Advocacy); Wolverhampton; Coventry; Dudley; Sandwell; Solihull; Walsall; Birmingham (OPCC West Midlands). Of these, OPCC West Midlands applied for membership but the application was declined on the principle of independence, the service being run by an OPCC and dual-tasking existing Independent Custody Visitors.

4. Combined data

a) Data limitations

(i) Difference in time periods

The L&D data do not cover the same period as the police data. They are not as recent and it is possible that there were significant changes between quarter one of 2016/17 (the period to which L&D data pertains) and the year 2017/18 (the period to which the police data pertains).

(ii) Comparisons can only be made where data is available about the same area from both sources

In comparing police force data on recorded *need* for AAs with L&D data on recorded *use* of AAs, it was necessary to take a sample was taken from the two datasets. The sample included all areas where:

- police custody data on AA need was available; and
- an L&D service was in place.

As a result, the combined element of the analysis excludes:

- eight L&D services because the relevant force(s) did not provide data[10];
- 14 police forces because there was no relevant L&D service[11];
- 13 police forces because they did not provide data[12].

(iii) Sample sizes

Despite apparently large differences in average recorded rate of need between forces with and without access to organised AA provision, the low number of observations (police forces) available generated challenges in determining statistical significance.

Based on the 2017/18 police data, in some cases, a t-test assuming unequal variances resulted in significance, while a t-test assuming equal variances provided a non-significant result. As a result, the following steps were taken.

Firstly, for 2017/18 police datasets, both types of t-test result have been reported (this would have been appropriate even if all police forces had returned data, although the two results may have converged with more data).

Secondly, data from 2017/18 were combined with data from 2013/14 (from There to Help 2015) for the 18 force areas where in both years the following was known:

- the rate of recorded need; and
- organised AA schemes coverage (coded as 'none', 'partial', or 'full').

[10] Excluded L&D services: Cleveland, Devon & Cornwall, Durham, Kent & Medway, Lancashire, Middlesbrough, Northamptonshire, Nottinghamshire, Sussex, Wiltshire

[11] Excluded forces (no L&D service): Cambridgeshire Constabulary, Cheshire Constabulary, Cumbria Constabulary, Derbyshire Constabulary, Dyfed-Powys Police, Gloucestershire Constabulary, Gwent Police, Humberside Police, Lincolnshire Police, North Wales Police, North Yorkshire Police, South Wales Police, Staffordshire Police, West Mercia Police

[12] Excluded forces (no police data): Bedfordshire Police, Cleveland Police, Devon & Cornwall Police, Durham Constabulary, Greater Manchester Police, Hertfordshire Constabulary, Kent Police, Lancashire Constabulary, Northamptonshire Police, Nottinghamshire Police, Sussex Police, Wiltshire Police

(iv) Equality

There are significant inequalities in the experiences of Black, Asian and minority ethnic communities in mental health and criminal justice systems. This has found to be variable across different parts of the justice system. For example, there is disproportionality at arrest but not at the point of charge (Lammy 2017).

Women are disadvantaged by systems designed for men and enter the justice system for different reasons. Most women in contact with criminal justice services have poor mental health, alcohol and/or drug misuse problems (Prison Reform Trust, ADASS and Centre for Mental Health 2016). Higher proportions of females in contact with Liaison and Diversion services had mental health needs than males.

The data did not contain equality information and therefore this was not subject to analysis. Therefore is a need for further study of the impact of race, gender and other characteristics that may have an intersectional impact on the application of the AA safeguard.

(v) Differences in police force and L&D service areas

Police force and L&D service areas are not always co-terminus.

Where possible, steps were taken to overcome this issue. For example, where a single L&D service covered two forces (Norfolk and Suffolk) an overall AA rate was calculated from the sources data for the combined police force areas.

However, where the L&D service area makes up only part of a force area (e.g. Oxfordshire L&D and Thames Valley Police) there is a significant limitation.

Results

1. Police data on recorded need for AAs

a) Custody

(i) Use of custody

Overall national volume

34 of the 43 territorial police forces[13] (79%) provided data on the total number of authorised detentions in 2017/18, reporting a total of 701,048.[14].

Scaled up based on the relative size of these 34 forces[15], the estimated annual volume of adult detentions in England and Wales for 2017/18 is 825,426 for territorial forces.

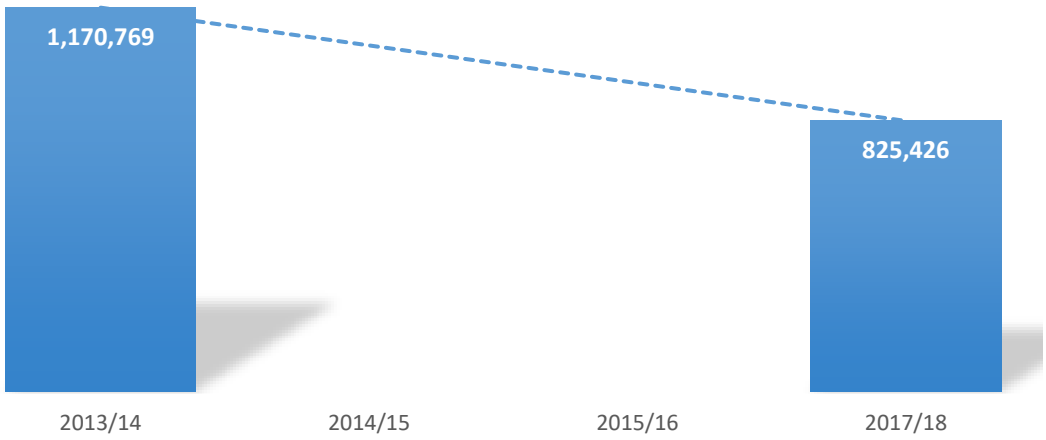
This rises to 828,858 when British Transport Police custody is included.

National trend

There is evidence that the use of police custody for adults (irrespective of the need for an AA) has reduced significantly.

The There to Help (NAAN 2015) report estimated the total number of detentions of adults by territorial police forces in England and Wales in 2013/14 to be 1,170,769 (NAAN 2015, Paper H, p.3). This suggests a reduction of approximately 30% in the use of custody for adults (see Chart 1).

Chart 1: Estimated total annual detentions by territorial forces



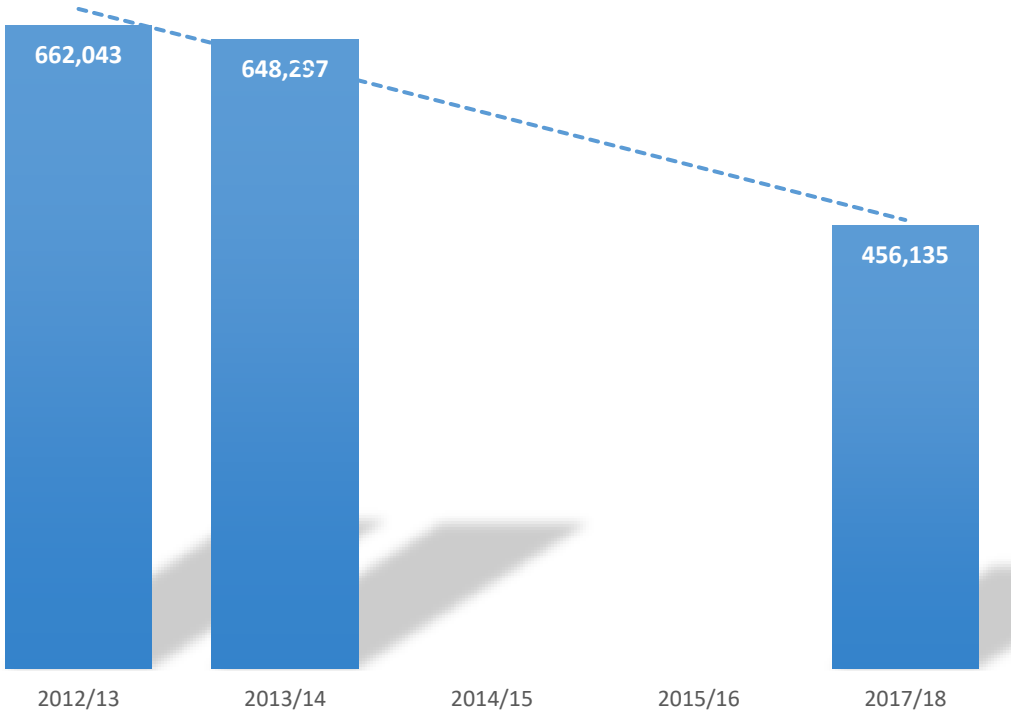
[13] Excludes British Transport Police

[14] North Yorkshire and South Yorkshire supplied custody data for a limited period of the year and this was increased pro-rata to represent a full year.

[15] The size of each force was calculated using Home Office arrest statistics. In 2017/18 these 34 forces made up 85% of the total arrests for notifiable offences by territorial forces in England and Wales.

The same 30% reduction can be seen in Chart 2. This shows how actual reported detentions of adults across a sample of 20 forces reduced by 30% between 2013/14 and 2017/18[16].

Chart 2: Volume of adult detentions (20 forces)



Furthermore, this is in line with the 30% decrease in the total arrests of adults for notifiable offences across all territorial forces in England and Wales, as reported by police forces to the Home Office.[17]

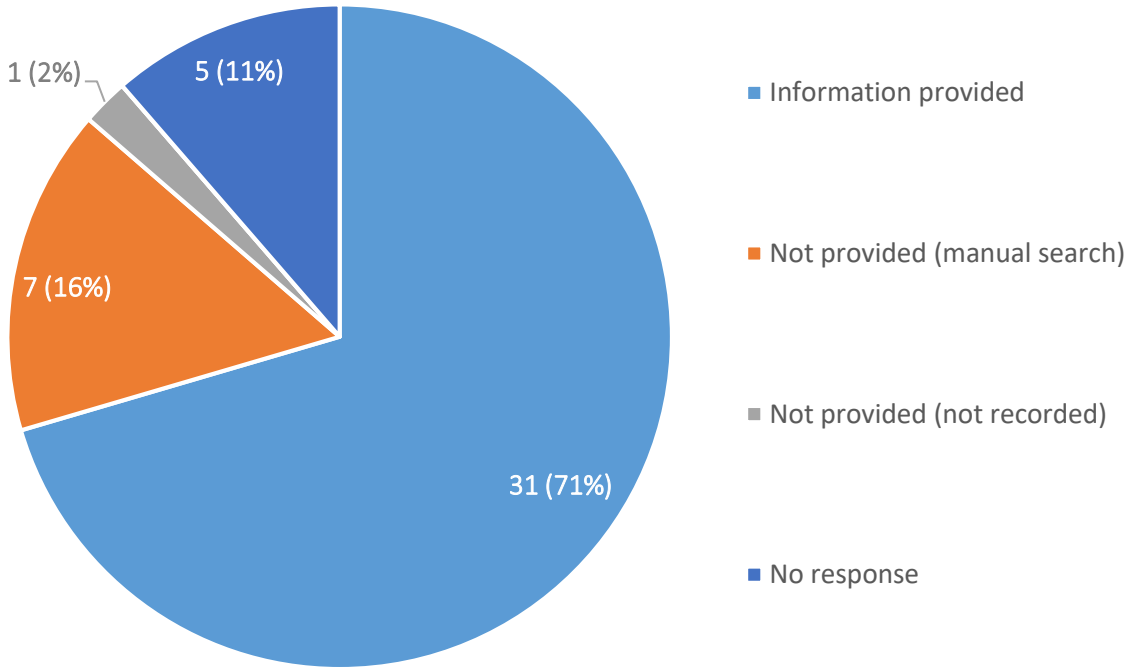
[16] Sample of 20 police forces that provided data on authorised detentions to NAAN for each of the three years.
[17] In 2013/14, arrests of adults for notifiable offences totalled 927,518 (*see Home Office (2015), Arrest statistics - police powers and procedures, year ending 31 March 2014. Table A.06a Number of persons arrested for notifiable offences by police force area, sex and age group, 2013/14*). In 2017/18, arrests of adults for notifiable offences totalled 647,635* (*see Home Office (2018), Arrest statistics - Police powers and procedures, 2017/18. Table A.06: Number of persons arrested for notifiable offences by police force area, sex and age group, 2017/18*). *Figures for Lancashire Constabulary were not provided to the Home Office and have been estimated at 15,000 based on previous data and trends.

(ii) Ability to report on appropriate adults

Of the 44 police forces (all territorial forces plus British Transport Police):

- 31 (70%) provided full information (the number of authorised detentions; number of authorised detentions in which the need for an AA was recorded);
- Five (11%) did not provide a response.
- Eight (18%) responded but did not provide data, of which: seven (16%) stated that they were unable to provide the requested information because it was not easily retrievable and would require a manual search of records, and one (2%) declined to provide data on the grounds that what was recorded was not accurate.

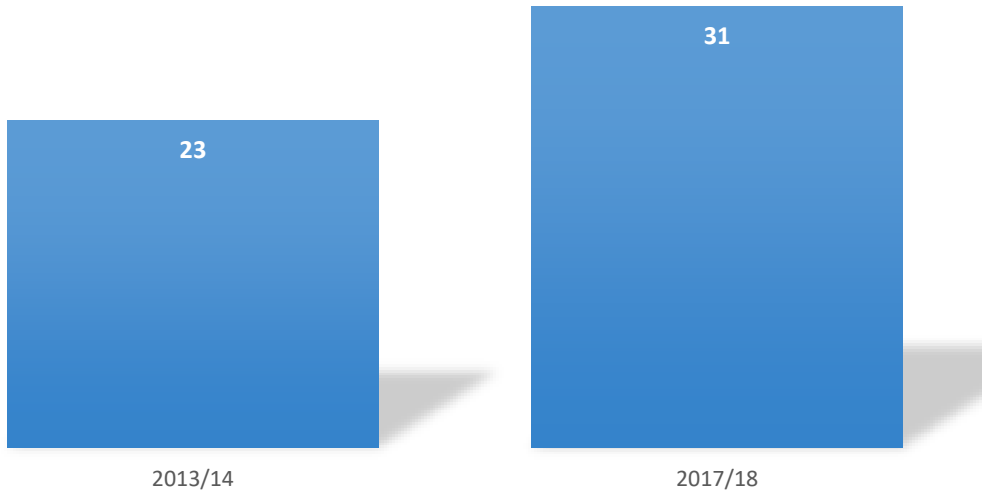
Chart 3: Number of police forces by response to data request, custody (2017/18)



This is a significantly improved response rate compared to the There to Help (NAAN 2015) study, which was based on data covering the 2013/14 financial year.

Table A	2013/14		2017/18	
Forces which provided data	23	53%	31	70%
Forces which responded but did not provide data	0	0%	8	18%
Forces which did not respond	20	47%	5	11%
Total forces	43[18]		44	

Chart 4: Number of police forces that able to provide data on the recorded need for appropriate adults amongst adult suspects in custody (2017/18)



[18] British Transport Police was not included in the earlier study.

Effect of information systems

There was some evidence that the use of different police information management systems affected whether data was available to police forces.

Some systems appeared to be related to easier access to the information:

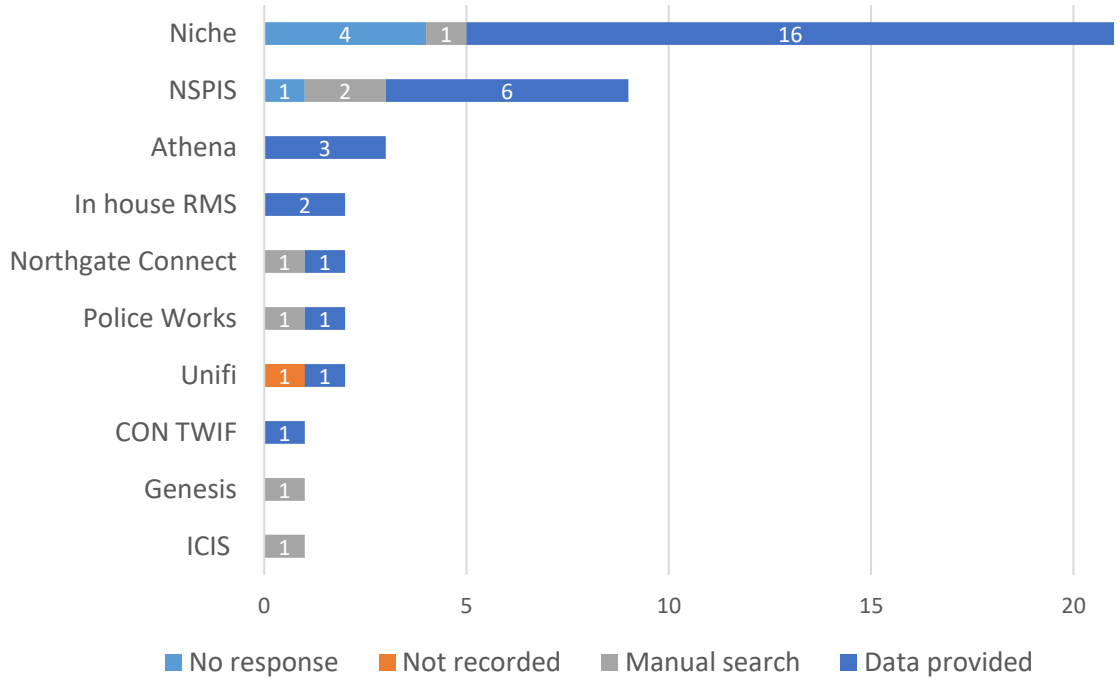
- Niche and Athena were notably over-represented in terms of forces that were able to provide custody data on AAs, with in-house developed systems and CON TWIF slightly over-represented.
- All Athena, CON TWIF and in-house forces provided data, as did three quarters of Niche forces.

Table B	% of all police forces that provided data	% of all police forces that use system	Over or (under) represented	% of forces on system which provided data
Athena	9.7%	6.8%	2.9%	100.0%
CON TWIF	3.2%	2.3%	1.0%	100.0%
Genesis	0.0%	2.3%	(-2.3%)	0.0%
ICIS	0.0%	2.3%	(-2.3%)	0.0%
In house RMS	6.5%	4.5%	1.9%	100.0%
Niche	51.6%	47.7%	3.9%	76.2%
Northgate Connect	3.2%	4.5%	(-1.3%)	50.0%
NSPIS	19.4%	20.5%	(-1.3%)	66.7%
Police Works	3.2%	4.5%	(-1.3%)	50.0%
Unifi	3.2%	4.5%	(-1.3%)	50.0%
TOTAL	100%	100%	n/a	n/a

The only force that reported that the data was not recorded at all was using Unifi. Neither of the two forces using Genesis and ICIS were able to report due to time/cost limits.

Table C	**No response**	**Not recorded**	**Manual search**	**Data provided**	**Total**
Athena				3	3
CON TWIF				1	1
Genesis			1		1
ICIS			1		1
In house RMS				2	2
Niche	4		1	16	21
Northgate Connect			1	1	2
NSPIS	1		2	6	9
Police Works			1	1	2
Unifi		1		1	2
Grand Total	**5**	**1**	**7**	**31**	**44**

Chart 5: Custody data request responses by police information system



However, system limitations were clearly not the only driver:

- Some of the forces that did not provide the data due to the request exceeding FOI time/cost limits *had* provided data for 2013/14 in the previous study;
- Of the five forces that did not respond, all were using systems that other forces had used to report successfully (Niche and NSPIS);
- The one force that said the data was not recorded was using a system that that another force had used to report successfully (Unifi);
- Of the seven forces that did not provide the data due to time/cost limits, five were using systems that other forces had used to report successfully (Niche, Northgate Connect, NSPIS and Police Works).

For example, one Niche force refused the information request because, "All records would require checking to ascertain if they are pertinent to your request". However, another Niche force stated that the, "Appropriate Adult figure represents the number of those records where the question 'Is an appropriate adult required?' on the risk assessment is answered positively".

The above suggests that there are other barriers to accessing and providing this data beyond choice of system. Based on this study, the key factors would seem to be:

- Variable implementation or use of system functionality: One Niche force initially reported they were unable to supply the data. When other forces' ability to report using the same system was highlighted, within 24 hours they had been supplied with the additional search function and were able to provide the data.
- Resourcing: Of the five forces not responding, three explicitly mentioned this was due to significant backlogs and lack of resource. One confirmed receipt of the request but did not respond further. One did not respond to the request or follow ups.

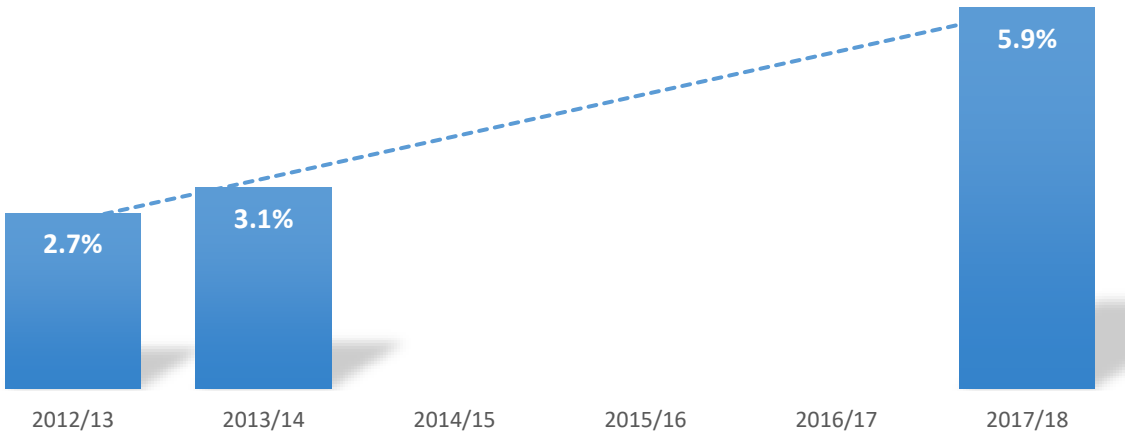
(iii) Recorded rate of need

Overall national rate

Nationally, the need for an AA was recorded in 5.9% of adult detentions in 2017/18.

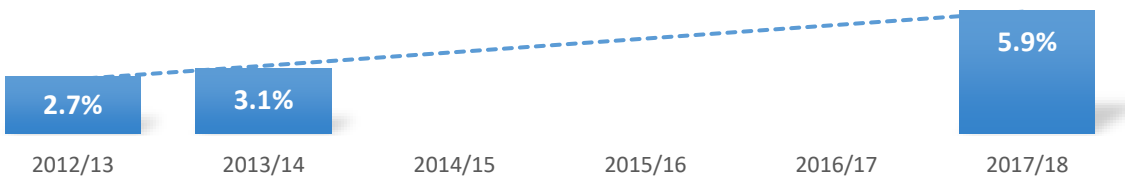
As shown in Chart 6a, this was up from 3.1% in 2013/14. This builds on an increase identified between 2013/13 and 2013/14. Data was not collected for the intervening three years. .

Chart 6a: Proportion of adult detentions recorded as needing an AA
Y axis maximum = 6%



While this is a striking 119% increase since 2012/13, it was from a low base. The most recent figure remains far below the lower bound of estimated prevalence (11% to 22%) as suggested in There to Help (NAAN 2015). Visualised against a 22% Y-axis in Chart 6b, progress looks less striking.

Chart 6b: Proportion of adult detentions recorded as needing an AA
Y axis maximum = 22%



Range

Variations in recorded need were high between police forces and had increased significantly. The range had increased from 8.7 in 2013/14 to 15.4 in 2017/18.

The highest rate was 15.71% (British Transport Police). The highest rate in a territorial force was 14.77% (Derbyshire Constabulary). The lowest rate was 0.16% (South Yorkshire Police).

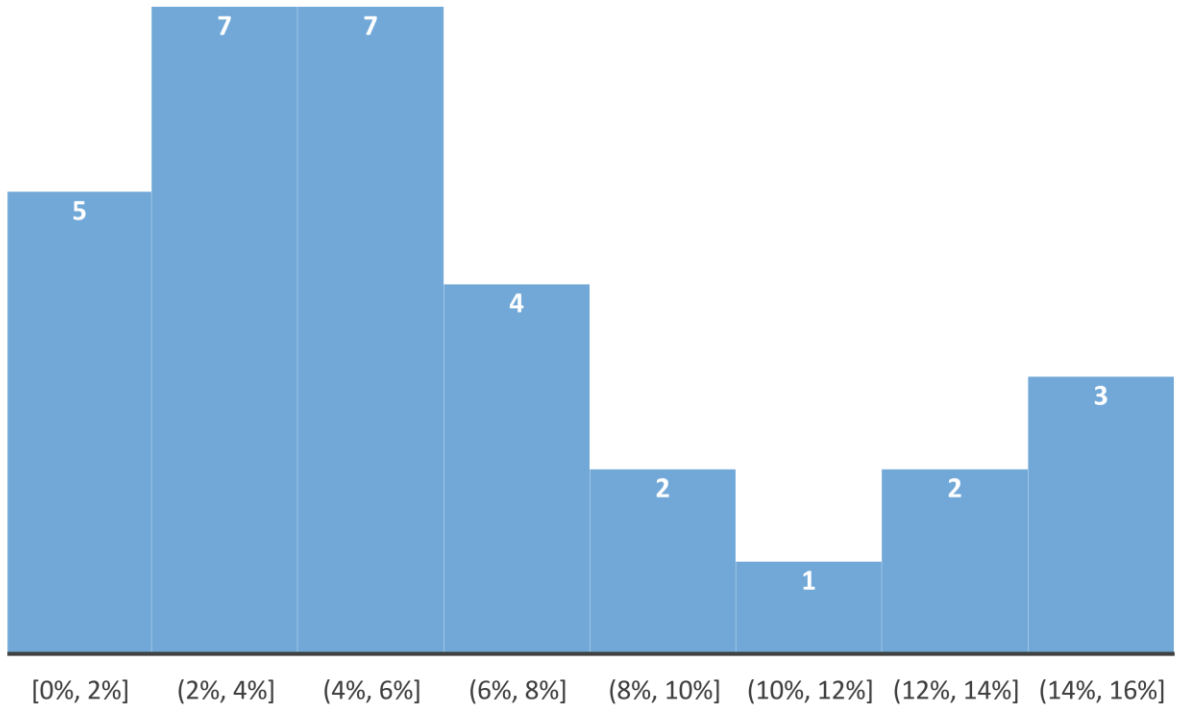
Distribution

Chart 7 further illustrates the way identification rates vary between forces.

Across police forces, the average (median) rate at which police forces recorded the need for an AA was 5% in 2017/18, up from 2.8% in 2013/14. [19].

While fewer forces achieved the higher rates, there are two peaks with three forces having significantly higher rates.

Chart 7: Number of police forces by rates of recorded need in custody (2017/2018)

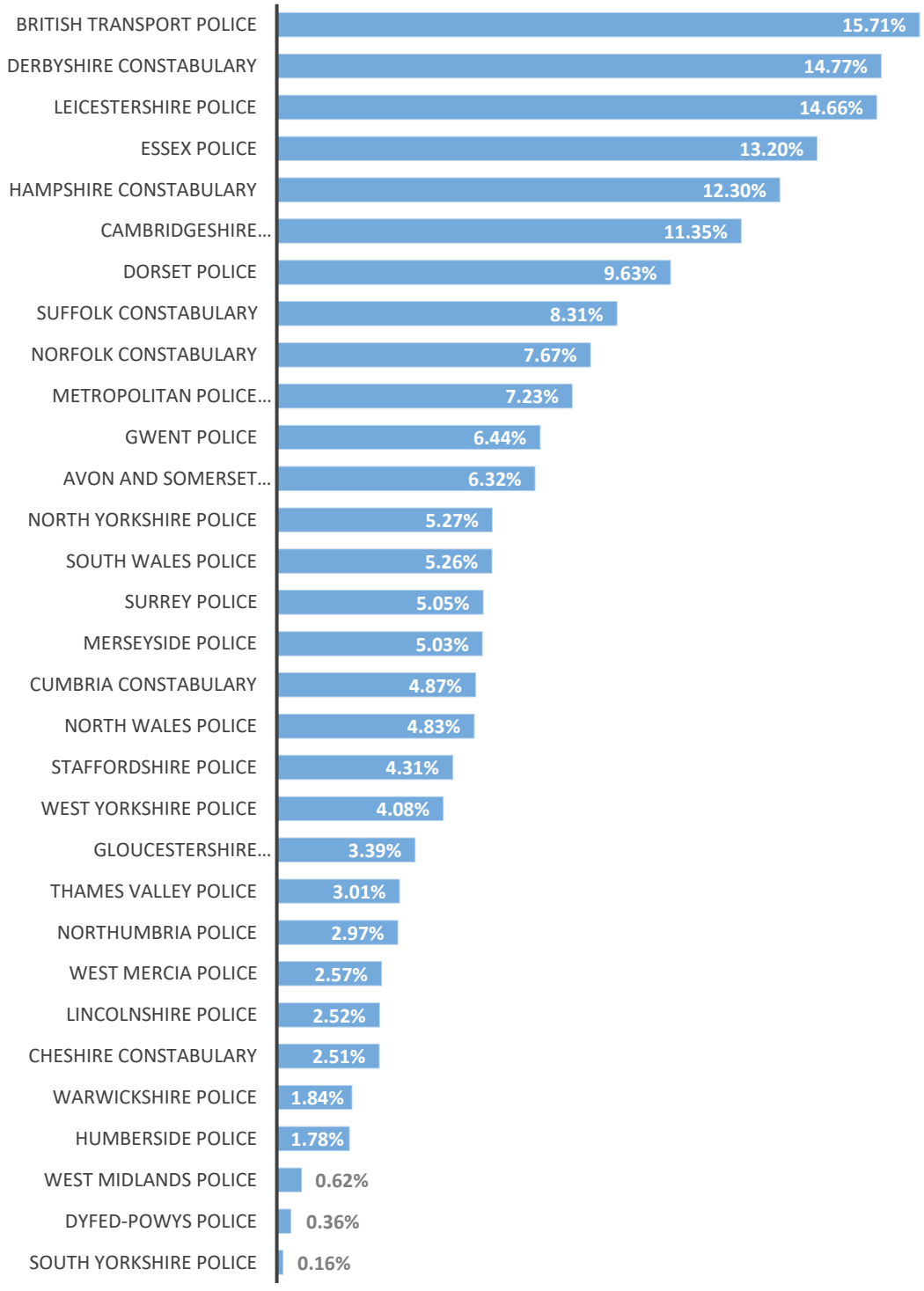


[19] The data are skewed to the right, rather than following a normal distribution. This suggests that the median (the figure splitting the top and bottom halves of the data) may be a more helpful measure than the arithmetic mean in understanding average performance between police forces (rather than the overall national picture). In this type of distribution, the mean can be seen to overestimate the average.

111By police force

The chart below further illustrates the way identification rates vary between forces in custody.

Chart 8: Proportion of adult detentions recorded as needing an AA by police force (2017/18)



Consideration of recent HMIP/HMICFRS inspections of police custody suites for a similar time-period provides some additional context to the quantitative data. This highlights some of the limitations of the data.

For example, Derbyshire has the highest recorded rate of need for AAs of any territorial force. However, the inspectors' report suggested that this may not always translate into *contacting* AAs.

> *"We found a significant number of instances where the force did not always consistently comply with (PACE) Code C. They included key legislative requirements… The areas of non-compliance included…not notifying the appropriate adult (AA) or asking them to attend the custody suite".*
>
> Report on inspection of custody in Derbyshire Constabulary 9–19 April 2018 (HMIP and HMICFRS 2018a)

Merseyside reported a roughly average recorded rate. However, the inspection report suggested that officers were identifying more need than they officially recorded. This implies that officers were doing a better job at identifying need than their data suggests, though a poor job in recording it.

> *"Requests for an AA were inconsistently recorded on custody records and the force did not monitor how long detainees waited before receiving support. The force had recognised this issue and was seeking ways to address it."*
>
> Report on inspection of custody in Merseyside Police 11–21 June 2018 (HMIP and HMICFRS 2018b)

Cheshire reported one of the very lowest recorded rates of AA need. However, inspectors reported that they at least were content that most people with vulnerabilities were identified. This illustrates that the challenge of determining which adult suspects met the PACE Code criteria is not just one experienced by police and raises the question of who is in a position to make judgements about whether or not police officers are making the correct decisions on this matter.

> *"Most detainees with vulnerabilities, such as children or those with learning difficulties were promptly identified. Custody staff liaised with the health care team to identify any risks indicating the need for an appropriate adult"*
>
> Report on inspection of custody in Cheshire Constabulary 3–13 September 2018 (HMIP and HMICFRS 2019a)

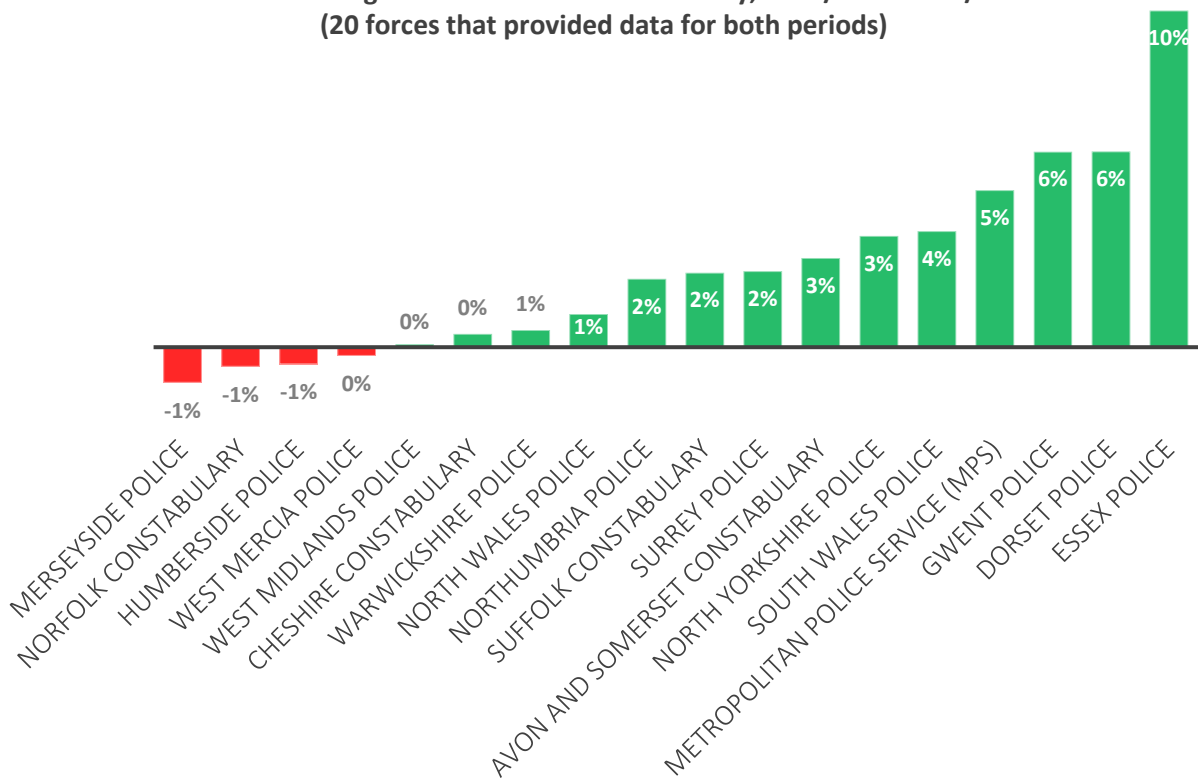
(iv) Changes in recorded rate of need from 2013/14 to 2017/18

In terms of direct comparators, 20 forces provided data for both periods. Most forces saw an increase in recorded need, as shown in the chart below (figures are rounded the nearest whole).

At one end, the level of need recorded by Essex Police increased from 2.89% to 13.2% in custody. This increase of over 10% (a percentage increase of 357%) moved the force from slightly below average to the third highest amongst territorial forces.

Conversely, the need recorded by Merseyside Police decreased from 6.12% to 5.03%. Although this was only a reduction of 1.09% (a percentage decrease of 18%), changes in other forces meant Merseyside moved from having one of the highest rates in 2013/14 to around average in 2017/18.

Chart 9: Changes in recorded need in custody, 2013/14 to 2017/18 (20 forces that provided data for both periods)



Notably, of the six forces with the highest recorded rate of need in custody in 2017/18:

- all had a rate above the very highest level reported in 2013/14;
- all had a rate in the 11% -22% range suggested in There to Help (NAAN 2015);
- none was in the top six in 2013/14[20].

[20] However, the data are significantly affected by the fact that three of the top 6 forces in 2013/14 (Sussex, Durham and Kent) did not provide data on appropriate adults in 2017/18.

b) Voluntary interviews

(i) Use of voluntary interviews

Overall national volume

30 of the 43 territorial police forces[21] (70%) provided data on the total number of voluntary interviews in 2017/18, reporting a total of 137,314.[22]

Scaled up based on the relative size of these 30 forces[23], the estimated annual volume of adult detentions in England and Wales for 2017/18 is 177,858 for territorial forces.

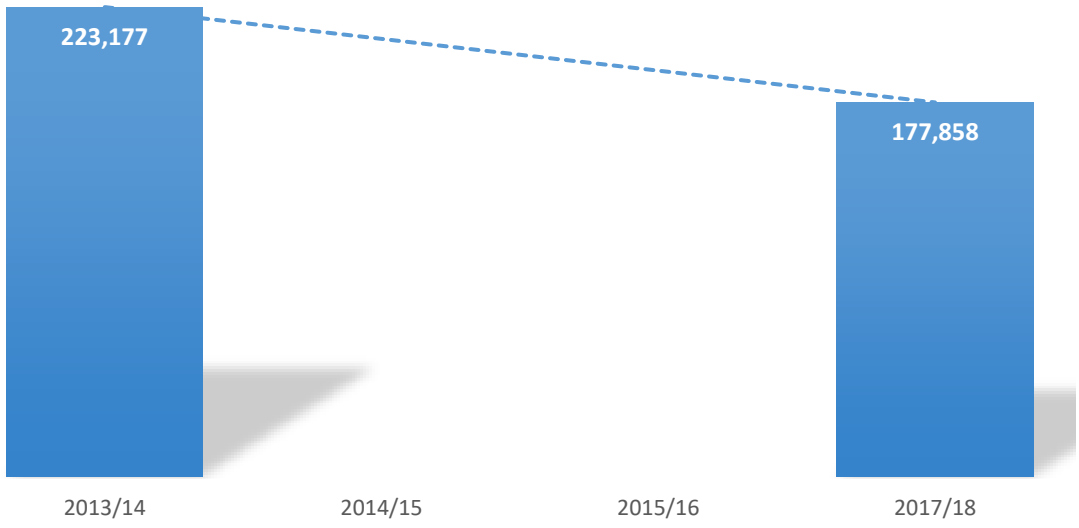
This rises to 177,922 when British Transport Police custody is included.

National trend

Use of voluntary interview for adults (irrespective of the need for an AA) appears to be reducing.

The original There to Help report (which excluded BTP) estimated the total number of voluntary interviews carried out by territorial police forces in England and Wales in 2013/14 to be 223,177 (NAAN 2015, Paper H, p.3). This suggests a reduction of approximately 20% in voluntary interviews.

Chart 10: Estimated total annual voluntary interviews by all territorial forces



[21] Excludes British Transport Police

[22] North Yorkshire, Warwickshire and West Mercia supplied data for a limited period of the year (either 3 or 6 months) and this was increased pro-rata to represent a full year.

[23] The size of each force was calculated using Home Office arrest statistics. In 2017/18 these 30 forces made up 75% of the total arrests for notifiable offences by territorial forces in England and Wales. An assumption was made that that they make up the same proportion of voluntary interviews.

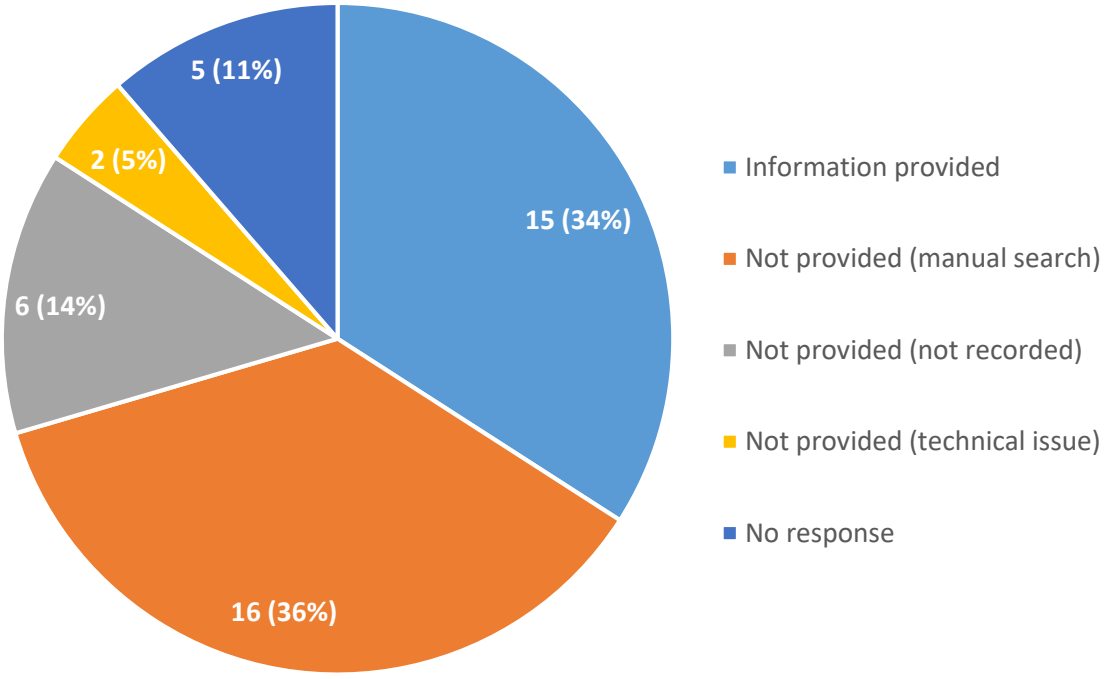
(ii) Ability to report on appropriate adults

Of the 44 police forces (all territorial forces plus British Transport Police):

- 15 (34%) provided full information (the number of voluntary interviews; number of voluntary interviews in which the need for an AA was recorded);
- Five (11%) did not provide a response.
- 24 (55%) responded but did not provide data, of which:
    - 16 (36%) stated that they were unable to provide the requested information because it was not easily retrievable and would require a manual search of records;
    - Six (14%) stated that the data on AAs was not recorded (of which one also did not record the total number of voluntary interviews);
    - Two (5%) stated that they were unable to extract the data due to known issues / technical difficulties which would be remedied in future.

No data was requested in relation to voluntary interviews in There to Help (NAAN 2015), so it is not possible to make direct comparisons with 2013/14. However, in 2015 an HMIC thematic report found only three of six forces (50%) could report the number of voluntary interviews in the previous 12 months (HMIC 2015).

Chart 11: Number (percentage) of police forces by response to data request, voluntary interviews (2017/18)



Effect of information systems

There was some evidence that the use of different information management systems affected whether data was available on the need for AAs for voluntary interviews[24].

Some systems appeared to be related to easier access to the information:

- Athena was notably over-represented in terms of forces that were able to provide voluntary interview data on AAs (as they were in relation to custody data). For example, while only 6.8% of police forces use Athena, all three forces provided data. As a result, Athena forces made up 20% of all forces that provided data on voluntary interviews.
- Niche and Police Works were also over-represented, though to a lesser extent.

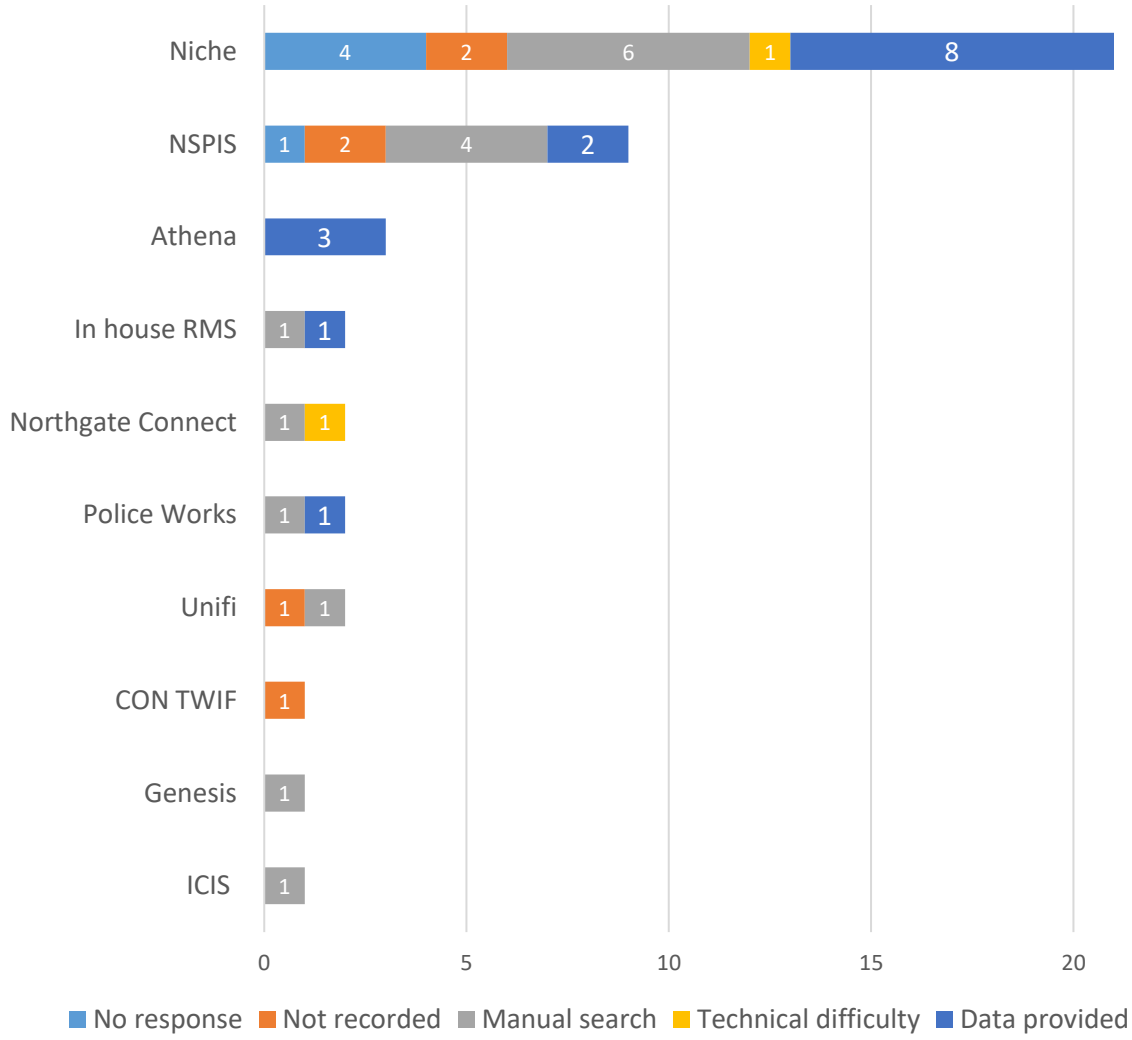
Table D	% of all police forces that provided data	% of all police forces that use system	Over or (under) represented	% of forces on system which provided data
Athena	20.0%	6.8%	13.2%	100.0%
CON TWIF	0.0%	2.3%	(-2.3%)	0.0%
Genesis	0.0%	2.3%	(-2.3%)	0.0%
ICIS	0.0%	2.3%	(-2.3%)	0.0%
In house RMS	6.7%	4.5%	2.1%	50.0%
Niche	53.3%	47.7%	5.6%	38.1%
Northgate Connect	0.0%	4.5%	(-4.5%)	0.0%
NSPIS	13.3%	20.5%	(-7.1%)	22.2%
Police Works	6.7%	4.5%	2.1%	50.0%
Unifi	0.0%	4.5%	(-4.5%)	0.0%
TOTAL	100%	100%	n/a	n/a

At least 75% of forces record the data on voluntary interviews. However, the accessibility of that data was lower across the board than data on detentions in custody (see Table C).

Table E	**No response**	**Not recorded**	**Manual search**	**Technical difficulty**	**Data provided**	**Total**
Athena					3	3
CON TWIF		1				1
Genesis			1			1
ICIS			1			1
In house RMS			1		1	2
Niche	4	2	6	1	8	21
Northgate Connect			1	1		2
NSPIS	1	2	4		2	9
Police Works			1		1	2
Unifi		1	1			2
Total	**5**	**6**	**16**	**2**	**15**	**44**

[24] Police forces may use separate information systems for capturing data in custody and for voluntary interviews. However, the data request did not specify that data should be drawn from any specific system.

Chart 12: Voluntary interview data request responses by police information system (2017/18)



System limitations were clearly not the only driver:

- Of the five forces that did not respond, all were using systems that other forces had used to report successfully (Niche and NSPIS);
- Of the six forces that said the data was not recorded, four were using systems that other forces had used to report successfully (Niche and NSPIS);
- Of the 16 forces that did not provide the data due to time/cost limits, 12 were using systems that other forces had used to report successfully (In house, Niche, NSPIS and Police Works).

The above suggests that there are other barriers to accessing and providing this data beyond choice of system. Based on this study, the key factors would seem to be:

- Variable implementation or use of system functionality;
- Resourcing of teams responsible for FOI requests.

(iii) Recorded rate of need

Overall national rate

Nationally, the need for an AA was recorded in 6.9% of adult voluntary interviews in 2017/18.

Range

The range between police forces for voluntary interviews was 24.1.

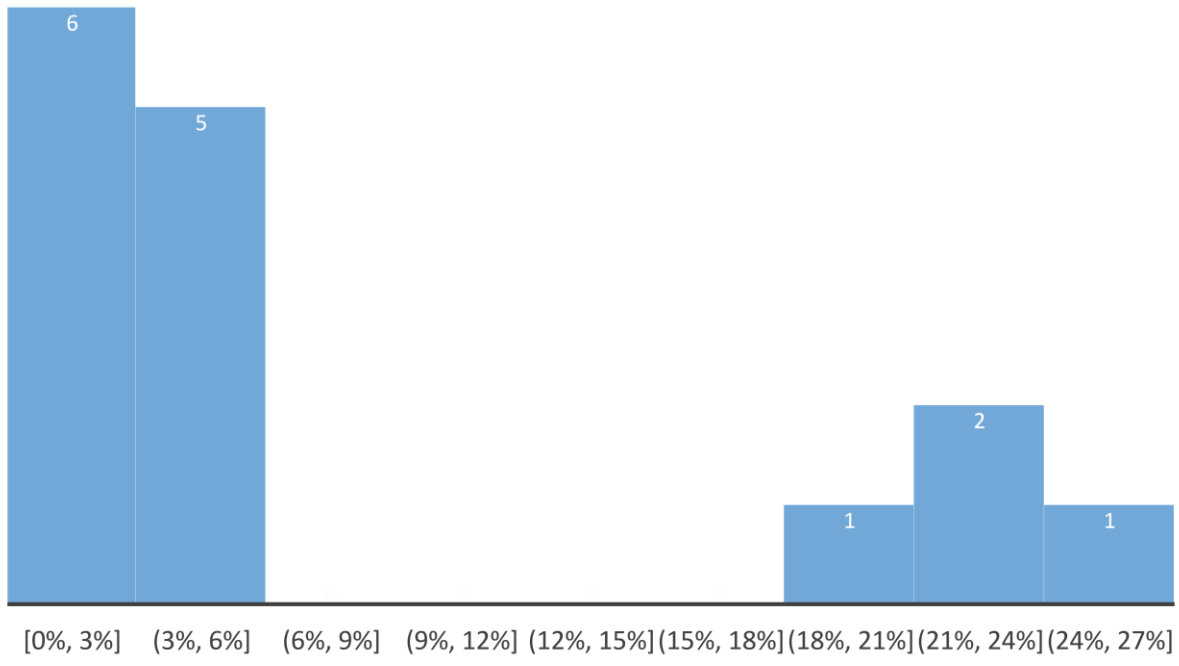
The highest rate was 24.1% (Dorset Police). The lowest reported rate was 0.0% (North Wales Police).

Distribution

Chart 13 further illustrates the way identification rates vary between forces.

While the vast majority of forces recorded low rates, there are two peaks with four forces having significantly higher rates. Those four forces are the only ones to have a recorded need in, or above, the 11% to 22% range suggested by There to Help (NAAN 2015). See p.45 (c) Custody and voluntary interviews combined: (iii) Recorded rate of need: Distribution for further commentary on this point.

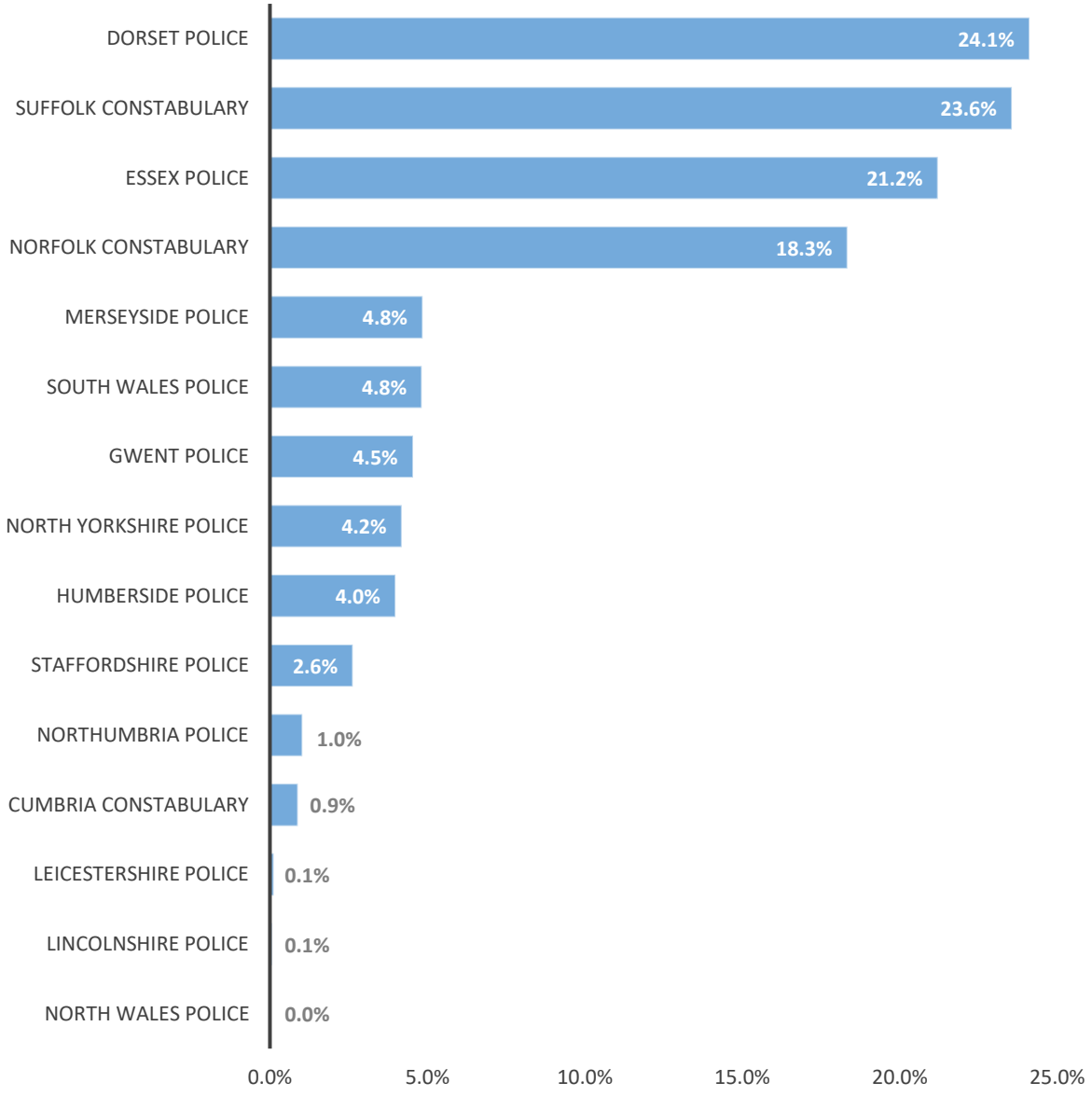
Chart 13: Distribution of rates of recorded need in voluntary interviews across police forces (2017/2018)



By police force

Chart 14 further illustrates how identification rates vary between forces that provided data on the recorded need for AAs in voluntary interviews.

Chart 14: Proportion of adult voluntary interviews recorded as needing an AA by police force (2017/18)



c) Custody and voluntary interviews combined

(i) Ratio of custody to voluntary interviews

National average

30 of the 43 territorial police forces[25] (70%) provided data on both the number of detentions and the number of voluntary interviews in 2017/18.[26] This includes some forces that did not provide data about recorded need for appropriate adults.

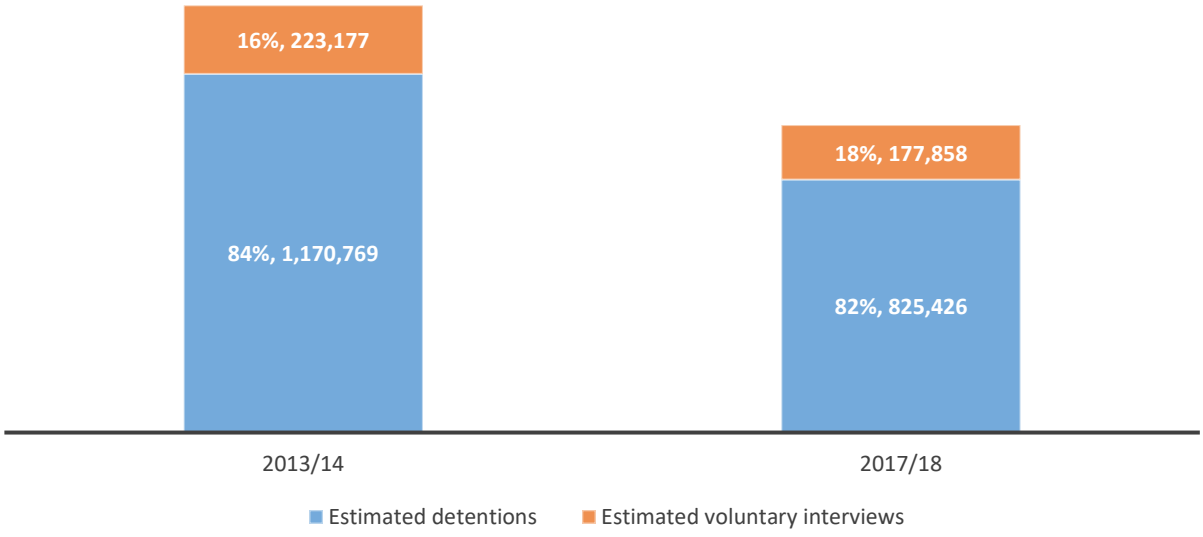
In these forces, voluntary interviews made up 18% (137,314) of the combined total, with detentions making up the remaining 82% (632,896).

National trend

The new data provides some evidence of a substitution effect towards voluntary interviews. With voluntary interviews reducing more slowly (-20%) than the number of authorised detentions (-30%), voluntary interviews appear to have risen as a proportion of the total, while reducing in volume.

The chart below compares estimated total authorised detentions and estimated voluntary attendance in territorial forces (excludes BTP's own custody) in England and Wales in 2017/18[27] versus 2013/14.[28]

Chart:Estimated total authorised detentions and voluntary interviews, all territorial forces in England and Wales

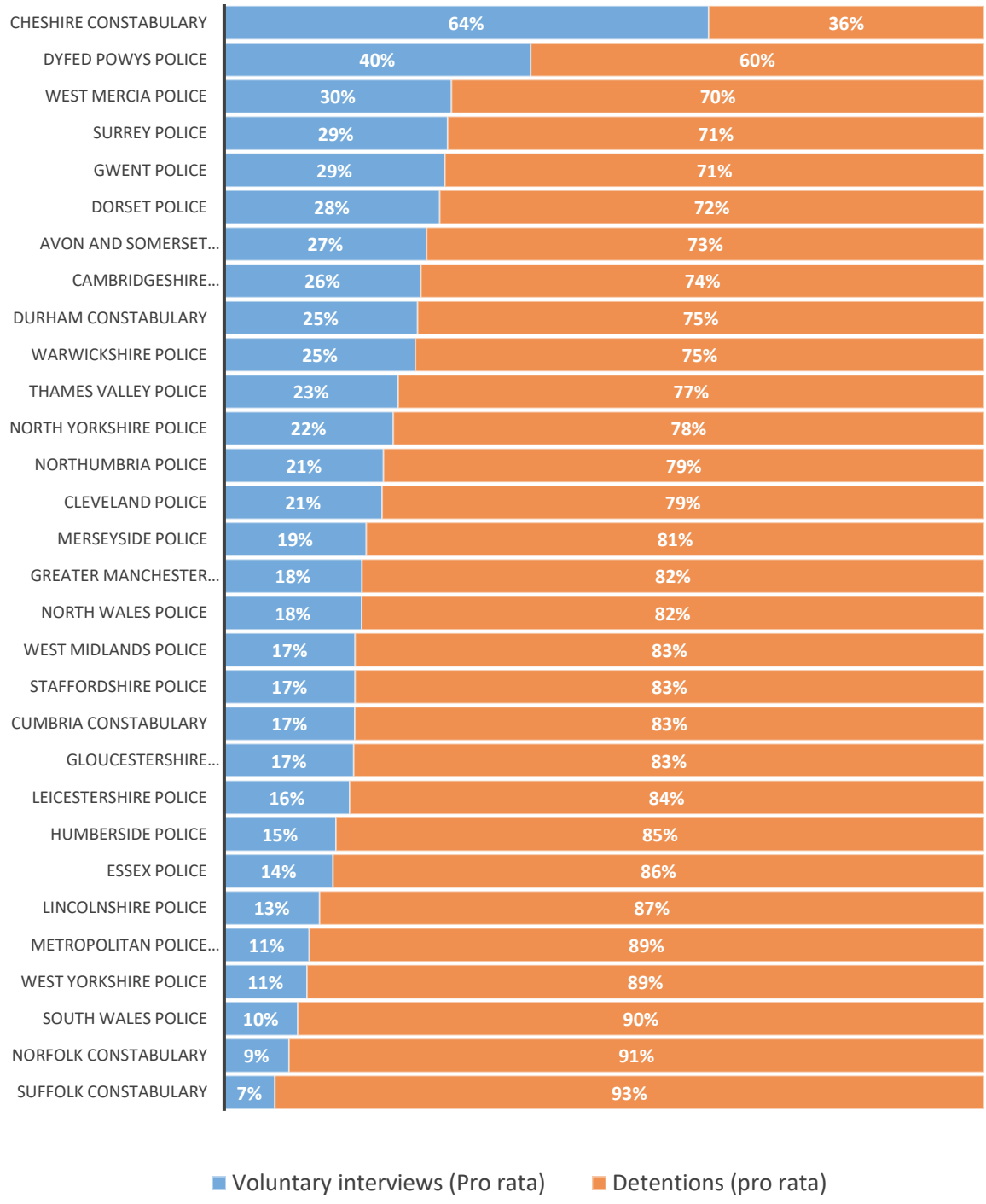


[25] Excludes British Transport Police (BTP) voluntary interviews and detentions in BTP custody suites.
[26] North Yorkshire, Warwickshire and West Mercia supplied voluntary interview data for a limited period of the year. North Yorkshire and South Yorkshire supplied custody data for a limited period of the year. These were increased pro-rata to represent a full year.
[27] For calculations, see a) Custody (i) Use of custody: Overall national volume and b) Voluntary interviews (i) Use of voluntary interviews: Overall national volume
[28] Estimates of voluntary interviews in *There to Help* (2015) were based on HM Inspectorate of Constabulary's thematic report *The welfare of vulnerable people in custody* (2015) which found that across three forces, voluntary interviews made up 16% of the combined total.

By police force

The mean figure of 82% via custody and 18% via voluntary interviews ignores very significant differences between forces. The chart below illustrates the proportion of voluntary interviews to authorised detentions for all territorial forces that provided the relevant data for 2017/18. This ranged significantly, from only 7% by voluntary interview in Suffolk up to 64% in Cheshire.

Chart 16: Proportion of voluntary interviews vs custody
30 territorial forces (2017/18)



(ii) Ability to report

Police forces are better prepared to record and retrieve information about the need for AAs in custody, than for voluntary interviews:

- 31 forces (70% of all forces, 79% of sample) reported the recorded need for AAs in custody, compared to only 15 (34% of all forces, 38% of sample) in relation to voluntary interviews.
- 6 forces (14% of all forces, 15% of sample) said they did not record the need for an AA for voluntary interviews at all, compared to 1 force (2% of all forces, 3% of sample) in custody.

(iii) Recorded rate of need

Overall national rate

The overall proportion (mean) of adult cases in which the need for AA was recorded was 5.97%, being slightly higher for voluntary interviews at 6.9%, compared to 5.9% in custody. As shown in Charts 17a and 17b, both are low when set against a 22% Y-axis, reflecting academic estimates of prevalence.

There a number of potential reasons why the rate for voluntary interviews might have been expected to be *lower* than in custody, including:

- lack of involvement of experienced custody sergeant officers / knowledge of PACE Code C;
- risk assessments may be more limited in scope;
- unlikely to be a Liaison and Diversion assessment prior to interview.

However, the rate is 1% *higher* than in custody. One factor in this could be statistical issues, as discussed under *Distribution* below. However, it should be noted that the higher rate of recorded need does not prove that identification/recording of the need for an AA is worse in custody. It may be that a greater proportion of adult voluntarily interviews *require* the AA safeguard to be applied. There may be a correlation between the types of crimes that are more frequently dealt with via voluntary interview (e.g. minor, historical) and the need for an AA. To ascertain whether this is the case would require a comparative analysis of adult suspects attending voluntary interviews versus those detained, with full assessments by qualified professionals.

Chart 17a: Rate of recorded need for an AA (2017/18) Y axis maximum = 7%

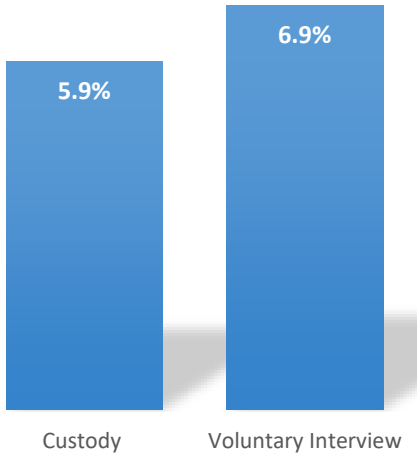
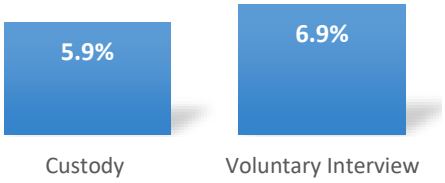


Chart 17b: Rate of recorded need for an AA (2017/18) Y axis maximum = 22%



Range

The range of recorded need between police forces was lower in custody (15.4) than in voluntary interviews (24.1).

Distribution

The custody data are relatively evenly spread, with much greater variability between forces with regard to voluntary interviews.

Almost all forces had very low rates of recorded need in voluntary interviews. However, Suffolk, Essex, Norfolk (the Athena forces) and Dorset (Niche) had recorded rates in voluntary interviews that were:

- far in excess of all other forces
- higher than their own rates in custody
- higher than the highest rates recorded by other forces in custody.

The reasons for this are not known. However, police have some discretion over how cases are investigated[29]. It is possible that these forces have encouraged voluntary interviews where a suspect requires an AA, perhaps to reduce logistical issues and/or the negative effects of detention.

This difference in distribution gives rise to an interesting dichotomy.

Though the overall recorded rate was higher in voluntary interviews, comparing across police forces, the average (median) rate at which police forces recorded the need for an AA was only 4.2% in voluntary interviews, compared to 5% in custody.

Table F	Custody	Voluntary
1. Proportion of all adult cases in which the need for an AA was recorded (mean)	5.9%	6.9%
2. Average proportion of adult cases in which each police force recorded the need for an AA (median)	5%	4.2%

The differences between these figures reflect the distribution of the data and the different treatment of the fact that larger police forces contribute more heavily to the sample. The two measures are useful for difference purposes:

- The mean (1) is the sum of all recorded need, divided by the sum of all cases. It treats the data as one single whole. It is most helpful in understanding the total overall demand for appropriate adults over the year. It signifies that across England and Wales a particular case was more likely to be recorded as needing an AA if it was a voluntary interview.
- The median (2) is the midpoint of all the different recorded rates of each police force. It is most helpful for making comparisons between police forces[30]. On average, across England and Wales, police forces were more likely to have a higher rate in custody

[29] Police may not arrest a suspect unless the necessity to arrest criteria are met (PACE Code G).
[30] Where distribution data is skewed (as in this case to the right) rather than following a normal distribution, the median (the figure splitting the top and bottom halves of the data) may be a more helpful measure than the arithmetic mean in understanding average performance between police forces (rather than the overall national picture). In this type of distribution, the mean can be seen to overestimate the average.

By police force

The table below shows the 15 forces that provided data for both custody and voluntary interviews.

Chart 18: Recorded AA need by police force, custody vs voluntary interview (2017/18)

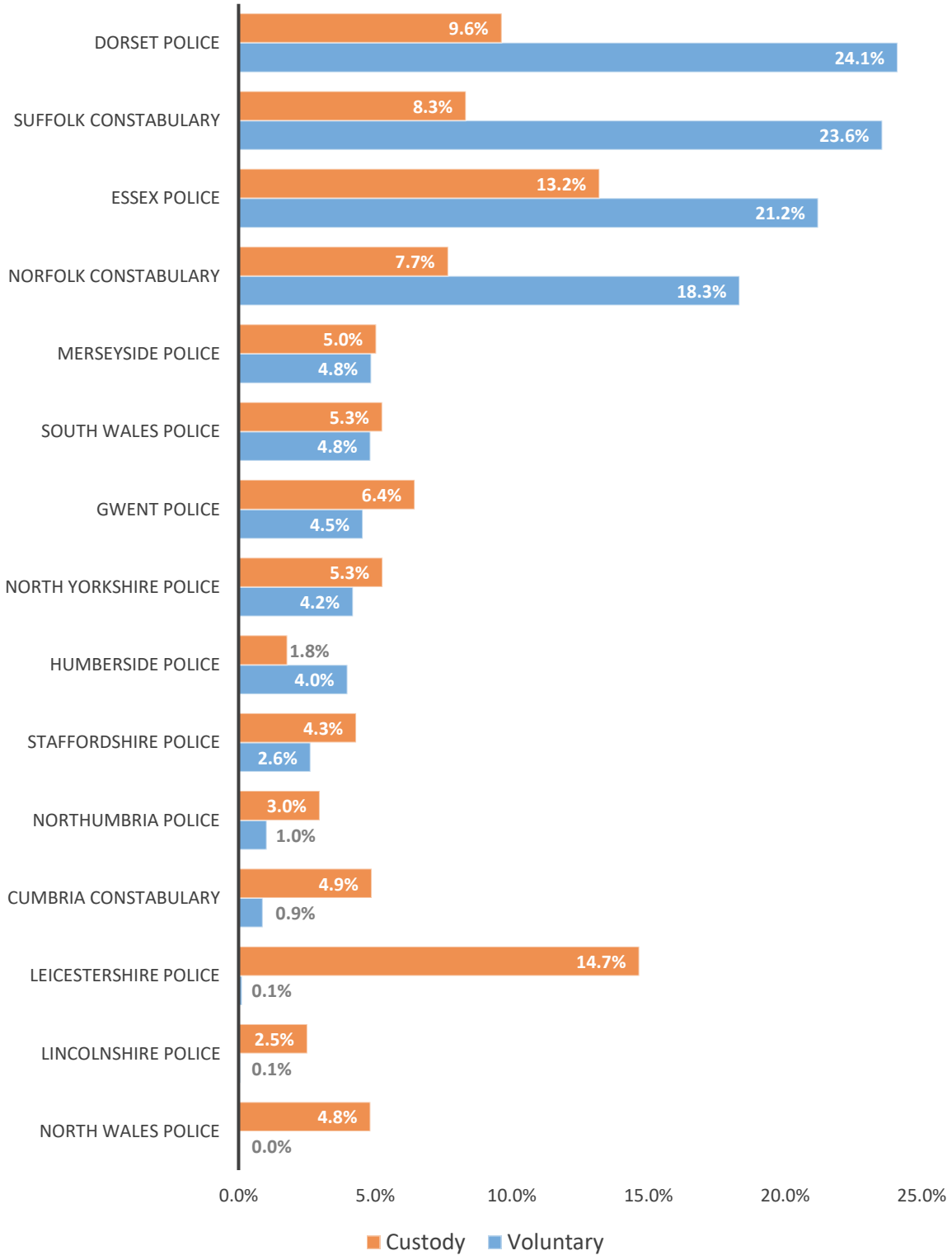
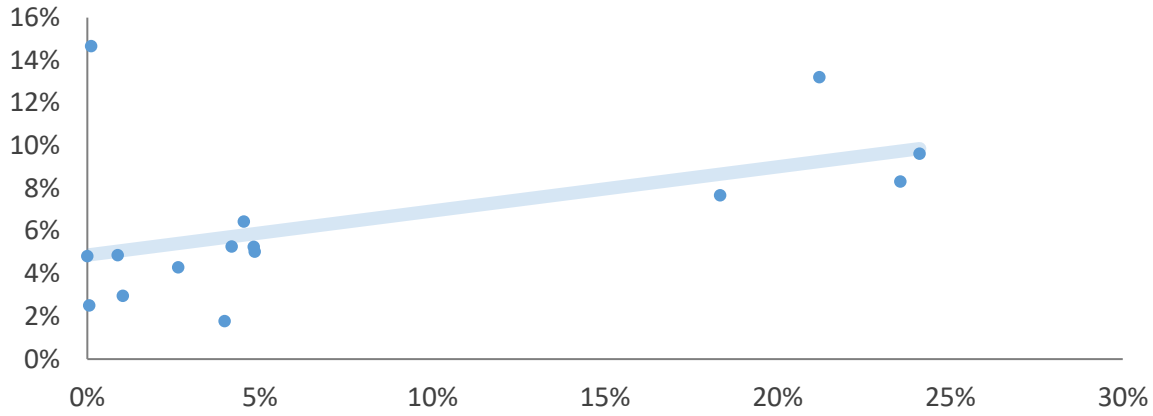


Chart 19 shows a positive correlation between recording rates in custody and voluntary interviews. This suggests that a force that higher rates in one, will also have higher rates in the other. However, it is at the weaker end of moderate (Pearson's correlation coefficient = 0.38). A possible reason for the relative weakness is that, within a single force, the two approaches may operate under entirely separate leadership, processes and systems.

Chart 19: Correlation between each police forces' recorded need in custody (y) and in voluntary interviews (x)



(iv) Identified and unidentified need

Combining data on changes in the volume of detentions and voluntary interviews with data on recorded rate of need allows an analysis of changing demand.

While the recorded rate of need increased significantly between 2013/14 and 2017/18, the overall volume of detentions and voluntary interviews decreased. During this period, there were no changes to the threshold or definition of vulnerability under PACE. Therefore, the actual percentage prevalence of need is assumed to have remained the same.

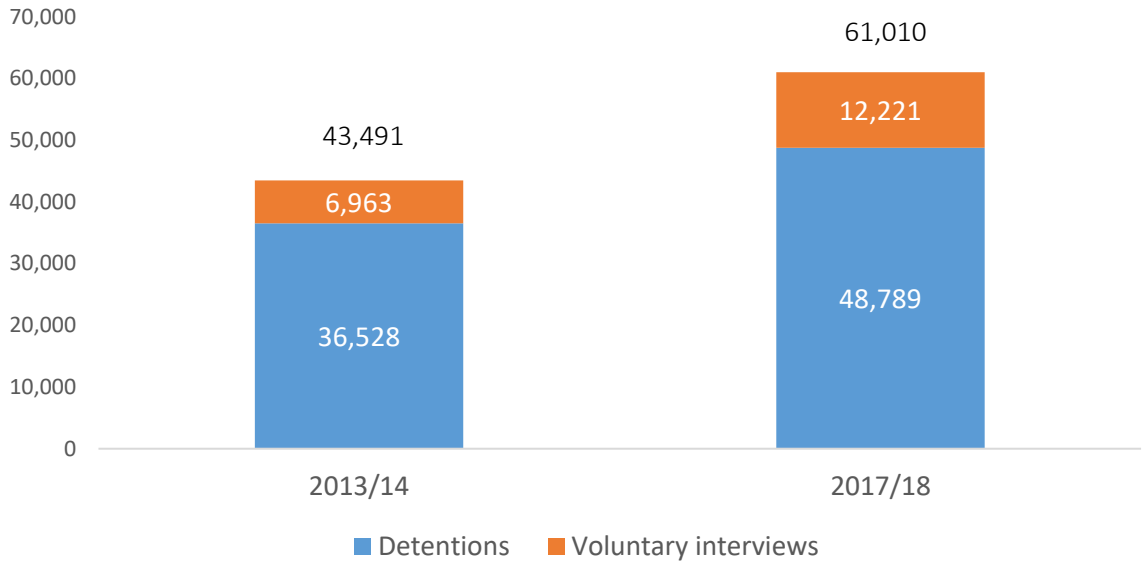
In 2013/14, the total number of detentions and voluntary interviews by all territorial forces was estimated to be 1,393,946. The rate of recorded need was 3.12% in custody and assumed to be the same in voluntary interviews. Actual prevalence of need was estimated at 22% based on a review of academic literature. It was therefore estimated that the need for the AA safeguard had been recorded in 14% of required instances (43,491 of 306,668). This meant there had been a failure to apply the AA safeguard to an estimated 86% of detentions and voluntary interviews to which it should have been applied (263,177 of 306,668) (NAAN 2015).

In 2017/18, the total number of detentions and voluntary interviews by all territorial forces was estimated at 1,003,284[31]. The rate of recorded need was 5.91% in custody and 6.87% in voluntary interviews. If actual prevalence continues to be estimated at 22% (as above for 2013/14), this suggests the need for the AA safeguard was recorded in an estimated 28% of required instances (61,010 of 220,722). This would suggest a failure to apply the AA safeguard to an estimated 72% of the detentions and voluntary interviews to which it should have been applied (159,712 of 220,722).

[31] For calculations, see a) Custody (i) Use of custody: Overall national volume and b) Voluntary interviews (i) Use of voluntary interviews: Overall national volume

Chart 20 shows how the overall reduction in volume and the increase in recorded need combine to increase the identified demand for appropriate adults in 2017/18 compared to 2013/14.

Chart 20: Estimated volume of recorded need for AAs
All territorial police forces



Charts 21a and 21b show how changes in volume and recorded need between 2013/14 and 2017/18 combined to increase the percentage of actual AA demand that was recorded by police. The charts both assume an actual prevalence (rate of need) of 22%.

Chart 21a: Estimated AA need
All territorial police forces
2013/14

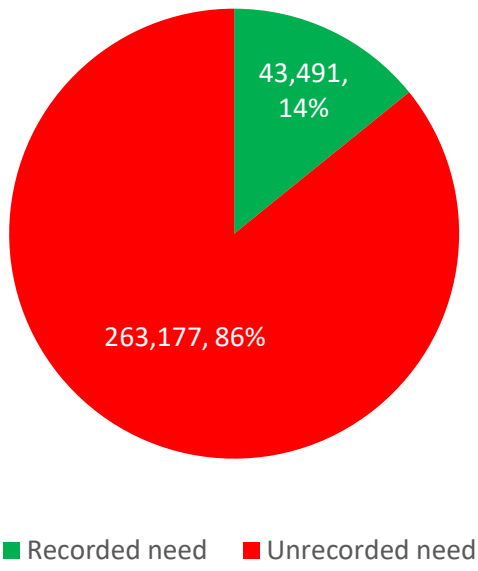
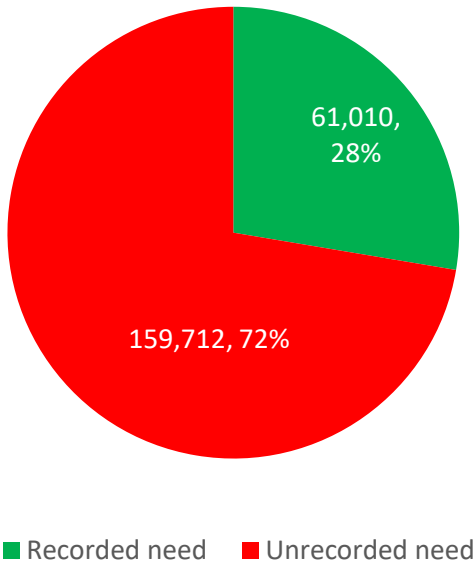


Chart 21b : Estimated AA need
All territorial police forces
2017/18



There remains the question of the validity of the 22% figure as an estimate of actual prevalence. The prevalence of need for an AA remains the subject of debate. Studies considering the prevalence of relevant conditions and mental disorders have produced a range of figures (NAAN 2015), and none has explicitly had the identification of vulnerability *as defined in PACE Code C* as their goal.

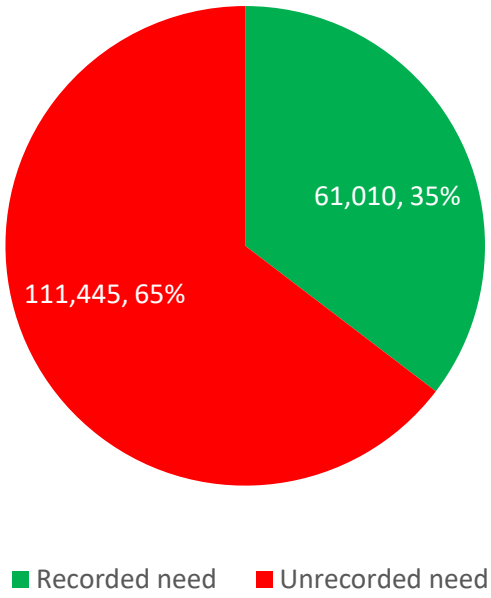
Future studies will face additional difficulty using such studies in establishing a baseline prevalence of need for an AA. In July 2018 (after the period studied in this report), the Home Office introduced an entirely new definition of vulnerable suspects. This new definition removes the 'diagnostic' criteria of 'any mental disorder' and replaces it with a complex functional test. A detailed description of these changes is provided by Dehaghani and Bath (2019). However, there is a lack of academic research focusing on:

a) the effectiveness of the new definition in describing those who need an AA; and
b) the prevalence of need based upon the new definition.

An alternative approach might be to use as a baseline the highest rates actually recorded by forces. In 2017/18 data this was 15.7% in custody and 24.1% in voluntary interviews. This approach clearly has weaknesses. It assumes that the highest current rates are representative of the actual level of need across England and Wales. There is no data upon which to judge the accuracy of identification processes in the forces with the highest rates compared to others.

However if this approach is taken, as shown in Chart 22, the need for the AA safeguard was recorded in an estimated 35% of required instances (61,010 of 172,456). This implies that there had been a failure to apply the AA safeguard to an estimated 65% of detentions and voluntary interviews to which it should have been applied (111,445 of 172,456).

Chart 22: Estimated volume of demand for AAs
All territorial police forces 2017/18



In other words, if all forces had recorded need at the same level as those with the highest rates, the AA safeguard would have been applied 111,445 additional times in the year.

2. Liaison and Diversion data on use of AAs

a) All Liaison and Diversion cases

(i) Ability to report

Of the 29 NHS England-funded Liaison and Diversion scheme operational in 2016/17[32], 29 (100%) provided data.

This is a significantly improved response rate compared to the There to Help (NAAN 2015) study, which was based on data covering the 2014/15 financial year. Furthermore, the depth of information was significantly increased[33].

Table G	2014/15	2016/17	Change
Services which provided L&D case volume data	11	29	+18
Services which provided data on the application of the AA safeguard	8	29	+21
Services which provided data on specific diagnoses and application of the AA safeguard	0	29	+29

[32] For information about the dates for which data was available, see Method: 2.Liaison and Diversion data on use of AAs: b) Data limitations: Dates and 4. Combined data: a) Data limitations: (i) Difference in time periods

[33] See Method: 2.Liaison and Diversion data on use of AAs: a) Data request

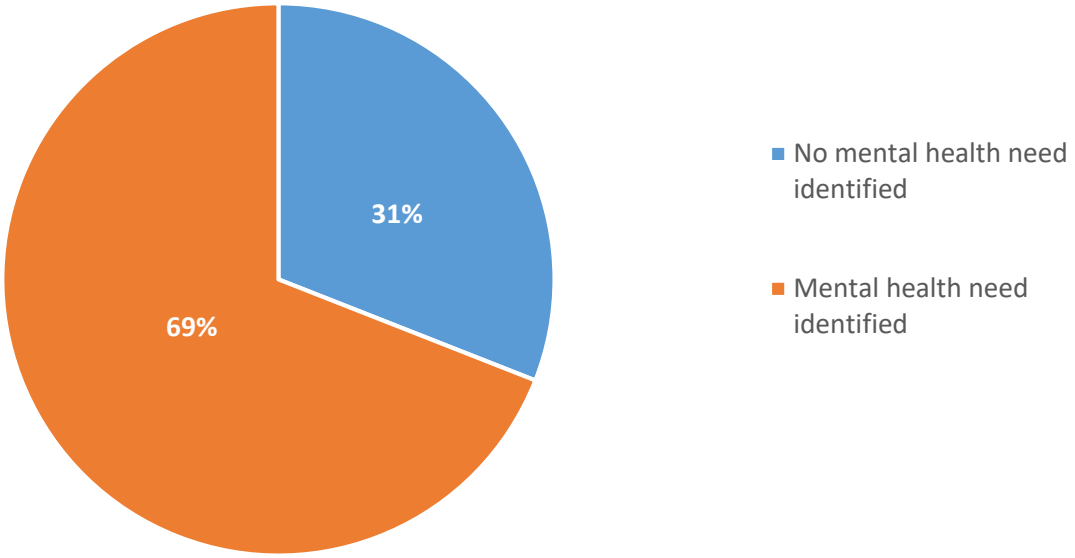
(ii) Rate of actual need for AAs amongst L&D clients

Since L&D's scope and the PACE Code C 2017 definition of vulnerability are not the same[34], it is not possible to establish a definitive 'correct' figure for the number of L&D clients who ought to have had an AA.

PACE Code C 2017 required an AA whenever any officer had any suspicion that a suspect may have any mental disorder[35] or be otherwise mentally vulnerable. This encompassed all mental illnesses, learning disability, brain injury and autism spectrum conditions.

However, as shown in Chart 23, the data provided by L&D provides a strong indication of the levels of need for support. Mental health needs were recorded in 69% of all adult L&D cases in 2016/17.

Chart 23: Cases engaging with L&D
Adults only - full year 2016/17



Therefore, the minimum expectation would be that the AA safeguard was applied in at least 69% of cases in which an adult suspect was assessed by L&D as vulnerable and engaged with the service.

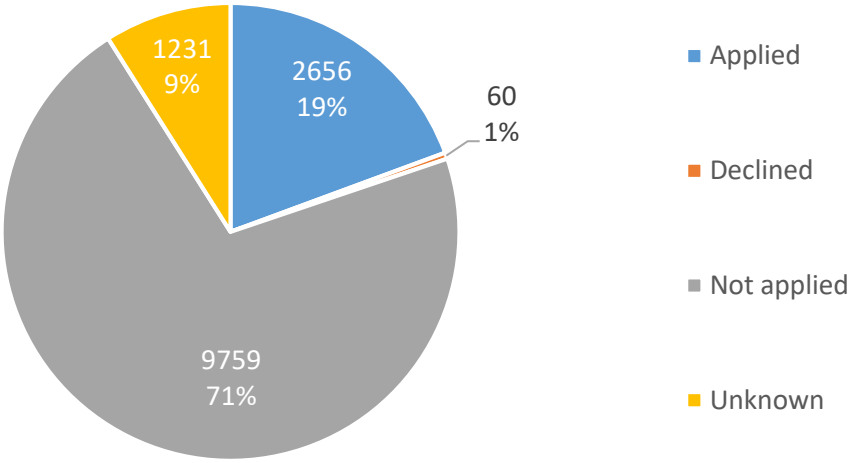
[34] See Method 2. Liaison & Diversion data (b) Definitions of vulnerability
[35] As defined by the Mental Health Act 1983 s.1

(iii) Use of AAs amongst L&D clients

Overall national rate of use

In the reporting period (Q1 2016/17), there were 13,706 L&D cases. The use of an AA was recorded in 19% of L&D cases, as shown in Chart 24.

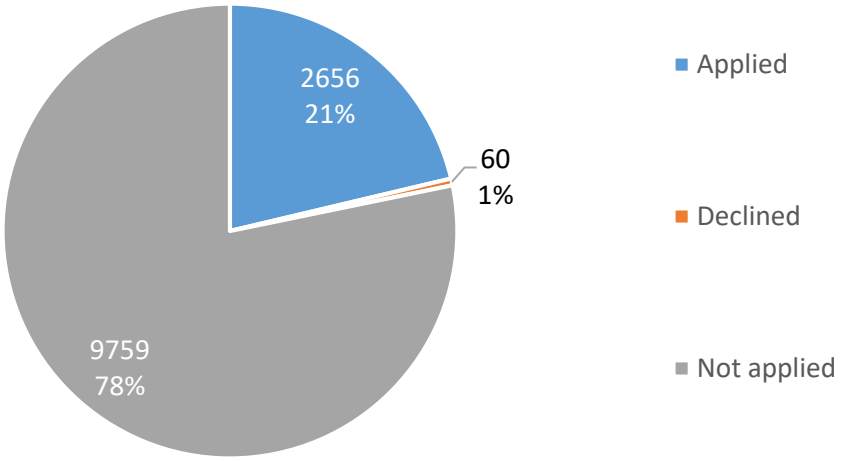
Chart 24: Application of AA safeguard to L&D clients
All cases - Q1 2016/17



However, the application of the AA safeguard was unknown in 1,231 (9%). As shown in Chart 25, of the remaining 12,475 cases, the AA safeguard was:

- applied in 2,656 (21%)
- declined in 60 (0.5%);
- not applied in 9,759 (78%).

Chart 25: Application of AA safeguard to L&D clients,
Cases with known AA outcome - Q1 2016/17



Against the minimum expectation of 69%, only 19% were recorded as having had an AA. Even removing the cases with unknown AA status, 21% appears to be a low figure.

Although only applicable to a very small number of cases, cases recorded as involving clients who 'declined' an AA are an interesting feature of the data. Such a situation not explicitly recognised in PACE. The application of the AA safeguard is requirement on police (rather than a right of the suspect) where officers suspect potential vulnerability. The purpose is to safeguard the admissibility of evidence at court. There is no provision in PACE relating to a suspect's right to disengage this safeguard. If a suspect who officers suspected may be vulnerable were allowed to 'waive' the AA as if it were a right rather than procedural safeguard, this raises a number of risks to justice. For example, given the very nature of the risks that the safeguard seeks to mitigate, there is a risk that compliant or acquiescent suspects are encouraged not to have an AA and are not safeguard. Alternatively, the absence of an AA may be used to render evidence unreliable and inadmissible in court (whether intentionally or otherwise).

Range

Excluding cases where the application of the AA safeguard was unknown, the range was 65%, with:

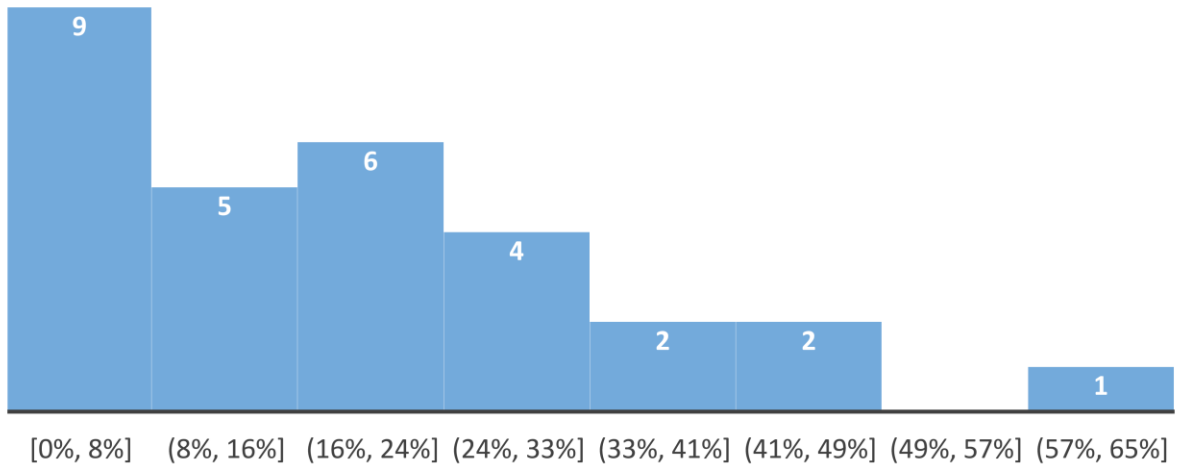
- the highest rate being 65% (Sussex);
- the lowest rate being 0% (Barnsley).

Distribution

Excluding cases where the application of the AA safeguard was unknown, Chart 26 illustrates the way the proportion of clients who had an AA varies between L&D service areas.

The standard deviation was 16%. L&D service areas are clustered at the lower end, with few recording the higher rates. When comparing L&D service areas, the average (median) proportion of adult cases involving an AA was 16% (lower than the mean of the data as a whole at 21%).

Chart 26: Number of L&D service areas by recorded use of AAs, 2016/2017 (excluding cases where use of AA was unknown)



By L&D service area

Table H below shows the proportion of all L&D cases to which the AA safeguard was applied. Cases have been excluded where it was unknown whether or not a person had an AA.

Full compliance with PACE Code C 2017	**100%**
Sussex	65%
London (Wave 1)	47%
Hampshire	47%
Norfolk & Suffolk	36%
Wiltshire	35%
Avon & Somerset	31%
Cleveland	29%
Lancashire	28%
London (Wave 2)	27%
Northamptonshire	22%
Middlesbrough	20%
Devon & Cornwall	19%
Leicestershire	18%
Nottinghamshire	18%
Dorset	16%
Liverpool	16%
Oxfordshire	14%
Sheffield	13%
Durham	13%
Kent & Medway	8%
Coventry	8%
Rotherham & Doncaster	7%
Northumbria	6%
Black Country	5%
Sunderland	4%
South Essex	4%
Wakefield	2%
Surrey	1%
Barnsley	0%
Average in England as a whole (mean)	**21%**
Average across service areas (median)	**16%**

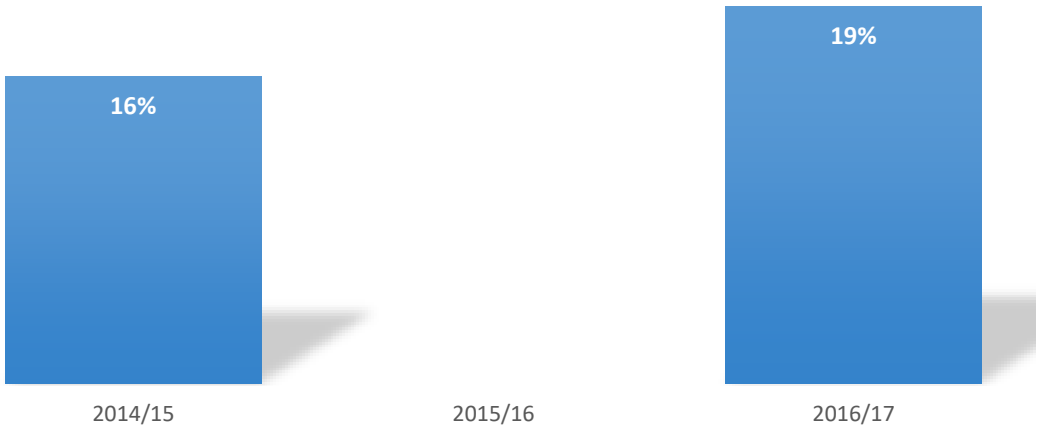
(iv) Changes in recorded AA use

The 2014/15 dataset did not allow differentiation between cases in which the AA safeguard was not applied and those in which the status of the application was simply unknown. Therefore, for the purposes of the following comparisons in this subsection (iv) the same method is applied to the 2016/17 data[36].

Overall national rate

Chart 27 shows that, nationally, the proportion of all L&D cases (suspects with an identified vulnerability) recorded as having had an appropriate adult had increased by 3%, from 16%[37] in 2014/15 to 19% in 2016/17.

Chart 27: Proportion of adult L&D clients recorded as having had an AA



Range

While both 2014/15 and 2016/17 datasets included areas reporting 0% of clients having had an AA, the highest figure had increased from 45% to 62%, thereby increasing the range in the data.

[36] See Method: 2. Liaison and diversion data on AA use: a) Data request.

[37] There to Help (NAAN 2015) originally reported an average of 20% in 2013/14. Due to changes in methodology, this has been revised to allow fair comparison with 2016/17 data. See Method: 2. Liaison and diversion data on AA use: b) Data limitations: (iii) Treatment of zero figures.

Distribution

Charts 28 and 29 below further illustrates the way the proportion of clients who had an AA varies between areas, and how this has changed over time.[38]

Chart 28: Distribution of L&D service areas by recorded use of AAs 2014/2015 (all cases)

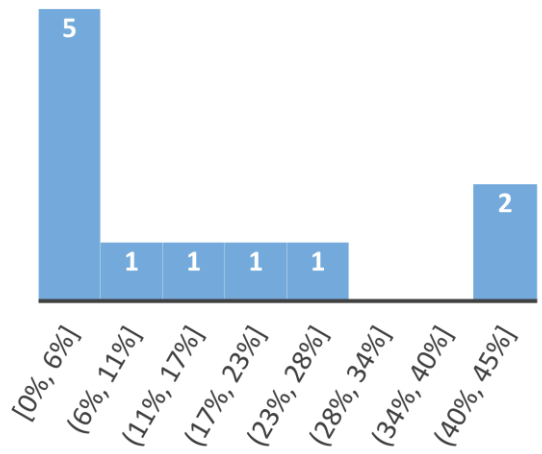
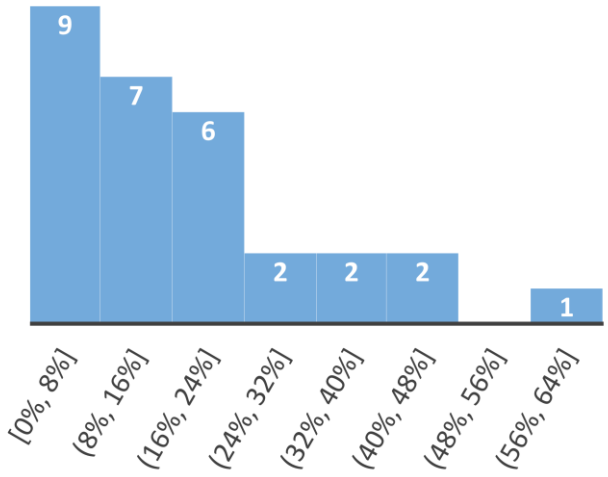


Chart 29: Distribution of L&D service areas by recorded use of AAs 2016/2017 (all cases)



The 2016/17 data remains clustered at the lower end of the scale of recorded AA use. However, this is clearly to a lesser extent than in 2014/15, indicating some improvement.

The difference suggests that the relatively low increase in the overall proportion of cases (mean) that had an AA actually underestimates the improvement. In such a distribution, the *median* (the midpoint of all L&D service areas) indicates what was 'typical' of current practice, as it is not influenced by outliers at the extremes of the dataset.

The median recorded rate increased from just 6% in 2014/15 to 14% in 2016/17. This suggest a more significant and relatively widespread (improvement.

Table I	2014/15	2016/17
1. Proportion of all adult L&D cases in which the need for an AA was recorded (mean)	16%	19%
2. Average proportion of adult cases in which each police force recorded the need for an AA (median)	6%	14%

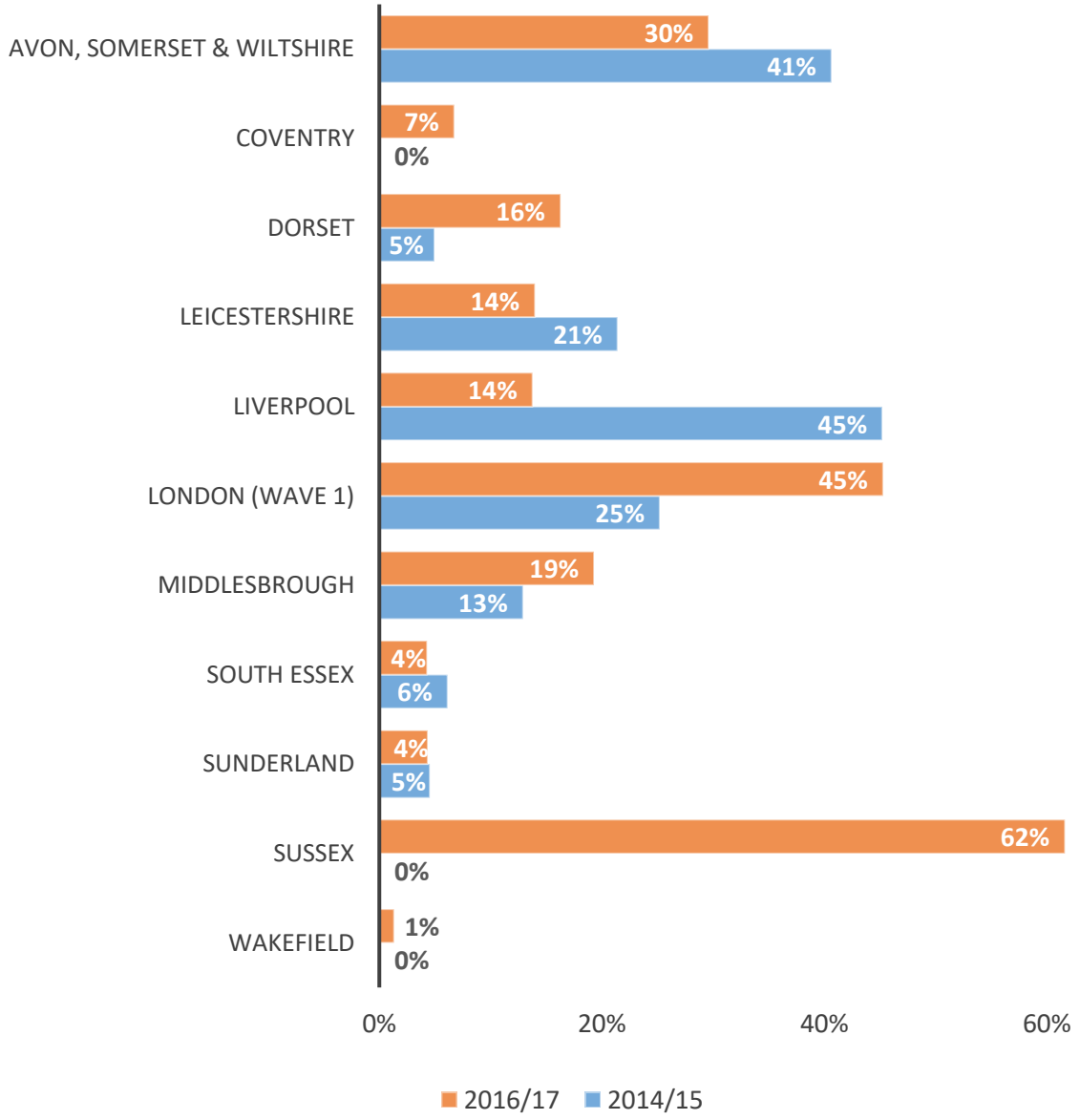
However, whichever measure is used, the rate at which the AA safeguard was applied remains extremely low versus the 69% of adult L&D cases in which mental health needs have been confirmed via a professional assessment.

[38] Chart 29 differs from Chart 26 (p.53) because the former does not exclude cases where use of the AA is unknown. This is to allow fair comparison with available data from 2014/15.

By L&D service

Chart 30 suggests that change in AA use between 2014/15 and 2016/17 was uneven[39]. All L&D areas for which data was available for both periods are included.

Chart 30: Change in recorded use of the AA safeguard amongst L&D cases (not excluding cases where AA use was unknown)



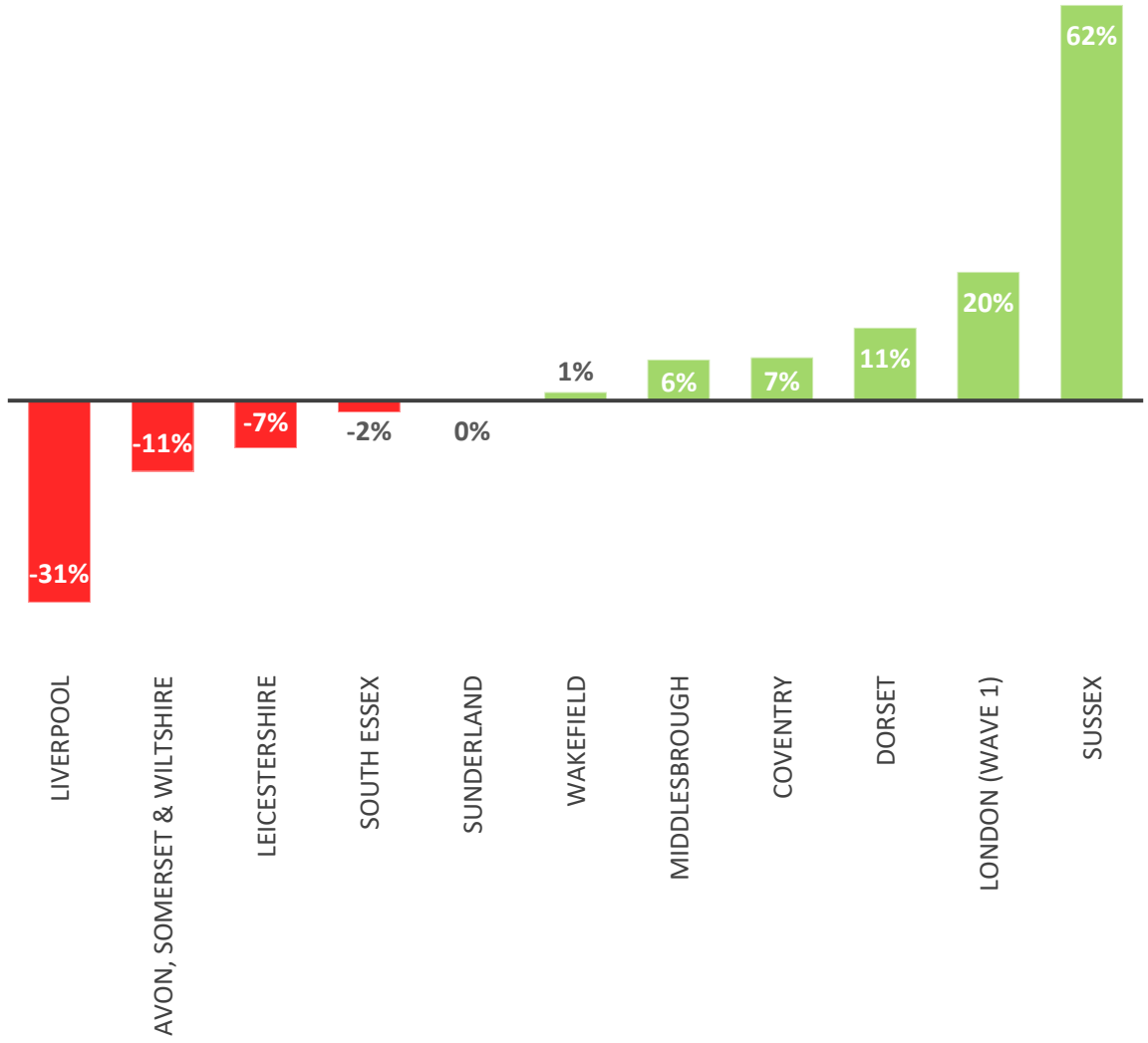
[39] Avon, Somerset & Wiltshire is a composite. In 2014/15, there was a single service called Avon & Wiltshire. By 2016/17 there were two separate services, (a) Wiltshire and (b) Avon & Somerset, both being provided by Avon and Wiltshire Mental Health Partnership NHS Trust. The figure for 2014 relates to the Avon & Wiltshire service. The figure for 2016/17 is the combined average for the two separate services.

As shown in Chart 31, while more than half of L&D service areas recorded an increase in the use of AAs within L&D cases, several recorded a decrease.

At one end, the rate of AA use recorded by the Sussex L&D service increased from 0% to 62%. This increase moved the area from joint bottom to the highest in England[40].

However, in Liverpool the level of recorded use decreased from 45% to 14%, a reduction of 31% (and a percentage decrease of 69%).

Chart 31: Changes in recorded use of an AA amongst L&D cases 2014/15 to 2016/17



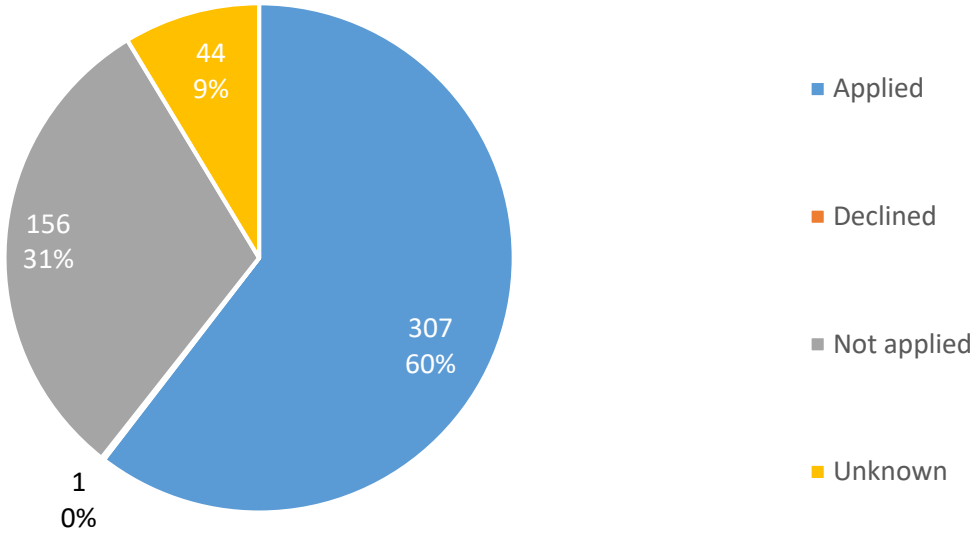
[40] See Method: 2. Liaison and Diversion data (b) Data limitations (iii) Treatment of zero figures.

b) People with learning disabilities

Overall national rate

In the reporting period, learning disability was identified in 508 adult L&D cases. The use of an AA was recorded in 60% of these cases.

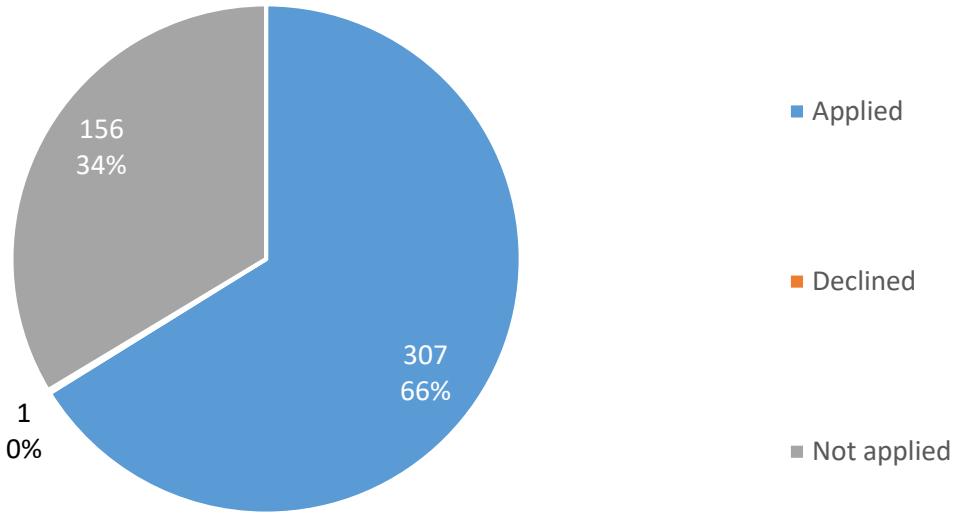
Chart 32: Application of AA safeguard to L&D clients with a learning disability, all cases- Q1 2016/17)



However, the application of the AA safeguard was unknown in 44 (9%). Of the remaining 464 cases, the AA safeguard was:

- not applied in 156 (34%);
- declined in 1 (0.2%);
- applied in 307 (66%).

Chart 33: Application of AA safeguard to L&D clients with a learning disability, known outcomes only - Q1 2016/17



AA use in two-thirds of adult L&D cases involving a known learning disability is higher than in relation to all cases (21%) and for cases involving identified mental health needs (26%). However, the expected rate is 100%, as all people with a known learning disability meet the PACE criteria.

> *"In one force we visited none of the ten detainees with learning disabilities in cases we looked at had received an Appropriate Adult, even though many had been medically assessed".*
>
> Criminal Justice Joint Inspectorates (2014)

In one case, the AA safeguard was recorded as being 'declined' by the person suspected of an offence. This situation is not explicitly recognised in PACE raises a number of risks to justice[41].

Range

Excluding cases where the application of the AA safeguard was unknown, the range was 100%, with:

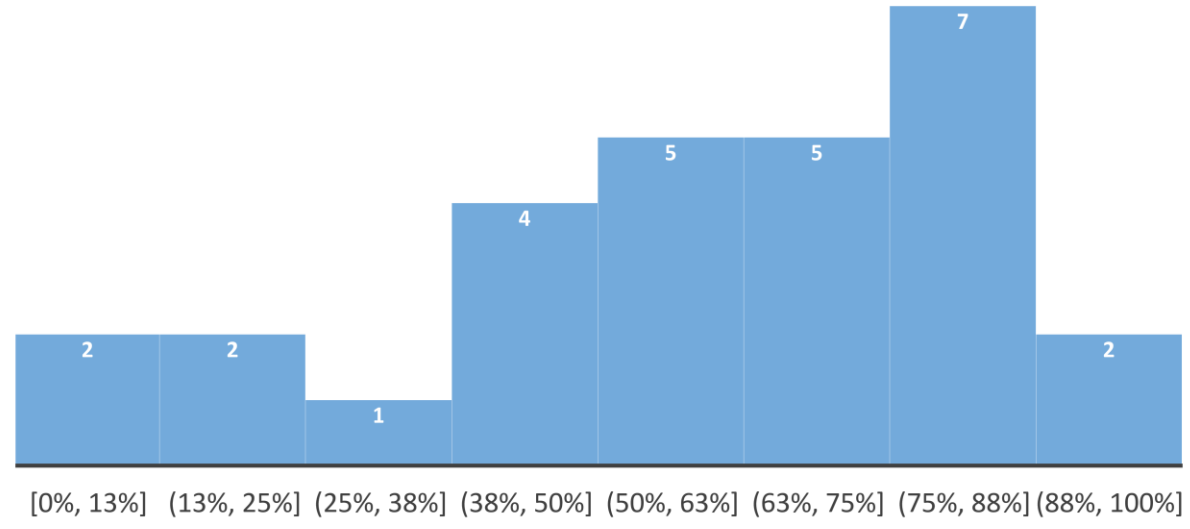
- the highest rate being 100% (Northamptonshire);
- the lowest rate being 0% (Barnsley).

Distribution

Excluding cases where the application of the AA safeguard was unknown, Chart 34 illustrates the way the proportion (of L&D cases involving learning disability) which had an AA varies between areas.

The standard deviation was 26%, indicating greater variability across England in relation to learning disability than mental health. However, there was clustering at the higher end of the scale with fewer areas achieving the lower rates. When comparing L&D service areas, the average (median) proportion of adult cases involving an AA was 65% (very similar to the mean of 66% above).

Chart 34: Number of L&D service areas by recorded use of AAs (Q1 2016/17) where learning disability was identified, excluding cases where AA use was unknown



[41] For an explanation of these risks, see commentary under 2. Liaison and Diversion data on use of AAs: a) All Liaison and Diversion cases: (iii) Use of AAs amongst L&D clients: Overall national rate of use

By L&D service

Table J below shows the proportion of L&D cases (in which learning disability was identified) that involved an AA. Cases where the application of the AA safeguard was unknown have been excluded.

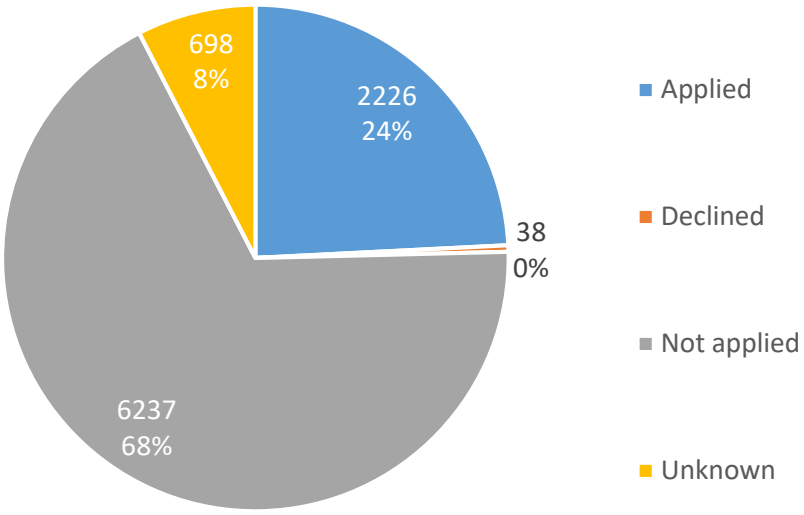
Full compliance with PACE Code C 2017	**100%**
Northamptonshire	100%
Sussex	92%
Nottinghamshire	88%
London (Wave 1)	86%
Avon & Somerset	85%
Devon & Cornwall	82%
Lancashire	81%
Middlesbrough	80%
Norfolk & Suffolk	78%
Hampshire	75%
Dorset	75%
Cleveland	73%
Oxfordshire	67%
Sheffield	67%
Liverpool	63%
Kent & Medway	63%
Wiltshire	60%
Sunderland	60%
Leicestershire	56%
Durham	50%
Coventry	50%
London (Wave 2)	46%
Black Country	40%
South Essex	32%
Wakefield	20%
Northumbria	14%
Surrey	10%
Barnsley	0%
Rotherham & Doncaster	Unknown
Average in England as a whole (mean)	**66%**
Average across service areas (median)	**65%**

c) People with mental health conditions

Overall national rate

In the reporting period (Q1 2016/17), mental health needs were identified in 9,199 adult L&D cases. The use of an AA was recorded in 24% of these cases, as shown in Chart 35.

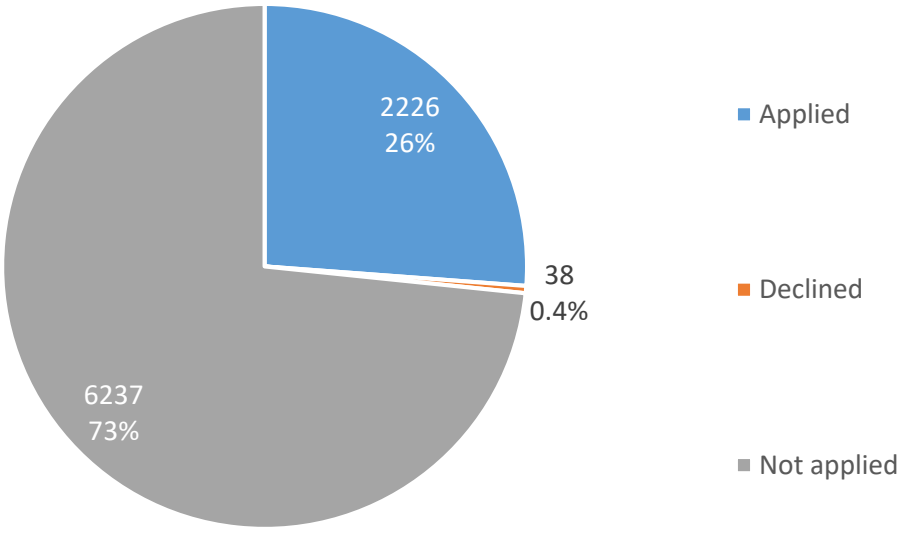
Chart 35: Application of AA safeguard to L&D clients with a mental health need, all cases- Q1 2016/17)



However, the application of the AA safeguard was unknown in 698 (8%). Of the remaining 8,501 cases, the AA safeguard was:

- not applied in 6,237 (73%);
- declined in 38 (0.4%);
- applied in 2,226 (26%).

Chart 36: Application of AA safeguard to L&D clients with mental health need, known outcomes only - Q1 2016/17



Therefore, even excluding cases where AA use was unknown, an AA was used in only one quarter (26%) of L&D cases involving an identified mental health need. As expected, this is higher than amongst all L&D cases (21%), since the latter will have included some people who did not meet the AA criteria in PACE Code C. However, it is significantly lower than the two-thirds (66%) rate amongst L&D cases involving learning disability.

In 38 L&D cases involving mental health needs, the AA safeguard was recorded as being 'declined' by the person suspected of an offence. This situation is not explicitly recognised in PACE and raises a number of risks to justice[42].

Range

Excluding cases where the application of the AA safeguard was unknown, the range was 72%, with:

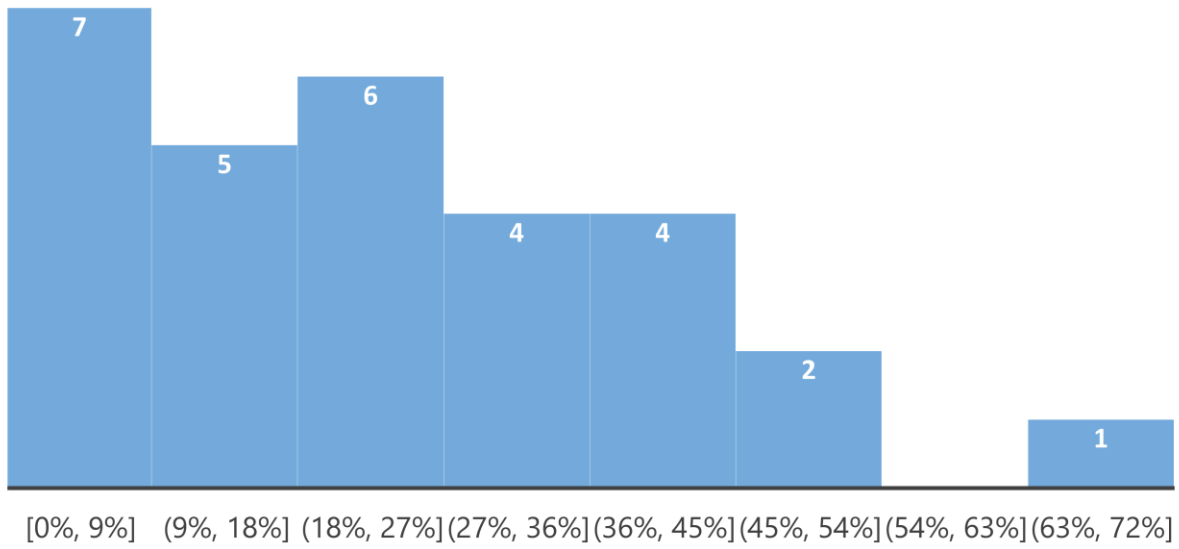
- the highest rate being 72% (Sussex);
- the lowest rate being 0% (Barnsley).

Distribution

Excluding cases where the application of the AA safeguard was unknown, Chart 37 further illustrates the way the proportion (of L&D cases involving mental health) which had an AA varies between areas.

The standard deviation was 17%, indicating less variable practice across England than in relation to learning disability. However, the clustering was at the lower end of the scale, with few recording the higher rates. As a result, when comparing L&D service areas, the average (median) proportion of adult cases involving an AA was 21% (lower than the overall national mean of 26%).

Chart 37: Number of L&D service areas by record use of AAs (Q1 2016/17)
Cases with mental health need identified,
excluding cases where AA use was unknown



[42] For an explanation of these risks, see commentary under 2. Liaison and Diversion data on use of AAs: a) All Liaison and Diversion cases: (iii) Use of AAs amongst L&D clients: Overall national rate of use

By L&D service

Table K below shows the proportion of L&D cases (in which mental health needs were identified) that involved an AA. Cases where the application of the AA safeguard was unknown have been excluded.

Full compliance with PACE Code C 2017	**100%**
Sussex	72%
Hampshire	49%
London (Wave 1)	49%
Norfolk & Suffolk	44%
Northamptonshire	40%
Wiltshire	37%
Cleveland	36%
Avon & Somerset	34%
Lancashire	32%
London (Wave 2)	31%
Middlesbrough	29%
Liverpool	26%
Rotherham & Doncaster	25%
Leicestershire	24%
Devon & Cornwall	21%
Dorset	19%
Durham	18%
Sheffield	17%
Nottinghamshire	17%
Oxfordshire	15%
Coventry	11%
Kent & Medway	9%
Northumbria	7%
Sunderland	5%
Black Country	5%
South Essex	5%
Wakefield	2%
Surrey	1%
Barnsley	0%
Average in England as a whole (mean)	**26%**
Average across service areas (median)	**21%**

By diagnosis

Under Code C 2017, the expected AA rate would be 100% in all cases where L&D professionals identified a mental disorder (as defined by section 1 of the Mental Health Act 1983), irrespective of the specific diagnosis.

However, there were significant variations in the likelihood of the AA safeguard being applied depending on a suspect's mental health diagnosis. These range from 57% of cases involving brain injury, down to 15% involving depression and 7% involving adjustment disorder.

Table L considers only those L&D cases in which:

a) a mental health diagnosis was identified (all other cases are excluded); and
b) it was known whether or not an AA was used (unknown outcome cases are excluded).

For each mental health diagnosis, Table L shows:

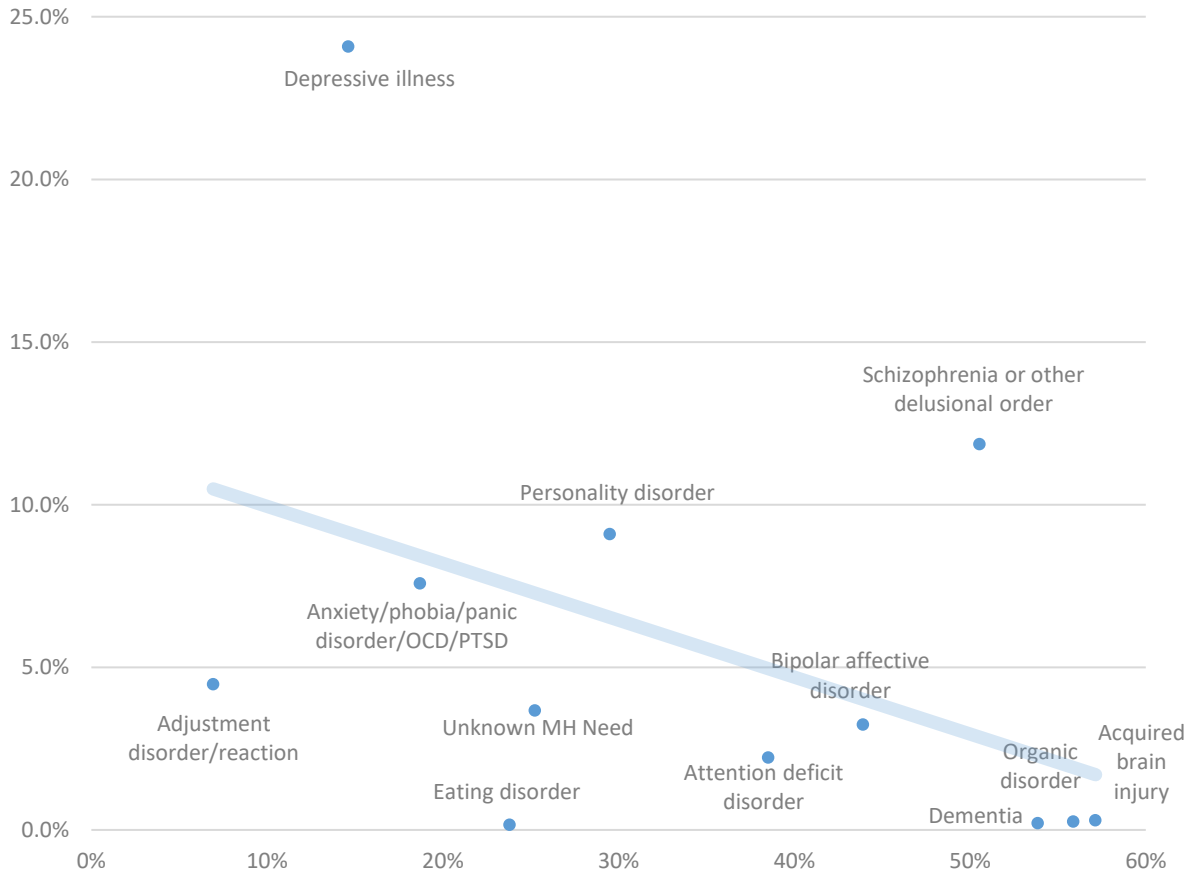
1. "% with AA": the proportion of L&D cases that had the AA safeguard applied
2. "% of cases": the proportion of the total L&D caseload which involved each diagnosis
3. "% of MH cases": the proportion of all mental health L&D cases which involved each diagnosis

Table L	**% with AA**	**% of cases**	**% of MH cases**
	100%		
Acquired brain injury[43]	57%	0.3%	0.4%
Organic disorder	56%	0.3%	0.4%
Dementia[44]	54%	0.2%	0.3%
Schizophrenia or other delusional order[45]	51%	11.9%	17.7%
Bipolar affective disorder[46]	44%	3.2%	4.8%
Attention deficit disorder[47]	39%	2.2%	3.3%
Personality disorder[48]	30%	9.1%	13.5%
Unknown MH Need	25%	3.7%	5.5%
Eating disorder	24%	0.2%	0.2%
Anxiety/phobia/panic disorder/OCD/PTSD	19%	7.6%	11.3%
Depressive illness	15%	24.1%	35.9%
Adjustment disorder/reaction[49]	7%	4.5%	6.7%
Correlation with "% with AA"		*-0.44*	*-0.44*

[43] An acquired brain injury (ABI) is an injury caused to the brain since birth. There are many possible causes, including a fall, a road accident, tumour and stroke.
[44] Dementia is not a disease itself but rather a collection of symptoms that result from damage to the brain caused by different diseases, such as Alzheimer's.
[45] Psychosis is a mental health problem that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions.
[46] Bipolar disorder, formerly known as manic depression involves periods of depression and of mania. In the latter people may do things they wouldn't normally do, talk more quickly and becoming annoyed easily.
[47] ADD is a behavioural condition that includes symptoms such as inattentiveness and impulsiveness. Where there is also hyperactivity the term ADHD is used.
[48] Personality disorders are long-term conditions in which attitudes, beliefs and behaviours cause a person problems in their life. Types include: paranoid, schizoid, schizotypal, borderline and obsessive compulsive personality disorder.
[49] Adjustment disorder is a short-term condition that occurs when a person has great difficulty coping with, or adjusting to, a particular source of stress, such as a major life change, loss, or event. It is an abnormal and excessive reaction to an identifiable life stressor. Otherwise referred to as stress response syndrome.

There was a moderate negative correlation between the likelihood of an L&D case featuring a particular mental health diagnosis and the likelihood of the safeguard being applied (Pearson's correlation coefficient = -0.44).

Chart 38: Prevalance of condition amongst L&D cases (y) vs % of L&D cases in which AA was used (x) (Q1 2016/17)



This correlation suggests that:

- adult suspects with the least commonly identified mental health diagnoses were generally the most likely to have been provided with the AA safeguard; whereas
- adult suspects with more common mental health diagnoses, such as anxiety and depression were amongst the least likely to have had an AA.

Were the Code C (2017) threshold and definition to have been followed in all cases, such factors would not have effect. Where an officer had "any suspicion" that a suspect "may be mentally disordered or otherwise mentally vulnerable", they would simply apply the safeguard "as soon as is practicable". The AA safeguard would be disapplied only if the officer later received "clear evidence to dispel that suspicion" of a mental disorder or mental vulnerability; for example where an L&D (or another suitably qualified professional) advised no mental disorder was present.

However, the data indicate that decisions concerning the need for an AA did not comply with the requirements of PACE Code C 2017. Possible reasons for this include:

- Officers considered compliance unachievable in relation to more common diagnoses due to time pressures on the investigation or detention and/or limited AA availability of AAs;
- Officers were unaware of the PACE Code C requirements (e.g. insufficient training);
- Officers assumed that common conditions presented a lower risk to the suspect, the reliability of evidence and/or the overall investigation;
- Officers were more 'sympathetic' to certain conditions, based on factors such as how common they were, or whether they considered them 'real' (due to perceiving them as having a physical basis or having symptoms that could not be faked).

The data appear to support findings by Dehaghani (2019), based on observations in police custody, that police officers constructed vulnerability in terms other than those set out in PACE Code C and, in doing so, conditions such as depression were less likely to result in the AA safeguard. Dehaghani observed that officers, *"seem to view certain conditions as being less worthy than others of attracting the safeguard. Citing the example of depression, eight out of 15 COs stated at interview that simply presenting with depression alone would be an insufficient basis upon which to implement the safeguard. A degree of scepticism was apparent – three COs went so far as to say that depression resulted from boredom, was caused by the detainee's lifestyle, or was simply an overused term".*

> *"We found a significant number of instances where the force did not always consistently comply with (PACE) Code C. They included key legislative requirements… The areas of non-compliance included…not notifying the appropriate adult (AA) or asking them to attend the custody suite".*
>
> Report on inspection of custody in Derbyshire Constabulary 9–19 April 2018 (HMIP and HMICFRS 2018a)[50]

The involvement of healthcare professionals in police decision making regarding the need for appropriate adults may also be a factor.

> *"Some FMEs did not always recognise the need for an Appropriate Adult to be called. In one case where an FME had recorded that the detainee had: 'Complex problems including; Aspergers, anger management problems, suicide attempts and thoughts, self-harmer, self-inflicted head injury', the FME concluded that an Appropriate Adult was not required. This was a disturbing finding and calls into question the training, management and capability of FMEs to recognise when an appropriate adult is required."*
>
> Criminal Justice Joint Inspectorates (2014)

[50] HM Inspectorate of Prisons and HM Inspectorate of Constabulary and Fire & Rescue Services (2019), Report on an unannounced inspection visit to police custody suites in Derbyshire 9–19 April 2018.

As highlighted in the literature review to NAAN (2015), previous studies have found that:

- police officers often effectively delegated the AA decision to available forensic physicians (also known as forensic medical examiners or FMEs) and custody nurses;
- police officers assumed healthcare professionals were qualified to determine whether a suspect needed an AA but forensic physicians and custody nurses did not always have the appropriate training or qualifications (e.g. in psychology, psychiatry or law);
- custody healthcare practitioners did not focus sufficiently on psychological or mental health symptoms;
- forensic physicians confused and conflated decisions over fitness to interview with the requirement for an AA;
- forensic physicians reported being pressured by police not to recommend an AA, especially in areas where police have difficulty in finding AA.

While the AA decision is the legal duty of the custody officer, it is of course part of a forensic physician's role to determine fitness for interview. This involves assessing whether they can withstand the process of interview and whether any resulting evidence will be reliable. In doing so, they may judge that a person will be fit for interview with the support of an AA. This will trigger the safeguard if police have not already identified the need, though this may be many hours into a detention.

It is reasonable to assume that, in 2017/18, police officers continued to consult with healthcare professionals in custody (including L&D) where available, *prior* to applying the AA safeguard, even where the "suspicion" threshold in Code C (2017) had technically already been met. Thus, the application of the safeguard may have been subject to the same issues.

The Liaison and Diversion Operating Model (NHS 2014 b) states that its functions include:

- Informing decision making and ensuring information flows along the youth and criminal justice system pathways (via) written pro-formas and, where appropriate, reports and verbal advice and fast delivery reports;
- Identifying reasonable adjustments that need to be made in the youth or criminal justice process for mental health capacity/speech, language and communication needs or learning disabilities.

The L&D process consists of case identification, screening, assessment and referral. However, often the police perform the initial identification/screening, before choosing whether to refer some people on to L&D for further screening and assessment. Wherever this was due to a suspicion that the person had a mental disorder or vulnerability, the test under Code C 2017 was already met and the officer was duty bound to contact an AA "as soon as is practicable" and "without delay".

The interaction with L&D has not yet featured in the academic literature, raising the question of how AA decisions were (and are) being made. However, given that application of the AA safeguard appears to have been operationally framed as a matter of *judgement*, rather than *suspicion*, it seems reasonable that the response of L&D teams was an important influence on police decision-making.

Since the PACE Code C definition of vulnerability and the threshold for the AA safeguard do not form part of any core training for L&D teams, they are reliant on local police officers for their understanding. This may limit their ability to improve police decision-making by providing an objective, independent and well-informed view.

3. NAAN data on provision of AAs

a) Geographical coverage

(i) By local authority

In 2017/18, as shown in Chart 39, of the 174 unitary and county council areas in England and Wales:

- 143 (82%) had an identified active AA service for adults of some kind;
- 28 (16%) had no identified active service for adults (and no known plans)
- 3 (2%) had no identified active service for adults (but do have a service planned);

This was a significant improvement on identified provision in 2013/14, shown in Chart 40.

Of the 143 local authority areas with an identified active AA service for adults in 2017/18:

- 133 (93%) were covered by a National Appropriate Adult Network (NAAN) member scheme.

Chart 39: Proportion of local authority areas by status of AA scheme for adults (2017/2018)

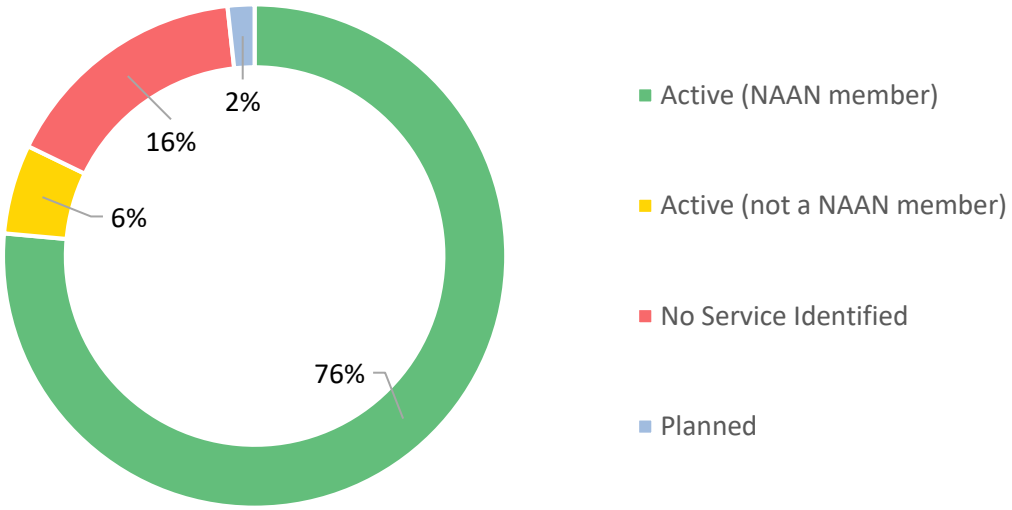
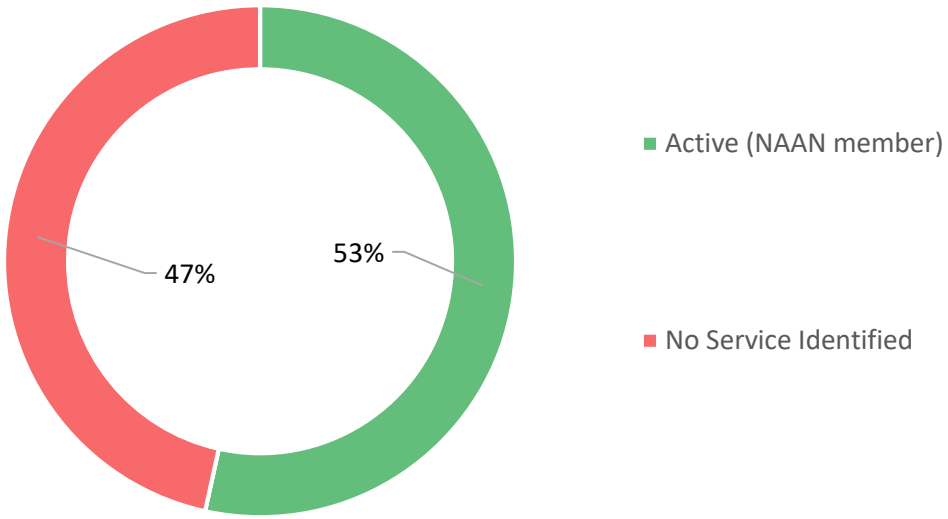


Chart 40: Proportion of local authority areas by status of AA scheme for adults (2013/14)



(iii) By police force

Of 43 territorial police forces, 30 (70%) had some kind of AA service identified in all their local authority areas. Table M shows the nine (21%) with partial coverage and four (9%) with no coverage.

Table M	% of LA areas not covered	% population not covered	Local authorities (Unitary and County Councils) not covered
Avon & Somerset Constabulary	20%	12.6%	North Somerset Council*
Bedfordshire Police	100%	100%	Bedford Council (Unitary) Central Bedfordshire Council** Luton Borough Council
Cheshire Constabulary	100%	100%	Cheshire East Council (Unitary) Cheshire West and Chester Council Halton Borough Council Warrington Borough Council
Devon and Cornwall Police	40%	32.2%	Cornwall Council (Unitary) Isles of Scilly
Essex Police	33.3%	35.4%	Thurrock Council**
Hampshire Police	25%	7.1%	Isle of Wight Council
Humberside Police	25%	36.4%	East Riding of Yorkshire Council**
Lincolnshire Police	100%	100.00%	Lincolnshire County Council
Metropolitan Police Service	25%	25%	Barking and Dagenham* Bexley* Harrow* Havering* Newham* Redbridge* Waltham Forest* Wandsworth*
North Yorkshire Police	50%	25.4%	City of York Council
Staffordshire Police	100%	100.00%	Staffordshire County Council Stoke-on-Trent City Council
Sussex Police	33.3%	17.02%	Brighton and Hove City Council
Thames Valley Police	55.6%	48.6%	Buckinghamshire County Council Reading Borough Council Slough Borough Council Windsor and Maidenhead Wokingham Borough Council

*No custody suites in this local authority area

**Plans for possible schemes were identified for this local authority area

Several forces in the above list were subject to inspections of custody suites during or close to the research period. The joint inspection reports, compiled by Her Majesty's Inspectorates of Prisons (HMIP) and Constabulary and Fire and Rescue Services (HMICFRS), regularly highlighted how the lack of statutory provision of AAs impacted on vulnerable adult suspects.

> *"Custody sergeants reported that the daytime and early evening service for children provided through the youth offending teams (YOTs) generally worked well. However, there was little provision overnight with AAs only attending in very specific circumstances (for example, when a strip search was needed). Obtaining AAs for vulnerable adults was difficult as there was no statutory requirement on social care services to provide them. Provision varied across the force area, and was rare at night".*
>
> Report on inspection of custody in Thames Valley Police 5–16 February 2018.
> (HMIP and HMICFRS 2018c)

> *"Where family members were not available, the Youth Offending Services (YOS) or social services were contacted for children, as they had a statutory responsibility to provide an AA. There was no such statutory responsibility for vulnerable adults, but we were informed that social services would attend if possible. However, custody sergeants told us that securing AAs for vulnerable adults was difficult, and often led to delays in progressing investigations and extended the detainee's time in custody… We were not assured that vulnerable adults always received that support of an AA, but the force was aware that there was a gap in this provision."*
>
> Report on inspection of custody in Cheshire Constabulary 3–13 September 2018
> (HMIP and HMICFRS 2019a)

> *"Delays in allocating and carrying out investigations, and in securing the attendance of appropriate adults (AAs), sometimes prolonged the time that detainees spent in custody unnecessarily."*
>
> Report on inspection of custody in the Metropolitan Police 9–20 July 2018
> (HMIP and HMICFRS 2019b)

(iii) By population

The total population of England and Wales in mid-2017 was 58,744,595[51]. In 2017/18:

- 49,376,165 people (84.1%) lived in areas with an organised AA schemes for adults;
- 9,368,430 people (15.9%) lived in areas without an organised AA schemes for adults.

Chart 41: Population coverage of organised AA schemes (England and Wales)

Chart 42: Population coverage of organised AA schemes (England)

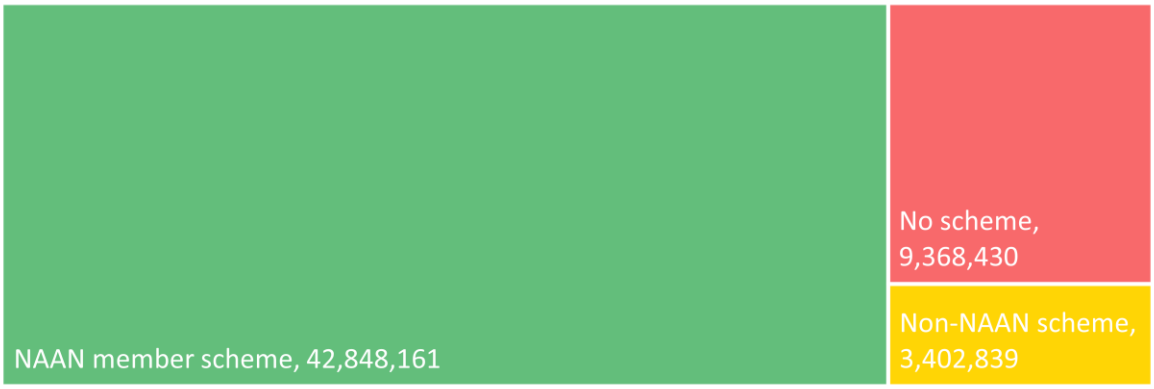


Chart 43: Population coverage of organised AA schemes (Wales)

[51] ONS (2018), Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland Dataset: Population estimates: Population density for the local authorities in the UK, mid-2001 to mid-2017

b) Funding sources

(i) Involvement of funder types

Chart 44 shows the number of local authority areas in which each funder type was known to be involved, whether alone or in partnership with other funders.

Chart 44: Number of local authority areas in which each funder type is involved in funding AA provision for adults (2017/18)

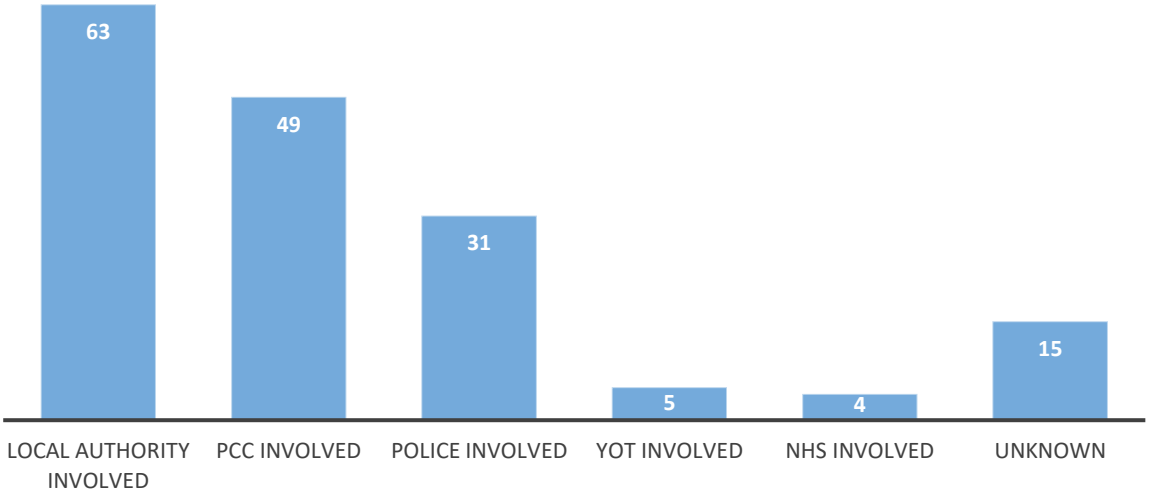
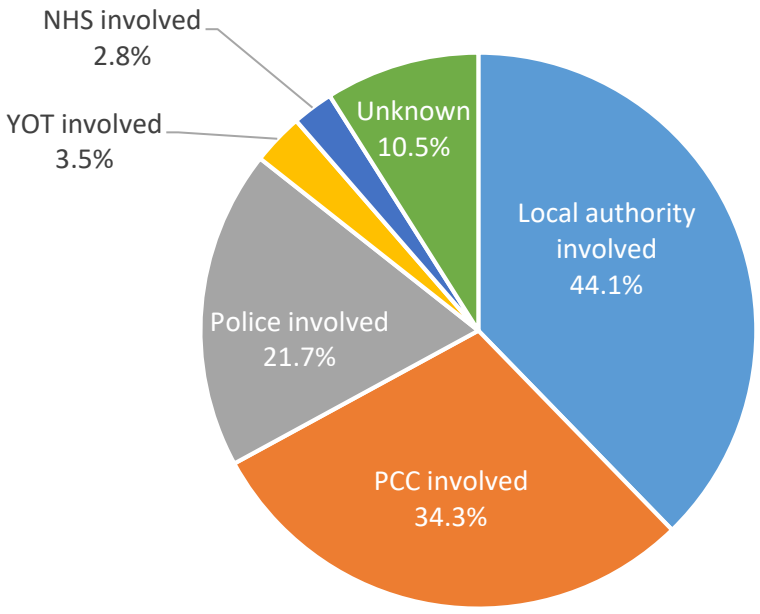


Chart 45 shows the percentage of the 143 local authority areas that have an identified active AA service for adults, in which each funder type is known to be involved.

Chart 45: Percentage of local authority areas in which each funder type is involved in funding AA provision for adults (2017/18)



Though local authorities remain the most common funder, funding arrangements for AA provision for adults are increasingly diverse.

Since 2013/14, police forces had been replaced as the second most common funder due a large increase in PCC involvement in funding provision.

While there was undoubtedly significant new spending by some PCCs, this was in part a substitution effect as existing commissioning arrangements were transferred from police forces to PCCs, in order to mitigate concerns about the independence of AA provision from policing. PACE Code C 1.7(b) states that an AA for adult may not be a person who is, *"under the direction or control of the chief officer of a police force;* [or] *who provides services under contractual arrangements (but without being employed by the chief officer of a police force), to assist that force in relation to the discharge of its chief officer's functions".* However, the distinction between PCC and police funding and commissioning is somewhat blurry. Police forces receive their funding via PCCs. PCCs commission a range of services on behalf of the force, often via the forces commissioning team. In some cases, commissioning and contracts are co-branded by the force and PCC's office.

It is notable that if police forces and PCCs are combined, 'policing' (in effect, the Home Office) is involved in funding more areas (80 areas, 56%) than any other funder type.

YOTs are based in the local authority but are multi-agency teams with a variety of funders. Their limited but continued involvement in adult AA services stems from the fact that some AA services are combined across adults and children. In most cases, this is co-funded by the YOT and adult social care but in a small number of areas YOTs appear to be subsidising the adult element.

Health continued to play a relatively small part in the national picture (though a critical one locally), either through integrated health and social care commissioning or mental health trusts.

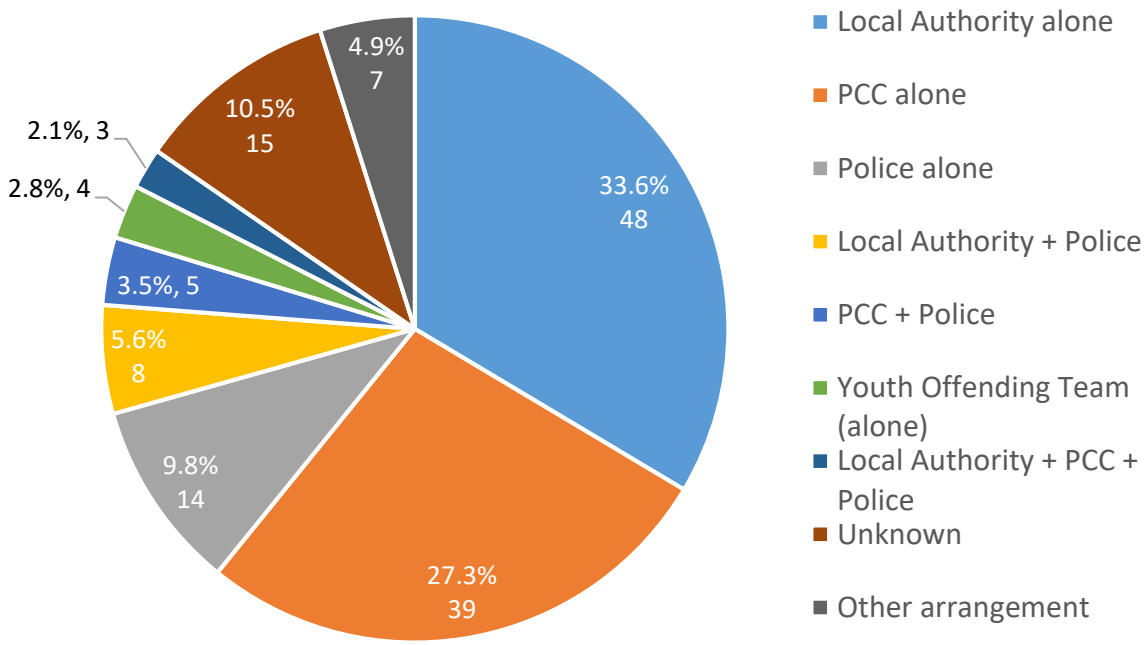
(ii) Sole-funding vs co-funding

As shown in Chart 46, the most common arrangement was the local authority funding alone (48 areas, 34%), closely followed by the PCC funding alone (39 areas, 27%) and then police forces alone (14, 10%).

Co-funding arrangements remained in the minority, with 48 (73%) of the 143 areas with provision being funded by a single funder.

However, if police forces and PCCs are taken together, 'policing' (effectively the Home Office) is now the sole funder of adult AA provision in 53 local authority areas (37%) in England and Wales.

Chart 46: Local authority areas with adult AA provision, by funding arrangement 2017/18 (England and Wales)



Six areas (4%) were identified as having multiple funders acting separately and simultaneously. For example, this may be supporting separate services to cover in and out of office hours.

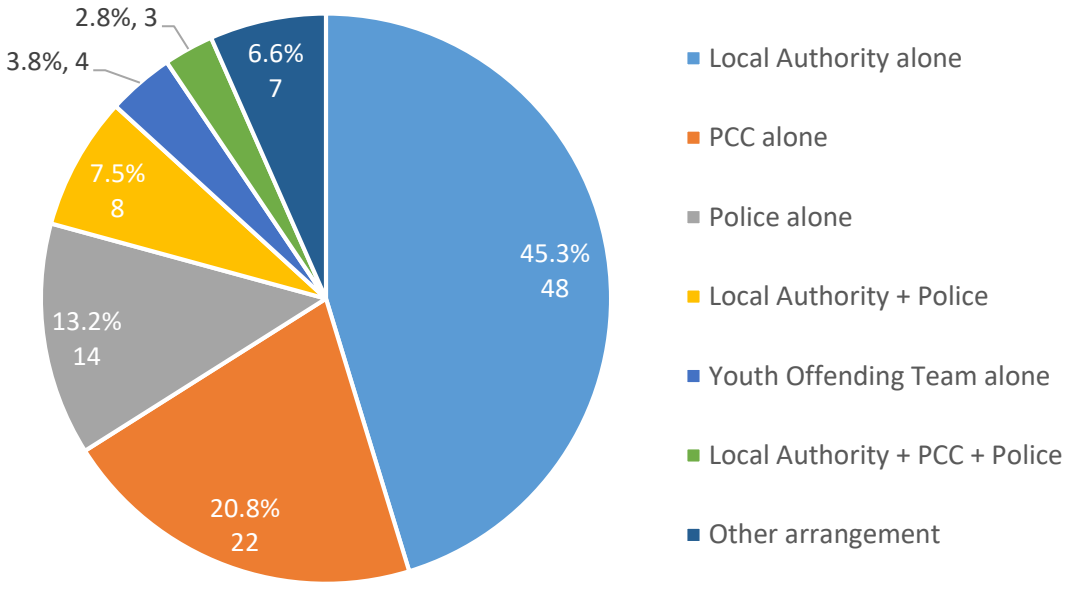
(iii) England

England and Wales have taken very different approaches to funding AA services for adults. In England, local authorities are still a more common funder than PCCs and police combined.

Table N	% of active areas in which source *contributes* to funding	% of active areas in which source is the *sole* funder
Local Authority	56%	40%
Health	2%	0%
Health and social care (combined)	**58%**	**40%**
PCC	22%	18%
Police	21%	12%
Policing (combined)	**41%**	**30%**

As shown by Chart 47, there was significant variety in local funding arrangements but the most common is still local authorities funding alone.

Chart 47: Local authority areas with adult AA provision, by funding arrangement 2017/18 (England)



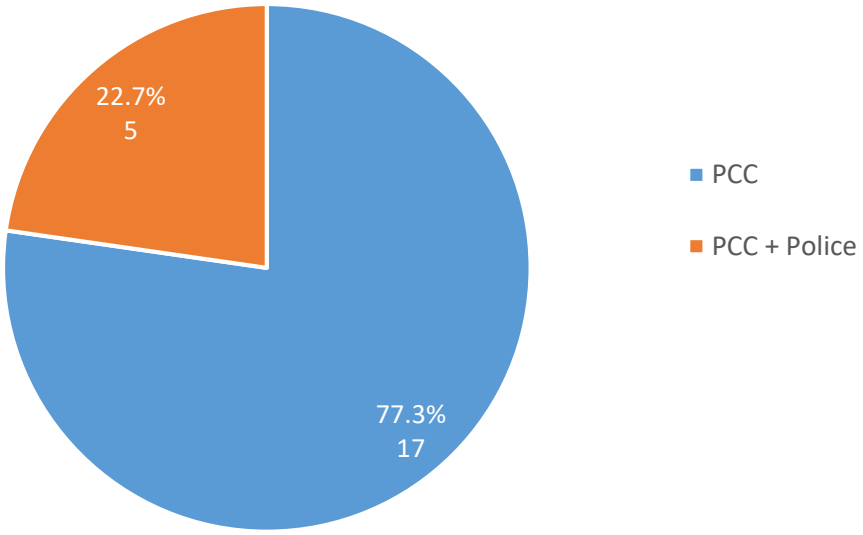
(iv) Wales

In Wales, police forces and PCCs are now entirely funding organised AA schemes for adults.

Table O	% of active areas in which source *contributes* to funding	% of active areas in which source is the *sole* funder
Local Authority	0%	0%
Health	0%	0%
Health and social care (combined)	*0%*	*0%*
PCC	100%	77%
Police	23%	0%
Policing (combined)	*100%*	*100%*

Hence, as shown in Chart 48 there is very little variety in local AA funding arrangements in Wales.

Chart 48: Local authority areas with adult AA provision, by funding arrangement 2017/18 (Wales)



This research did not seek to identify the reasons for the different approach in the two countries.

Clearly both are affected by financial pressures on local authorities to cut non-statutory services and increased awareness and accountability within policing. However, one Welsh local authority funded scheme was closed down during 2017/18 after only two years of operation. The local authority explicitly gave the reason for closure as "under use" due to the police preferring to use their own newly developed policing-funded AA scheme. Concerns about the independence of AA provision from policing apply to both England and Wales, though these perhaps have additional weight in the latter where there is no diversity of funding.

c) Funding levels

(i) Total funding

Funding figures were obtained covering 93 local authority areas[52].

The infographic on page 79 provides a detailed breakdown. The key findings were:

- £1.3m per year total funding actually identified over the sample of 93 areas;
- £2.1m per year estimated total current funding across 143 areas with a scheme;
- £3m per year estimated total current funding across 174 areas.

(ii) Funding per source

Chart 49a shows that, across the 143 areas with identified provision, the estimated annual current funding for organised schemes was approximately:

- £835k from the Home Office (i.e. police forces and/or PCCs);
- £1.3m from local authorities[53].

Chart 49b shows that, across all 174 areas, the estimated annual current funding was approximately:

- £1m from the Home Office (i.e. police forces and/or PCCs) including both organised schemes and spot-purchasing by front-line police officers;
- £2m from local authorities[54] including organised schemes and ad-hoc social worker delivery.

Chart 49a: Estimated funding for organised AA provision in 143 local authority areas 2017/18

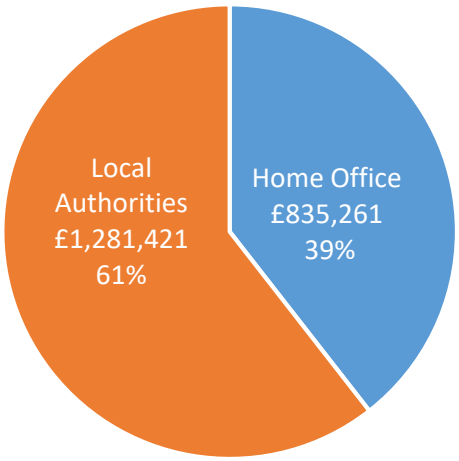
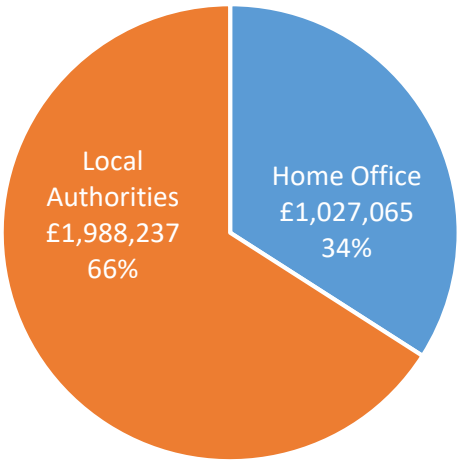
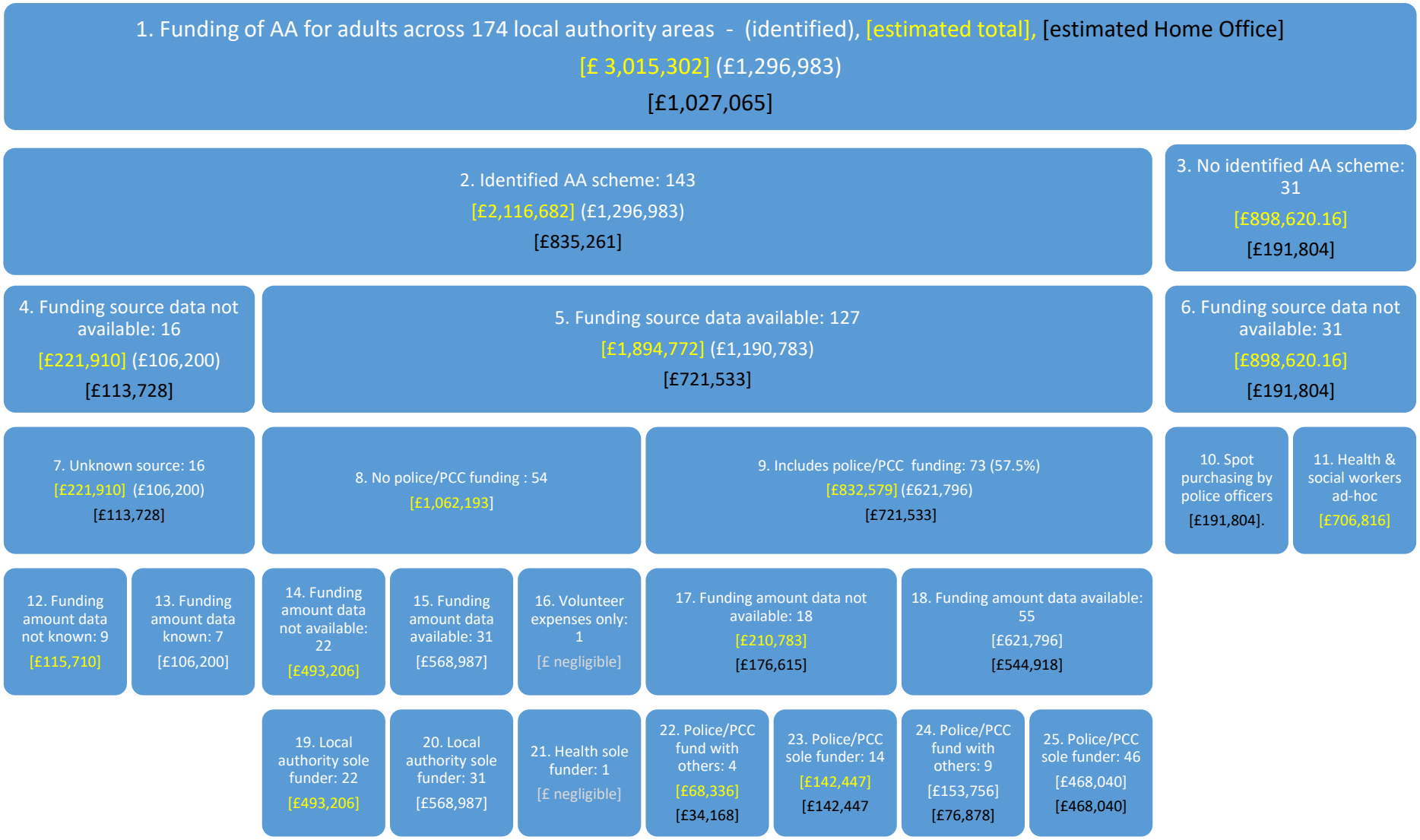


Chart 49b: Estimated funding for AA provision (including ad-hoc) in 174 local authority areas 2017/18



[52] See Method section and Annex D for data sources and assumptions supporting the infographic.
[53] Includes Youth Offending Teams and (in one area) integrated health and social care commissioning.
[54] Includes Youth Offending Teams and (in one area) integrated health and social care commissioning.

Infographic: Identified and estimated funding for adult AA provision in 2017/18



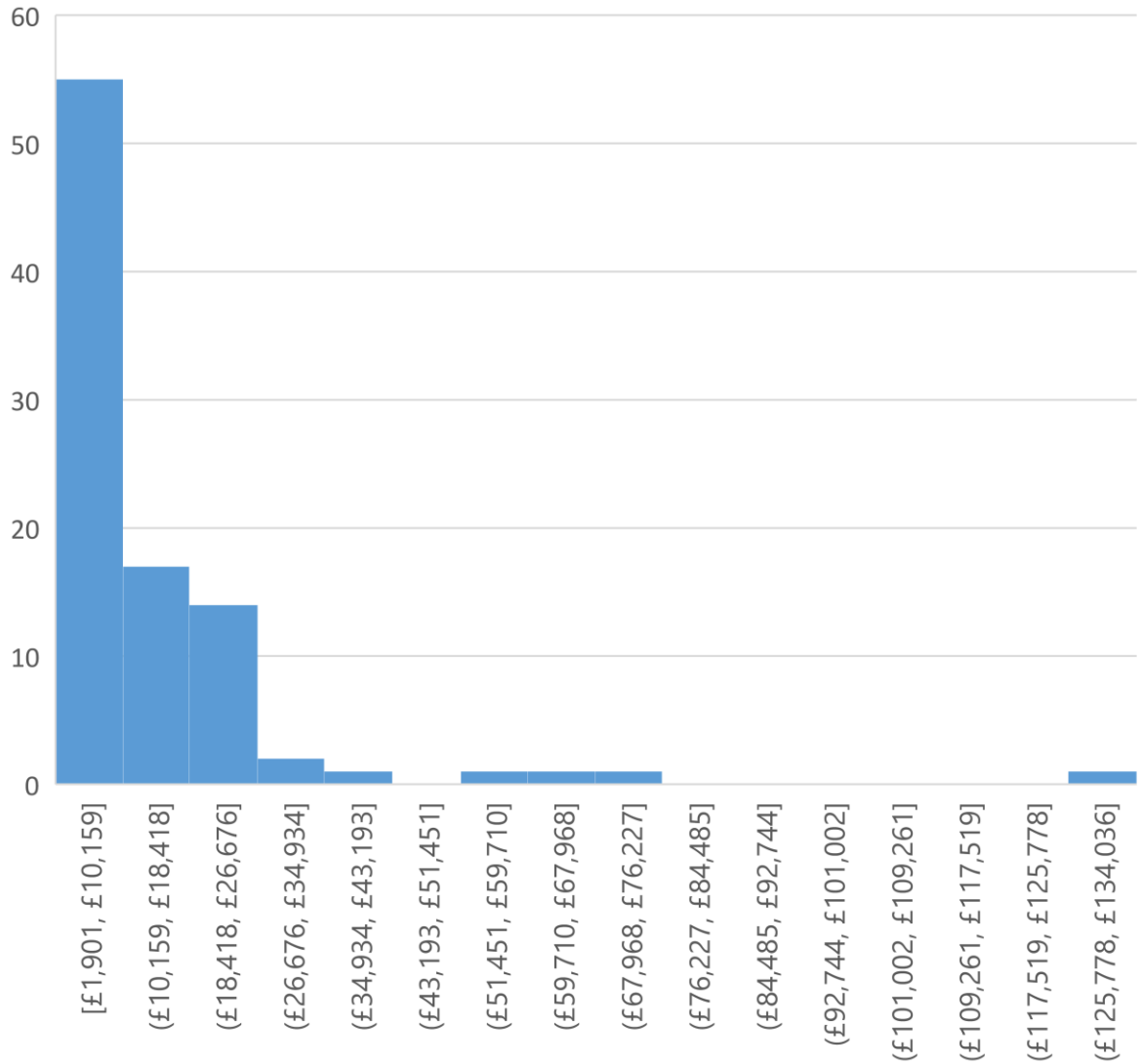
(iii) Funding per area

Across the 93 local authority areas as a whole, the mean funding level per area was £13,946.

Funding per area ranged from £1,901 to £132,135.

A large variance was expected due to variances in population between areas. However, as shown in Chart 50, this was concentrated at the lower end of the range and consequently the median was lower at £9,259 than the mean.

Chart 50: Number of local authority areas by total spending (2017/18)



(iv) Funding per head of population

The funding level per head of population was calculated in order to counteract the issue of variations in population size across local authorities.

Overall rate

Across the 93 local authority areas as a whole, the mean funding level was £0.042 (4.2 pence) per head of population.

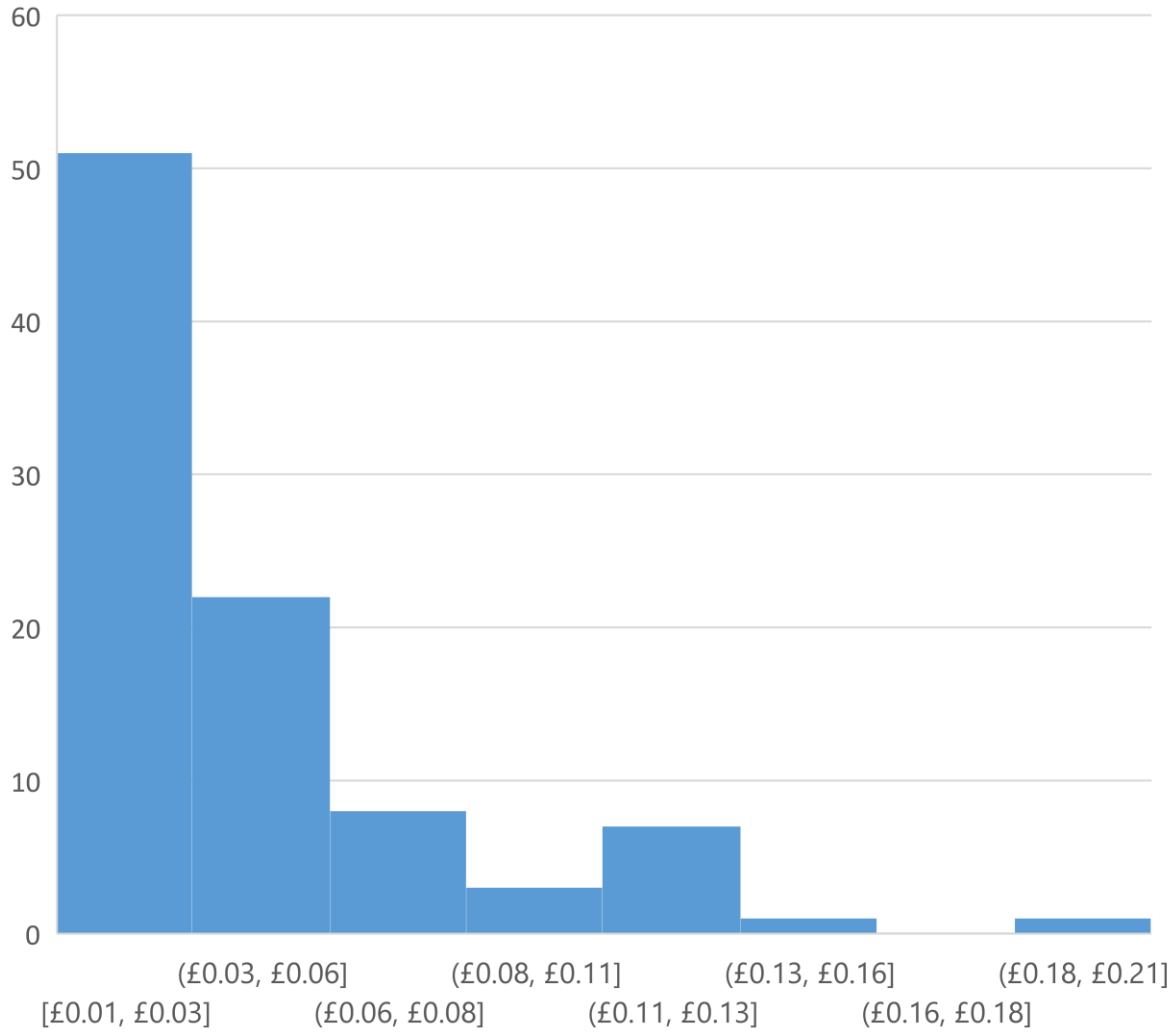
Range

Between areas, funding ranged from £0.007 (0.7 pence) to £0.21 (20.7 pence) per head of population.

Distribution

However, as illustrated in Chart 51, funding levels per head of population were heavily concentrated at the lower end of the range and consequently the median was £0.032 (3.2p) per head of population.

Chart 51: Number of local authority areas by spending per head of population (2017/18)

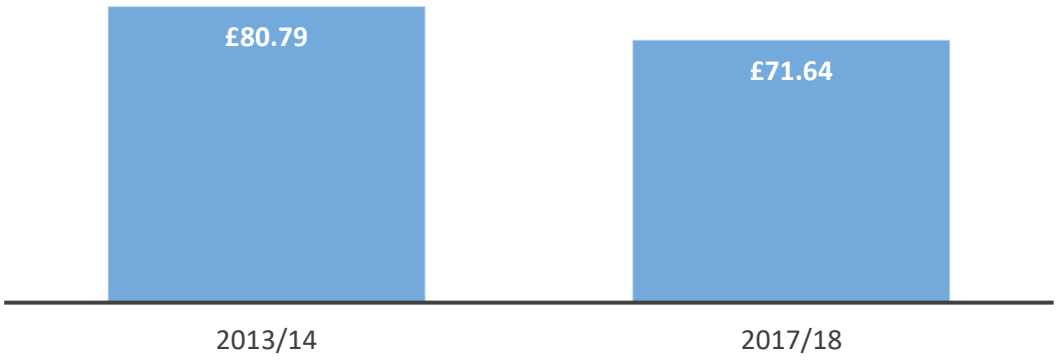


(v) Funding per call out

Overall rate

Funding and call out data were available for 48 areas, in which the total spend was £891,471. Chart 52 illustrates that the average (mean) funding per call out had reduced by 12% since 2013/14.

Chart 52: Average (mean) funding per AA call out



The reasons for this reduction are not clear. Potential factors include:

- greater efficiency;
- reductions in quality (e.g. availability, training, delays, time with suspect);
- increased price transparency since the There to Help report (NAAN 2015);
- inaccurate assumptions made when developing new combined and/or multi-area contracts (leading to funding rates that are unsustainable in the longer term).

It is important to note that these data do not take account of quality measures, such as the AA's length of stay (see Method: NAAN data: Funding levels).

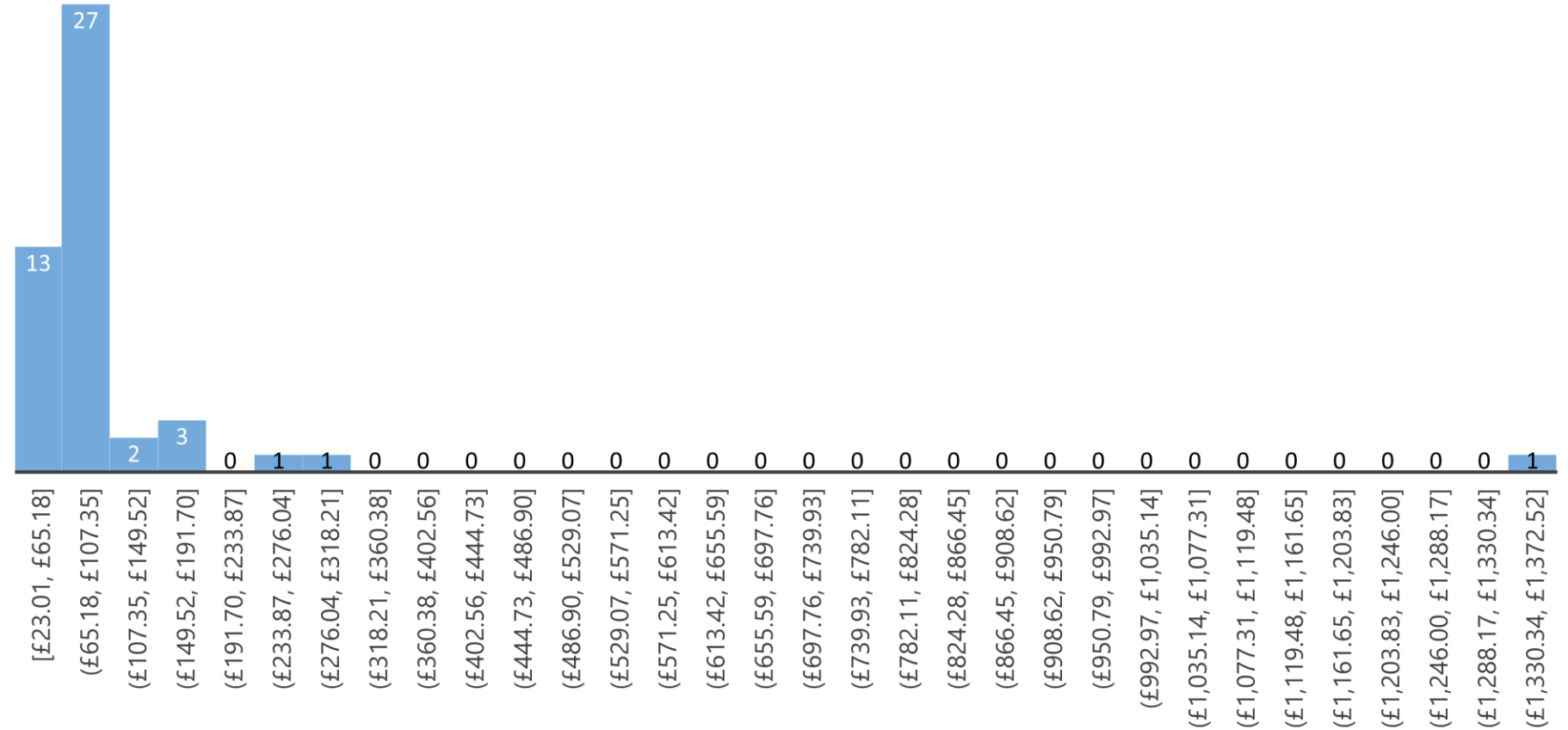
Range

Average funding per call out in the sample ranged from £25 to £1,372, compared to £13-£750 in 2013/14.

Distribution

As shown in Chart 53, data were skewed to the lower end of the range. 83% of areas were funded less than £107 per call out. The rate of £1,372 was a highly unusual outlier. This was a scheme commissioned by a (police force) but then rarely ever used, rather than one that was inherently poor value.

Chart 53: Number of local authority areas by funding per AA call out (2017/18)



Impact of provider sector

Within the sample of 48 areas:

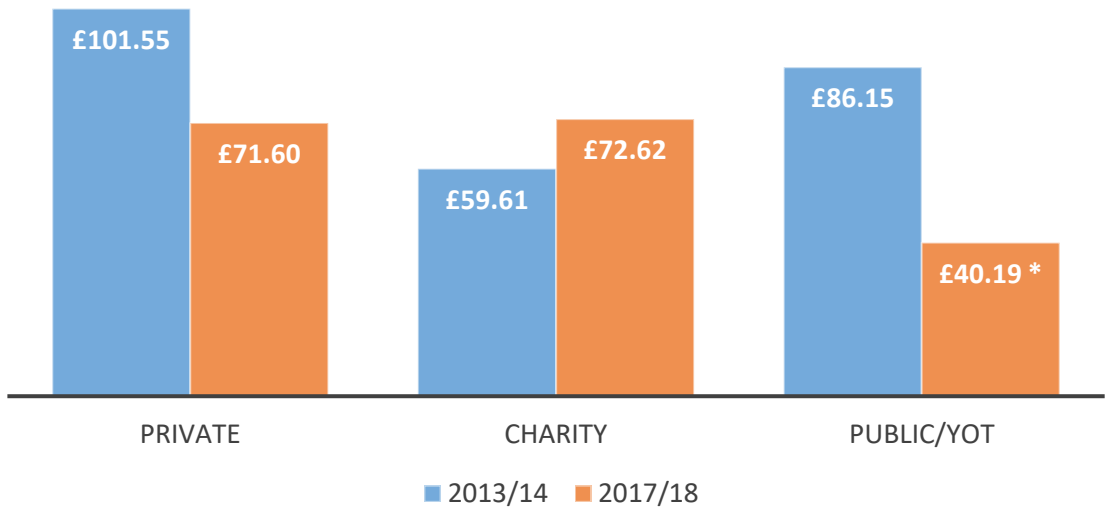
- 56% of funding went to charity sector providers;
- 43% went to the private sector providers;
- 1% went to the public sector providers.

As per Table P and Chart 54, in 2013/14 funding per call out for private sector provision was 70% higher than on charity sector provision. However, from just over £100, funding per call out was down 29.5% for private providers in 2017/18, driving the overall reduction across all sectors. From under £60 in 2013/14, funding per call out was up 21.8% amongst charity sector providers. In 2017/18, private sector and charity funding levels per call out were almost identical at £71.60 and £72.62. It is important to note that these data do not take account of quality measures, such as the AA's length of stay (see Method: NAAN data: Funding levels). Possible reasons for increased standardisation include:

- Increasing use of formal commissioning approaches to achieving provision (irrespective of provider sector) replacing more informal grant funding to local charities;
- The consolidation of provision into larger contracts held by larger organisations (including larger charities with more commercial approaches);
- Increased price transparency following There to Help (NAAN 2015).

Table P	**2013/14**	**2017/18**	**Sample size**
Private	£101.55	£71.60	22
Charity	£59.61	£72.62	24
Public/YOT*	£86.15	£40.19	2

Chart 54: Average (mean) funding per call out by provider sector



*Care should be taken over interpreting the apparent low cost of public sector provision. Firstly, an extremely small sample size was available. Secondly, compared to commissioned services, public sector providers often had difficulty identifying the full costs of provision. This is essentially because overhead costs (e.g. management, utilities) are less easily (and therefore less often) apportioned

Impact of volunteers vs paid AAs

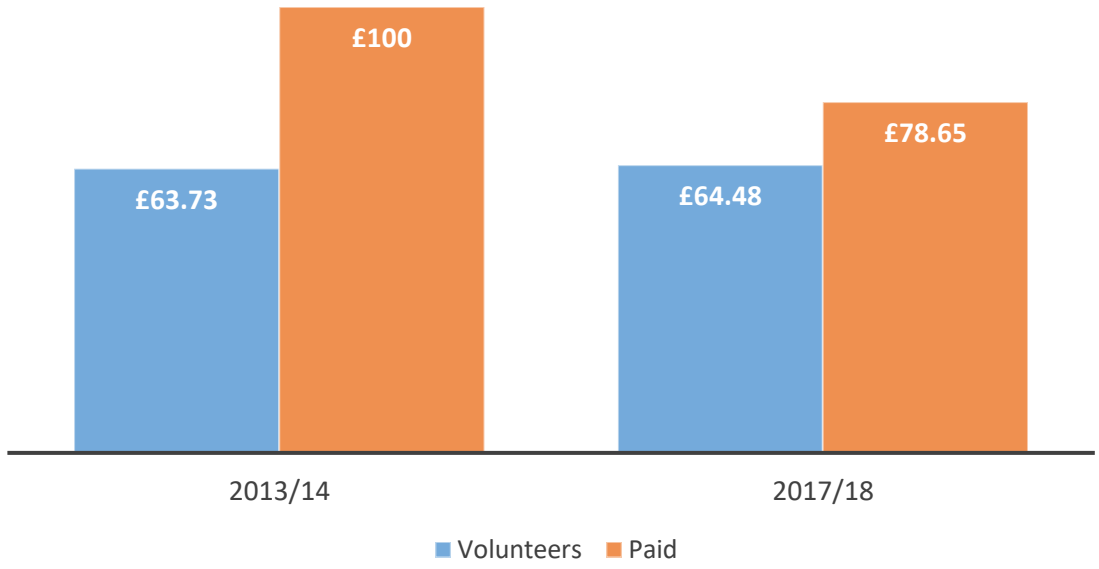
Within the sample of 48 areas:

- 45% of funding went to schemes using volunteer AAs;
- 55% of funding went to schemes using only paid AAs (employed or sessional).

As shown in Table Q and Chart 55, funding per call out remained lower for volunteer schemes. However, the gap between provision based on volunteers and paid AAs had reduced slightly (only 22% higher in 2017/18, compared to 57% higher in 2013/14) due to reductions in funding per call out for paid schemes.

Table Q	**2013/14**	**2017/18**	**Sample size (areas)**
Volunteer AAs	£63.73	£64.48	18
Paid AAs	£100	£78.65	30

Chart 55: Average (mean) funding per call out by AA type



This trend is only partially linked to the reduced gap between private and charitable sector provision due to a breakdown in the historical distinction of private sector sessional AAs versus charity sector volunteer AAs. This is driven both by:

- the private sector winning contracts to deliver volunteer AA services;
- some charity sector provision being delivered entirely by paid sessional staff.

It is important to note that these data do not take account of quality measures, such as the AA's length of stay (see Method: NAAN data: Funding levels).

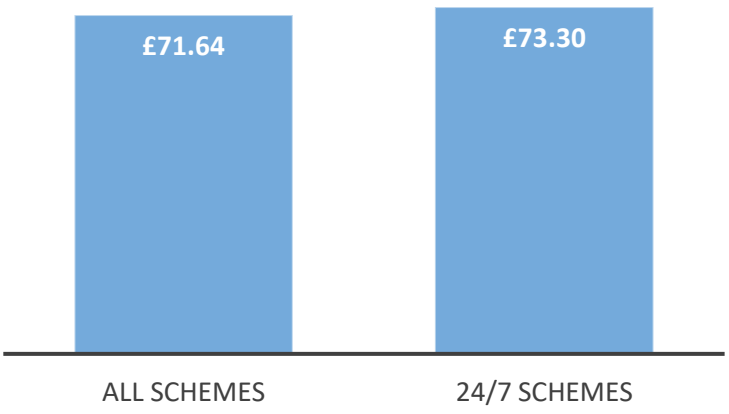
Impact of operating hours

Within the sample of 48 areas, 22 (46% of sample, 34% of areas with a scheme, 28% of all areas) operated 24 hours a day, 7 days a week.

As shown in Table R and Chart 56, average funding levels per call out for these schemes were only 2.3% higher than average. It is important to note that these data do not take account of quality measures, such as the AA's length of stay (see Method: NAAN data: Funding levels).

Table R	**2017/18**	Sample size (areas)
24/7 services	£73.30	22
All schemes	£71.64	48

Chart 56: Average (mean) funding per AA call out (2017/18)



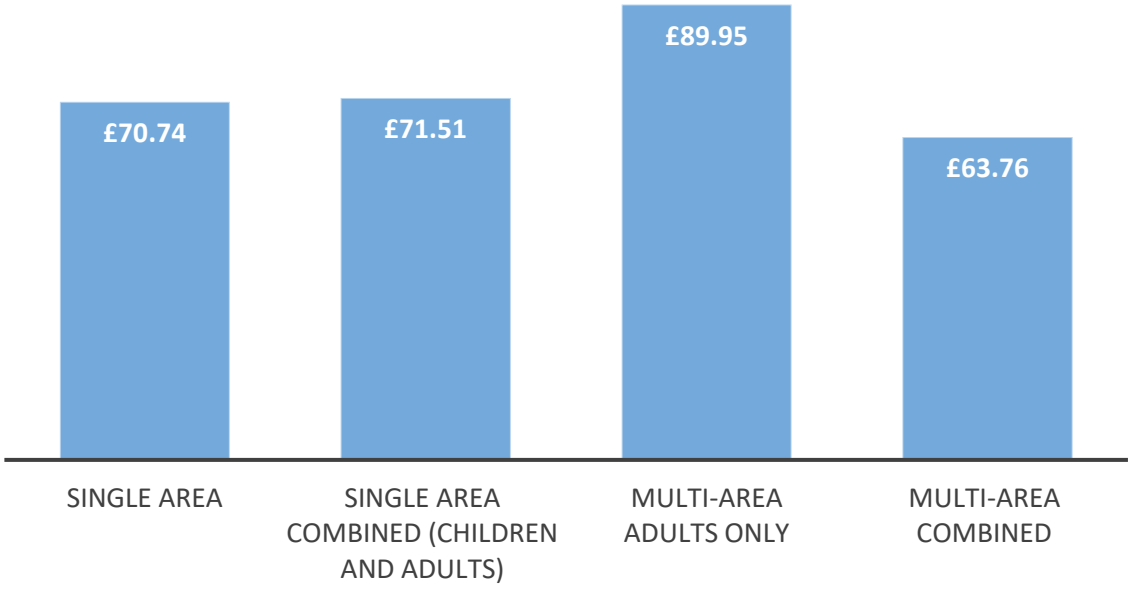
Impact of consolidation

Provision in each local authority area was classified according to whether it served only adults in that one area, or was part of wider arrangements (see p.92 for relative prevalence of each model).

Within the sample of 48 areas:

- 11% of funding went to schemes covering in a single area, only for adults
- 24% of funding went to schemes covering in a single area, for children and adults
- 24% of funding went to schemes covering multiple areas, only for adults
- 41% of funding went to schemes covering multiple areas, for children and adults

Chart 57: Average (mean) funding per call out by contract type (2017/18)



As shown by Chart 57, average funding per call out was similar under single area arrangements, irrespective of whether schemes served both children and adults or just adults.

Multi-area arrangements serving both children and adults received the lowest funding per call out.

Multi-area arrangements serving adults only received the highest level of funding. However, this was influenced heavily by one scheme that received significant funding from the police force but was then rarely used (to the confusion of the provider). If this scheme were removed from the analysis, the average cost per call out would have reduced to £65.08, broadly in line with the other multi-area arrangements.

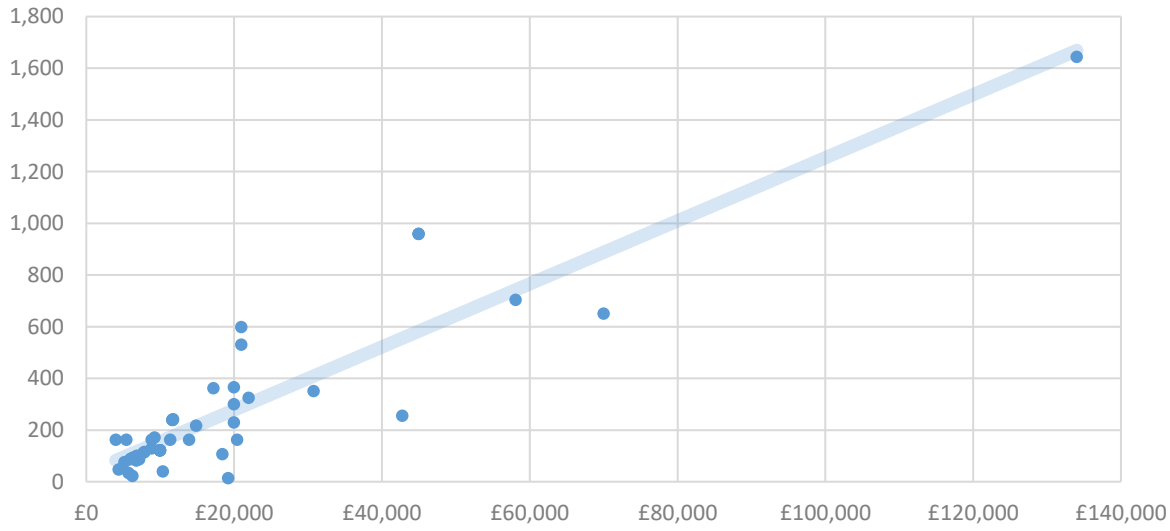
This implies that multi-area arrangements are associated with around 10% less funding per call out. However, it is not clear to what extent this reflects *sustainable* cost efficiencies versus unsustainable expectations by commissioners when consolidating existing provision and re-contracting.

It is important to note that these data do not take account of quality measures, such as the AA's length of stay (see Method: NAAN data: Funding levels).

Impact of annual call out volume

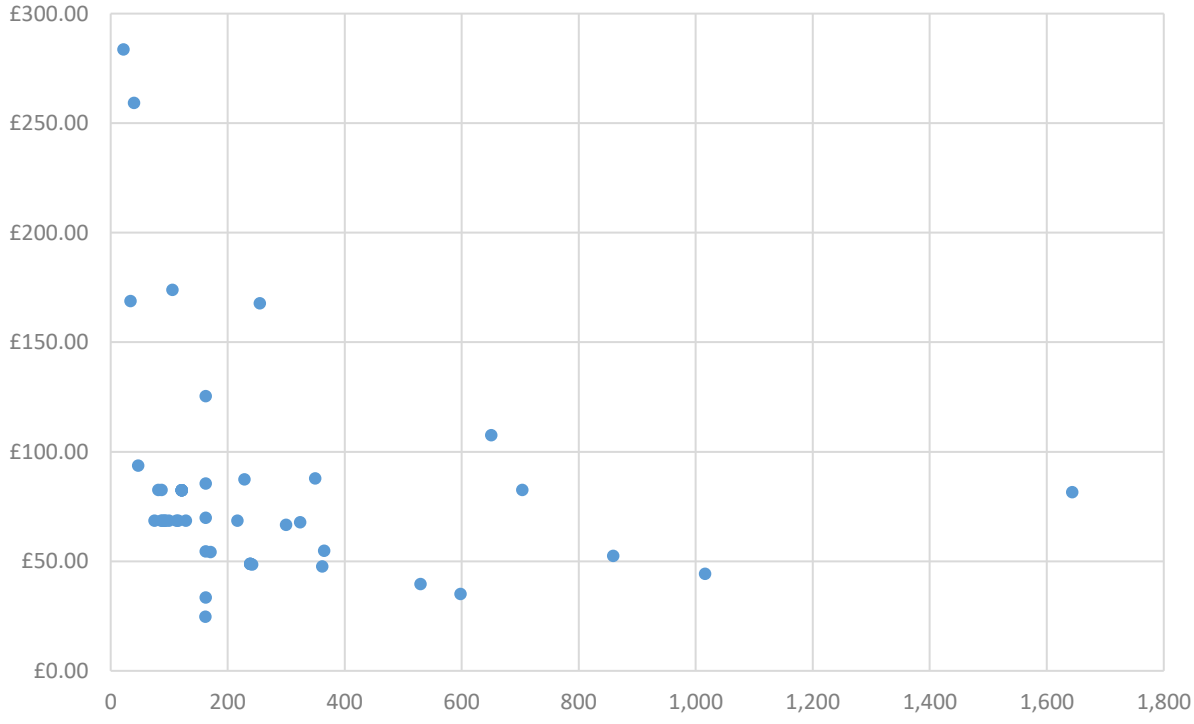
Chart 58 shows the expected strong positive correlation between the volume of call outs per year and the total annual funding (Pearson's coefficient 0.90).

Chart 58: Annual funding vs call outs per year (2017/18)



However, there was a very weak correlation between the volume of call outs and the funding per call out (Pearson's coefficient 0.20), raising questions about the limits of efficiencies of scale. While Chart 59 shows how all five areas with funding per call out above £150 provided very few call outs (fewer than 260) per year, it does not appear to be necessary to operate at high volumes in order to achieve funding per call out levels at or below average.

Chart 59: Funding per call out vs call outs per year (2017/18)



d) Providers

(i) Number of providers

A total of 42 organisations were identified as providing AA services for adults. This had reduced by 12.5% from the 48 identified in 2013/14.

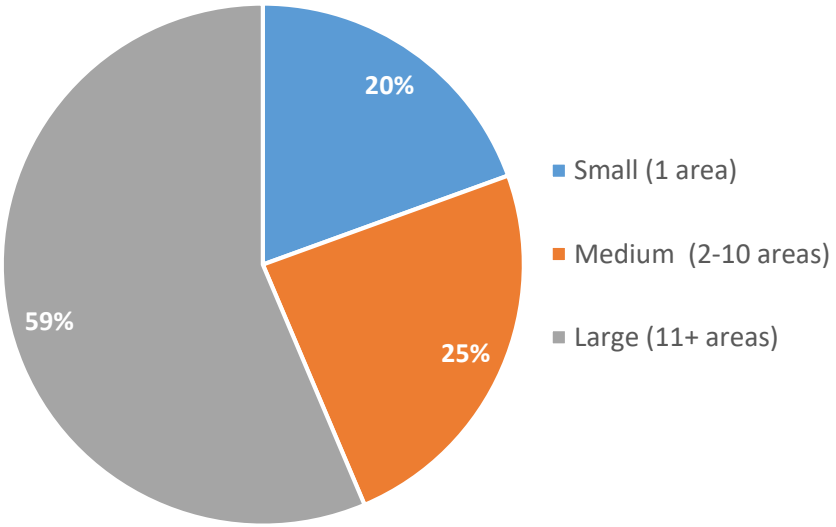
(ii) Provider size

Further illustrating the trend towards consolidation[55]:

- Three (7%) providers covered more than half (59%) of the local authorities that had an active service and just under half (48%) of all local authority areas;
- The 29 (69%) providers that delivered only in their 'home' local authority area, combined to cover only a fifth (20%) of areas that had an active service, meaning only 17% of all local authority areas were served by a provider that served only their area.

Table S	Number of local authorities covered	Number of providers	% of 143 local authority areas with a service	% of all 174 local authority areas
Small providers	1	29	20%	17%
	2	3	4%	3%
Medium providers	3	3	6%	5%
	4	2	6%	5%
	5-10	2	9%	7%
Large providers	11-20	1	10%	8%
	21-30	1	15%	13%
	>30	1	34%	28%

Chart 60: Percentage of local authority areas with a service by each size of provider (2017/18)



[55] Percentages in the table do not add up to 100% because (a) a small number of areas had more than one active provider and (b) some local authority areas do not have providers.

(iii) Provider sector

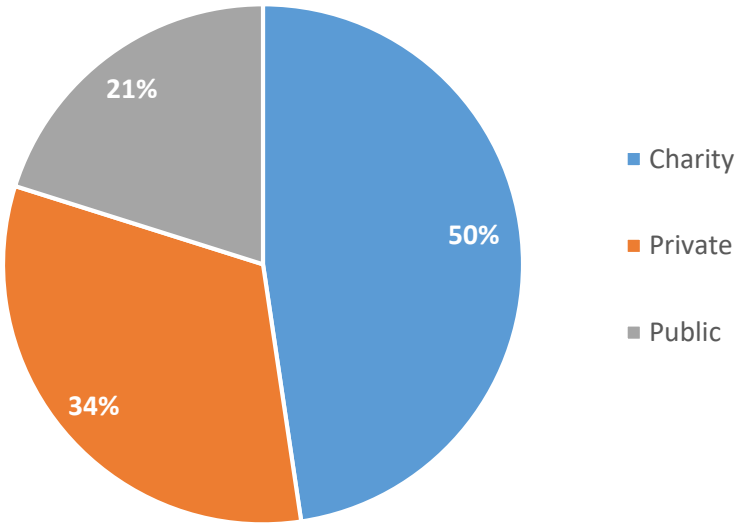
Table T and Chart 61 illustrate a move towards external (commissioned) provision. Charitable organisations were the most common type of provider (52%) and covered the largest number of local authority areas[56]. Only one private organisation held any geographical contracts but this served one-third (34%) of local authority areas[57].

Public sector providers were the least likely to be running schemes. In the sample, these consisted of:

- Eight youth offending teams;
- Five health and social care organisations (including adult social care, specialist mental health team, forensic social work, NHS trust);
- Four local authority emergency duty teams;
- One office of the police and crime commissioner;
- One university.

Table T	Number of organisations	Number of local authorities covered	% of local authority areas with a service	% of all 174 local authority areas
Charity	22	71	50%	41%
Private	1	48	34%	28%
Public	19	30	21%	17%

Chart 61: Percentage of local authority areas with a service by provider sector (2017/18)

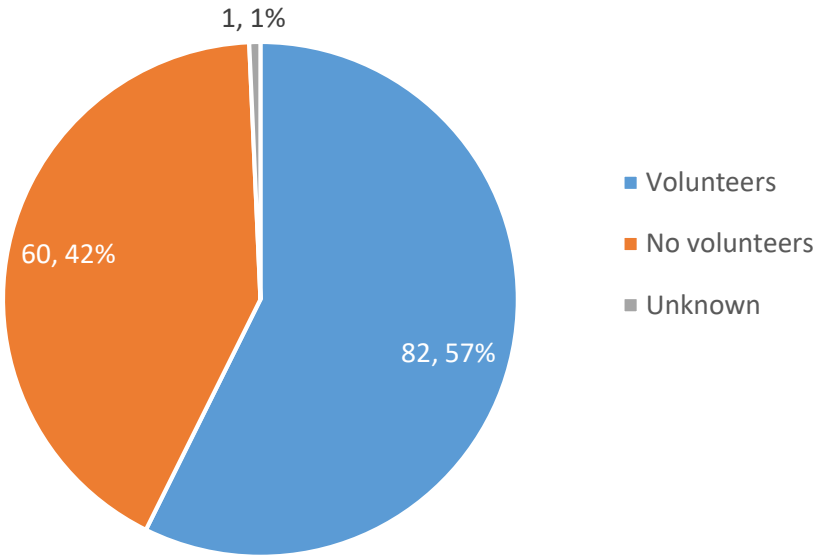


[56] Percentages in the table do not add up to 100% because (a) a small number of areas had more than one active provider and (b) some local authority areas do not have providers.
[57] Other private organisations offer appropriate adult services but none were identified as holding a contract to provide for adult suspects during the period.

(iv) Volunteering vs paid AAs

Chart 62 shows that, in relation to adult suspects, the majority of local authority areas were covered by services that use volunteer AAs (57%).

Chart 62: Proportion of local authority areas with a service by use of volunteer AAs (2017/18)



However, a significant number are now covered purely by paid AAs (42%) who are typically sessional workers rather than employees.

e) Scheme/contract size

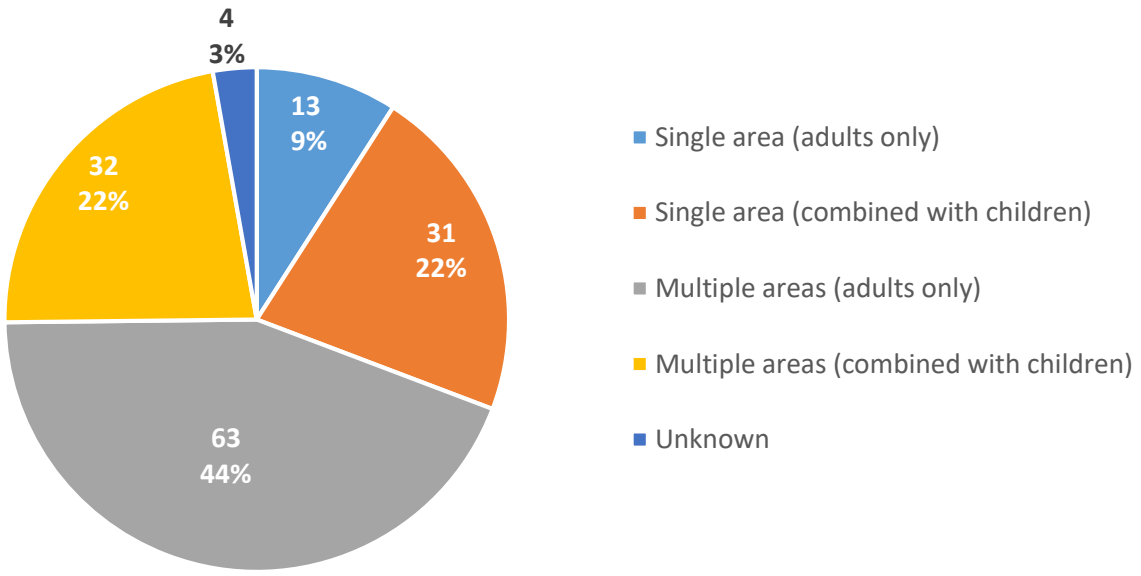
Across the 143 local authority areas with a service for adults, 149 schemes were identified.

There was a very small amount of duplication. Of the six additional schemes, one was a local authority commissioned scheme, provided by a charity, but which has been 'commissioned over' by a separate, larger police-commissioned scheme. Another was part of a wider advocacy service for people with learning disabilities. However, most did not involve duplication. Three were the local authority emergency duty teams' out of hours services (so did not overlap with the in-hours service). One dealt only with its own existing clients.

In the past, adult AA schemes were likely to be arranged separately from provision for children and operated only on behalf of one single area, whether delivered directly or via contract. However, the data for 2017/18 shows this approach to be increasingly rare.

As shown in Chart 63, of the 143 local authority areas with a service, arrangements were unknown in four. The most common arrangement was serving adults only but in multiple areas.

Chart 63: Percentage of local authority areas with a service, by contract type (2017/18)



Arrangement in the remaining 139 areas are shown in Table U.

Table U	Adults only	Combined with children	Total
Single area	13	31	44
Multiple areas	63	32	95
Total	76	63	139

At 66% of areas with provision, multiple area arrangements were more than twice as common as single area arrangements. There was only a small gap between combined arrangements with children's AA services (44%) and separate arrangements (53%) for adults.

f) Operating hours

In There to Help (NAAN 2015), operating hours were a key concern highlighted in both the survey of custody sergeants and the stakeholder interviews for. The report stated:

> *"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…"*

Recent police custody inspections have also highlighted the impact of limited access to AA services:

> *"Delays in the arrival of appropriate adults (AAs) also contributed to extending detention time. The lack of a 24-hour service across most suites meant that some detainees were kept overnight until an AA could be called the following morning".*
>
> Report on inspection of custody in the Metropolitan Police 9–20 July 2018
> (HMIP and HMICFRS 2019b)
>
> *"Family members or friends were sought in the first instance. Otherwise AAs were provided through local authority social care services for children and a contracted service for vulnerable adults, which offered prompt 24-hour provision and could attend to support children if necessary"*
>
> Report on inspection of custody in Merseyside Police 11–21 June 2018
> (HMIP and HMICFRS 2018b)

For 2017/18, data on operating hours was obtained for 113 areas, equating to:

- 79% of the 143 areas with a service; and
- 65% of all 174 local authority areas

24/7 services were reported in 64 areas, equating to:

- 56.6% of the 113 areas providing data;
- 44.8% of the 143 areas with identified and operational provision;
- 37%% of all 174 local authority areas.

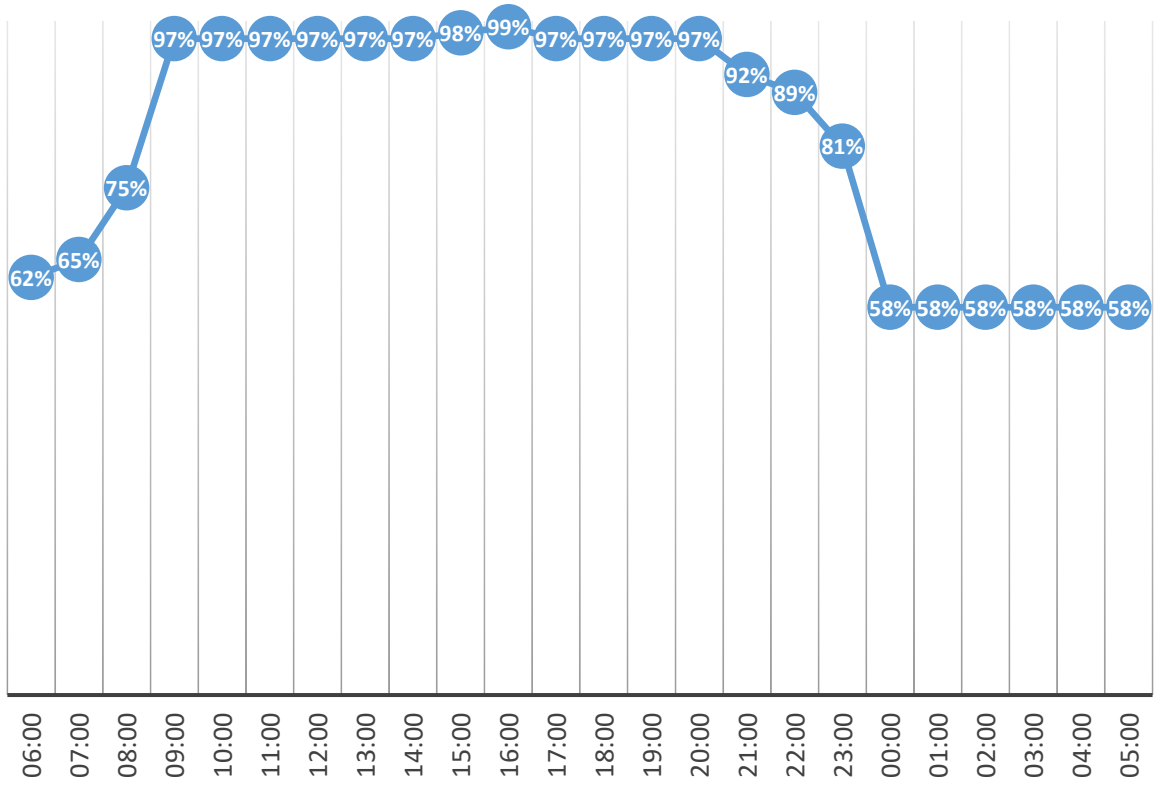
Data on operating hours were not available in 2013/14, so direct comparisons are not possible. However, as 24-hour services were considered a relative rarity at that time, this appears to represent an improvement.

Chart 64 shows the proportion of the sample of 113 areas that had an operational AA scheme for adults at each hour of the day and night.

Almost all schemes were available between the hours of 09:00 and 22:00.

However, the data shows a significant decline in availability outside of these hours. From midnight, availability drops down to 58%.

Chart 64: Proportion of areas with operational AA scheme for adults, by time of day (2017/18)



g) Demand

Data on call out volumes was available from schemes serving 75 local authorities and 49.2% (28,891,962) of the population of England and Wales. As shown in Table V, 24,770 call outs were recorded for adult suspects.

Scaling up by number of local authorities:

- schemes attended 47,229 call outs across the 143 local authority areas with a service;
- schemes would attend 57,467 call outs if all 174 local authority areas had a service.

Table V	Actual recorded	Estimated demand (existing provision)	Estimated demand (provision in all LAs)
Call outs	24,770	47,229	57,467
Local authorities	75	143	174

Alternatively, scaling up by population accounts for differences in size and population density between local authorities. On average, schemes attended 0.086 call outs per head of population (24770/28,891,962). By this method:

- schemes attended 42,332 call outs across the 143 local authority areas with a service;
- schemes would attend 50,364 call outs if all 174 local authority areas had a service.

Table W	Actual recorded	Estimated demand (existing provision)	Estimated demand (provision whole pop.)
Call outs	24,770	42,332	50,364
Population	28,891,962	49,376,165	58,744,595

Therefore, there would have been an estimated additional 8,032 calls outs to organised schemes, were provision for adult suspects to have be available in all local authority areas.

Chart 65: Estimated total call out demand in England and Wales (2017/18)

As total AA demand for adults is estimated to be 61,010 call outs (based on police data), organised AA schemes are estimated to have met 83% of *recorded* demand for adult suspects.

4. Combined data

a) Police recorded need for AAs vs L&D recorded use of AAs

Combining police and L&D data allowed an analysis of the relationship between the police's recorded need for AAs and the actual application of the AA safeguard as recorded by L&D services.

Table X (below) compares[58]:

- "% detentions": percentage of adult detentions in which police recorded need for an AA; with
- "% L&D": the percentage of L&D cases in which the AA safeguard was applied (excluding cases where the AA outcome was unknown).

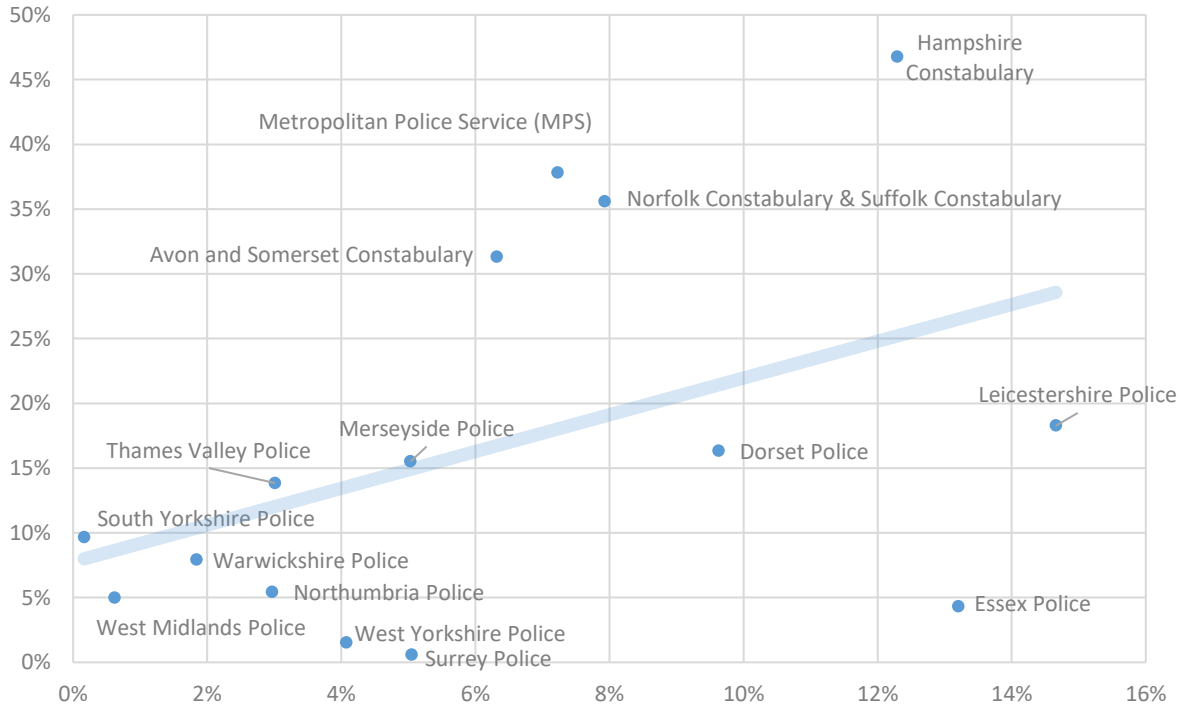
Table X

Police force area(s)	% detentions	L&D service area	% L&D
Leicestershire Police	14.7%	Leicestershire	18.3%
Essex Police	13.2%	South Essex	4.3%
Hampshire Constabulary	12.3%	Hampshire	46.8%
Dorset Police	9.6%	Dorset	16.3%
Norfolk Constabulary & Suffolk Constabulary	7.9%	Norfolk & Suffolk	35.6%
Metropolitan Police Service (MPS)	7.2%	London (Wave 1 & 2)	37.8%
Avon and Somerset Constabulary	6.3%	Avon & Somerset	31.3%
Surrey Police	5.0%	Surrey	0.6%
Merseyside Police	5.0%	Liverpool	15.5%
West Yorkshire Police	4.1%	Wakefield	1.5%
Thames Valley Police	3.0%	Oxfordshire	13.8%
Northumbria Police	3.0%	Northumbria & Sunderland	5.4%
Warwickshire Police	1.8%	Coventry	7.9%
West Midlands Police	0.6%	Black Country	5.0%
South Yorkshire Police	0.2%	Sheffield, Rotherham & Doncaster, Barnsley	9.7%

[58] For information about this sample see Method 4(b) Police recorded need vs L&D recorded use.

In areas where a greater proportion of adult detentions are recorded by police as needing an AA, a greater proportion of L&D cases should be recorded as having the safeguard applied. As indicated in the chart, there was indeed a positive correlation, though this was of medium strength (Pearson's coefficient 0.44).

Chart 66: Percentage of all L&D cases that included an AA (y) vs Police recorded rate of need amongst detained adults (x) (2017/18)



No areas with a relatively low rate of need (as recorded by police) had a high rate of AA use (recorded by L&D). Hampshire stood out as having both a (relatively high rate of recorded AA need and use.

Perhaps the clearest diversion from the trend was Essex Police. The force recorded the second highest rate of need in the sample (13.2%), while South Essex L&D reported the third lowest AA use.

In addition to the general data limitations set out in the method section, reasons for this may include:

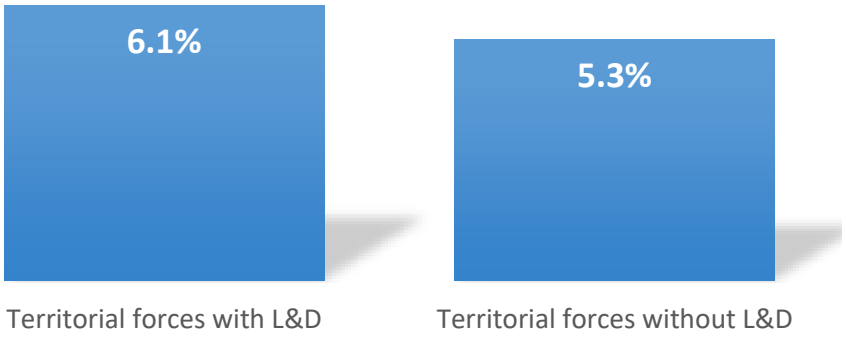
- People who police have recorded as needing an AA did not actually all get one;
- L&D client data covers those suspects in custody during L&D's operational hours (it is possible police are more likely to apply the AA safeguard when L&D is *not* available for some reason);
- Some information provided to L&D may be inaccurate;
- Some information provided to L&D may have been inaccurately recorded;
- South Essex L&D area is only part of Essex Police force area and it may not be representative of the level of AA need across the whole force area
- South Essex L&D area is only part of Essex Police force area and local recording may not consistent across the whole force area;

According to this data, the most problematic areas appear to be South Yorkshire and West Midlands police force areas. In these areas, less than 1% of adult suspects were recorded as needing an AA and less than 1 in 10 of adult L&D cases record that an AA was provided to the suspect.

b) Impact of L&D on police recorded need

Chart 67 shows how forces that had L&D services in 2016/17 had a slightly higher average recorded need for an AA (6.1%), than those that did not (5.3%). However, this was not statistically significant[59].

Chart 67: Average (mean) recorded need for AAs by presence of L&D (2017/18)



The data implies that any increases in identification of vulnerability amongst police suspects driven by L&D were not translating into greater use of the AA safeguard.

This provides further evidence of a disconnect between identification mental disorders and the application of the AA safeguard, contrary to PACE Code C (2017), as illustrated in recent inspection findings:

> *"The custody sergeants we spoke with were confident about deciding whether a vulnerable adult needed an AA, and felt the HCP based in the custody suites provided them with good support, when they made these decisions. However, we found some cases in which no AA had been requested for vulnerable adults when there was evidence to suggest it should have been considered"*
>
> Report on inspection of custody in Merseyside Police 11–21 June 2018 (HMIP and HMICFRS 2018b)

The data also supports the findings of an academic study in which a new assessment tool significantly increased custody officers' identification of mental health conditions but did not increase the use of AAs (McKinnon and Grubin 2014).

[59] Insignificant assuming unequal variance t = 0.91 (t critical two tail +/-2.05 or more) with a p-value of 0.372, on 28 df. Insignificant assuming equal variance t = 0.90 (t critical two tail +/-2.05 or more) with a p-value of 0.377 on 28 d.f..

c) Impact of organised AA provision on police recorded need

(i) Custody

Table Y and Chart 68 illustrate how the existence of organised AA provision increases the rate at which police record the need for an appropriate adult for adult suspects in custody.

- Police forces with provision in 0% of their local authority areas had a recorded rate of 3.1%, compared to 5.7% in police forces with provision in 100% of their local authority areas.[60]
- Police forces with provision in up to 50% of local authority areas had a recorded rate of 3.5%, compared to 6.2% in forces with provision in 50% or more of their local authority areas.[61]
- Police forces with provision covering 0% of their population had a recorded rate of 3.1%, compared to 5.7% in forces with provision covering 100%.[62]
- Police forces with provision covering up to 50% of their population had a recorded rate of 3.1%, compared to 6.0% in forces with provision covering more than 50%.[63]

In order to increase confidence in the statistical significance of these findings, data from 2013/14 and 2017/18 were combined, as illustrated in Chart 69 (see Method: Combined data: Data limitations).

Applying a simple multiple regression model (rate of recorded need vs scheme coverage) gave a statistically significant result. The rate of recorded need increases by approximately 2.5% where there is at least some organised AA provision for adults.[64]

Furthermore, a t-test showed that where there is at least some organised AA provision for adults, the rate of recorded need is 2.7% higher (5.3% versus 2.6%).[65] Therefore, it can be said with confidence that, in relation to custody, police are around half as likely to record the need for an AA where there is no organised AA scheme for adults.

Table Y	Recorded need for an AA	
% LA/pop. covered by AA scheme	By local authority	By population
100%	5.7%	5.7%
More than 50%	6.2%	6.0%
More than 0%	6.0%	6.0%
Up to 50%	3.5%	3.1%
0%	3.1%	3.1%

[60] Significant assuming unequal variance t = 2.29 (t critical two tail +/-2.13 or more) with a p-value of 0.037, on 15 d.f.. Insignificant assuming equal variance t = 1.02 (t critical two tail +/-2.08 or more) with a p-value of 0.320, on 21 d.f..

[61] Significant assuming unequal variance t = 2.58 (t critical two tail +/-2.06 or more) with a p-value of 0.016, on 24 d.f.. Significant assuming equal variance t = -3.78 (t critical two tail +/-2.13 or more) with a p-value of 0.002, on 15 d.f..

[62] Significant assuming unequal variance t = 2.29 (t critical two tail +/-2.13 or more) with a p-value of 0.037, on 15 d.f.. Insignificant equal variance t = 1.02 (t critical two tail +/-2.08 or more) with a p-value of 0.320, on 21 d.f..

[63] Significant assuming unequal variance t = 2.88 (t critical two tail +/-2.16 or more) with a p-value of 0.013, on 13 d.f.. Insignificant equal variance t = 1.17 (t critical two tail +/-2.05 or more) with a p-value of 0.253, on 28 d.f..

[64] See Annex C for statistical report

[65] See Annex C for statistical reports for both findings.

Chart 68: Average (mean) recorded need for AAs 2017/18 by AA provision population coverage

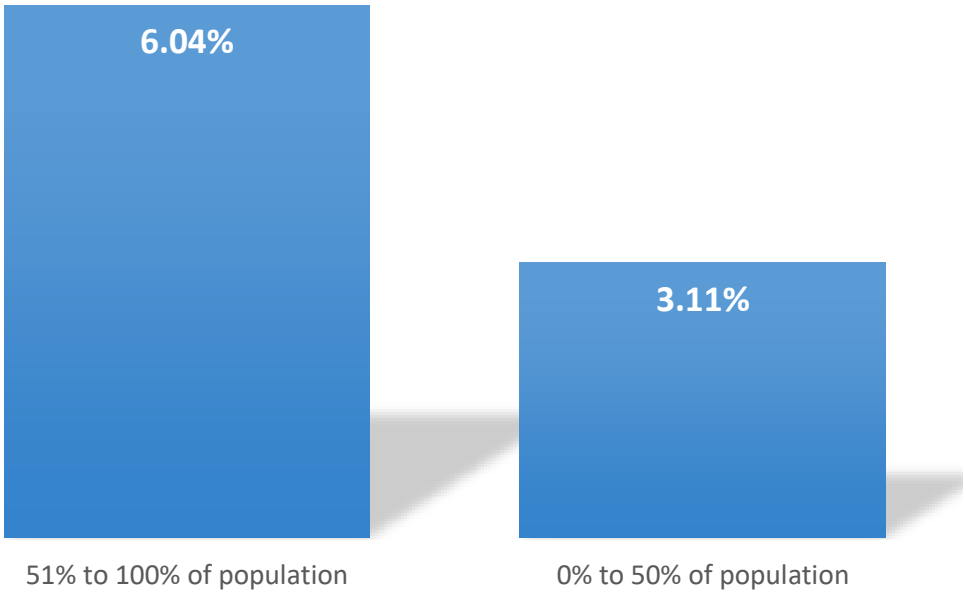
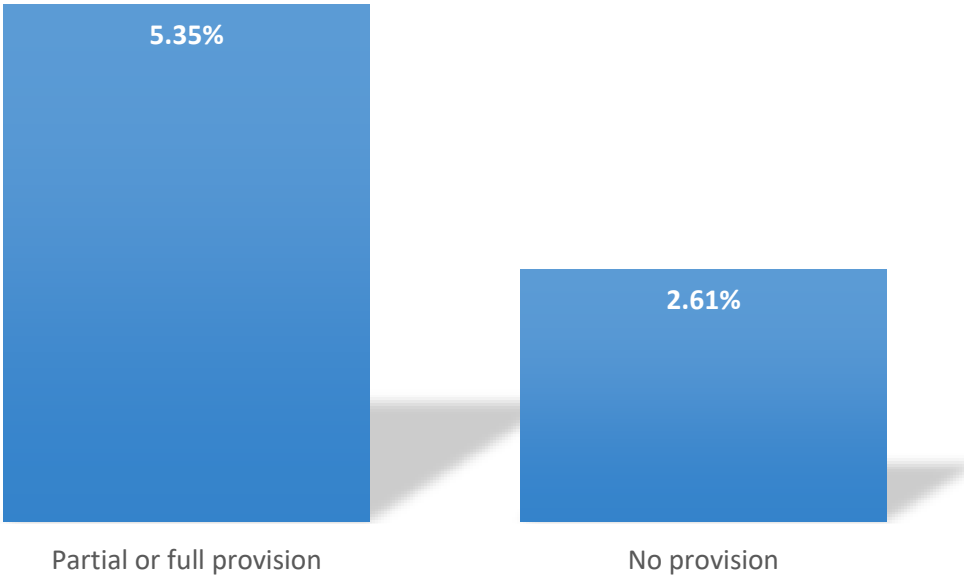


Chart 69: Average (mean) recorded need for AAs 2013/14 and 2017/18 combined



(ii) Voluntary interviews

Table Z and Chart 69 illustrate how in 2017/18, the existence of organised AA provision appeared to increase the rate at which police record the need for an appropriate adult for adult suspects in voluntary interviews.

- Police forces with provision in 0% of their local authority areas had a recorded rate of 1.3%, compared to 8.2% in police forces with provision in 100% of their local authority areas[66].
- Police forces with provision in up to 50% of their local authority areas had a recorded rate of 2.3%, compared to 9.0% in police forces with provision in more than 50% of their local authority areas[67].
- Police forces with provision covering 0% of their population had a recorded rate of 1.3%, compared to 8.2% in police forces with provision covering 100% of their population[68].
- Police forces with provision covering up to 50% of their population had a recorded rate of 1.3%, compared to 8.6% in police forces with provision in more than 50% of their local authority areas.[69]

However, despite the apparent large differences, the low number of observations (police forces) generated issues with testing for statistical significance (see Method). This was a particular problem in relation to voluntary interviews. Fewer forces were able to supply data. No data were available for voluntary interviews in 2013/14, so it was not possible to apply a simple multiple regression model as was applied to the custody data.

Table Z

Organised scheme coverage	By local authorities	By population
100%	8.2%	8.2%
More than 50%	9.0%	8.6%
More than 0%	8.6%	8.6%
Up to 50%	2.3%	1.3%
0%	1.3%	1.3%

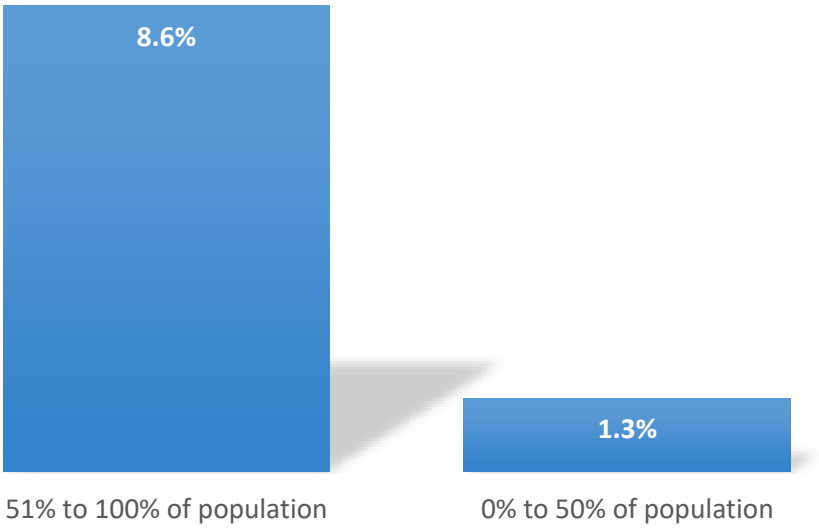
[66] Insignificant assuming unequal variance t = 2.05 (t critical two tail +/-2.23 or more) with a p-value of 0.068, on 10 d.f.. Insignificant assuming equal variance t = 0.95 (t critical two tail +/-2.23 or more) with a p-value of 0.363 on 10 d.f.

[67] Significant assuming unequal variance t = 2.18 (t critical two tail +/-2.16 or more) with a p-value of 0.049, on 13 d.f.. Insignificant assuming equal variance t = 1.15 (t critical two tail +/-2.16 or more) with a p-value of 0.272 on 13 d.f.

[68] Insignificant assuming unequal variance t = 2.05 (t critical two tail +/-2.23 or more) with a p-value of 0.068, on 10 d.f.. Insignificant assuming equal variance t = 0.95 (t critical two tail +/-2.23 or more) with a p-value of 0.363, on 10 d.f.

[69] Significant assuming unequal variance t = 2.48 (t critical two tail +/-2.20 or more) with a p-value of 0.030, on 11 d.f.. Insignificant assuming equal variance t = 1.05 (t critical two tail +/-2.16 or more) with a p-value of 0.313, on 13 d.f..

Chart 69: Average (mean) recorded need for AAs
Voluntary interviews (2017/18)



d) Estimated costs of expanding provision to meet need

(i) Extending current levels of provision to all local authority areas

The first challenge with regard to meeting the demand for AAs is to ensure all areas in England and Wales have provision that is, on average, in line with existing demand and provision in other areas.

One methodology for calculating the associated annual funding requirements is to assume:

- The organised scheme call out volume per annum for an area is 0.086% of its population (the average figure for areas for which call out volume data was available);
- The above ratio is representative of current levels of recorded need;
- The cost per call out is £71.64 (the average figure for areas in which data was available).

Using this method, the additional cost was estimated to be around £575,000 per annum (see Table ZA overleaf). However, there are a number of limitations to this method.

Firstly, it does not take into account:

- initial development and mobilisation costs;
- variations in local geography, crime levels and prevalence of relevant conditions;
- the fixed costs of scheme coordination even where volumes are low. (For example, using this method, the Isles of Scilly is predicted to have demand for only two call outs from an organised scheme per year, at cost of only £139. AA provision, by whatever method, seems likely to have a higher cost in these circumstances)

Furthermore, the costs of establishing organised AA provision in these areas would be offset by:

- savings of the costs of local health and social care staff who are currently acting ad-hoc as AA;
- savings to police of officer time spent identifying an AA and extended detention times.

There may therefore be an 'invest to save' argument for some or all of the total local cost. In 2017/18, the average unit cost per call out for organised adult AA schemes was £71.64. Assuming an average call out period of four hours, the average call out cost per hour was around £18. Research by Curtis and Burns (2018) at the Personal Social Services Research Unit (PSSRU) provides the average unit costs of various health and social care work, allowing comparison with AA scheme costs.

In relation to NHS mental health specialist teams, the unit costs *per care contact* was:

- £177 for criminal justice liaison services (£105 higher per contact)
- £242 for forensic community, adult and elderly (£170 higher per contact).

In relation to community-based adult social care, the unit costs *per hour* were:

- £84 for a social worker[70] (£264 higher per four hour call out);
- £32 for a social work assistant (£56 higher per four hour call out);
- £23 for a support and outreach worker (£20 higher per four-hour call out).

[70] This was significantly less than in the PSSRU's 2013 report used in There to Help (2015), which reported average social worker rates of £128 per hour or £171 per hour in London, excluding the cost of qualifications.

Table ZA: Estimated funding requirements for dedicated AA scheme coverage of areas where no scheme was identified in 2017/18, based on population.

Local authority areas without provision	Population	Call outs p.a.	Funding p.a.
North Somerset Council	212,834	182	£13,072
Bedford Council (Unitary)	169,912	146	£10,436
Central Bedfordshire Council	214,658	184	£13,184
Luton Borough Council	170,394	146	£10,465
Cheshire East Council (Unitary)	378,846	325	£23,268
Cheshire West and Chester Council	337,986	290	£20,758
Halton Borough Council	127,595	109	£7,837
Warrington Borough Council	209,704	180	£12,879
Cornwall Council (Unitary)	561,349	481	£34,477
Isles of Scilly	2,259	2	£139
Thurrock Council	756,978	649	£46,492
Isle of Wight Council	140,984	121	£8,659
East Riding of Yorkshire Council	338,061	290	£20,763
Lincolnshire County Council	751,171	644	£46,135
Barking and Dagenham	210,711	181	£12,941
Bexley	246,124	211	£15,116
Harrow	248,880	213	£15,286
Havering	256,039	220	£15,725
Newham	347,996	298	£21,373
Redbridge	301,785	259	£18,535
Waltham Forest	275,505	236	£16,921
Wandsworth	323,257	277	£19,854
City of York Council	208,163	178	£12,785
Staffordshire County Council	870,825	747	£53,484
Stoke-on-Trent City Council	255,378	219	£15,685
Brighton and Hove City Council	288,155	247	£17,698
Buckinghamshire County Council	535,918	459	£32,915
Reading Borough Council	163,075	140	£10,016
Slough Borough Council	148,768	128	£9,137
Windsor and Maidenhead	150,140	129	£9,221
Wokingham Borough Council	164,980	141	£10,133
Total	**9,368,430**	**8,032**	**£575,384**

It is highly likely that, despite a scheme not being identified by this research, many of these local authorities were in fact responding to AA requests from police in some way. If social workers were meeting these 8,032 call outs per year, the total cost would be over £2.1 million per annum. Perhaps more realistically, if social workers were meeting just one third of this demand, by switching to organised AA schemes, these local authorities could meet 100% of this demand while saving £130k per annum. At the same time, this would bring about benefits for police and people suspected of an offence (in terms of time saved searching for AAs and reduced detention times).

(ii) Extending provision to all areas and suspects who require an AA

This research has shown that:

- the proportion of adult suspects recorded by police as meeting the PACE Code C criteria requiring an AA has increased significantly since 2012/13; however
- the proportion of adult suspects remains low, relative to estimates of prevalence of relevant conditions amongst people in police custody.

For this reason, it is relevant to estimate the additional costs of the trend towards improved identification of the need for an AA.

Revisions to Code C in July 2018 changed the definition of the adult suspects for whom police are required to secure an AA. The changes mean that, rather than applying to any person who police suspect may have any mental disorder or be otherwise mentally vulnerable, the AA safeguard now applies to those people who police have reason to suspect may be vulnerable as defined by a complex set of functional criteria. Without further research, it is not possible to specify the 'correct' percentage of adult detentions and voluntary interviews to which the AA safeguard should be applied. Therefore, it is appropriate to set out a range of estimates.

In seeking to estimate these additional costs based on the data available, two potential methodologies arise.

Method one is based principally on police data. It uses the estimates of total authorised detentions and voluntary interviews across England and Wales that were established earlier in this report. This is then multiplied by current average recorded rates of need, to arrive at an estimate of the total current level of demand for AAs. As some of that demand is not required to be met by funded schemes (e.g. due to family members), a further multiplier is applied to reduce the estimated current level of demand for AAs from funded schemes.

Method two is based principally on data from AA schemes. This is used to build an estimate of the total call out demand from schemes across England and Wales.

Both of these approaches provide figures that can be increased pro-rata according to the chosen rate of recorded need, a number of which are suggested based on prior evidence. Taking into account current estimated spending, these figures can then be multiplied by the current average costs per call out of AA provision, to arrive at an estimated cost of additional provision.

Both approaches relate to the costs of provision across all 174 local authorities. Therefore, they include the costs of expansion to all areas, as well as due to increases in identification.

Method 1

Table ZB provides a range of estimates of the additional funding required to achieve national coverage of organised AA provision for adult suspects. See Annex B for full workings.

Calculations are based on the following assumptions, which are derived from the data in this report:

1. The quality of service will be of the average quality currently provided (e.g. operating hours, proportion of detention period spent in custody, training levels).
2. The current volume of demand on AA schemes is 42,332 (across 143 local authority areas)
3. The cost per call out is £71.64 (the average for the sample available for 2017/18).
4. In custody, total annual detentions for all territorial forces and British Transport Police equal 828,858
5. Total annual voluntary interviews for all territorial forces and British Transport Police equal 177,922.
6. The proportion of AA need that organised AA provision will be required to meet is 85% in custody and 66% in voluntary interviews (with the lower rate being due to longer timescales meaning more opportunity for family members to be available to act as AA).

Table ZB

Estimated actual prevalence of need		Total volume of need	Total cost of need	Additional volume of need	Additional cost of need
Current rate of recorded need	5.91% / 6.87%	49,712	£3,561,221	7,380	£528,667
Crime & Policing Knowledge Hub (sample of 5 areas with established schemes)	8.22%	67,565	£4,840,147	25,233	£1,807,593
Academic literature review in There to Help 2015 (bottom of range)	11.00%	90,415	£6,477,082	48,083	£3,444,528
Forces with highest rates in custody / voluntary interviews	15.7% / 24.1%	132,353	£9,481,349	90,020	£6,448,795
Academic literature review in There to Help 2015 (top of range)	22.00%	180,831	£12,954,164	138,498	£9,921,610

Under this model, there is an additional need of 7,380 and related cost of around £0.5 million per year even at the current rates of identification. This relates to the current gaps in geographical coverage.

If all forces had recorded the need for an AA at the same rate as those forces with the highest rates in 2017/18, the additional cost would have been approximately £6.5 million.

If all forces had recorded need at 22% across custody and voluntary interviews, the additional cost would have been approximately £10 million.

Method 2

The table below provides a range of estimates of the additional funding required to achieve national coverage of organised AA provision for adult suspects. See Annex C for full workings.

Calculations are based on the following assumptions, which are derived from the data in this report:

1. The quality of service will be of the average quality currently provided (e.g. operating hours, proportion of detention period spent in custody, training levels).
2. The current volume of demand on AA schemes is 42,332 (across 143 local authority areas)
3. The cost per call out is £71.64 (the average for the sample available for 2017/18).

Estimated actual prevalence of need		Total volume of need	Total cost of need	Additional volume of need	Additional cost of need
Current rate of recorded need (across custody and voluntary interviews)	5.97%	50,364	£3,607,938	8,032	£575,384
Crime & Policing Knowledge Hub (sample of 5 areas with established schemes)	8.22%	69,294	£4,963,988	26,961	£1,931,433
Academic literature review in There to Help (bottom of range)	11.00%	92,729	£6,642,806	50,396	£3,610,252
Average of forces with highest rates in custody / voluntary interviews	17.18%	144,863	£10,377,562	102,531	£7,345,008
Academic literature review in There to Help (top of range)	22.00%	185,457	£13,285,611	143,125	£10,253,057

Under method 2, the costs are broadly similar.

The additional need (8,032) and related costs (£575k) at the current rates of identification reflect those generated in the analysis of gaps in geographical coverage in the previous section. This is slightly higher than the £528k under method 1. If all forces had recorded the need for an AA at the same rate as those forces with the highest rates, the additional cost would have been approximately £7.3 million rather than £6.5 million under method 1. If all forces had recorded need at 22% across custody and voluntary interviews, the additional cost would have been approximately £10.2 million under method 2, rather than £9.9m under method 1.

Both models estimate the total cost of organised AA provision in 100% of local authority areas in England and Wales, at a 22% identification rate, at about £13 million per year. Based on unit costs established by Curtis and Burns (2018), this would have costs over £60 million per year if it were delivered by social workers. Therefore, both models reflect the cost efficiencies that that have already been achieved in AA provision since it was delivered by social workers.

Annexes

Annex A: FOI request to police forces

Dear

I am seeking up-to-date information about the proportion of police detentions/interviews of suspects in which the requirement for an appropriate adult (as defined by the Police and Criminal Evidence Act 1984 Codes of Practice, principally Code C paragraph 1.4) was recognised and recorded by officers.

I would be grateful if you could provide the following data for your force area, for the period of the year to March 2018, and limited to adult (persons aged 18 or over) suspects only:

1. The total number of authorised detentions
2. The total number of authorised detentions in which the need for an appropriate adult was recorded
3. The total number of voluntary interviews
4. The total number of voluntary interviews in which the need for an AA was recorded

If this data is not held (or cannot be compiled within the cost limits) for the requested period, please provide any relevant data for the most recent possible period.

If this data is not held (or cannot be compiled within the cost limits) for any period, I would be grateful for any information by way of explanation (e.g. no records of voluntary interviews are held; the requirement for an AA is not systematically stored in custody information systems).

It would be very helpful if the data could be provided in Excel readable format (i.e. XLS, XLSX or CSV).

Forces kindly shared similar data in relation to 2012/13 and 2013/14 to inform the Home Secretary's commission on AAs for vulnerable adults (the There to Help report 2015). In defining this request, I have consulted with the NPCC and APCC to seek to ensure that the request was proportionate and relevant to national efforts to improve AA provision for vulnerable adult suspects.

Thank you for your efforts in relation to this request.

Yours faithfully,

Chris Bath

Police force responses to requests made under the Freedom of Information Act are available at https://www.whatdotheyknow.com/user/chris_bath_2/requests.

Annex B: Cost estimates (Method 1)

Table ZC

Estimated total detentions and voluntary interviews (all territorial forces)	1,006,780
% of total that are detentions	82%
% of total that are voluntary interviews	18%
Estimated recorded need per year	61,218
Volume demand on organised schemes	49,712
Estimated cost (if all provision was charged at sample average)	£3,561,221

Table ZD

Estimated actual prevalence of need		Total volume of need	Total cost of need	Additional volume of need	Additional cost of need
Current rate of recorded need	5.91% / 6.87%	49,712	£3,561,221	7,380	£528,667
Crime & Policing Knowledge Hub (sample of 5 areas with established schemes)	8.22%	67,565	£4,840,147	25,233	£1,807,593
Academic literature review in There to Help (bottom of range)	11.00%	90,415	£6,477,082	48,083	£3,444,528
Forces with highest rates in custody / voluntary interviews	15.7% / 24.1%	132,353	£9,481,349	90,020	£6,448,795
Academic literature review in There to Help (top of range)	22.00%	180,831	£12,954,164	138,498	£9,921,610

Annex C: Statistical reports

The following statistical results relate to the impact of organised AA provision on the rate at which police record the need for appropriate adults in custody.

Both were kindly compiled by Dr Kevin Fahey, Research Fellow at the School of Law and Politics, Cardiff University.

The first were yielded by a simple multiple regression model (rate of recorded need vs AA scheme coverage)

```
Call:
lm(formula = vulnidrate ~ as.factor(aaschemecoverage), data = dat)

Residuals:
    Min      1Q  Median      3Q     Max
-5.0323 -2.1219 -0.3411  1.1643  9.5677

Coefficients:
                                 Estimate Std. Error t value Pr(>|t|)
(Intercept)                        2.8458     0.6386   4.456 2.91e-05 ***
as.factor(aaschemecoverage)No     -0.7549     1.1391  -0.663  0.50957
as.factor(aaschemecoverage)Partial  2.8042     1.1061   2.535  0.01335 *
as.factor(aaschemecoverage)Yes     2.3864     0.8506   2.805  0.00642 **
---
Signif. codes:  0 ‘***’ 0.001 ‘**’ 0.01 ‘*’ 0.05 ‘.’ 0.1 ‘ ’ 1

Residual standard error: 3.129 on 74 degrees of freedom
  (51 observations deleted due to missingness)
Multiple R-squared:  0.1722,    Adjusted R-squared:  0.1387
F-statistic: 5.132 on 3 and 74 DF,  p-value: 0.002799
```

The second were yielded by a t-test.

```
> dat$schemeatall <- ifelse(dat$aaschemecoverage == "Partial" | dat$aaschemecoverage == "Yes", 1, 0)
> t.test(vulnidrate ~ schemeatall, data = dat)

        Welch Two Sample t-test

data:  vulnidrate by schemeatall
t = -4.1296, df = 64.742, p-value = 0.0001062
alternative hypothesis: true difference in means is not equal to 0
95 percent confidence interval:
 -4.065599 -1.414932
sample estimates:
mean in group 0 mean in group 1
       2.608571        5.348837
```

Annex D: Calculations of estimated funding levels by source (infographic)

This annex provides information about the calculations used to populate the infographic in section 3(c)(ii) 'Funding per source'.

The infographic is presented as a hierarchy, built up from data returned by NAAN member organisations regarding:

- the source(s) of their funding for the provision of AAs for adults;
- the amount of funding received for the provision of AAs for adults.

Data on the amount of funding was available for 93 areas. These equated to:

- 65% of the 143 local authority areas with an active AA service for adults
- 53% of the total 174 local authority areas in England and Wales
- 52% of the total population of England and Wales

The infographic consists of 25 numbered boxes. The following numbered notes provide an explanation of how the figures in each of the boxes were calculated.

1. Total funding estimates for England and Wales. The summed totals of boxes 2 (all areas with identified schemes) and 3 (all areas with no identified schemes).

2. Total funding estimates for all areas with identified schemes. The summed totals of boxes 4 (totals for areas where funding source data was not available) and 5 (totals for areas where funding source data was available).

3. Total funding estimates for all areas with no identified schemes. Carried upwards from box 6 (estimate of funding in areas with no identified scheme where funding source was not available)

4. Total funding estimates for areas with a scheme where data on the funding source was not available. Carried upwards from box 7.

5. Total funding g estimates for areas with a scheme where data on the funding source was available. The summed totals of box 8 (total for areas with no police/PCC funding) and box 9 (total for areas that receive police/PCC funding).

6. Total funding estimates for all areas with no identified schemes. The summed totals of box 10 (estimated spot purchasing by police officers) and box 11 (estimated cost of ad-hoc delivery by healthcare and social workers)

7. Total funding estimates for areas with a scheme where data on the funding source was not available. The summed total of box 12 (total for areas where no data on funding amount was available) and box 13 (total for areas where data on funding amount was available)

8. Total funding estimates for areas with a scheme, where funding source data was available, and where there was no police/PCC funding. The summed total of box 14 (areas where funding amount data was not available) and box 15 (areas where funding amount data was available).

9. Total spending estimates for areas with a scheme, where funding source data was available, and where there was some police/PCC funding. The summed total of box 17 (areas where funding amount data was not available) and box 18 (areas where funding amount data was available).

10. Estimated spot purchasing by police officers. Calculated by taking the estimated number of call outs in areas with no identified scheme (8,032), multiplying by the estimated funding per call out served by an AA provider (£71.64) and then dividing by 3 (on the assumption that only one third of call outs are met in this way. See section 4(d)(i) 'Extending current levels of provision')

11. Estimated cost of ad-hoc delivery by healthcare and social workers. Calculated by taking the estimated number of call outs in areas with no identified scheme (8,032), multiplying by the estimated cost of a call out served by a social worker (£264) and then dividing by 3 (on the assumption that only one third of call outs are met in this way. See section 4(d)(i) 'Extending current levels of provision')

12. Estimate of funding in the 9 areas with a scheme, where both funding source and amount data was unavailable. Calculated as follows. In the 2 areas for which call out data was available, this was multiplied by the average funding per call out (£71.64). In the other 7 areas, the population figure was multiplied by the average funding per head of population (£0.042), see 3(c)(iv) 'Funding per head of population'.

13. Total actual spending identified in areas with a scheme but no funding source data. The summed total of identified funding reported for these areas.

14. Estimate of funding in areas with a scheme, where funding source data was available, no police/PCC funding was provided, and funding amount data was not available. Carried up from box 19.

15. Total actual spending identified in areas with a scheme, where funding source data was available, no police/PCC funding was provided, and funding amount data was available. Carried up from box 20.

16. Carried up from box 21.

17. Estimated total/Home Office funding in areas with a scheme, where funding source data was available, and police/PCC either solely or jointly funded the scheme. Carried up from box 21.

18. Total actual funding identified in areas with a scheme, where funding source data was available, police/PCC funding was provided (solely or in partnership with other funders), and funding amount data were also available. The summed total of identified funding reported for these areas, as carried up from boxes 24 and 25.

19. Estimated funding provided by local authorities as the sole funder, in areas with a scheme, where funding source data was available but funding amount data was not. To calculate the funding for each of the 22 areas, two methods were combined. Firstly, for the 17 areas where data on call out volumes were available, these were multiplied by the average funding per call out in the 93 areas for which funding amount data were available. Secondly, for the remaining 5 areas where call out volume data were not available, the funding was estimated by multiplying the population of the area by the average funding per head of population (also based upon the 93 areas for which funding data was available).

20. Total actual spending identified in areas with a scheme, where funding source data was available, no police/PCC funding was provided, and funding amount data was available. The summed total of identified funding reported for these areas.

21. One area reported operating a scheme funded by a local mental health trust. It was reported that funding was 'volunteer expenses only' but funding amounts were not specified. The value is treated as negligible and ignored for the purposes of the calculations.

22. Estimated funding in areas with a scheme, where funding source data was available, police/PCC were a *joint* funder, but funding amount data was not available. To calculate, actual joint spending (box 24) was divided by the number of related areas (box 24) to obtain an average, and then multiplied by the number of areas meeting the criteria in box 22. To estimate the Home Office element, this was divided by two.

23. Estimated funding in areas with a scheme, where funding source data was available, police/PCC were the *sole* funder, but funding amount data was not available. To calculate, actual joint spending (box 25) was divided by the number of related areas (box 25) to obtain an average, and then multiplied by the number of areas meeting the criteria in box 23.

24. Total actual spending identified in areas with a scheme, where funding source data was available, police/PCC funding was provided *jointly* with other funders, and funding amount data was available. To calculate the total, the identified funding reported for these areas was summed. To estimate the Home Office element, this was divided by two.

25. Total actual spending identified in areas with a scheme, where funding source data was available, funding was provided *solely* by police/PCC, and funding amount data was available. The summed total of identified funding reported for these areas.

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