

# There to Help 3

The identification of vulnerable adult suspects and application of the appropriate adult safeguard in police investigations in 2018/19

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National  
**Appropriate  
Adult**  
Network

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## About NAAN

The National Appropriate Adult Network (NAAN) was established in 1995 by appropriate adult (AA) practitioners, Mind, Mencap, and Revolving Doors Agency to develop and share best practice. It became a registered charity in 2004. Our vision is that every child and vulnerable person detained or interviewed as a suspect is treated fairly with respect for their physical and mental welfare, can exercise their rights and entitlements, and can participate effectively. We ensure that children and vulnerable people are supported by effective appropriate adults by: strengthening local provision, informing the public, and contributing to a fairer system. We support effective appropriate adult (AA) policy, commissioning, provision and accountability. Working with our members, we provide an independent national centre of specialist expertise and innovation, committed to improving the effectiveness of the AA safeguard for children and vulnerable adults.

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## List of Abbreviations

AA	Appropriate Adult
BTP	British Transport Police
DWP	Department for Work and Pensions
FME	Forensic Medical Examiner (or Forensic Physician)
FOI	Freedom of Information
HCP	Healthcare Professional
ICV	Independent Custody Visitor
L&D	Liaison and Diversion
MHA	Mental Health Act 1983
NAAN	National Appropriate Adult Network
NPCC	National Police Chiefs' Council
PCCs	Police and Crime Commissioners
PACE	Police and Criminal Evidence Act 1984
PSNI	Police Service of Northern Ireland
RSPCA	Royal Society for the Prevention of Cruelty to Animals

# **Executive Summary**



## Executive summary

### 1. Introduction

Adults with mental illnesses, learning difficulties and disabilities, autism spectrum conditions and other needs, face significant barriers to effective participation in police investigations. Clinical interviews of adults in police custody have shown 39% to have a mental disorder and 25.6% to have psychosis, major depression, intellectual disabilities or lack capacity<sup>1</sup> (McKinnon and Grubin 2013, 2014). Disabling barriers can lead to miscarriages of justice and failed prosecutions. The appropriate adult (AA) is a key procedural safeguard for suspects who may be mentally vulnerable.

In 2014, the Home Secretary commissioned NAAN to explore the issues surrounding AAs for vulnerable adults and propose solutions. [There to Help](#) (NAAN 2015) found inadequacies in the identification and recording of the need for AAs. Police recorded need in only 2.7% of detentions of adults in 2012/13 and 3.1% in 2013/14. This was due to: a lack of effective and systematic screening, lack of police training, resource restraints, no visual or behaviour clues, substance use complicating assessments, reluctance to disclose, disregard of self-reporting, failure to use historical information, and lack of access to AAs. The recommendations included improvements to the Police and Criminal Evidence Act (PACE) Code C, police practice, AA funding, and commissioning. The Home Office established a working group. [There to Help 2](#) (NAAN 2019) found that recorded need for AAs increased to 6% in the year to 31<sup>st</sup> March 2018. In July 2018, the Home Office published a [voluntary partnership agreement](#) to encourage local AA provision and amended [Code C](#) in relation to the identification and definition of vulnerability.<sup>2</sup> [There to Help 3](#) provides an update on recorded vulnerability and use of AAs for the year to 31<sup>st</sup> March 2019, before and after these initiatives.

### 2. Method

On the 10<sup>th</sup> December 2019, Freedom of Information Act requests were made to all 43 territorial police forces in England and Wales, British Transport Police (BTP) and the Police Service of Northern Ireland (PSNI).

- Request 1: The monthly total number of authorised detentions of adults; and the monthly total number of authorised detentions of adults in which the need for an AA was recorded;
- Request 2: The monthly total number of voluntary interviews of adults; and the monthly total number of voluntary interviews of adults in which the need for an AA was recorded.

Data requested was for the year to 31<sup>st</sup> March 2019. Unlike previous [There to Help](#) reports (NAAN 2015, 2019) monthly data were requested, enabling analysis of the PACE Code changes. In this report, data prior to 1<sup>st</sup> August 2018 relates to the Code C 2017 definition in, and from 1<sup>st</sup> August 2018 relates to the definition in the current Code C (currently 2019). The National Police Chiefs' Council (NPCC) also circulated Request 1 amongst local custody leads. By the end of April 2020, all forces had responded to Request 1 via their FOI team or custody. All but one force had responded to Request 2.

NHS England shared [Liaison and Diversion](#) (L&D) case data for the year to 31<sup>st</sup> March 2019, collected by all 43 L&D area services active at that time. L&D services identify vulnerability in police custody.

The Department for Work and Pensions was sent Request 2 only<sup>3</sup>.

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<sup>1</sup> Capacity is specific to a context. In this case it related to capacity to consent to the research questionnaire.

<sup>2</sup> For an analysis of these changes, see Dehaghani and Bath (2019).

<sup>3</sup> The DWP conducts fraud investigations under PACE, including interviews under caution. It does not detain.

### 3. Results

1. Recorded AA need in England and Wales remains low compared to benchmark rates, is no longer increasing significantly, has reduced in voluntary interviews, and remains variable between forces.

- The national average (mean) recorded rate of need for AAs for adult suspects across custody and voluntary interviews in England and Wales in 2018/19 was [6.09%](#) (2017/18: 5.97%).
- In custody:
  - The mean recorded rate was [6.2%](#), close to double the rate in voluntary interviews but less than the [10.6%](#) rate reported by PSNI custody
  - Between forces, the recorded rate varied widely, from [0.1% to 25.2%](#)
  - Average change from 2017/18 was +0.3%, (from [-10% to +15%](#) between forces).
- In voluntary interviews:
  - The recorded rate was [3.5%](#), close to half of the rate in custody<sup>4</sup>
  - Between forces the recorded rate varied widely, from [0.1% to 13.5%](#)
  - Average change from 2017/18 was [-3.4%](#) (from [-18.7% to +3.4%](#) between forces).
- In [one force](#), the monthly recorded rate of AA need in custody reduced from 39% to 13% over the year, due to court decisions, access to AAs and local interpretation of PACE Code changes.
- Estimated total detentions and voluntary interviews recording AA need reduced by 6.7% to [56,904](#), due to voluntary interviews being fewer and having a lower rate of recorded need.
- There was [no correlation](#) between forces' recorded rates in custody and voluntary interviews.
- Some police [custody IT](#) systems were associated with lower recorded rates of need for AAs.

2. Evidence indicates that most detentions and interviews meeting the PACE Code C 'vulnerable persons' criteria are not being recorded as requiring an AA, but research on prevalence is required.

- Estimates for the level of unrecorded need range from [159,718](#) to [384,012](#) detentions and voluntary interviews per year (based on actual prevalence rates of 22% and 39% respectively).
- If all forces had recorded need at the level of forces with the highest rates (24%), [198,471](#) more detentions and voluntary interviews would have been recorded as requiring an AA.

3. Changes to the vulnerability and voluntary interview provisions in PACE Code C in July 2018 did not appear to make a significant difference to proportion of adults recorded as needing an AA.

- In custody, police were very slightly less likely ([-0.4%](#)) to record the need for an AA after the PACE Code changes.
- In voluntary interviews, police were very slightly more likely ([+0.6%](#)) to record the need for an after the PACE Code changes.
- There is [evidence](#) that the recorded rate of need is influenced by: local interpretation and tools (e.g. flow charts) of PACE, actions of local defence lawyers in court and corresponding local court decisions, local funding levels and ease of access to AA services.<sup>5</sup>

<sup>4</sup> For discussion on the risks and benefits of voluntary interviews and further data on use, see Pierpoint (2020).

<sup>5</sup> For further discussion of these factors see Dehaghani (2019).

#### 4. Data on suspect vulnerability in voluntary interviews is poorer than in custody.

- [30 forces \(68%\)](#) were unable to provide any data on recorded AA need in voluntary interviews of adults, compared to only [8 forces \(18%\)](#) in relation to police custody.
- [8 forces \(18%\)](#) were able to provide *monthly* data on recorded AA need in voluntary interviews of adults, compared to [29 forces \(66%\)](#) in relation to police custody.
- Some [IT systems](#) were associated with poorer AA data for voluntary interviews. However, for each system at least one force provided data, suggesting reporting functions are available.

#### 5. The trend away from custody towards voluntary interviews did not appear to continue in 2018/19.

- Compared to 2017/18, estimated detentions increased to [831,176](#) (+5,750, +0.7%) while estimated voluntary interviews reduced to [153,470](#) (-24,388, -13.7%).
- Voluntary interviews' estimated share of total volume returned to [16%](#), (2017/18: 18%; 2013/14: 16%) but varied from [0.1% to 37%](#) locally (2017/18: 0.07% to 50%); however, due to the continued low rate and wide variability in the recording and reporting of voluntary interviews, it remains uncertain as to what extent this reflects actual changes in practice.

#### 6. Overall police application of AAs amongst L&D clients has not increased since 2016/17

- An AA was involved in [19%](#) (13,280) of L&D cases in 2018/19 (2016/17: 19%, 2014/15: 16%).
- This ranged from [0% to 55%](#) between areas; only 6 of the 43 L&D recorded a rate above 27%.
- Local rates of change between 2016/17 and 2018/19 varied from [-22% to +20%](#).
- Amongst the [13,280](#) adults who engaged with L&D *who had an AA*: 84% had one or more mental health issues; 13% had a learning disability; 7% were autistic / had had an autism spectrum condition; 6% had another social or communication difficulty; around a quarter were diagnosed with both mental ill health and alcohol misuse; around a quarter were diagnosed with both mental ill health and substance misuse; 9% were diagnosed with mental ill health, alcohol misuse and substance misuse.
- Amongst the [55,301](#) adults who engaged with L&D *who did not have an AA*: 68% had one or more mental health issues, 15% were at current risk of suicide or self-harm, 2% had a learning disability, 1% were autistic / had an autism spectrum condition, 1% had another social or communication difficulty.

#### 7. L&D schemes can have a positive effect on the police's identification of the need for AAs

- The presence of L&D had a statistically significant effect on police recorded need for an AA; the mean in forces with L&D being [6.7% compared to 2.7%](#) for forces without L&D;
- However, there was weak correlation between the percentage of detentions resulting in L&D engagement and both [recorded AA need](#) and the [application of AAs](#) to L&D clients.
- Rates of engagement with L&D were [higher](#) amongst adults who had an AA
- Adult L&D clients appeared more likely to have had an AA if they were: arrested for a serious [offence type](#), aged [under 25](#), or '[Black or Black British](#)' or '[Asian or Asian British](#)'; however further research is required to explore this further.

#### 8. The Department for Work and Pensions was unable to retrieve data on AA use in PACE interviews

- The DWP reported that it conducted around [32,000](#) investigations in 2018/19
- The department was unable to say how many investigations involved the use of an AA.

## 4. Recommendations

1. [Develop a national policing strategy on disabling barriers in investigations](#). Co-produce with people with lived experience, specialist organisations, academics, and practitioners. Aims: (a) to reduce the inflow of people with additional needs who are most at risk (e.g. mental illness, intellectual disability, brain injury, autism); (b) equitable treatment in custody or voluntary interview. Consider current and potential responses, including MHA 1983 assessments, fitness to detain and interview, authorisation of detention, interview techniques, appropriate adults, and intermediaries. Consider measures beyond policing (e.g. health and social care).
2. [Conduct research on PACE vulnerability](#) to inform definition, responses and strategy. Consider alternatives to 'vulnerability' (e.g. risks to justice, mental diversity, additional needs, equity adjustments, effective participation,) and 'appropriate adult' (e.g. independent rights supporter, rights, and welfare assistant).
3. [Review and update information systems](#) for custody and voluntary interviews, including their human elements. Focus on Niche, Athena and Connect. Enable officers and staff to quickly access, record and retrieve reliable vulnerability information, e.g. through mandatory 'drop down' fields for (i) PACE vulnerability and (ii) the securing of an AA. Enable cross-referencing with protected characteristics under the Equality Act 2010 including age, gender, and race.
4. [Share police and L&D vulnerability data](#) for custody and voluntary interviews, cross-referenced with Equality Act 2010 protected characteristics. Share with L&D, Heads of Custody and Criminal Justice, PCCs and ICVs, AA commissioners and providers, NAAN and NPCC. Publish an annual national summary.
5. [Develop an evidence-based screening tool](#) to assist police officers and staff in meeting their responsibility to identify people who meet the PACE threshold and definition of a 'vulnerable person' as part of risk assessment. Include prompts where the AA safeguard may apply.
6. [Refresh police training and Authorised Professional Practice \(APP\)](#) in relation to the justice risks and PACE provisions relating to vulnerable suspects and AAs, for both custody and voluntary interviews, collaborating with academics and specialist organisations. Provide dedicated time within work hours for officers and staff to refresh their knowledge.
7. [Enhance links between police and health](#). Ensure custody healthcare professionals (HCPs) and liaison and diversion (L&D) staff: understand PACE vulnerability requirements; advise police of any reason to suspect vulnerability; and do not advise *against* an AA unless suitably qualified. Gather Welsh criminal justice L&D data centrally and share with policymakers and public. Resource L&D in England to: maximise their own case identification; maximise the use of mental health, learning disability and speech and language experts; ensure early assessments that contribute to key police decisions; operate prior to voluntary interviews.
8. [Appoint an NPCC strategic lead on voluntary interviews](#), mirrored at force level to create a national network to develop and share best practice. Consider options for effective internal and external oversight of voluntary interviews, including mirroring the relevant functions of the custody officer / inspector (independent of the investigation), ICVs and inspections.
9. [Conduct a review of non-police PACE investigations](#) (e.g. DWP, RSPCA), regarding the identification of vulnerable suspects and the application of procedural safeguards.
10. [Ensure provision of AAs for vulnerable adults in all areas](#). Develop a cross-government solution to the lack of statutory provision of appropriate adults for vulnerable adults.

# Introduction



## 1. Introduction

### 1.1 Vulnerability

In this section we provide context regarding the importance, prevalence and actual identification of ‘vulnerability’ amongst suspects in criminal and terrorism investigations, including how and why police make decisions about vulnerability and the application of the appropriate adult (AA) safeguard.

#### 1.1.1 Defining vulnerability

Use of the term ‘vulnerable’ in this report reflects the specific language used in the Police and Criminal Evidence Act 1984 (PACE) framework. However, the concept and label of ‘vulnerability’ are contested and problematic. Advocates for the social model of disability argue that this framing is derogatory and disempowering, making disability inherent within the person rather than the result of situational and structural disabling barriers (Peacock and Cosgrove 2018; Macdonald et al. 2020). There are alternative conceptualisations across sectors, organisations and individuals – and even within policing.

Vulnerability can be defined broadly, as Gudjonsson (2006: 68) highlights, as ‘psychological characteristics or mental states which render a [person] prone, in certain circumstances, to providing information, which is inaccurate, unreliable or misleading’. There are various reasons why certain suspects are at a higher risk of experiencing barriers to effective participation: they may be influenced by short-term gains (such as being allowed to go home) or by the interviewer’s suggestions and may therefore fail to understand the significance of the questions put to them or the implications of their answers (Gudjonsson 1993: 121). They may also struggle to understand their rights and entitlements (see Rock 2007). Some may answer in the affirmative (i.e. say ‘yes’ to a question) regardless of what they are being asked, even if they disagree (O’Mahony, Milne and Grant 2012), or may otherwise be suggestible or acquiescent (St-Yves 2006). Whilst a significant amount of literature focuses on police interviews, the risks posed to effective participation by a suspect’s vulnerability are present throughout pre-trial investigations, as recognised by the breadth of the AA role defined by the PACE Codes.

Under PACE, ‘vulnerable’ is synonymous with the requirement to secure an AA (Home Office 2019). This research spans two definitions of vulnerability, due to a revision in mid-2018 (see Dehaghani and Bath 2019). Until 31<sup>st</sup> July 2018, a person was included if police suspected:

- they may have any disorder or disability of mind (effectively a diagnosis test); or
- because of their mental state or capacity, they may not understand the significance of what is said, of questions or of their replies (effectively a functional test).

From August 2018, a person is vulnerable only if police have reason to suspect they may:

- have difficulty understanding or communicating about the implications of procedures, processes and the exercise of their rights
- have difficulty understanding the significance of information, questions or replies
- become confused; unintentionally provide unreliable, misleading or incriminating information; or be suggestible or acquiescent.

While a mental disorder or disability increase the risk, they no longer automatically engage the AA requirement. However, Code C 1G (Home Office 2019) clarifies that if an individual does not have, or is not known to have, a mental condition or disorder, this does not mean that they are not vulnerable.

### 1.1.2 Impact of vulnerability

Adults with mental health problems, learning difficulties and disabilities, personality disorders, autism spectrum conditions and other additional needs face significant barriers to effective participation in the criminal justice system. As highlighted by the risks set out in the amended PACE Code C, this includes at the pre-trial stage, when the individual is subject to a police detention and/or interrogation.

Effective participation is fundamental to the right to a fair trial. Barriers to participation generate increased risk of miscarriages of justice – both an individual risk to a person and a systemic risk to criminal justice. Miscarriages of justice unfairly punish the innocent, leave the guilty party untouched, and forsake justice for any victim. If needs are not met and/or barriers to participation removed, prosecutions may fail or be discontinued.<sup>6</sup>

Most of the suspected offences are minor (Kane et al. 2018) and cases do not proceed to court. Therefore, much of this is never ‘felt’ by the criminal justice system itself. It is therefore difficult to evaluate the aggregated impact of the resultant ‘micro-miscarriages’ on the justice system. However, where vulnerable people and their families are exposed to unfair practices, there is a clear risk to police legitimacy, and public confidence in the justice system more widely.

The impact on the integrity of criminal justice is clearer in the most serious cases because they are most likely to reach higher courts on appeal and be subjected to greater legal consideration and argument. Gudjonsson (2010) reviewed the 34 cases known to him where convictions were quashed between 1989 and 2009. These included 27 murder cases, 4 terrorist cases, including murder convictions, 1 attempted murder, 1 conspiracy to rob, and 1 sexual assault. 68% of these convictions were overturned mainly on the basis of psychological vulnerability identified and articulated in psychological or/ or psychiatric reports. In one case, there were vulnerabilities present as well as police/procedural improprieties. In 29%, there was police/procedural impropriety, which was the predominant reason for the conviction being overturned (including oppressive interviewing, failure to comply with legal rights failure to provide an appropriate adult). In this way, vulnerability can be seen as a risk that police, and the wider criminal justice system must manage in order to secure their objectives.

Whether the criminal justice outcome is ultimately affected or not, policing processes themselves can have a detrimental impact on health and wellbeing (HMIC 2015) including feeling of anxiety, fear and isolation (Jessiman and Cameron 2017; see also Dehaghani 2020).

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<sup>6</sup> [CPS data](#) shows that in the three years ending March 2019 prosecutions were dropped in respect of 159,272 defendants. The CPS does not hold data in central records regarding the involvement of appropriate adults.

### 1.1.3 Prevalence of vulnerability amongst police suspects

No studies have explicitly considered how many adults meet the specific definition of vulnerable in PACE Code C (either current or former). However, the literature does provide a strong indication of the prevalence of mental disorder and mental vulnerability in police custody. This is comprehensively summarised in There to Help (NAAN 2015a) but the following studies are of particular note:

- McKinnon and Grubin found that based on clinical interviews amongst adults in police custody, 39% had a mental disorder (including 3% having a learning disability) (2013) and 25.6% of adults in police custody had psychosis, major depression, intellectual disabilities or lacked capacity to consent to the research questionnaire (2014).
- Gudjonsson et al. (1993) found 35% of adults interviewed by police as suspects had problems which might interfere with their functioning or coping ability during police interviewing.
- Young et al. (2013) found that of 200 individuals in police custody (aged 16 to 69), 76.6% had Conduct Disorder, 23.5% had Attention Deficit Hyperactivity Disorder (ADHD) and 6.7% had intellectual (learning) disabilities.
- Scott et al. (2006) found that 12% of custody records contained evidence of possible mental illness or learning disability, as judged by mental health nurses.

### 1.1.4 The application of AA safeguard to adult suspects

To apply the AA safeguard, police must both identify a person as vulnerable and then request an AA.

The challenge of identification has been recognised for almost 40 years. The Royal Commission on Criminal Procedures (Philips Commission 1981), which led to the PACE system remarked:

*“The mentally handicapped present a problem to which we see no ready solution. Administrative Direction 4A places upon the officer who is to conduct the interview responsibility for deciding whether the person to be interviewed is mentally handicapped. This can put officers into a position of great difficulty. Mental handicap may be a condition that is easy to diagnose for an expert in a consulting room, although even then there may be areas for dispute. The pressures of custody make the task far more difficult for the police officer, who, usually, has only his common sense and experience to go on.*

*We also note that problems can occur over those suffering from mental illness. This is not a matter for the lay person to try to diagnose and, if police officers have the slightest suspicion that a suspect is suffering from a mental illness a doctor should be called in immediately<sup>7</sup>”.*

More recently, There to Help (NAAN 2015a: citing McKinnon and Grubin 2013; Rapley et al. 2011) highlighted that police risk assessments only identify between 52% and 63% of those with mental health and learning disabilities.

However, research has shown that even where vulnerability is identified, many adults are not provided with an AA. Philips and Brown (1998: 55-6) found that less than half of ‘mentally disordered’ suspects were provided with an AA (33 out of their sample of 67). Medford, Gudjonsson and Pearse (2003: 253) found that an AA was present in only 58% of police interviews with vulnerable adults. Bradley (2009: 43), in an analysis of custody records found that only 0.016% of adults recorded as having a mental illness were provided with an AA. There to Help 2 (NAAN 2019) found that data from L&D services in

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<sup>7</sup> Para 4.106 – 4.107

police custody indicated that AAs were not provided to 73% of adults *known* to have a mental health diagnosis and 34% of adults who were *known* to have a learning disability.

Gudjonsson et al. (1993) found that the police identified only 4% as being sufficiently vulnerable to require an AA. There to Help 1 and 2 (NAAN 2015; 2019) highlighted that, 25 years later, the need for an AA was still recorded in only 5.9% of adult detentions in 2017/18, up from 3.1% in 2013/14.

### 1.1.5 Barriers to the application of the AA safeguard

There are numerous reasons for the low rates of implementation.

There to Help (NAAN 2015a: 4) found that identification was inadequate due to a lack of effective and systematic screening, a lack of training for the police, no visual or behaviour clues, the influence of alcohol or drugs complicating the assessment, some suspects' reluctance to disclose, a disregard of self-reporting where it did occur, and the failure to use historical information to identify learning disabilities.

Dehaghani's research (2019) on the implementation of the AA safeguard for adults found similar issues arising with how the need for an AA was identified. Yet, she also found that there were other barriers to the police calling out an AA for an adult suspect. For example, custody officers (who are responsible for calling an AA) were either not aware of the definitions of vulnerability under PACE Code C (the terms then were 'mentally vulnerable' and 'mentally disordered') or had interpreted these terms in their own manner (see also Bean and Nemitz 1995). This was, in part, owing to a lack of training but also emerged from resource restraints (either time or money), which deterred the officers from requesting an AA. There were certain health conditions that were disregarded: suspects with autism spectrum condition (ASC) where police perceived them as intelligent and articulate (many individuals with ASC experience difficulty with following lines of questioning, amongst other barriers); suspects with depression were not provided with an AA because depression was not deemed serious enough; and other suspects who 'presented well' would not receive an AA because their vulnerability was not apparent (even if it was reported and therefore known).

Dehaghani (2019) found that other barriers were present even where a suspect had been recognised as vulnerable and in need of an AA. Custody officers would delegate the decision to a Healthcare Professional (HCP). Previous research has suggested that HCP staff do not always focus sufficiently on psychological or mental health symptoms and has recommended improved knowledge and awareness (Young et al. 2013; McKinnon and Grubin 2014). The capability of forensic physicians (doctors, FMEs) to recognise when an AA is required has previously been questioned (Adebowale 2013; CJI 2013). Previous research has found them: to be poorly informed on PACE Code C thresholds and requirements; to ignore suggestibility and the differing contexts of a doctor's examination and a police interview (Norfolk, 1996); and to confuse and conflate decisions over fitness to interview with the requirement for an AA (Robertson, 1993; Williams, 2000). Assessments are now more commonly undertaken by nurses, many of whom do not have relevant qualifications in relation to mental vulnerability or PACE training to determine that no AA is required (CJI 2013).

Dehaghani (2019) also found that suspects arrested for 'less serious' offences would not be provided with an AA because their case was said not to be complex or because the evidence would not be examined thoroughly if the case was tried at the magistrates' court; and/or a solicitor was present and therefore it was felt that the AA was not needed. Custody officers were also deterred by the time and money involved in AA call-outs. Thus, even when vulnerability is recorded, the AA safeguard is not always used (see also McKinnon and Grubin 2013).

### 1.1.6 Protective factors to the application of the AA safeguard

Dehaghani (2019) also found that there were factors that would encourage a custody officer to call an AA: the absence of a solicitor<sup>8</sup> or the insistence of a solicitor that the suspect needed an AA; an HCP recommending that an AA be called; and the case being one of great seriousness such as murder, manslaughter, rape or arson with intent to endanger life. Indeed, in Philips and Brown (1998: 55-6) of the 33 adults provided with an AA, 20 instances involved a doctor and, moreover, officers tended to await the doctor's verdict before deciding.

Further, both There to Help (NAAN 2015) and There to Help 2 (NAAN 2019) found that the availability of organised AA schemes increased the rate at which police recorded need. Thus, the application of the PACE procedural safeguard is, at least in part, determined not by a person's need but by how easily it can be met.

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<sup>8</sup> This was a generic term used to refer to solicitors and legal representatives (not every legal representative that attends a police interview is a solicitor; some are accredited or probationary representatives).

## 1.2 Background to the research

In 2014, the then 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. The Home Secretary commissioned NAAN to explore the issues and propose solutions.

The resulting report, [There to Help](#) (NAAN 2015) found inadequacies in the availability of appropriate adults (AAs) and the identification and recording of the need for AAs in police custody. Its review of academic studies indicated that up to 39% of adults in police custody may have a mental disorder or other mental vulnerability. However, the report found that police recorded the need for an appropriate adult in only 2.7% of adult detentions in 2012/13, rising to 3.1% in 2013/14. There were significant variations between forces. Police were around 5 times more likely to identify vulnerability and secure an AA in areas where there was an organised AA scheme. Gaps in AA provision occurred because the explicit statutory duty on local authorities to ensure provision applies only to children. The report recommended improvements related to Police and Criminal Evidence Act (PACE) Code C, police practice, AA funding, and commissioning.

The report’s findings were widely disseminated amongst police forces and the Home Office established the ‘Working Group on Vulnerable Adults’ to consider the findings and recommendations. The Home Office later proposed changes to PACE Code of Practice. From 24 October 2017 to 6 December 2017 there was a public consultation on the changes to Codes C, H, E and F, of which there were 32 submissions (including submissions from both authors of this report).<sup>9</sup> The revised Codes were approved via the affirmative procedure by the House of Commons and House of Lords in June 2018, with the revised Codes coming into operation on 31 July 2018. The changes included a summary description of the role of the AA, changes to the threshold for police decision-making, and changes to the definition of vulnerability in respect of adult suspects (see Dehaghani and Bath 2019).

[There to Help 2](#) (NAAN 2019) provided an update on the identification of vulnerability in custody during 2017/18. It found that the rate at which police recorded the need for an AA in custody had increased but remained low at 5.9%. Data from NHS England’s liaison and diversion (L&D) services in police custody suites, indicated that AAs were not provided to 34% of adults *known* to have a learning disability and 73% of adults *known* to have a mental health diagnosis. There were significant variations between forces. The report also included identification in voluntary interviews, wherein there is no custody officer overseeing the application of PACE safeguards independently of the investigation. While the rate of recorded need in voluntary interviews was higher at 6.9%, few forces were able to provide data and the actual prevalence of vulnerable people attending voluntary interview was unknown. The report indicated that different IT systems used by forces could be impacting their ability to record and/or report on the need for AAs. The report estimated that at least 111,445 detentions and voluntary interviews of vulnerable suspects took place without an AA in the year to 31<sup>st</sup> March 2018.

In July 2018, the Home Office published a [voluntary partnership agreement](#) to encourage local solutions to gaps in AA provision and made [changes to PACE Code C](#) intended to improve the identification and definition of vulnerability (see Dehaghani and Bath 2019). This new paper provides an update on changes in the identification and recording of the need for, and use of, AAs during the year from 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 – during which these initiatives commenced.

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<sup>9</sup> NAAN’s submission to the 2017 consultation is available at [www.appropriateadult.org.uk/policy/consultations](http://www.appropriateadult.org.uk/policy/consultations)

## 1.3 Research purposes

There are three main purposes for There to Help 3.

### 1.3.1 Supporting development

The first purpose is to provide updated data to individuals and organisations who can drive improvements in identification of need and application and availability of AAs, including:

- Central and local government
- Police forces, police and crime commissioners (PCCs), and their representative national bodies
- Inspectorates, regulators and monitoring organisations.

### 1.3.2 Tracking the impact of the Home Office interventions

The second purpose is to enable comparison with the baseline data obtained prior to the Home Office's interventions in July 2018<sup>10</sup>, those being the:

- a) [changes to PACE Code C](#) provisions relating to vulnerability and AAs; and
- b) publication of a local [partnership agreement](#) document.

### 1.3.3 Tracking the impact of NAAN's work reports and policy work

The third purpose is to track progress<sup>11</sup> since the *There to Help 2* (NAAN 2019) 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

## 1.4 Research scope

This research considers:

- The recorded need for AAs for adult suspects in police custody and voluntary interviews
- The application of AAs for adult suspects with identified vulnerabilities in police custody and voluntary interviews

The following are not within scope of this research report:

- Demand for AAs for children
- Geographical areas outside of England and Wales<sup>12</sup>
- The availability of organised AA schemes.

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<sup>10</sup> As there may be other significant variables operating at the local and/or national level, this is intended to support, rather than provide, evaluations of the effectiveness of these interventions.

<sup>11</sup> As above.

<sup>12</sup> Data for Northern Ireland were requested and are included where available for comparative purposes.

# Method



## 2. Method

### 2.1 Data sources

#### 2.1.1 Police

On the 10<sup>th</sup> December 2019, two requests were made under the Freedom of Information Act 2000 (FOI) via the WhatDoTheyKnow.com website.

FOI request 1:

- The monthly total number of authorised detentions
- The monthly total number of authorised detentions in which need for an AA was recorded.

FOI request 2:

- The monthly total number of voluntary interviews
- The monthly total number of voluntary interviews in which need for an AA was recorded.

The above information requests were designed to allow comparison with those made for There to Help (2015) and There to Help 2 (2019). However, for this report, data was requested by month rather than by year. This was to enable more effective analysis of the impact of the PACE Code C changes in July 2018. The data requested from each force was for the 12-month period ending 31st March 2019, limited to adult suspects. A copy of the FOI requests is provided at Annex A.

Both FOI requests were sent to:

- All 43 territorial police forces in England and Wales
- British Transport Police (BTP)
- Police Service of Northern Ireland (PSNI).

In addition, the National Police Chiefs' Council (NPCC):

- Circulated FOI request 1 amongst local custody leads who were engaged with the NPCC's custody forum. To the authors' knowledge, no such group exists in relation to voluntary interviews
- Provided updated information about the custody management software used by forces.

Data was collated into a Microsoft Excel workbook which recorded or calculated by police force:

- The status of the response (e.g. pending / successful)
- Whether the response included full or partial data
- Recorded custody and voluntary interview volumes, monthly (where possible) and annually.
- Recorded AA need volumes, monthly (where possible) and annually.
- The percentage of cases identified as needing an AA, monthly (where possible) and annually.
- Previous responses from 2017/18 period, where applicable.

### 2.1.2 Department for Work and Pensions

The Department for Work and Pensions (DWP) also carries out investigations under PACE. However, it has not previously been included in the There to Help research series.

On the 10<sup>th</sup> December 2019, a similar request was made to the DWP regarding the interviews it carried out under PACE in the 12-month period ending 31st March 2019. This was again made under the Freedom of Information Act 2000 via the WhatDoTheyKnow.com website. A copy of the FOI requests is provided at Annex A.

FOI request 3

- 1. The total number of interviews of adult suspects (aged 18 or over)
- 2. The total number of interviews of adult suspects (aged 18 or over), in which the need for an appropriate adult (under PACE Code C) was recorded.

### 2.1.3 Liaison and Diversion (L&D)

L&D services identify people who have mental health, learning disability or other vulnerabilities when they encounter the criminal justice system in England. They operate in police custody suites and courts. L&D services are commissioned by NHS England (their areas are not contiguous with police force areas). In police custody, cases are identified either by police or the L&D team themselves. L&D then carry out screening questions and, where required, a more detailed assessment of the person's vulnerability using approved tools. In addition to facilitating referrals into health services, information gathered by L&D can be used to help police make informed decisions.

Since 1st September 2014, NHS England's National Liaison and Diversion Programme has been collecting data on whether the appropriate adult safeguard had been applied for clients who engaged (identified, screened and assessed as having a need within the [eligibility criteria](#)) with L&D.<sup>13</sup>

NHS England provided data for all 43 L&D service areas active during 2018/19. This covered the same period as the police data (the full year to 31<sup>st</sup> March). The data provided for each local area included:

- Total adult L&D cases
- Total adult L&D cases in which the person had an AA.

At an aggregated (national) level, the data compared L&D cases in which the person had an AA, versus cases where they did not. The factors analysed included:

- Demographics (sex, age, ethnicity, religion)
- Main offences
- Previous contact with services
- Needs (e.g. mental health, learning disability, autism), including diagnoses and co-morbidity.

In addition, data was provided comparing interventions and outcomes amongst cases with and without AAs. These data were beyond the research purposes for this report and were not analysed. However, there appeared to be some evidence of greater engagement in L&D, fewer appointments not attended, and different referrals/outcomes, which may be of future research interest.

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<sup>13</sup> Similar 'criminal justice liaison services' operate locally in Wales. However, the NHS England L&D programme and related AA data is England only. Such data were not available for Wales.

## 2.2 Data limitations

### 2.2.1 Freedom of Information Act request response rate

The FOI approach was selected to achieve a high response rate. Under the Freedom of Information Act, public authorities must provide held information within 20 working days of the request in most circumstances. This made the deadline for responses the 9<sup>th</sup> January 2020. However, by that time, only a small number of forces had responded.

To improve the response rate, responses were actively chased, both via FOI teams and via custody contacts provided by the NPCC. Responses were accepted via either route. A longer deadline was accepted, with the final data being accepted on the 30<sup>th</sup> April 2020.

As a result, the response rate was very high:

- 100% for request 1 (custody): responses were received from all 43 territorial forces in England and Wales, BTP, and PSNI
- 98% for request 2 (voluntary interviews): responses were received from 42<sup>14</sup> territorial forces in England and Wales, BTP and PSNI
- 100% for request 3 (DWP): response was received from the DWP.

The above figures include those responses which stated that all or some of the data requested was not held or that to provide it would exceed the appropriate costs limit under Section 12(1) of the Freedom of Information Act 2000.

In relation to police forces, the issue of data availability (rather than response rates) is dealt with in the results sections for [custody](#) and [voluntary interviews](#).

The DWP response stated that the data “could only be obtained by reviewing individual investigations for the period requested. For context I can tell you that DWP completed around 32,000 investigations in this period”. Due the lack of AA data it was not possible to include the DWP in the results for this study. However, both the indication of volume, and the lack of available data on suspects who meet the criteria requiring an AA, indicate the importance of considering non-police PACE investigations, such as those carried out by the DWP, RSPCA and HMRC.

### 2.2.2 British Transport Police

Where British Transport Police has used another force’s custody facilities for their detentions, this is reflected in the data provided by the host force. Therefore, figures requested from BTP were limited to BTP’s own custody facilities only. This means that results ascribed in this report to BTP apply only to activity in BTP custody facilities.

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<sup>14</sup> No response was provided by Greater Manchester Police in relation to voluntary interviews, either via the WhatDoTheyKnow.com website or via the force’s own website contact form. The force’s response in relation to custody came directly from an NPCC custody contact, not an FOI response.

### 2.2.3 Dealing with incomplete police data

Data were more likely to be incomplete where they pertained to:

- voluntary interviews rather than custody and/or
- volumes of adult suspects requiring an AA rather than overall volumes of all adult suspects.

Several approaches were used to deal with incomplete data, depending on the context. Each approach was used where it was considered that it would maximise the accuracy of the results. The approaches are detailed below, and footnotes are provided in the relevant parts of the results section to ensure transparency.

Averaging was used when:

- Calculating an estimated national [total volume of adult detentions](#). Two forces supplied partial data for April and May. These months were assumed to have a volume equal to the average for that force for the other 10 months of the year.
- Calculating [force level](#) average adult detentions in which AA need was recorded. Four forces provided partial monthly data.
- Calculating an estimated national [total volume of adult voluntary interviews](#). Three forces provided partial monthly data. Due to the relatively low level of available volume data, it was considered more helpful to use what data was available than to exclude it. Amongst these three forces, 52% of monthly volumes were estimated based on the average across the available months.

Exclusion was used when:

- Calculating the [national average reported rate of need for AAs in custody](#). Where data on AAs was unavailable for certain forces, or certain months, the data on detention volumes for those forces or months was removed.
- Analysing the [national response to the PACE Code C changes](#). Forces that could not provide monthly figures were not included in the analysis, as it was not possible to compare data pre and post the changes.
- Comparing [individual force AA rates between years](#). Forces that did not provide data for both 2018/18 and 2018/19 were not included in the analysis, as it was not possible to compare changes.

Estimation was used when:

- Estimating national [total volume of voluntary interviews](#). The total annual volume for one police force was reduced by 20% because the force could not disaggregate adult and children volumes. Data on arrests for notifiable offences (submitted by the force to the Home Office) indicated that only 8% of such arrests were for children in 2018/19. However, an assumption was made that children make up a greater percentage of voluntary interviews than arrests for notifiable arrests.

### 2.2.4 Police IT systems

In some cases, forces reported that data was recorded but not in a manner “to allow performance management”. In other words, it was not reliable and/or retrievable. Once again, this appeared to be more likely in relation to voluntary in interviews and/or data on the need for AAs.

While stressing that, “Every effort has been made to ensure that the information provided is as accurate as possible”, several of the successful FOI responses included general caveats concerned with system issues. Common themes included:

- Systems used for recording these figures are not generic
- Procedures used locally in capturing the data are not generic
- Data have been extracted from several data sources
- Data have been extracted from system designed for police purposes
- Data are subject to the inaccuracies inherent in any large-scale recording system
- The figures are a best interpretation of relevance to the request.

As a result, some forces were keen to state that:

- Care should be taken to recognise the limitations of the data to avoid being misleading; or
- Responses should not be used for comparison purposes with other force responses.

It should also be noted that:

- Some systems have simple ‘drop-down’ boxes for AA need while others use ‘open text’ boxes
- Some systems may have mandatory fields for AA need while others are optional
- The correct and consistent entry of AA data may be considered more important in some forces, with differences between custody and voluntary interviews.

### 2.2.5 Interpretation of requests to police

In one force, separate data were provided by the FOI and custody team which did not match. In the first force, the custody team had (correctly) aimed to report whether officers/staff believed an AA was required. The FOI team may have constructed a report on whether an AA was called out. This excludes cases where need was identified but not met but may include multiple call outs for one detention episode. In this case, the custody data was more accurate and was used.

In a second force, custody reported basing their search on “net Custody Records opened (rather than authorised detentions)” whereas the FOI Team based their search “solely on authorised detentions”. Custody noted that the FOI Team may not have included rarely used “fall-back” custody suites.

In two other forces, the same custody IT system was used but the construction of the query appeared to be different. One force reported “Adult Detentions Authorised April 2018 - March 2019 Where There is a Vulnerable Adult Entry on the Custody Record”. The other reported the “Number of Records for Vulnerable Adults”. However, this may of course simply be a difference of language.

Furthermore, it seems likely that forces that were able to provide annual totals could have disaggregated to the monthly level but did not interpret the FOI request in this way.

### 2.2.6 Differences in definitions of vulnerability

In the police data, the applicable definition of vulnerability is that which is described:

- in Code C 2017 for the period prior to 1st August 2018
- in Code C 2018 (and now Code C 2019) for the period from 1st August 2018.

For the precise detail and critique of the changes see NAAN (2018) and Dehaghani and Bath (2019). However, in summary:

- The previous Code 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 proactive screening or assessment.
- The revised Code required police to apply the AA safeguard where they had “reason to suspect” that a person “may be a vulnerable person” unless there is “clear evidence to dispel that suspicion”. A vulnerable person is a person who may be affected by a range of risks, including: inability to exercise rights and entitlements; not understanding the implications of procedures and processes; not understanding the significance of information, questions or replies; ineffective communication; confusion; unintentionally self-incriminating, unreliable or misleading statements; high levels of suggestibility; or high levels of compliance. New requirements were placed on police to take proactive steps to identify and record information about potential mental vulnerabilities.

The definition of vulnerability adopted by Liaison and Diversion services is related but different. NHS England’s Liaison and Diversion Standard Service Specification (NHS England 2014) stated<sup>15</sup>:

*“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.”*

As a result, the L&D 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. However, there is significant overlap. Healthcare practitioners (HCPs) embedded in police custody handle cases involving only physical health issues. However, the inclusion of physical health in the L&D specification recognises the high likelihood of co-morbidity within the target population.

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<sup>15</sup> An updated [Liaison and Diversion Standard Service Specification 2019](#) was published by NHS England and NHS Improvement in November 2019. This provides an updated description of the service’s target population and eligibility criteria. The original specification has been used above because it was applicable at the time to which the data apply.

### 2.2.7 Liaison and Diversion data

The scale of L&D has grown at pace over the course of the There to Help research series. The number of operational areas, and therefore the population coverage has significantly improved. In addition, for the first time, data were provided for a full year and perfectly aligned with the police data.

**Table 1: Expansion of L&D during There to Help research series**

Report	Dates data were recorded	Operational L&D areas (all reporting data)	L&D population coverage (England)
<b>There to Help (2015)</b>	1st Sept 2014 to 31st Dec 2014	11 <sup>16</sup> .	Unknown
<b>There to Help 2 (2019)</b>	1 <sup>st</sup> April 2016 to 30 <sup>th</sup> June 2016	29 <sup>17</sup> .	53%
<b>There to Help 3 (2020)</b>	1 <sup>st</sup> April 2018 to 31 <sup>st</sup> March 2019	43 <sup>18</sup>	82% <sup>19</sup>

However, it is important to note that 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 should and/or did apply but which are not included in the NHS data. The following factors are relevant:

- L&D are dependent on police custody officers and staff for many referrals. The data are not available to determine to what extent police automatically make an L&D referral when they have identified that an adult suspect is to be treated as a ‘vulnerable person’ for the purposes of PACE (and therefore requires an AA)
- The relevant parts of the L&D dataset inevitably include only cases in which a person passed through case identification and screening/assessment and chose to engage with L&D
- L&D services’ operating hours in police custody vary by area but are typically not available 24 hours a day. Inevitably, there will be some instances, there will be adult suspects for whom an AA is required and secured but who are not seen by L&D
- L&D support for voluntary interviews was very limited; almost all referrals are from custody
- L&D data applies only to England and not Wales.

<sup>16</sup> 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)

<sup>17</sup> 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)

<sup>18</sup> For list of areas in 2018/19 see Results: local application of appropriate adults by police [by L&D service area](#).

<sup>19</sup> This was the percentage population coverage as at 1<sup>st</sup> April 2018. Coverage increased during the year.

### 2.2.8 Use for performance measurement

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

It is not clear what the impact of data quality or availability is on changes in recorded need for AAs. It is not possible from the available data to establish where changes are occurring in the actual application of the AA safeguard and where they occur in the recording or retrieval of the data.

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. 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 appropriateness of the person asked to perform the AA role
- How long police delay before contacting an AA (e.g. only for interview).
- The proportion of need which is met (application of the safeguard)

On this last point (application of the AA safeguard), data from Liaison and Diversion (L&D) services do provide an indication of the proportion of need for an AA which is met. L&D services have an important contribution to make in improving the police's identification of 'vulnerable persons' as defined by PACE.

However, it is important to note that the application of the AA safeguard is the responsibility of the police, not L&D services. On that basis, local L&D data can be used by local L&D schemes to identify how they might support police in identifying people for whom an AA should be secured. The [table of L&D areas](#) ordered by the percentage of cases in which it recorded that a client had an AA, should not be considered to be a 'ranking' of L&D performance. However, it can be used to encourage further inquiry.

Indeed, the report provided by NHS England, which it also shared with local L&D services, stated, "The intention of including data from all other sites is to highlight areas for further discussion and investigation. It should be recognised that, due to the diverse operating environments and populations served, there may well be legitimate underlying reasons for any differences other than good or poor performance. We would encourage you to carry out further analysis of your local data to improve understanding of any differences arising".

## 2.3 Calculations

### 2.3.1 Balance between custody and voluntary interviews

To analyse the balance between the use of custody and voluntary interviews, the volumes of voluntary interviews and custodies were added together. The total was considered to be the sum of 'police business' for the year.

$$\frac{\textit{Number of Custodies}}{\textit{Number of Custodies + Number of VI}} = \% \textit{ of business dealt with in custody}$$

$$\frac{\textit{Number of Voluntary Interviews (VI)}}{\textit{Number of VI + Number of Custodies}} = \% \textit{ of business dealt with by voluntary interview}$$

This is *not* a measure of the number of cases or investigations that police conduct. A single investigation may have several detentions or interviews – or indeed none. Rather, this is intended as a measure of occasions on which police would have needed to determine whether an AA was required.

This was the same methodology was used in 2018/19 as in 2017/18, allowing accurate comparison.

### 2.3.2 Changes in police IT systems (2017/18 to 2018/19)

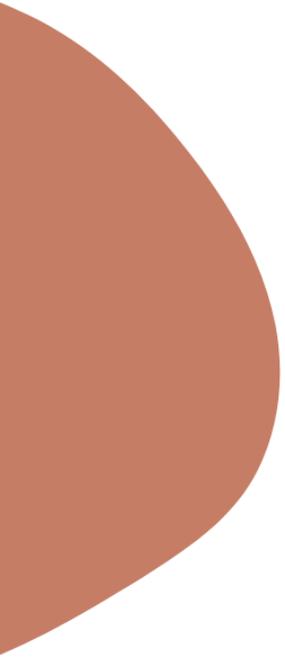
Data on custody IT systems in 2018/19 provided by NPCC was added to data obtained for There to Help 2 (NAAN 2019) on systems used by each force for 2017/18. The data was placed in a table and imported into Microsoft Power BI. A Sankey diagram was plotted to demonstrate the flow of change.

# Results



# Identification of need

## *Custody*



## 3. Results

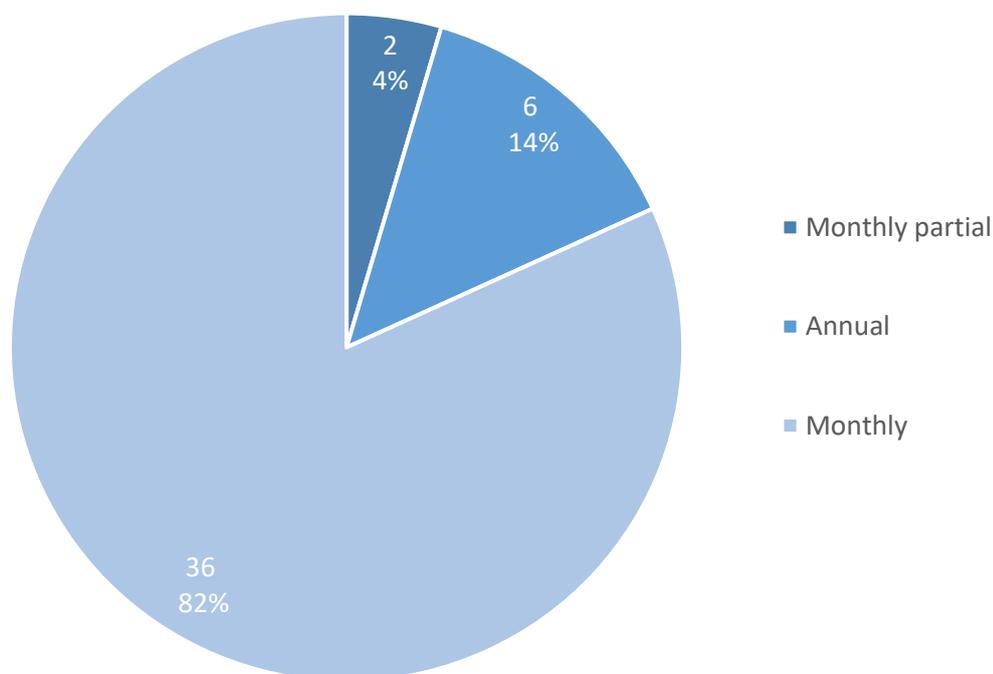
### 3.1 Identification of vulnerable persons by police

#### 3.1.1 Custody

##### *(i) Ability to report custody volume data (all adults)*

In 2018/19, the data on total annual detentions of adults in custody were essentially complete. This was a significant improvement on 2017/18, when only 31 forces were able to provide this data.

**Chart 1: Police forces' ability to provide data on volumes of authorised detentions of all adults (2018/19)**



- 36 (82%) of the 44 police forces (territorial forces in England and Wales, plus British Transport Police (BTP)) were able to provide a full monthly breakdown of adult detention volumes for the entire year.
- A further two (4.5%) had gaps of only two months each in their data.<sup>20</sup>
- Six (14%) forces provided only full annual totals.<sup>21</sup>

<sup>20</sup> Bedfordshire, Hertfordshire.

<sup>21</sup> Durham, Humberside, Norfolk, North Yorkshire, Nottinghamshire, Suffolk.

*(ii) Detention volumes (all adults)*

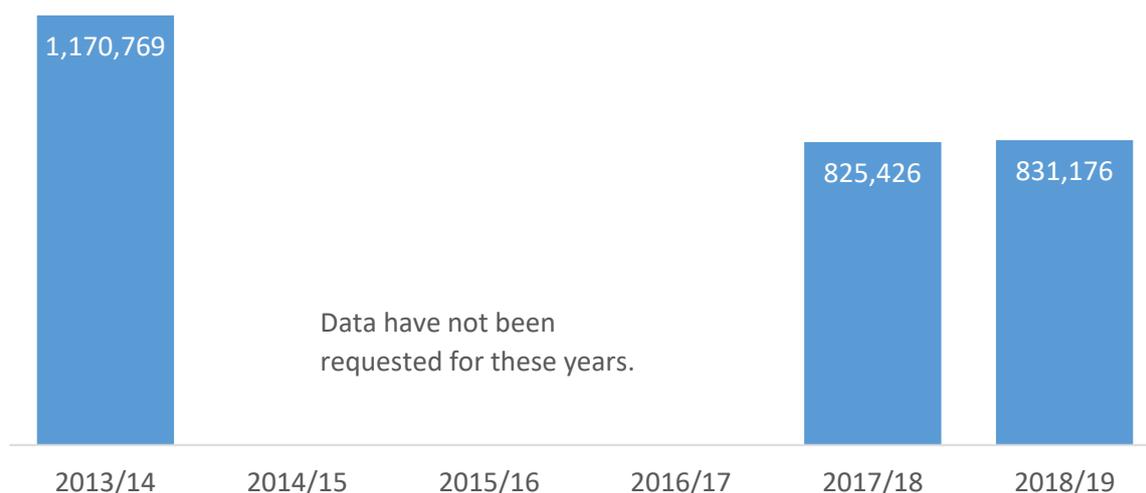
## A. Annual total

In 2018/19, the annual reported volume of adult detentions for the 43 territorial forces in England and Wales was 831,176<sup>22</sup>.

## B. Trend

Previous *There to Help* reports provided estimates of 1,170,769 in 2013/14 (NAAN 2015) and 825,426 in 2017/18 (NAAN 2019). While this is an increase, the difference is small (0.7%) and increases in the number of forces able to report this data mean that previous data is relatively less reliable. However, it remains clear that the level is low relative to 2013/14. Data has not been collected for the intervening three years.

**Chart 2: Estimated total authorised detentions of all adults by territorial police forces in England and Wales by year**



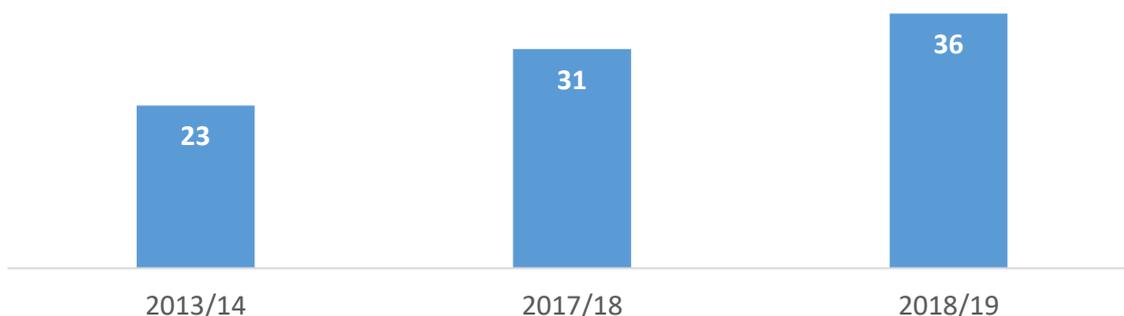
Including BTP custody, the total was 834,498 (2018/19), compared to 828,858 (2017/18).

<sup>22</sup> Bedfordshire and Hertfordshire supplied limited data for April and May 2018. As a result, these months were assumed to have a volume equal to the average for that force for the following 10 months of the year. For all other forces, data was complete to the extent that local systems of recording and retrieval are inherently reliable.

*(iii) Ability to report need for AAs*

Data was requested on the volume of adult detentions in police custody in which the need for an AA was recorded. Data availability continued to improve, perhaps reflecting greater awareness, improvements in IT, and an increasing number of police leaders requesting management information on this issue.

**Chart 3: Forces able to provide data on AAs in custody**



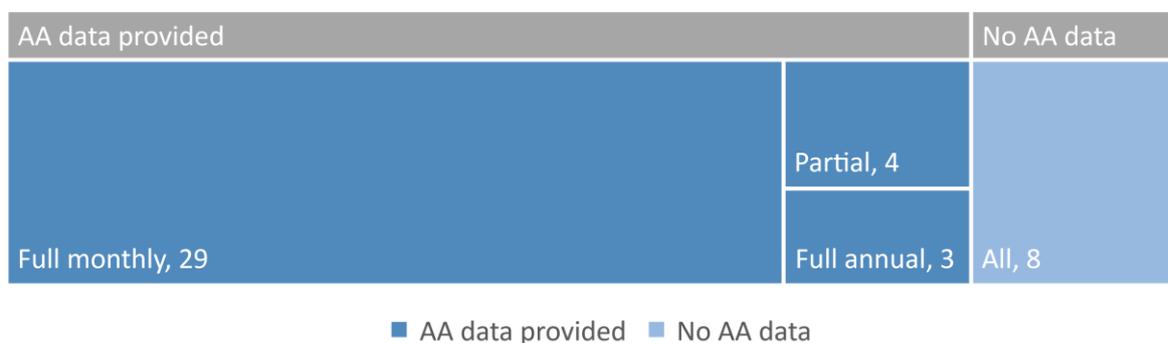
Of all 44 police forces (territorial and BTP):

- 36 (82%) police forces were able to provide the data
- 8 (18%) police forces were not able to provide the data<sup>23</sup>.

Of the 36 forces that were able to provide data:

- 29 could provide monthly data as requested
- 3 could provide only annual data<sup>24</sup>
- 4 could provide only partial data during the period requested.<sup>25</sup>

**Chart 4: Forces by ability to report data on AA need in custody (2018/19)**



<sup>23</sup> Cleveland, Durham, Greater Manchester, Humberside, Lancashire, Norfolk, Suffolk, South Yorkshire.

<sup>24</sup> Cumbria, North Yorkshire, Nottinghamshire.

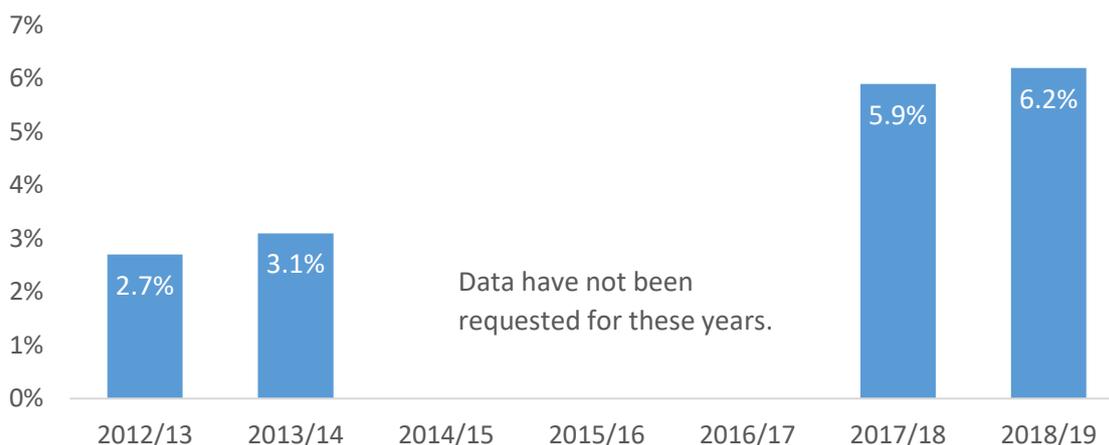
<sup>25</sup> Bedfordshire, Hertfordshire, Kent, Merseyside. The reason for this was typically given as changes in IT systems. In all cases reporting ability improved during the year, rather than worsened.

*(iv) Recorded rate of need for AAs in England and Wales*

**A. Annual average (mean)**

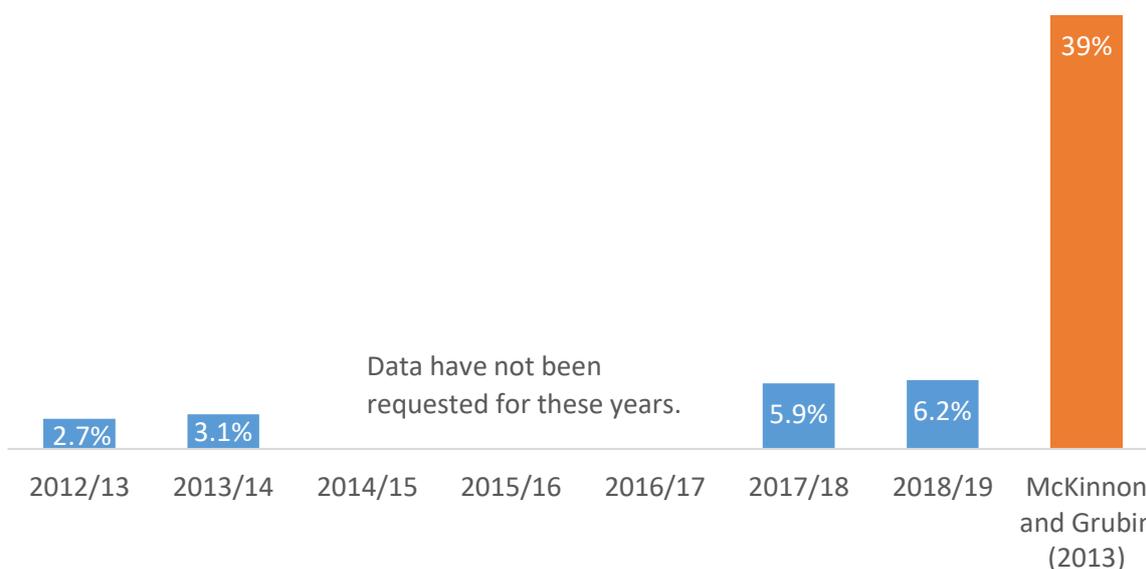
Across the 36 (82%) forces reporting full or partial AA data, the need for an AA was recorded in 6.2% of adult detentions in 2018/19, continuing the slow upward trend identified in previous reports. The data suggest an average annual increase of 0.6%.

**Chart 5: Average (mean) adult detentions in which AA need was recorded**



However, the rate of recorded need remains low against the prevalence of mental disorder (including mental illness and learning disability) amongst suspects found by McKinnon and Grubin (2013). Visualised against this leading study, progress is less striking.

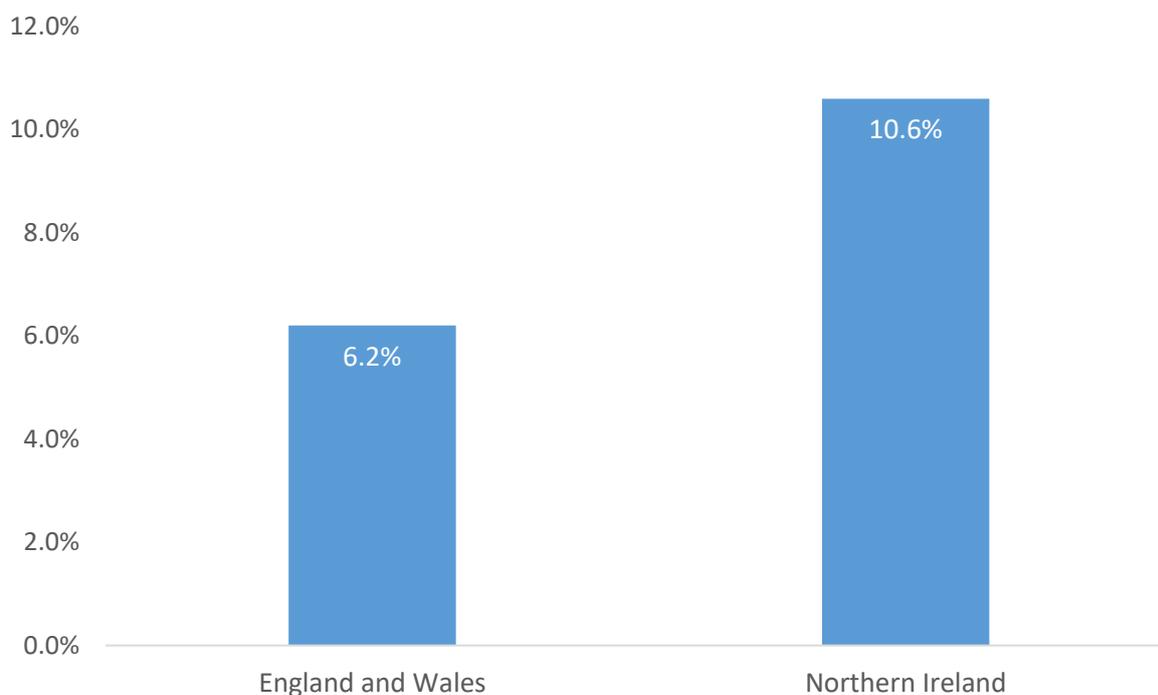
**Chart 6: Average (mean) adult detentions in which AA need was recorded, compared to prevalence of mental vulnerability in police custody**



Northern Ireland provides a useful comparison to England and Wales.

The two jurisdictions share a similar system of procedural safeguards. In Northern Ireland, police operate under the [Police and Criminal Evidence \(Northern Ireland\) Order 1989](#) from which arises a Code C that often mirrors PACE 1984 Code C precisely. However, Northern Ireland's Code C was not amended in July 2018 and retains the vulnerability definition and threshold from previous versions of Code C in England and Wales.

**Chart 7: Adult detentions in which AA need was recorded (2018/19)**



In considering these figures, it is relevant to note that Northern Ireland:

- Is reported to have a 25% higher prevalence of mental health problems than England.<sup>26</sup>
- Has a single AA service, sustainably funded by central Government, which has been consistently been delivered for years by the same mental health charity using paid workers<sup>27</sup>
- Provides for the use of Registered Intermediaries in Code C (NI) to assess a suspect's potential communication difficulty where police have any doubts.<sup>28</sup>
- Has a single police force with a single IT system.
- Had a different system of police governance.
- Has a smaller sample size.

<sup>26</sup> The Mental Health Foundation Report only compared Northern Ireland with England (Mental Health Foundation 2016a). For rates of mental health prevalence in Wales see Mental Health Foundation (2016b).

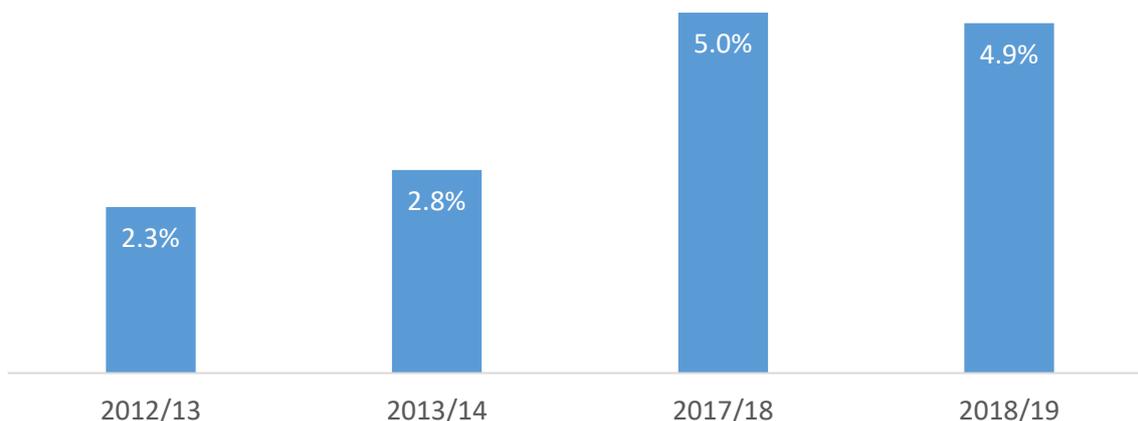
<sup>27</sup> Wales also has one AA provider for vulnerable adults. However, this is the result of more than one contract with Police and Crime Commissioners (PCCs) which responded to the lack of a statutory duty. It uses volunteers.

<sup>28</sup> [Code C 2015 \(NI\)](#) 1GG states that: "Provision of the service to a detainee, outside the commenced remit at court, is provided at the discretion of the police" but it requires that "when the custody officer has any doubt about the extent of the communication difficulty of a detainee, that detainee should be treated as having a significant communication difficulty and a Registered Intermediary be requested to carry out an assessment".

B. Annual average (median)

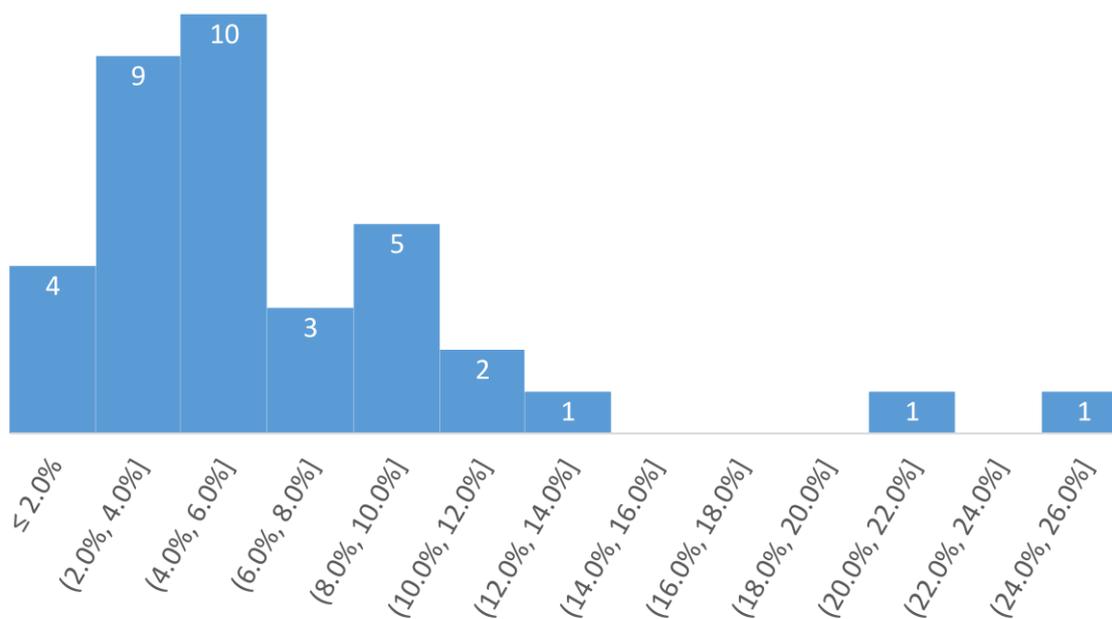
In 2018/19, the median rate at which police forces recorded the need for an AA was 4.9%. In contrast to the mean, the median was

**Chart 8: Number of forces by average (mean) adult detentions recorded as requiring an AA (2018/19)**



The median was lower than the mean of 6.2% because the data continued to be skewed to the right.<sup>29</sup> The majority of forces were below the mean, which was influenced up by a few outliers.

**Chart 9: Number of Forces by average (mean) adult detentions recorded as requiring an AA (2018/19)**



<sup>29</sup> In this type of distribution (relative to normal distribution) while the mean takes account of the relative size of each force, it can be seen to overestimate the average. The median (figure splitting the top and bottom halves of the data) may therefore be a more helpful measure in understanding performance between police forces.

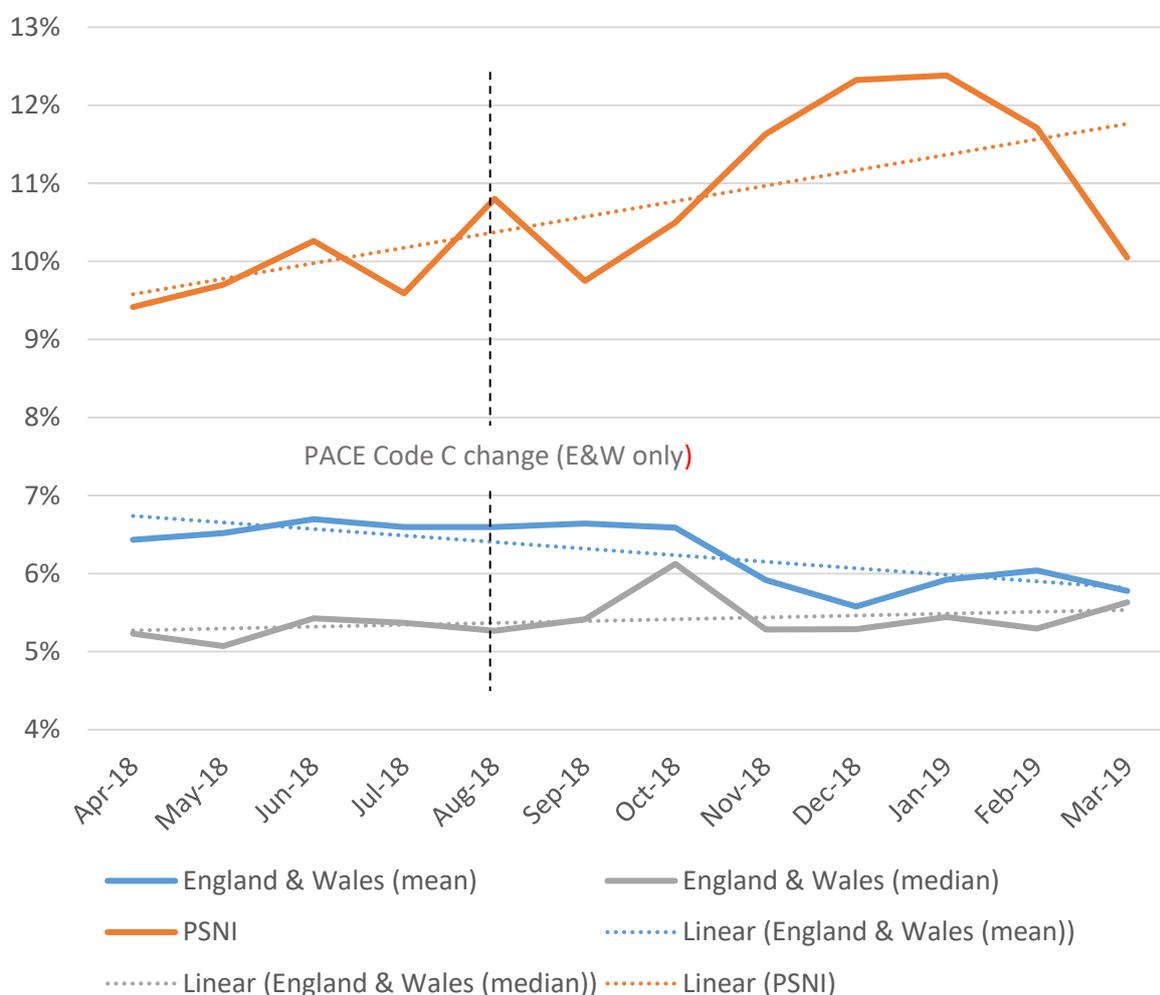
### C. Response to PACE Code C change (England and Wales)

In July 2018, the Home Office made [changes to PACE Code C](#) intended to improve the identification and definition of vulnerability (see Dehaghani and Bath (2019)). For this reason, and for the first time in the *There to Help* series, data were obtained at the monthly, rather than annual level. This allowed for intra-year analysis of changes in the recorded rate of AA need.

The chart below reflects results from the 29 (66%) police forces in England and Wales that were able to provide the data requested for *all* individual months in 2018/19<sup>30</sup>. Figures for Northern Ireland, where Code C did not change at the end of July 2018, are included for comparison.

Over the course of the year, there was relatively little change in the monthly recorded rate in England and Wales. Northern Ireland showed more significant change, despite not experiencing a Code change. The mean rate in England and Wales fell slightly from 6.4% in April 2018 to 5.8% in March 2019. The median rose slightly from 5.2% to 5.6%.

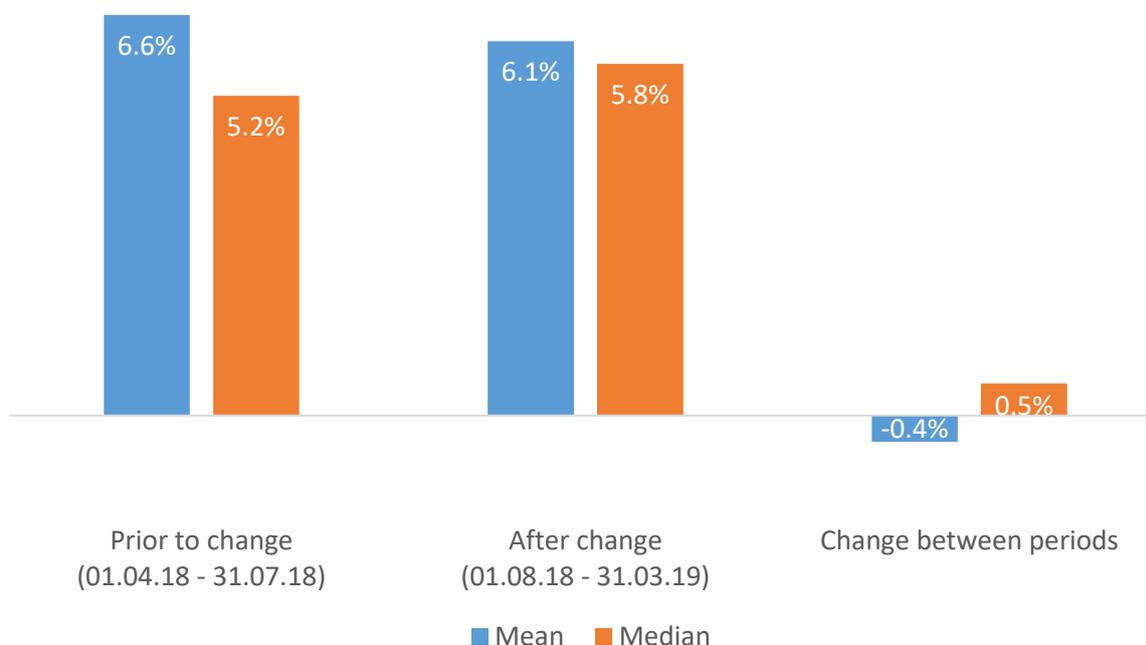
**Chart 10: Monthly adult detentions recorded as requiring an AA (England and Wales vs Northern Ireland)**



<sup>30</sup> Avon and Somerset, British Transport Police, Cambridgeshire, Cheshire, City of London, Derbyshire, Devon & Cornwall, Dorset, Dyfed-Powys, Essex, Gloucestershire, Gwent, Hampshire, Leicestershire, Lincolnshire, Metropolitan, Northamptonshire, North Wales, Northumbria, South Wales, Staffordshire, Surrey, Sussex, Thames Valley, West Mercia, West Midlands, Wiltshire, Warwickshire, West Yorkshire.

The data from the 29 (66%) police forces that were able to provide AA data for every month of the year were broken down into the periods before and after the PACE Code C changes commenced.

**Chart 11: Proportion of adult detentions recorded as requiring an AA before and after changes to PACE Code C in July 2018**



The mean rate was slightly lower in the period after the changes were commenced. The median increased slightly after the changes were commenced indicating changes were not evenly distributed amongst police forces.

However, following [statistical analysis](#), the observed difference between the sample means was not significant enough to say that the changes to the PACE Code had any effect on the police's recorded rate of need for AAs.

#### *(v) Recorded rate of need for AAs by police force*

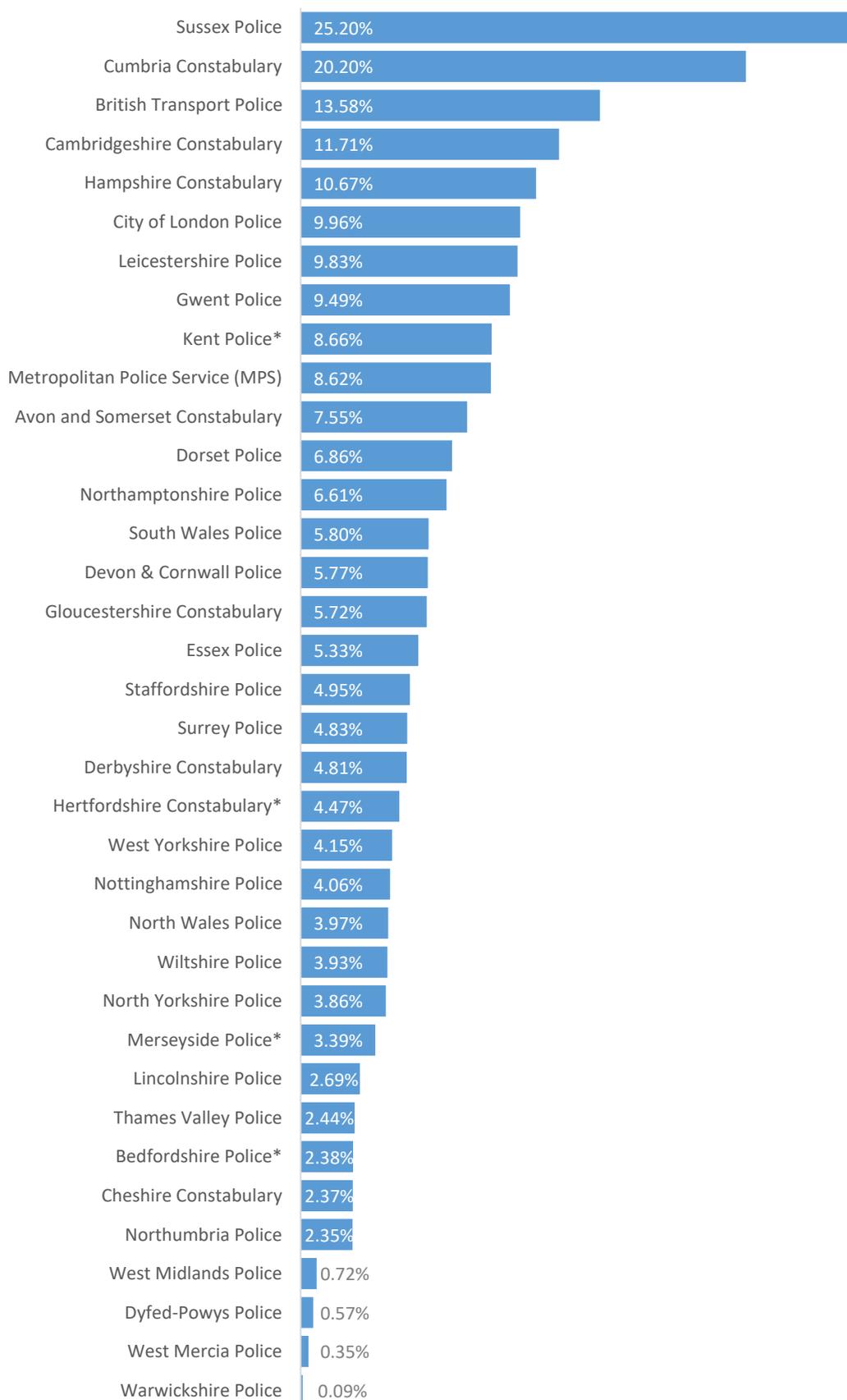
##### A. Annual means (2018/19)

Comparisons were made between forces that could provide full monthly, full annual or partial data.<sup>31</sup>

**Sussex** reported the highest recorded rate of AA need at 25.20% of adult detentions (no data in 2017/18) but experienced significant reductions over the year (see [case study](#)). **Warwickshire** reported the lowest rate at 0.09% (1.84% in 2017/18). At 25.1%, the range between local rates continued to widen (8.7% in 2013/14; 15.4% in 2017/18), indicating uneven change across forces.

<sup>31</sup> In Chart 12, an asterisk indicates averages were based on months for which data was available. See [Method](#).

**Chart 12: Average (mean) adult detentions in which AA need was recorded (2018/19)**



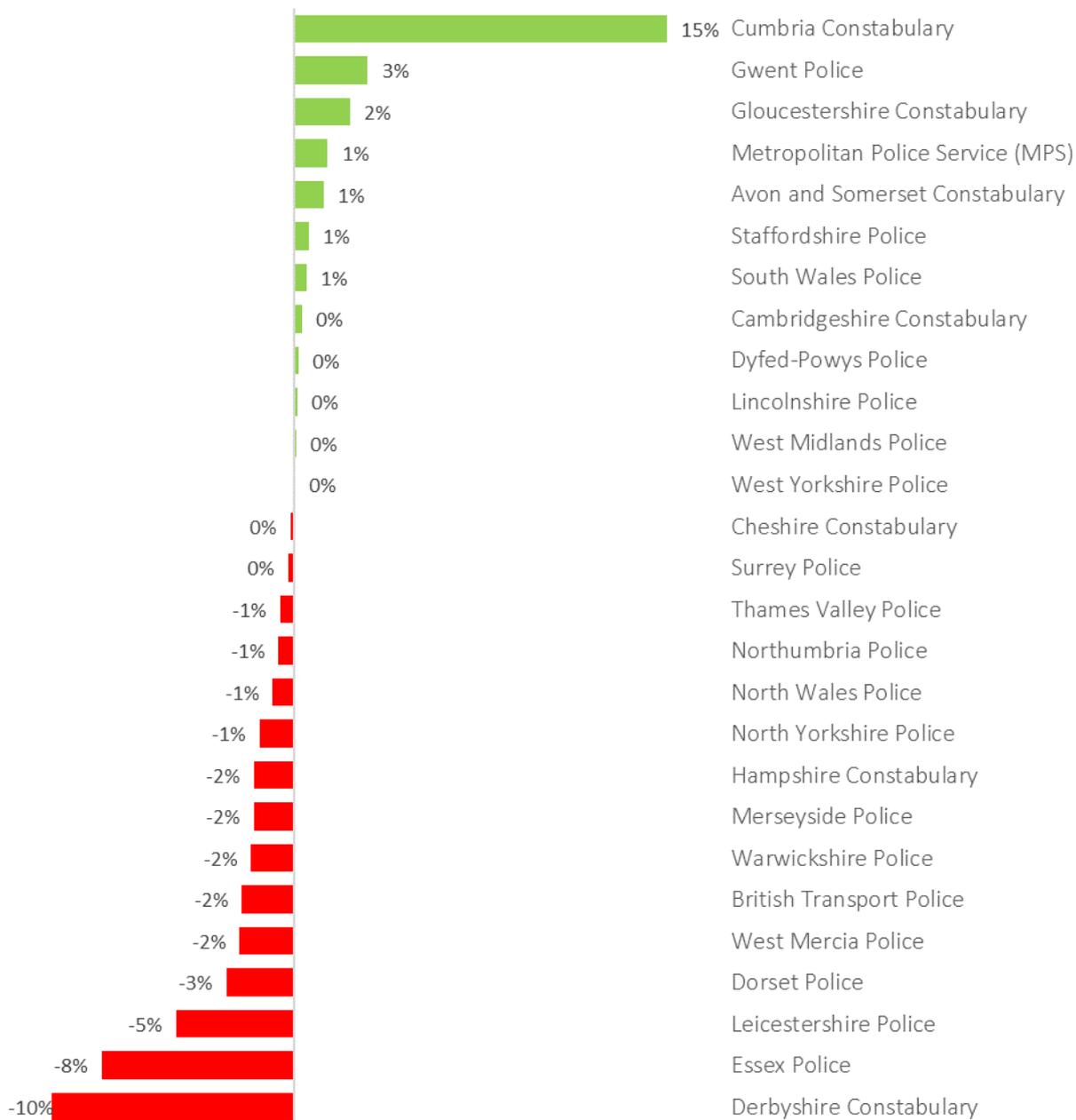
B. Annual change (2017/18 to 2018/19)

Comparator forces

In terms of direct comparators, of the 27 (61%) forces that provided data for both periods:

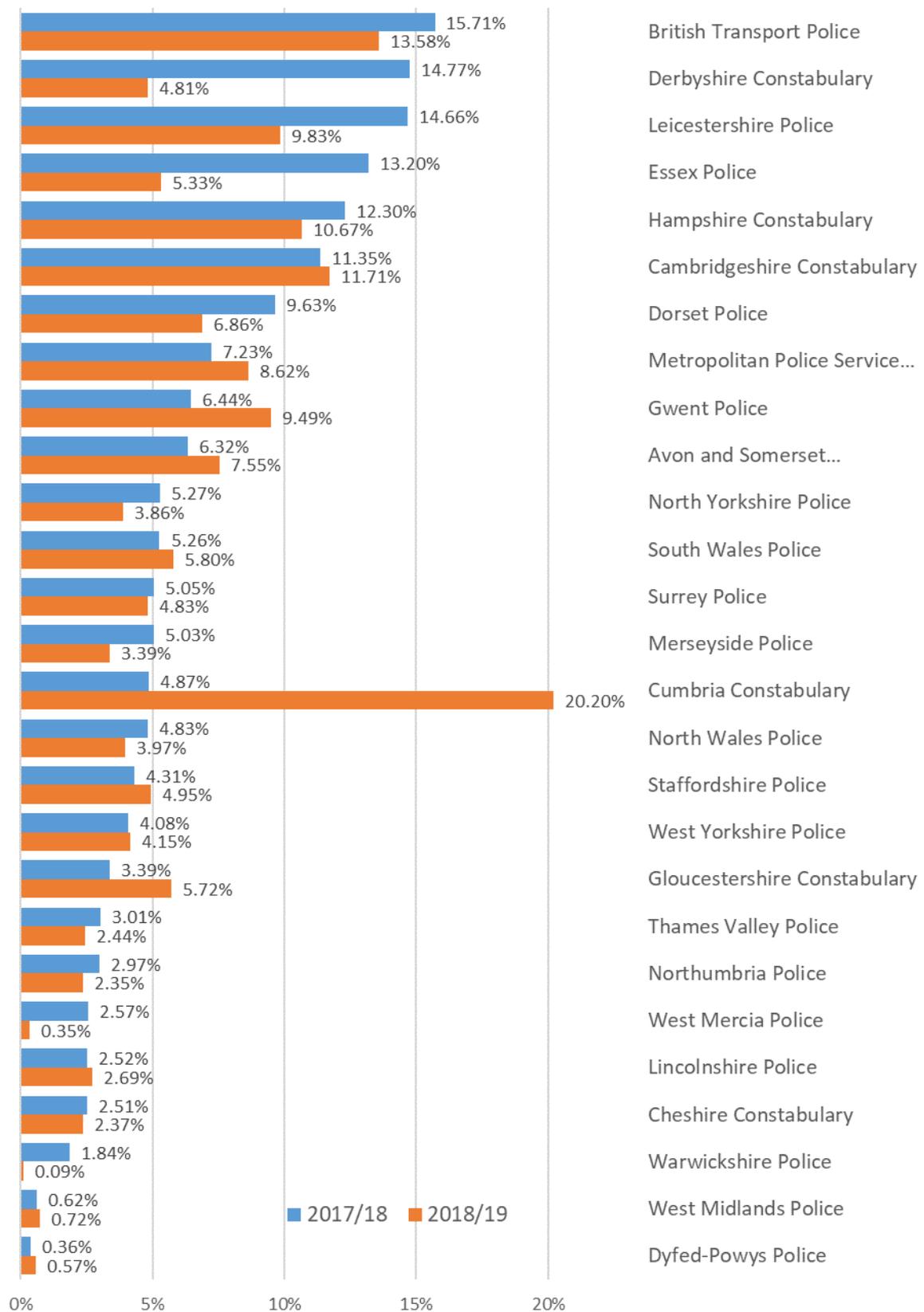
- 12 (44%) forces reported an increase in recorded need for AAs
- 15 (56%) forces reported a reduction in recorded need for AAs.

**Chart 13: Changes in % adult detentions in which AA need was recorded**



In general, between 2017/18 and 2018/19, police forces with low rates maintained those low rates (and vice-versa). Of the 27 forces, only four (15%) saw a change greater than +/- 3%. However, a slight majority of forces saw a reduction, in line with the decreased median.

**Chart 14: Recorded rate of AA need in 2017/18 to 2018/19 by police force**



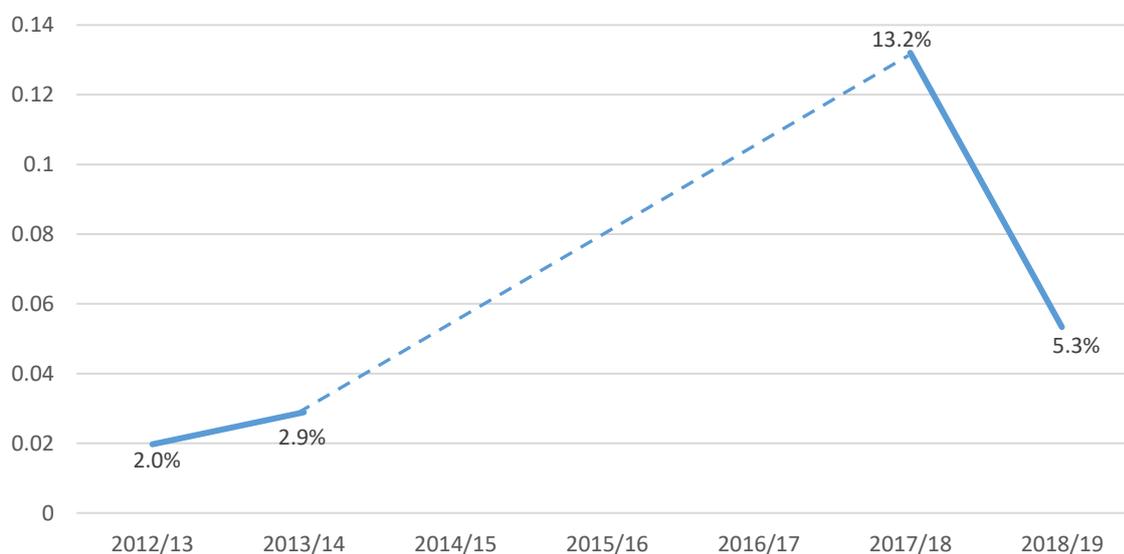
### Forces with relatively high rates

In terms of territorial forces, the 3 forces with the highest rates in 2018/19 were **Sussex** (25.2%), **Cumbria** (20.2%) and **Cambridgeshire** (11.71%). In 2017/18, the top three territorial forces were all between 13% and 15% (**Derbyshire**, **Leicestershire** and **Essex**), indicating a general increase in the highest rates. However, the picture at force level is complex.

Notably, the forces with the highest rates in 2017/18 were the forces with the largest reductions. **Derbyshire** dropped by two thirds (14.8% to 4.8%). **Leicestershire** dropped by a third (14.7% to 9.8%) and **Essex** by almost two thirds (13.2% to 5.3%). Such large changes again raise the question as to what extent they reflect real change versus changes in data reliability.

Of the three forces, only **Essex** had also provided custody data for There to Help (2015). Essex reported rates of 2% (2012/13) and 2.9% (2013/14), and respectively. When compared to 13.2% (2017/18) and 5.3% (2018/19) this raises questions. If the data recording and retrieval is reliable over time, this raises about whether there was a steady increase over time (as per the dashed interpolation line in the chart below) and what the key drivers were for these changes.

**Chart 15: Changes in recorded rate of AA need in Essex Police**



**Sussex** had a highly unusual year but one that could provide a great deal of learning ([see case study](#)). **Cumbria** more than quadrupled its reported rate, increasing it from 1 in 20, to 1 in 5 detentions. The force was unique in recording a more than four-fold increase in recorded rate (from 4.9% to 20.2%). In terms of data comparability, the force did not change IT systems between years. However, its system (PoliceWorks) was used by only one other force, which was unable to provide the data without a manual search, raising a question about data reliability. In contrast, **Cambridgeshire** saw a rise of only 0.36%. Having been fifth amongst territorial forces with 11.35% in 2017/18, it climbed to third by standing still as other forces' rates dropped.

**British Transport Police** (BTP) reported the third highest rate of identified need at 13.58% of adult detentions. This may reflect a greater proportion of work involving mental ill health. Since these data pertain specifically to BTP's own custody facilities, the actual average for BTP is unknown and will be largely influenced by the host forces whose custody suites they most often use.

### Forces with relatively low rates

There were 4 forces with recorded rates below 1% of detentions: **West Midlands** (0.72%), **Dyfed-Powys** (0.57%), **West Mercia** (0.35%) and **Warwickshire** (0.09%).

It is not possible to establish the extent to which these extremely low rates are the result of issues with identification, recording, or data retrieval systems. However, it is worth considering the potential for each to affect the findings in this report.

**West Midlands'** response provided the type of general caveat statement included in several FOI responses.

*“Every effort is made to ensure that the figures presented are accurate and complete. However, it is important to note that these data have been extracted from a number of data sources used by forces for police purposes. The detail collected to respond specifically to your request is subject to the inaccuracies inherent in any large scale recording system. As a consequence, care should be taken to ensure data collection processes and their inevitable limitations are taken into account when interpreting those data. The figures provided therefore are our best interpretation of relevance of data to your request, but you should be aware that the collation of figures for ad hoc requests may have limitations and this should be taken into account when those data are used. If you decide to write an article / use the enclosed data we would ask you to take into consideration the factors highlighted in this document so as to not mislead members of the public or official bodies, or misrepresent the relevance of the whole or any part of this disclosed material.”*

This includes two key caveats.

The first is that the data comes from several source systems which were not necessarily designed to respond to a query such as this. Rather, they were designed for ‘police purposes’. This raises the question of what systems were designed to do. It is reasonable to assume that custody IT systems were designed to keep a record of the actions taken in individual cases, particularly those actions which the PACE Codes require to be recorded.<sup>32</sup> It is also reasonable to assume that police would need to access individual records to allow oversight and provide evidence to the courts. What remains an open question is the extent to which systems have been designed to provide senior officers with access to management information on compliance with PACE.

**West Midlands** was using ICIS, a rarely used system. The only other force using it was **Greater Manchester Police** which, despite its best efforts, found that, *“The problem is that in ICIS, whether an appropriate adult was required or not wasn’t recorded in a manner to allow performance management”*. Greater Manchester Police could only request data from the local AA scheme on the volume of call outs. This would not fairly reflect the force’s identified need for AAs as it would exclude the many instances in which family members and other non-scheme AAs had acted as AA.

A further caveat is that the data is subject to the inaccuracies inherent in any large-scale recording system. This caveat would apply to all police recording systems and consequently seems less likely to explain the significant differences between forces. However, it may be possible that some IT systems are more prone to error, either in the recording of the data or its retrieval. For example, some may have simple ‘drop-down’ boxes to record the need for an AA, where others require it to be recorded in ‘open text’ boxes (the latter being less easily searchable). It is also important to remember that

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<sup>32</sup> PACE Code C 1.4(b) requires that a record shall be made describing whether any (vulnerability) factors appear to apply and provide any reason to suspect that the person may be vulnerable or (as the case may be) may not be vulnerable.

humans are part of these recording systems. Even where the system is capable of accurate recording and retrieval, the data needs to be entered correctly and consistently by police officers.

The custody data from **Dyfed-Powys** also raises questions about data accuracy. The force has the largest variance between the recorded rate of vulnerable suspects (need for an AA) in custody (0.6%) and voluntary interviews (11.9%). In relation to both data sets, the force response noted, *“It should be noted that as a result of the systems adopted by Dyfed-Powys Police in relation to the recording of such information that the information released may or may not be accurate”*. The force was using a bespoke (in-house) system in custody. Information about the system used for voluntary interview was not available to this research. With plans to move to Niche in 2019/20, it will be possible to determine whether this system was a significant factor in the low reported rate.

**West Mercia** and **Warwickshire** did not provide any specific caveats to the data provided. Both stated that, *“Every effort has been made to ensure that the information provided is as accurate as possible.”* The two forces were in a long-running force collaboration, including sharing IT systems. During the period both forces changed from NSPIS to Athena. While the FOIs were responded to separately by each force, the same source systems would have been relied upon. Looking at the specific searches carried out the West Mercia response referred to ‘Adult Detentions Authorised April 2018 - March 2019 Where There is a Vulnerable Adult Entry on the Custody Record’ while the table provided by Warwickshire referred to the ‘Number of Records for Vulnerable Adults’.

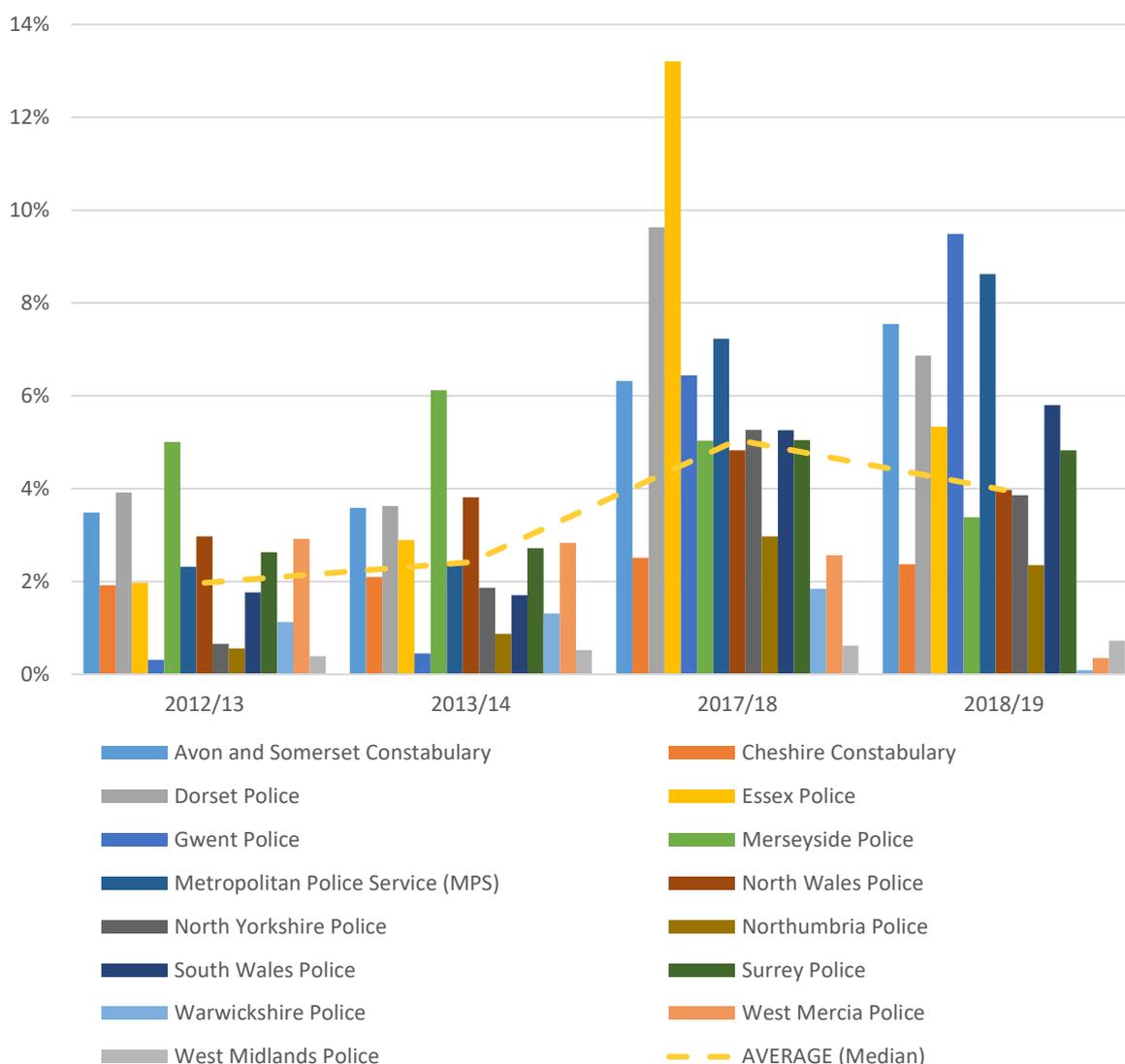
There was no correlation between forces’ reported rates of AA need and either their volume of detentions or the number of arrests for notifiable offences reported to the Home Office in 2018/19 in official statistics.

### C. Trend (2012/13 to 2018/19)

The *There to Help* research series has now requested data from police forces over four years. Data were available for all four years from a total of 15 (34%) forces.

**Avon and Somerset, Gwent, South Wales** and **Metropolitan Police** have shown fairly consistent increases in recorded need for AAs. Surrey rose initially but this remained flat in the last year. Across this sample of forces, the overall trend is for the increases between 2013/14 and 2017/18 to have been somewhat lost in 2018/19. **Merseyside, Warwickshire** and **West Mercia** all reported lower rates in 2018/19 than in 2012/13. Once again, the reliability of the data is in question. It is unclear to what extent these are measures of change in need, police identification of need, the accuracy of data recording and/or retrieval and, in 2018/19 particularly, responses to changed criteria in Code C. These are questions that will need to be considered at force level.

**Chart 16: Recorded (mean) rate of AA need in 15 forces**



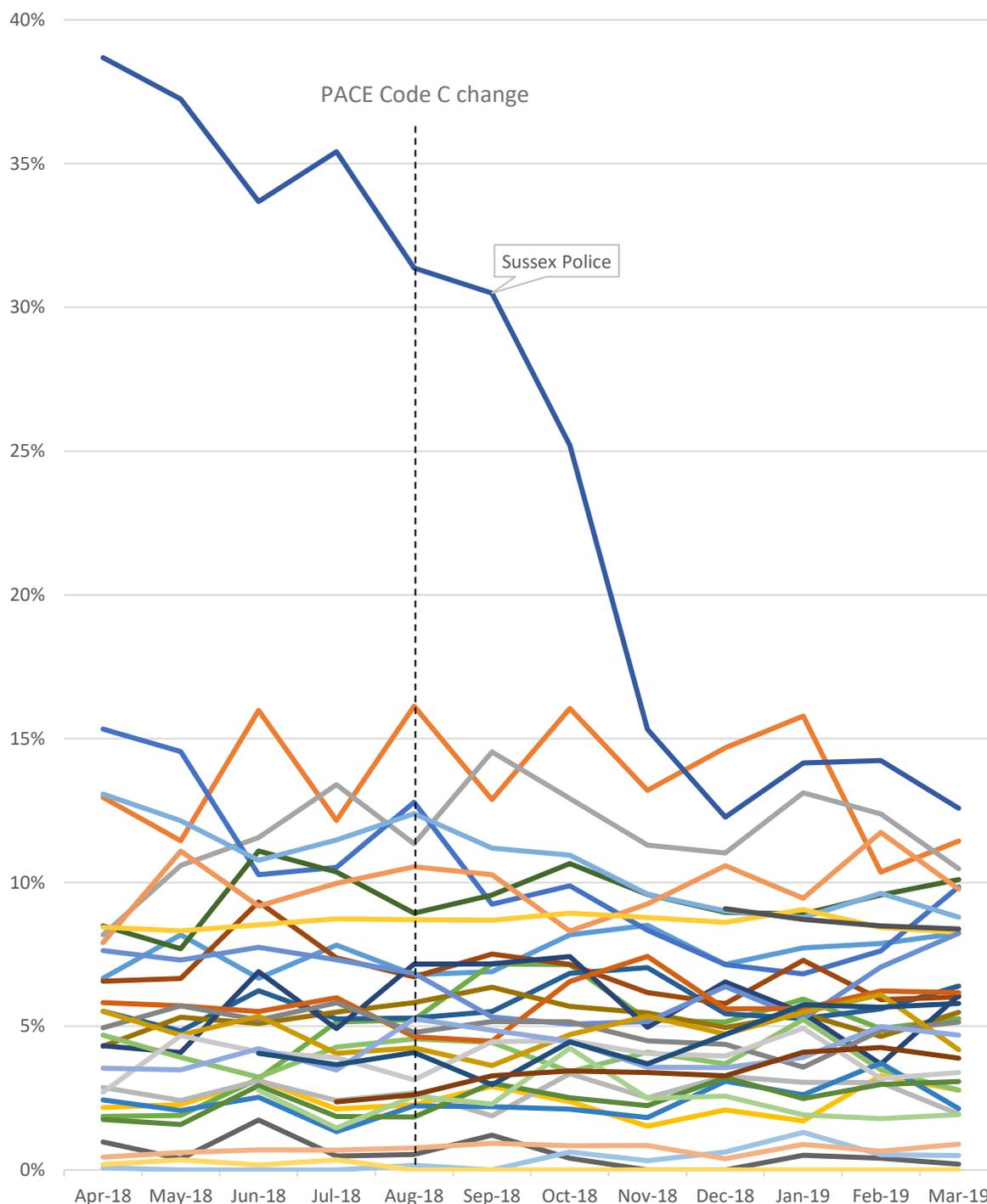
Across the four years, some forces have reported consistent increases in recorded need, some reported initial increases but reduction in the last year, some reported higher rates in 2012/13 than in 2018/19. This is of course only a sample, but the findings appear to be in line with what the wider data has suggested: stalled increases in 2018/19 and a high level of variability across forces.

D. Response to PACE Code C change (local)

33 (75%) police forces provided monthly data for some or all of the year. Analysis of this data allowed consideration of the differential impact of the Code C change at force level.

Combining all 35 in a single chart does not immediately suggest any overall response to the Code changes. However, changes in the rate recorded by **Sussex Police** clearly stand out. This prompted a qualitative analysis that is reported in the case study below.

**Chart 17: Monthly adult detentions recorded as requiring an AA (by 33 forces in England and Wales providing monthly data)**



## Case study: Sussex Police

### Summary

- Sussex Police's rate of recorded need for AAs was higher than any other force
- The rate declined more sharply than any other force but was still the highest at the year end
- Prior to the period, local courts had ruled evidence inadmissible due to lawyers successfully arguing that PACE Code C required an AA for people suffering from depression
- Prior to the period, the force commissioned its own AA service and embedded it in custody
- At the start of the period, the force, "ensured everyone with depression or anxiety or indeed any vulnerability was provided with an AA"
- At the start of the period, officers were aware of the coming changes to Code C and may have modified their behaviour according to expected changes
- Following the changes to Code C in July 2018, officers were provided with a flowchart to guide decision-making, based on the force's interpretation of the amended Code
- From November 1<sup>st</sup> 2018, AAs were no longer embedded in custody because the resulting level of usage was considered unsustainable for the police in financial terms.

### Detail

Sussex Police was a major outlier in the data at the start of the year, with recorded rates of need of 38.7%. However, this reduced rapidly and consistently during the year, resulting in a rate of 12.6% in March 2019 (a 60% percentage reduction over the year). The rate dropped swiftly after the Code C changes were introduced, however, qualitative insights provided by Sussex Police suggest this was not the only, or even the dominant, factor. Dehaghani (2016; 2017a; 2019) found that custody officers' decision-making processes (for when an AA is required) were not directly driven by the requirements or definitions in PACE Code C. The Sussex data provides some indications of the various factors driving recorded need for AAs.

#### The impact of defence lawyers and the courts

The first factor is the actions of defence lawyers and courts, specifically in relation to the reliability and inadmissibility of evidence. In this case, prior to 2018/19, the force has responded to:

*"...a couple of court cases where someone with depression was not convicted at court due to not having an appropriate adult in interview. The solicitor successfully argued that PACE, as written at the time, should mean that ANY vulnerability identified ensures the detainee is provided with an appropriate adult. [The force] then ensured everyone with depression or anxiety or indeed any vulnerability was provided with an AA, no matter their status." – Sussex Police.*

This 'loss' at court clearly had a significant impact on the police's application of Code C because the force "ensured everyone with depression or anxiety or indeed any vulnerability was provided with an AA". Court responses to the absence of an AA for mentally variable adults have been found to be variable (NAAN 2015, Dehaghani 2016; 2018; 2019). The lack of clarity is compounded by the fact that only partial analysis is possible because most court cases are not reported, and issues of inadmissibility are determined prior to trial (Dehaghani 2019). Furthermore, the absence of an AA for a vulnerable suspect is unlikely to arise in court unless a defence lawyer decides to seek the exclusion of evidence (under PACE s.76 or s.78) (see also Dehaghani 2019). This will only occur if the lawyer believes it presents the optimal legal strategy for their client. This consideration will be influenced in part by their beliefs about how a court is likely to respond to such arguments. Thus, the decisions made by courts send signals to both lawyers and police about who should be considered mentally

vulnerable and the importance of applying the AA procedural safeguard. Where custody officers become aware of these cases, either via peers or because of the force leadership choosing to communicate them, this may impact their decisions. This is in line with Dehaghani (2019) who suggested that the police often respond to how the courts address the issue of non-implementation.

### **The impact of access to appropriate adults**

The second factor is the ease with which police can access AAs. Previous studies have established that police report higher levels of recorded need in areas where they have access to an organised AA scheme (NAAN 2015, 2019).

At the time, Sussex Police had commissioned its own AA provision and embedded it in custody. This is problematic for two reasons. Firstly, PACE Code C states that an AA may not be under contractual arrangements with the police. However, the force had felt compelled to do this because, unlike in many other areas, local authorities were not doing so (AA provision is a statutory duty for local authorities only in relation to children, not mentally vulnerable adults). Secondly, embedding AAs in custody is contrary to the national standards for AA provision, due to the risk of the actual and perceived loss of their independence. This was something that the force was aware of.

*“We were careful to keep a divide between police and the AAs in that they had their own areas with tea/coffee makings, were not allowed on the bridge area etc but there was a generally good relationship between the staff and AAs which could have led to comments re not being independent enough – there weren’t any but it was certainly something we thought about”.*

On 1st November 2018, Sussex Police removed embedded AAs from custody because the rates of use were so high that they could not be sustained by the allocated budget.

*“We were aware that our use of AAs increased enormously and had an embedded AA service at most of the custody suites to assist with the 40-50% (I think it was as bad as 60% at one stage) of detainees that were identified as ‘vulnerable’ as per the original PACE requirement”.*

*“Our spending for the embedded/in situ service was huge and not sustainable. We discontinued the embedded AA service, resuming our previous call out system and dropped from extremely high use to within what I believe is the average range of detainees requiring an AA. We switched back to the original call out system on the 1st November.”*

The removal of embedded AAs from custody corresponded with the recorded rate of need dropping from around 25% to around 15% in one single month. The Sussex data therefore indicates that when AAs are instantly accessible in custody, they are more likely to be used.

### **The impact of local interpretation**

The third factor is local interpretation and operationalisation of PACE changes.

In Sussex, the reduction in recorded rate began before the revised Code was commenced. This does not preclude the possibility that the changes to Code C had an impact on recorded rates. Changes to the PACE Codes are published for consultation and made available prior to their commencement.

*“I remember the figures falling before the PACE change, certainly at [location] custody as the AA’s were commenting about not being used so much. The custody officers were aware of the coming changes and therefore I think took their foot off the pedal a bit – nothing had been instructed by the command team” – Sussex Police.*

Conversely, impacts may be seen later, as it can take time for police to become aware of PACE changes.

Due to the complexities of PACE, it is common for forces to support front line officers with tools such as flowcharts for key procedures. Such local resources are based on local interpretation and simplifications of the PACE Codes. It is reasonable to assume that many custody officers operate according to such local resources, rather than having direct regard to the Codes. However, it is challenging to capture the nuance and complexity of PACE (and other relevant law) in a process flow. If this is not done accurately, requirements can be reinterpreted in ways that generate risks to suspects, police officers and the wider justice system. In Sussex, officers were provided with local guidance, including a flowchart to help them apply the July 2018 changes to Code C.

*“The area of PACE was then rewritten and we provided flowcharts to assist in the decision making of the custody officers of when to provide someone with an AA, going from any vulnerability to a vulnerability that may not require an AA because of the way the detainee was affected by it” – Sussex Police*

The first step in this flow chart was, “Do they have one or more of the clinically recognised conditions/disorders listed in the [Mental Health Act 1983 Code of Practice]”. If they did not, then the person would *not* require an AA.

The relevant information when determining the need for an AA encompasses *several* provisions of Code C (Home Office 2019):

- Code C 1.4 states that an AA is required, “If at any time an officer has any reason to suspect that a person of any age may be vulnerable (see paragraph 1.13(d)), in the absence of clear evidence to dispel that suspicion”.
- Code C 1.13(d) states that, “‘vulnerable’ applies to any person who, because of a mental health condition or mental disorder (see Notes 1G and 1GB)” [any of the risk factors apply]<sup>33</sup>.
- Code C 1G states, “Similarly, simply because an individual does not have, or is not known to have, any such condition or disorder, does not mean that they are not vulnerable for the purposes of this Code” (clarifying that the absence of a condition or disorder does *not* exclude the possibility that an AA is required).

In contrast, the flowchart *required* that a person has a mental condition or disorder. This is a significantly higher threshold than an officer having reason to suspect that they *may*. It also makes a mental condition or disorder a prerequisite to assessing the person against the risks set out in the subparagraphs of 1.13(d), which is contrary to 1G.

Even where the flowchart mirrors the PACE Code precisely, errors can result. PACE Code C 1GB states that the Mental Health Act 1983 Code of Practice (MHA Code) “describes the range of clinically recognised conditions which can fall with the meaning of mental disorder” for the purpose of the definition a vulnerable person under PACE. Reflecting this, the Sussex flowchart provides the MHA conditions as an exhaustive list. This strongly encourages an officer to conclude that a person does not require an AA unless they can demonstrate that they have one of the conditions on the list.

However, the MHA Code (at 2.3) states that, “Mental disorder is defined for the purposes of the Act as ‘any disorder or disability of the mind’”. It then provides (at 2.4) “examples of clinically recognised conditions which could fall within this definition”. The decision as to whether a person’s condition amounts to a mental disorder is a matter for clinical diagnosis – something that may well vary even between qualified clinicians.

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<sup>33</sup> See [1.1.1 Defining vulnerability](#) and [2.2.6 Differences in definitions of vulnerability](#).

The MHA Code was built to support clinical decision-making. Importing it into more rigid police decision-making processes must be done with great caution and care. A suspect who is identified as having a 'disorder' or 'disability' as defined under the MHA is likely to be vulnerable and require an AA. However, as PACE Code C reflects, a suspect may be vulnerable and require an AA even if they are not identified as having a 'disorder' or 'disability' under the MHA Code. Therefore, the MHA Code cannot be used as the sole basis for identifying vulnerability and thus implementing the AA safeguard.

#### **Prevalence of need**

The Sussex case study may also provide an insight into the true prevalence of need for AAs. Sussex reported a rate of 37.2% in April 2018. This is in line with academic studies on the prevalence of mental vulnerability in police custody (Gudjonsson et al. 1993, McKinnon and Grubin 2013). In Sussex, this occurred at a time when the factors supporting identification of need for an AA were high.<sup>34</sup> The failure to apply the AA safeguard had recently impacted the police's objectives negatively. Securing an AA was not difficult, uncertain, or time-consuming. There was no risk that, having recorded the need for an AA, their absence would delay procedures.

Notably, outside the data period, Sussex advised that rates had briefly reached as high 50%-60% at one point, at a time when the force, "ensured everyone with depression or anxiety or indeed any vulnerability was provided with an AA".

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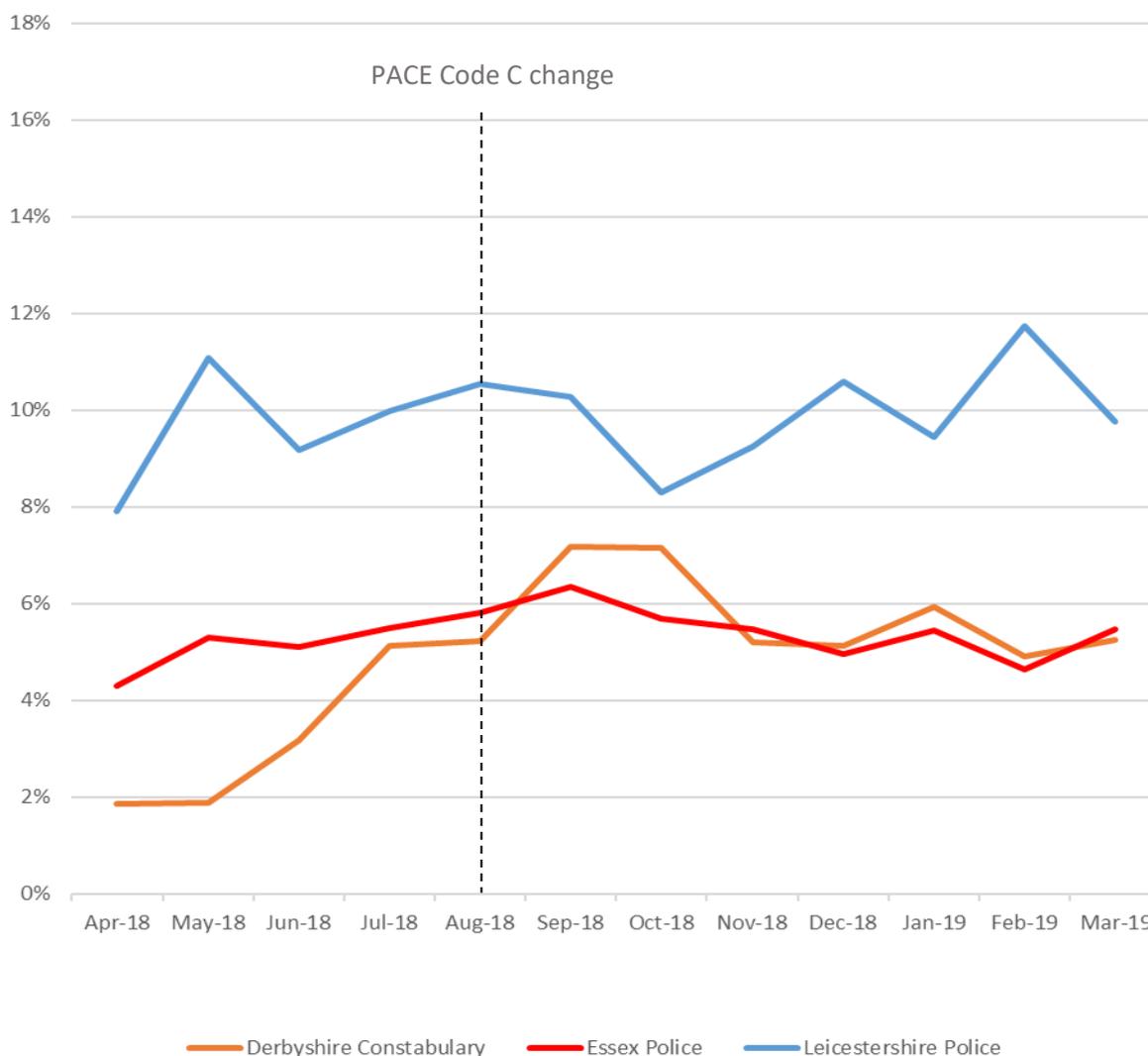
<sup>34</sup> See [1.1.6 Protective factors to the application of the AA safeguard](#)

Forces with large inter-year changes

**Cumbria** was the only force with a large increase in recorded rate between 2017/18 and 2018/19. It was not able to provide monthly data. It was therefore not possible to analyse whether increases occurred in response to the Code C changes.

**Leicestershire, Derbyshire** and **Essex** reported the greatest reductions in recorded need for AAs between 2017/18 and 2018/19. However, the monthly data did not indicate that this was due to the changes to Code C. Rates in **Leicestershire** and **Essex** appear unaffected. **Derbyshire** saw the largest annual drop (from around 15% to around 5%) but monthly recorded rates trended up during the first half of the year and, despite a following drop, ended higher than the start of the year.<sup>35</sup> This may indicate a significant change in the quality of data the force provided between the two years.

**Chart 18: Monthly adult detentions recorded as requiring an AA (Three forces with largest reduction from previous year)**

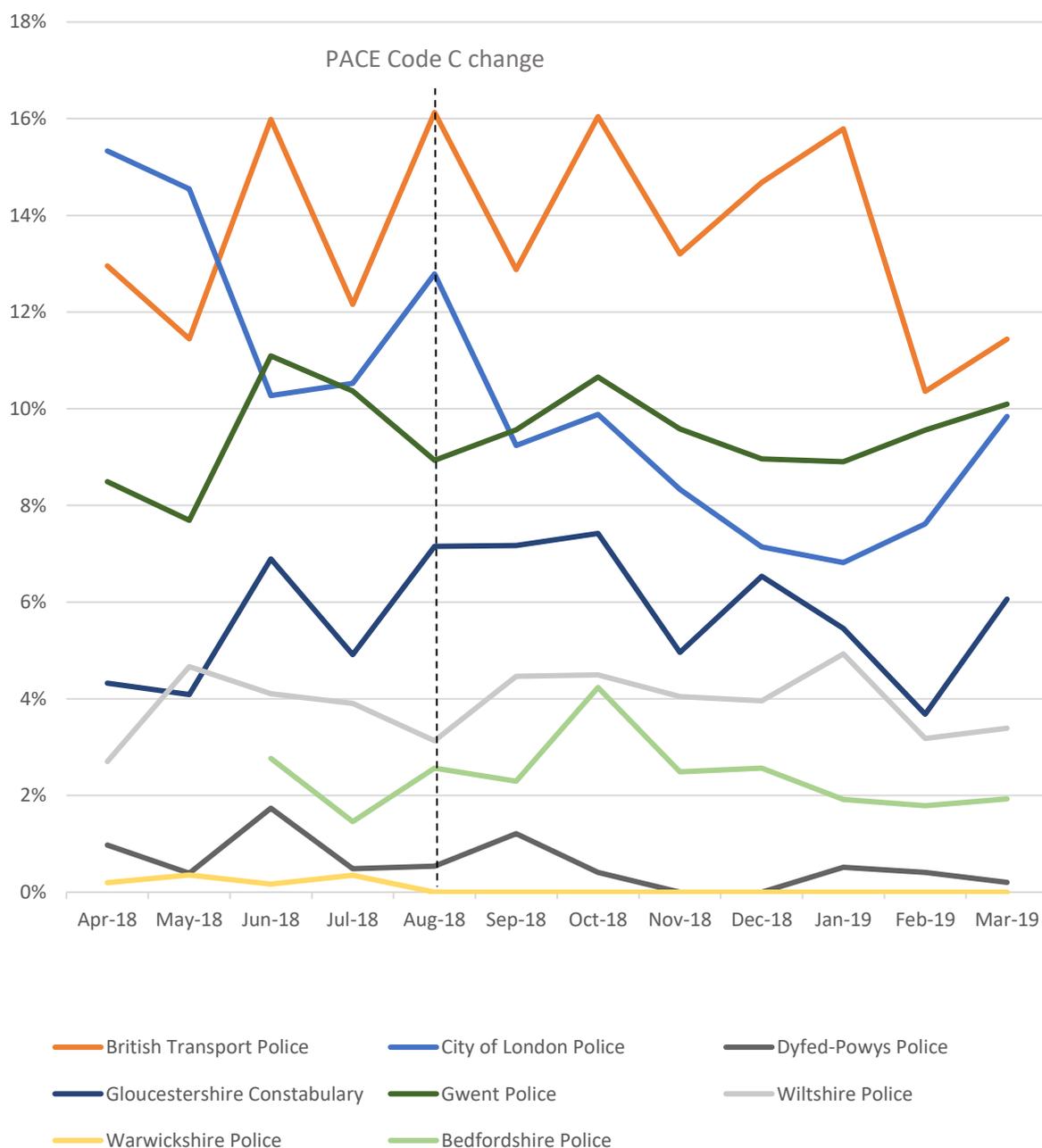


<sup>35</sup> Although the rise in recorded rate began prior to the commencement of the changes, it is important to note that the intention of the Home Office to make the changes was public before that point.

**Forces with low detention volumes**

Small police forces, with low detention volumes, will naturally exhibit higher levels of variability in their monthly rate of recorded need for AAs. This is because individual people make up a larger percentage of the whole. However, if there had been an impact from the Code C changes during 2018/19, the same rate of variability might have been expected to continue but at a higher or lower point on the chart. As the chart illustrates, focusing on smaller forces does not seem to provide any evidence that the changes influenced the recording of AA need, either positive or negative. Furthermore, recorded rates for AA do not appear to be a function of detention volumes, with small forces reporting a wide range of rates.

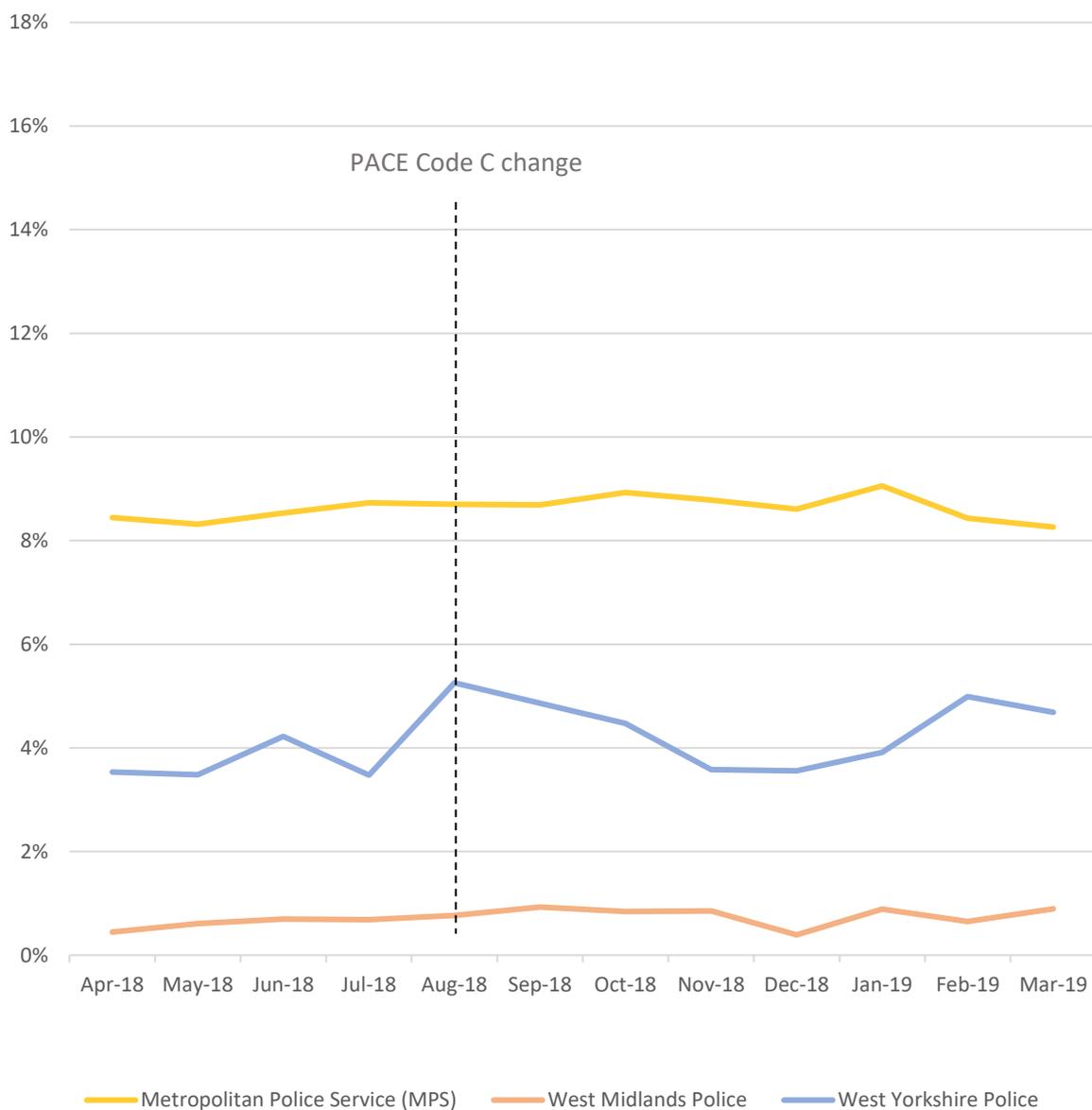
**Chart 19: Monthly adult detentions recorded as requiring an AA (Forces with low detention volumes)**



Forces with high detention volumes

The largest police forces, with high detention volumes, also reported a wide range of recorded rates of AA need, though this was slightly narrower than amongst smaller forces. The volume of adults being detained by these forces means that significant changes in recorded need during the year are less likely to be natural fluctuations. The **Metropolitan Police** and **West Midlands**’ rates effectively remained flat all year. **West Yorkshire** reported a small increase at the point of the Code change, though this was not sustained in the following months.

**Chart 20: Monthly adult detentions recorded as requiring an AA (Forces with high detention volumes)**



(vi) Effect of information systems

A. Changes in IT systems

There to Help 2 (NAAN 2019) indicated that custody information systems may impact on the availability of data about the need for AA. In that report (covering 2017/18) Northgate Connect, NSPIS, Police Works and Unifi were all associated with poorer AA data, though some forces on these systems did provide data. Niche and Athena were most over-represented in terms of forces able to provide AA data.

However, between 2017/18 and 2018/19, 9 forces switched IT systems.

Chart 21: Changes in custody IT systems 2017/18 to 2018/19

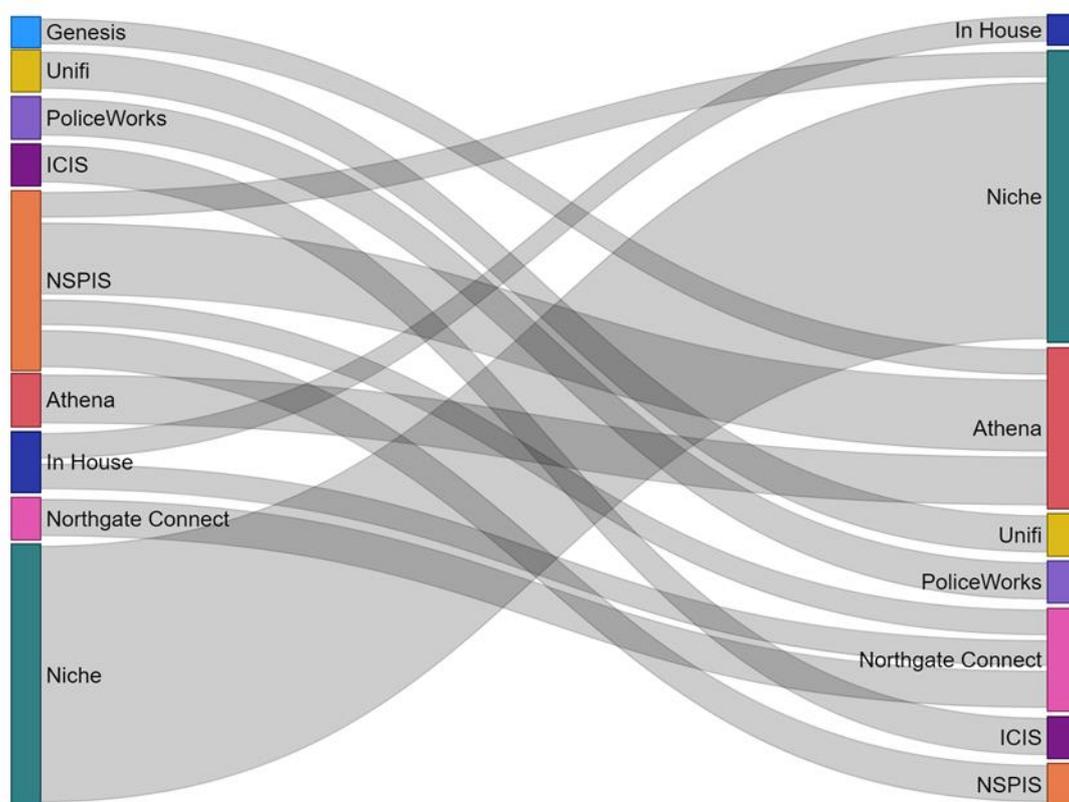


Table 2: Number of forces using each custody IT system

IT System	2017/18	2018/19	2019/20*
Niche	21	22	25
Athena	3	9	9
Northgate Connect	2	4	6
PoliceWorks	2	2	1
NSPIS	9	2	0
In-house	2	1	1
UNIFI	2	2	1
ICIS	2	2	1
Genesis	1	0	0

\*Projected figures: at March 2020 six forces had plans to move to different custody IT systems.

## B. On ability to report AA data

Table 3: Percentage of police forces on each system that provided AA data in 2018/19

	Forces on system	Forces providing AA data
<b>Niche</b>	50.0%	95%
<b>Athena</b>	20.5%	78%
<b>Northgate Connect</b>	9.1%	25%
<b>Unifi</b>	4.5%	100%
<b>PoliceWorks</b>	4.5%	50%
<b>NSPIS</b>	4.5%	100%
<b>ICIS</b>	4.5%	50%
<b>In house</b>	2.3%	100%

Use of **Niche** increased slightly, maintaining its position as by far the most common system. This was a trend set to continue in 2019/20. There was an increase in the ability of Niche forces to provide AA data (rising to 95%), with only one reporting that accessing data required a manual review of records.

There was a significant increase in the use of **Athena**, which replaced NSPIS as the second most common system. Athena delivered a 100% AA data rate in 2017/18 but this had reduced to 78% in 2018/19. Although six additional forces have adopted the system, the cause of the drop was two forces reporting that they no longer had confidence in the AA data they had previously produced from the system without a manual review of records. The forces explained that, *“further analysis has since been completed of the system with regards specifically the custody performance data relating to legal and AA call outs. This analysis identified that the data we were obtaining was not correct with around 95% of cases not having the non-mandatory field completed, that would identify non-medical call outs”*. This indicates that the system has the capability to retrieve the AA data, but this can be undermined by a strategic decision to make the AA field non-mandatory (followed by operational decisions not to input AA data).

Two moves to **Northgate Connect** rendered it the third most common system. The system was already associated with forces being less likely to report AA data (50% reporting rate in 2017/18) but this reduced even further, with only one of the four forces on the system able to provide AA data. One of the remaining three forces provided this insight: *“...our Connect System records the data required for this request. To extract any information we use an Oracle query tool. While there are fields we can search such as ‘Interpreter Required’ in this instance there is no field marked ‘appropriate adult required’. Without this field being visible to Oracle BI it will not be possible to extract the data asked for in this FOI. In order to complete this FOI request we would have to factor the time needed to re-program Oracle BI on top of the time needed to compile the report”*. Therefore, this appears to be a data retrieval issue.

There were no changes in relation to ICIS or PoliceWorks, which both continued to have one force able to report AA data and one not able to report AA data.

Provision of data from **NSPIS** and **Unifi** increased to 100%, though both systems were only used by two forces each. There was evidence that police forces do not always have access to, or use, the same functionality even when they have the same system. For example, one force that had recently changed systems stated: *“The previous system (NSPIS) does not let you count up the amount of AA call-outs, without having to go through and check each individual record”*.

Notably, for every IT system there was at least one force that used it to provide AA data.

### C. On reported rate of need for AAs

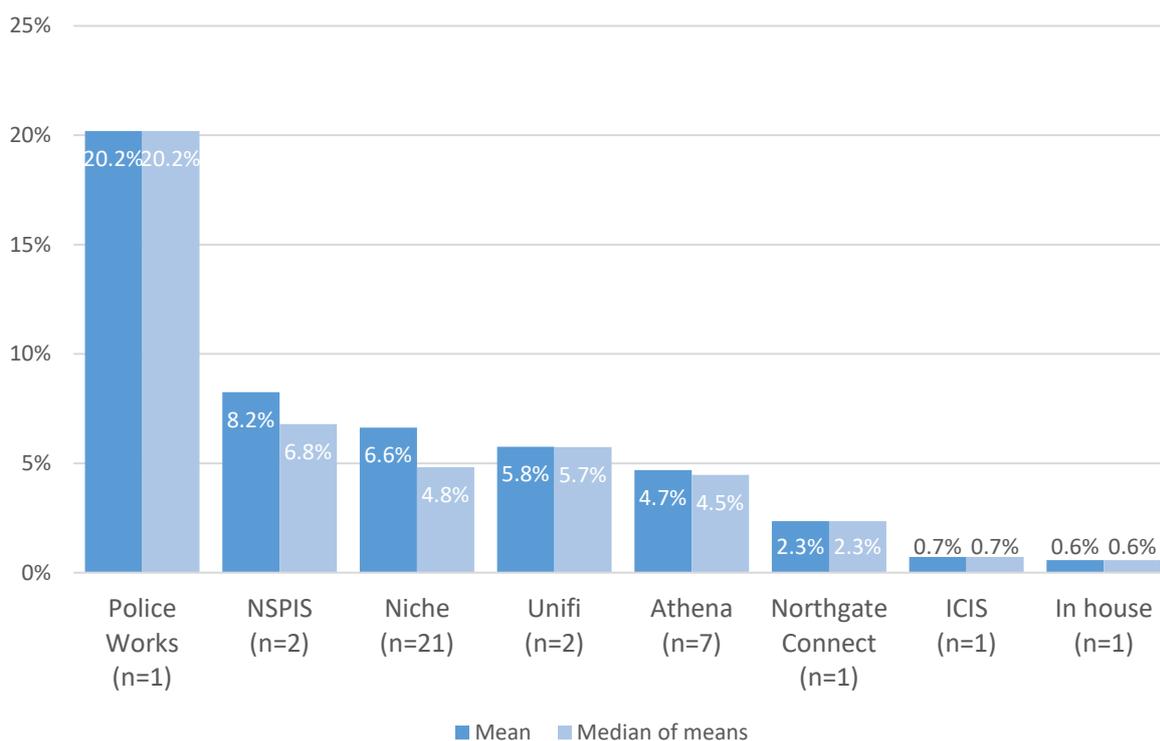
Due to the small number of forces using most custody IT systems, it is not possible to make clear conclusions about whether and how each system affects the recorded rate of need for AAs.

There is some indication that certain systems are associated with higher reported rates. However, there are other significant factors, not least the way that systems are used. For example, while PoliceWorks is associated with the highest recorded rate, one of the two forces using the system was unable to report AA data.

The high level of changes between IT systems may have influenced the reliability of data. For example, Bedfordshire Police, which invested in Athena in May 2018, stated that:

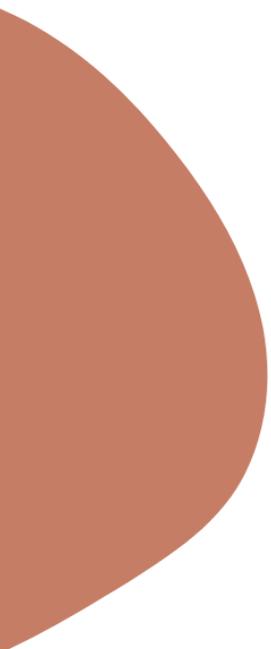
*“...whilst colleagues become more comfortable and familiar with how Athena works [we have] some concerns around data quality for which reason some of the data provided concerning events recorded after 23 May 2018, may include some inaccuracies. We apologise for the situation and are working to resolve it as soon as possible”.*

**Chart 22: Average annual adult detentions recorded as requiring an AA by custody IT system (2018/19)**



# Identification of need

## *Voluntary interviews*

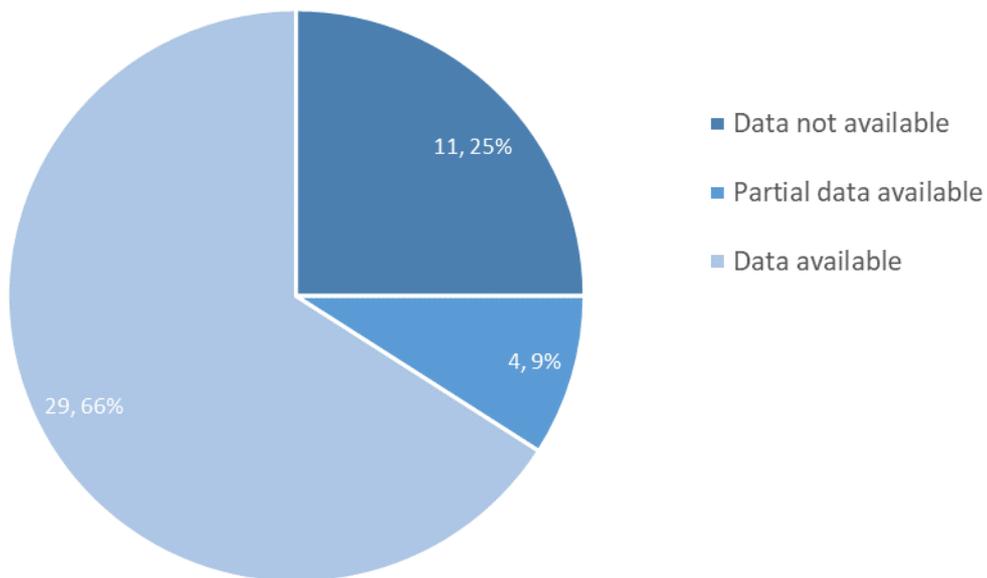


### 3.1.2 Voluntary interviews

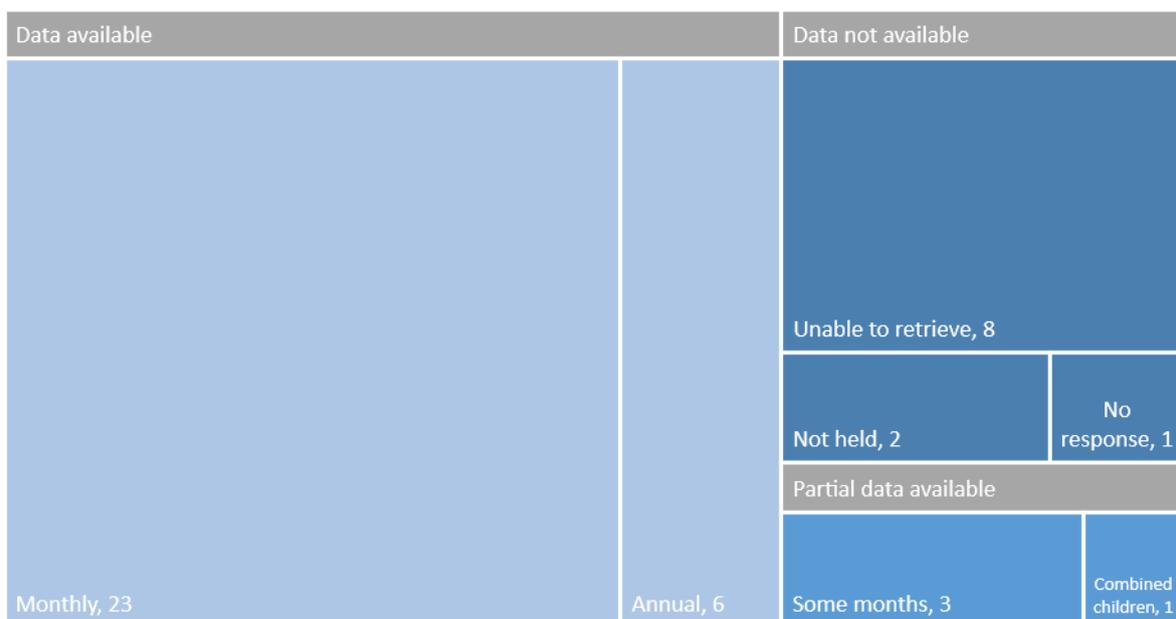
*(i) Ability to report voluntary interview volume data (all adults)*

In 2018/19, police access to data on voluntary interviews of adults (not just those for whom an AA was required) continued to be poorer than in custody, as had been the case in 2017/18.

**Chart 23: Police force ability to provide data on volumes of voluntary interviews of all adults in 2018/19 (summary)**



**Chart 24: Police force ability to provide data on volumes of voluntary interviews of all adults in 2018/19 (detail)**



As shown in the charts above:

- Annual total volumes of voluntary interviews of adults were available from 29 (66%) forces, either as an aggregate figure or calculable from complete monthly figures.
- 23 (52%) forces provided data for all months in the year, compared to 36 (82%) in custody.
- 1 (2%) could provide data that was aggregated with children (those aged under 18 years).<sup>36</sup>
- 11 (25%) forces did not provide any data.<sup>37</sup>

The availability of data on the volume of voluntary interviews had reduced since the previous year. Of the 44 police forces, the annual volume of adult detentions was available from 29 (66%) forces, compared to 31 (70%) in 2017/18. This reduction was not a simple matter of two forces no longer being able to report. Rather, there were significant changes in which forces reported data in 2018/19 versus the previous year.

- Nine (20%) forces which had previously not been able to report, did report in 2018/19.<sup>38</sup>
- Seven (16%) forces which had previously been able to report, did not report in 2018/19.<sup>39</sup>

## *(ii) Voluntary interview volumes (all adults)*

### A. Annual total

In 2018/19, the estimated annual volume of voluntary interviews of adults for the 43 territorial forces was 153,470.<sup>40</sup>

Due to data availability being more limited in voluntary interviews than in custody, it was necessary to construct an estimate based on:

- 29 (67%) providing full annual data<sup>41</sup>
- 3 (7%) providing a limited number of months of data<sup>42</sup>
- 1 (2%) providing a total volume including both adults and children<sup>43</sup>
- 10 (23%) providing no data.<sup>44</sup>

<sup>36</sup> Surrey

<sup>37</sup> *No response:* Greater Manchester. *Data not held:* Cambridgeshire, Hertfordshire. *Unable to retrieve:* Avon and Somerset, British Transport Police, Devon & Cornwall, Leicestershire, Northamptonshire, South Yorkshire, Thames Valley, West Mercia

<sup>38</sup> Bedfordshire, City of London, Derbyshire, Hampshire, Kent, Lancashire, Nottinghamshire, Sussex, Wiltshire.

<sup>39</sup> Avon and Somerset, British Transport Police, Cambridgeshire, Greater Manchester, Leicestershire, Thames Valley Police, West Mercia.

<sup>40</sup> Excludes British Transport Police.

<sup>41</sup> For which the total volume was 119,594.

<sup>42</sup> Across these forces, 52% of months were estimated based on average across available months' data.

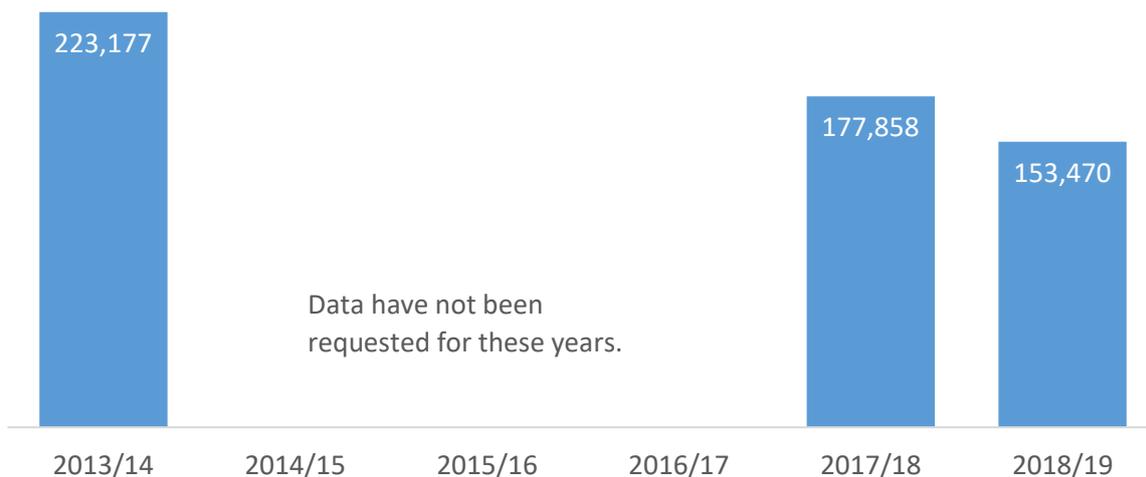
<sup>43</sup> Total annual volume reduced by 20% to account for inclusion of children. Data on arrests for notifiable offences submitted by the force indicated that 8% of such arrests were for children in 2018/19. However, it is likely that children make up a greater percentage of voluntary interviews than arrests for notifiable arrests.

<sup>44</sup> Force size was calculated using Home Office arrest statistics. In 2018/19, these 10 forces made up 22% 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.

B. Trend

The estimated total use of voluntary interviews for adults in England and Wales was 13.7% lower than in 2017/18 and 31% lower than in 2013/14.

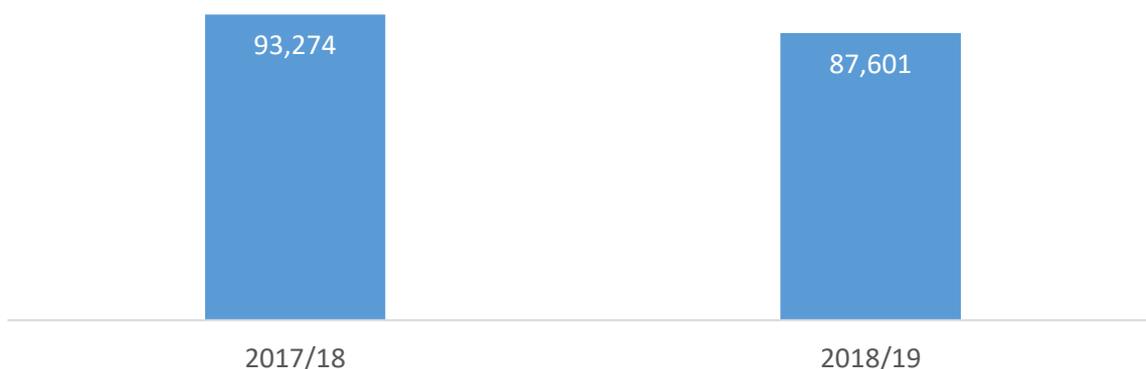
**Chart 25: Estimated total volume of voluntary interviews of adults by territorial forces in England and Wales**



Changes in voluntary interview volume were also considered based on the 21 (48%) police forces that provided relevant data in both 2017/18 and 2018/19, removing the need for estimation.

Across this sample, there was a reduction of 6% in the volume of voluntary interviews of adults.

**Chart 26: Volume of voluntary interviews of all adults in 21 police forces**



However, the trend was not shared across these 21 forces. Amongst the sample, in 2018/19 the volume of voluntary interviews of all adults:

- reduced in 13 (62%) forces
- increased in 8 (38%) forces
- had a wide range of rate of change, from -66% to +125%.

*(iii) Ability to report need for AAs*

Data was requested from 44 police forces (territorial and BTP) on the volume of adult voluntary interviews in which the need for an AA was recorded.

10 (23%) police forces were able to provide total annual AA data, of which:

- 8 (18%) could provide monthly data as requested<sup>45</sup>
- 2 (5%) could provide only annual data.<sup>46</sup>

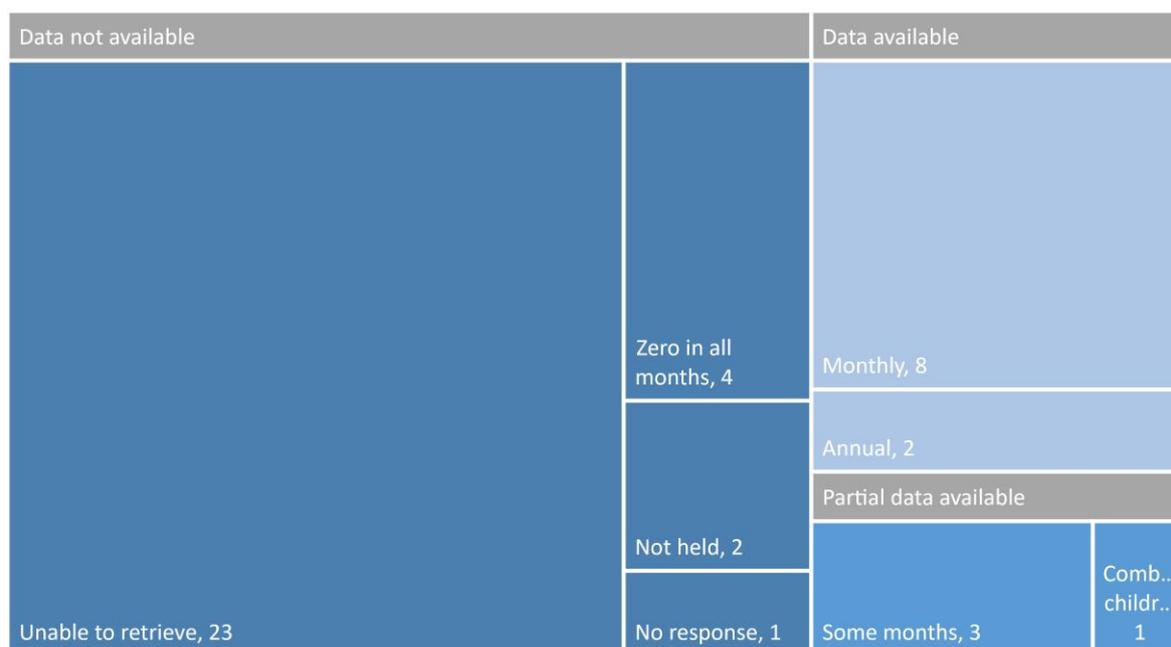
4 (9%) police forces were able to provide partial AA data, of which:

- 3 (7%) could provide partial data during the period requested<sup>47</sup>
- 1 (2%) could only provide AA data that was combined with children.<sup>48</sup>

30 (68%) police forces were not able to provide AA data, of which:

- 23 (52%) were unable to retrieve data without a manual search of records<sup>49</sup>
- 4 (9%) reported a zero-monthly figure in all months (assumed to be not held or retrievable)<sup>50</sup>
- 2 (5%) reported that the data was not held<sup>51</sup>
- 1 (2%) provided no response.<sup>52</sup>

**Chart 27: Forces by availability of data on volumes of adult voluntary interviews**



<sup>45</sup> Dorset, Dyfed-Powys, Essex, Gwent, Northumbria, South Wales, Staffordshire, Sussex.

<sup>46</sup> Humberside, North Yorkshire.

<sup>47</sup> Warwickshire, Kent, Merseyside. All three forces were able to report by the end of the year.

<sup>48</sup> Surrey.

<sup>49</sup> Avon and Somerset, Bedfordshire, British Transport Police, Cheshire, Cleveland, Cumbria, Derbyshire, Devon & Cornwall, Durham, Gloucestershire, Hampshire, Lancashire, Leicestershire, Metropolitan Police Service, Norfolk, Northamptonshire, Nottinghamshire, South Yorkshire, Suffolk, Thames Valley, West Mercia, West Yorkshire, Wiltshire.

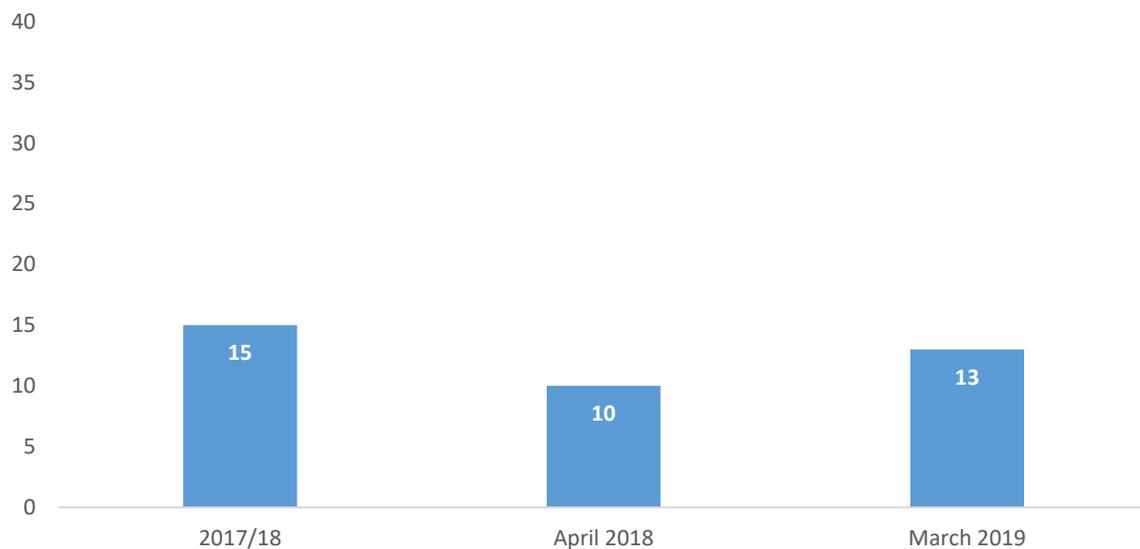
<sup>50</sup> City of London, Lincolnshire, North Wales, West Midlands.

<sup>51</sup> Cambridgeshire, Hertfordshire.

<sup>52</sup> Greater Manchester.

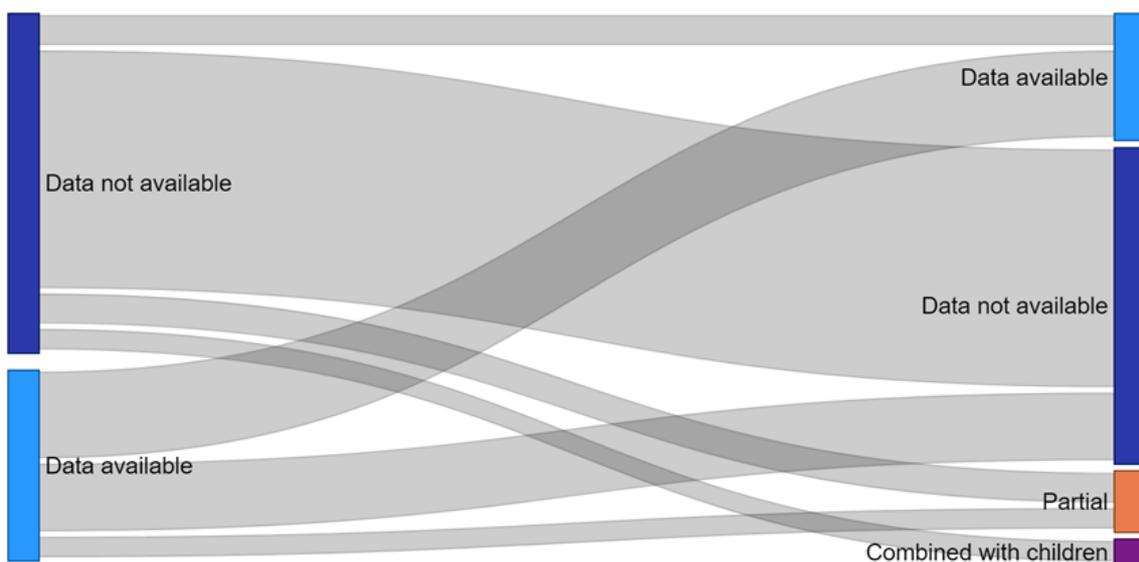
Notably, the number of forces able to provide data on AA need in voluntary interviews had reduced relative to the prior year. In 2017/18 15 forces reported data. However, at the start of 2018/19, only 10 forces were able to access the relevant data. By the end of the year, three additional forces were able to access monthly data. However, this is still a reduction on the previous year.

**Chart 28: Forces able to provide data on AA need**



The chart below illustrates the nature of this change at force level. Only eight forces that were able to provide annual data in 2017/18 continued to be able to do so in 2018/19; six no longer could; and one could only provide partial data. Only two forces that could not provide annual data in 2017/18 were able to do so in 2018/19.

**Chart 29: Changes in availability of AA data in adult voluntary interviews 2017/18 to 2018/19**



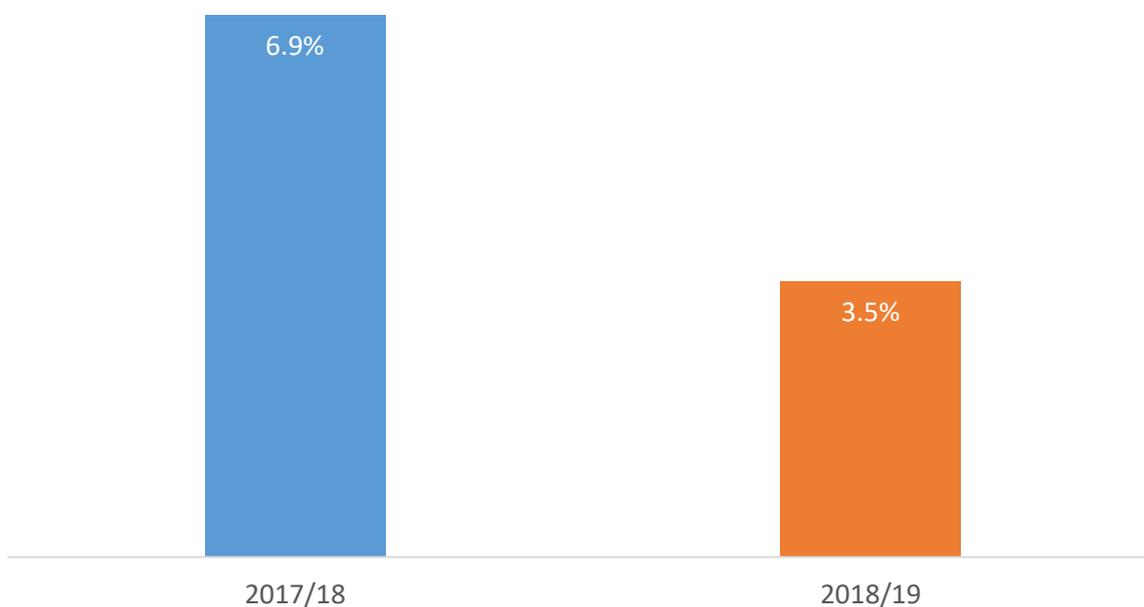
*(iv) Recorded rate of need for AAs in England and Wales*

## A. Annual average (mean)

Across the 13 (30%) forces reporting annual, full monthly, or partial monthly AA data, the need for an AA was recorded in 3.5% of adult voluntary interviews in 2018/19.

This data suggested that approximately half as many voluntary interviews with adults were recorded as requiring an AA, compared to the previous year.

**Chart 30: Proportion of adult voluntary interviews recorded as needing an AA**

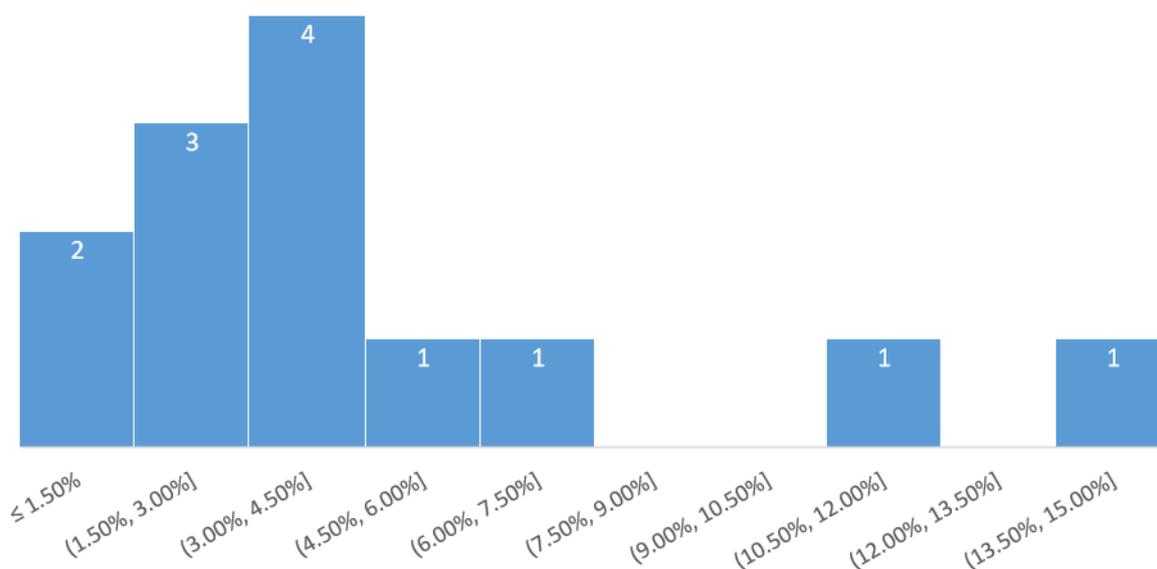


It was not possible to compare the rate in England and Wales with that in Northern Ireland (as was possible for custody data) because the PSNI was not able to provide the data without a manual search of records.

B. Annual average (median)

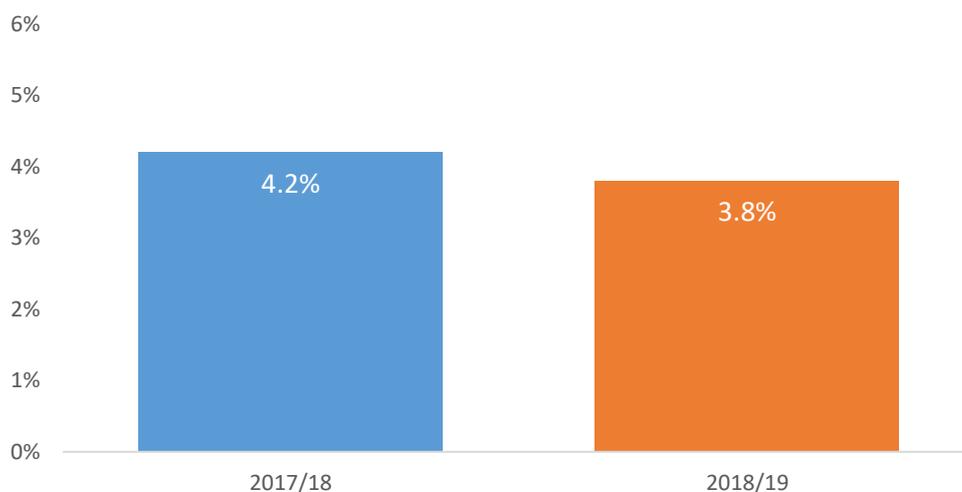
In 2018/19, the data continued to be skewed to the right rather than being a normal distribution (as in custody). Two police forces (**Kent, Dyfed-Powys**) had significantly higher rates of recording.

**Chart 31: Number of forces by average (mean) adult voluntary interviews recorded as requiring an AA in 2018/19**



Across police forces, the median rate at which police forces recorded the need for an AA was 3.8%, slightly down from 4.2% in 2017/18.

**Chart 32: Proportion of adult voluntary interviews recorded as needing an AA (median)**



### C. Response to PACE Code C change (England and Wales)

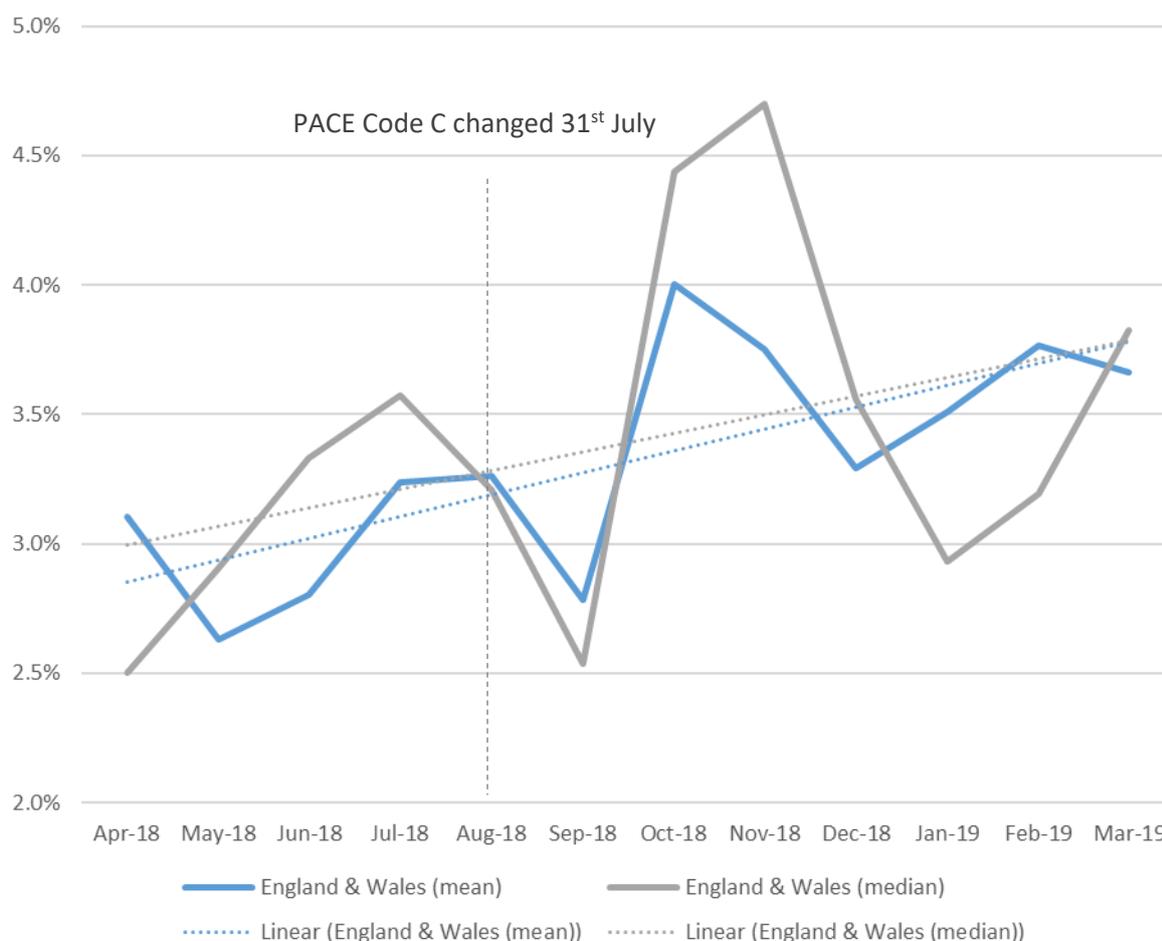
In July 2018, the Home Office made [changes to PACE Code C](#) intended to improve the identification and definition of vulnerability<sup>53</sup>. In addition, the amended Code aimed to clarify the expectations on police in terms of applying procedural safeguards (including AAs) to voluntary interviews.

For this reason, data were obtained at the monthly, rather than annual, level. This allowed for intra-year analysis of changes in the recorded rate of AA need.

Compared to custody, the availability of monthly data was significantly limited. The chart below reflects results from the 8 (18%) police forces in England and Wales that were able to provide the data requested for *all* individual months in 2018/19. In this sample, the likelihood of AA need being recorded *reduced* in the two months following the changes to Code C, before *increasing* significantly for two months, then *reducing* once again.

Figures for Northern Ireland, where Code C did not change at the end of July 2018, were not available because the PSNI was not able to provide data on voluntary interviews without a manual search of records.

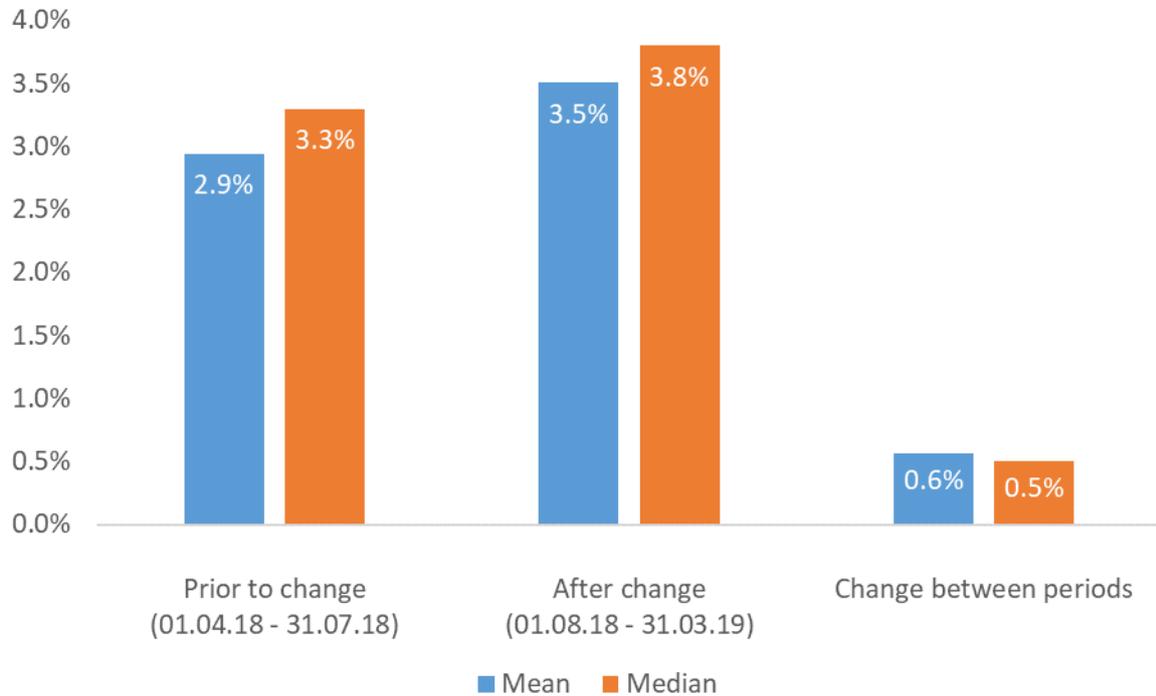
**Chart 33: Monthly average adult voluntary interviews recorded as requiring an AA (England and Wales, 2018/19)**



<sup>53</sup> For an analysis of these changes, see Dehaghani and Bath (2019).

The data from the 8 (18%) police forces able to provide AA data for every month was broken down into the periods before and after the PACE Code C changes were commenced.

**Chart 34: Proportion of adult voluntary interviews recorded as requiring an AA before and after changes to PACE Code C in July 2018**



The mean rate was 0.6% higher in the period after the changes were commenced. The median increased by 0.6% after the changes were commenced.

Therefore, at the national aggregate level and based on limited data, police were slightly more likely to record the need for an AA after the change than before it. However, the increased rate remained lower than the average over the previous year.

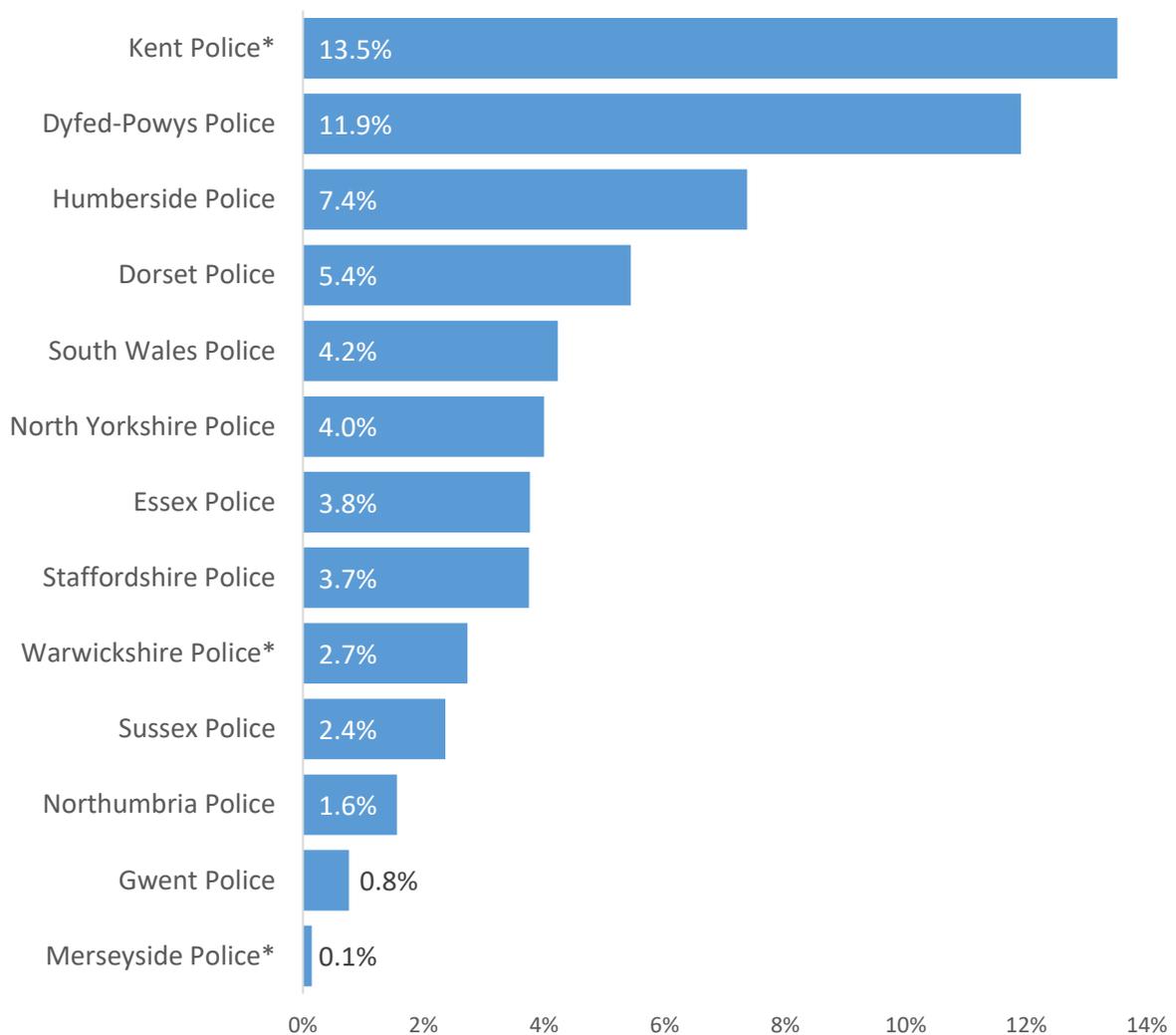
*(v) Recorded rate of need for AAs by police force*

A. Annual means (2018/19)

Comparisons were made between police forces that could provide monthly data for the entire year, annual data, or data for a limited number of months. In the latter case, averages presented are based on only those months for which data was available and the force is marked with an asterisk (\*).

**Kent** reported the highest recorded rate of AA need at 13.5% of adult voluntary interviews. **Merseyside** reported the lowest rate at 0.1%. At 13.4%, the range had narrowed (24.1% in 2017/18).

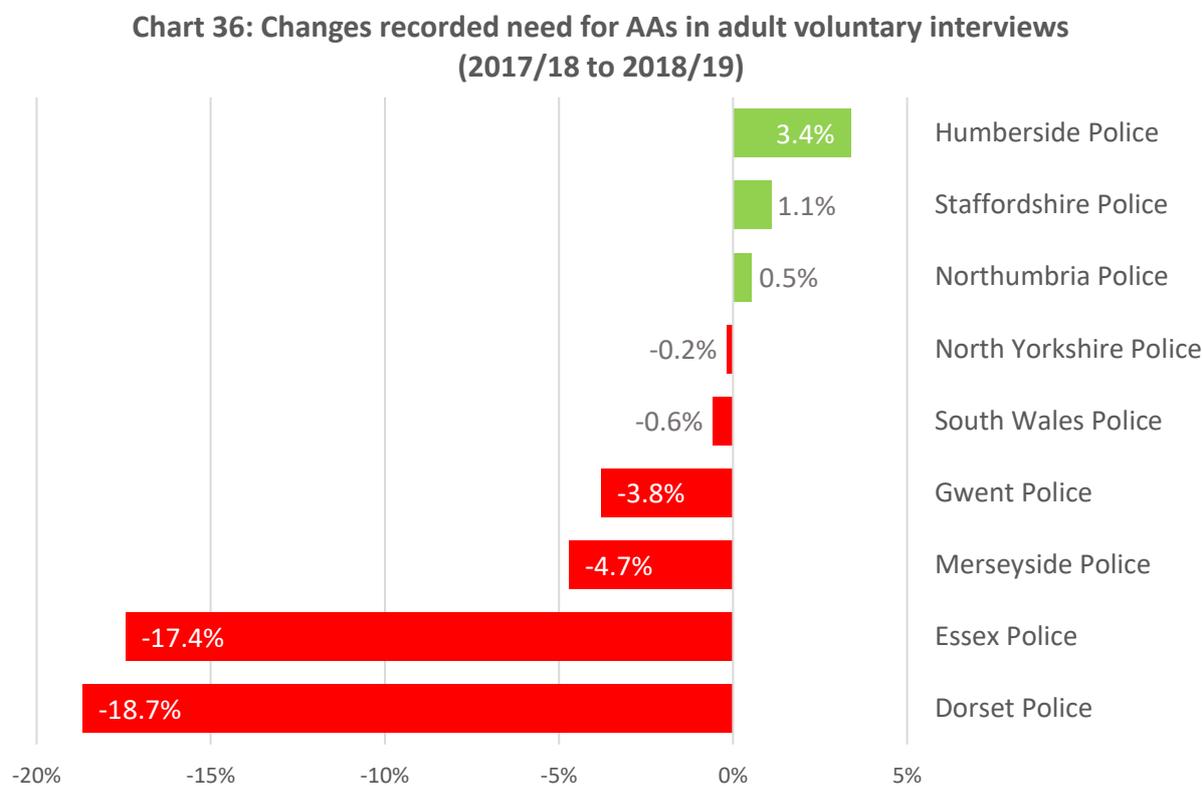
**Chart 35: Average (mean) adult voluntary interviews in which AA need was recorded (2018/19)**



## B. Annual change (2017/18 to 2018/19)

Direct comparators were limited by the low rate of data availability and the significant changes to which police forces were able to report data for AA need in voluntary interviews.

However, amongst this limited sample there were significant changes in recorded rate of need for AAs within each force.



Of the 9 (20%) forces that provided data for both periods:

- Three forces reported an increase in recorded need
- Six forces reported a reduction in recorded need.

The largest increase was in **Humberside**, where the rate of recorded need increased by 3.4%, from 4% in 2017/18 to 7.4% in 2018/19.

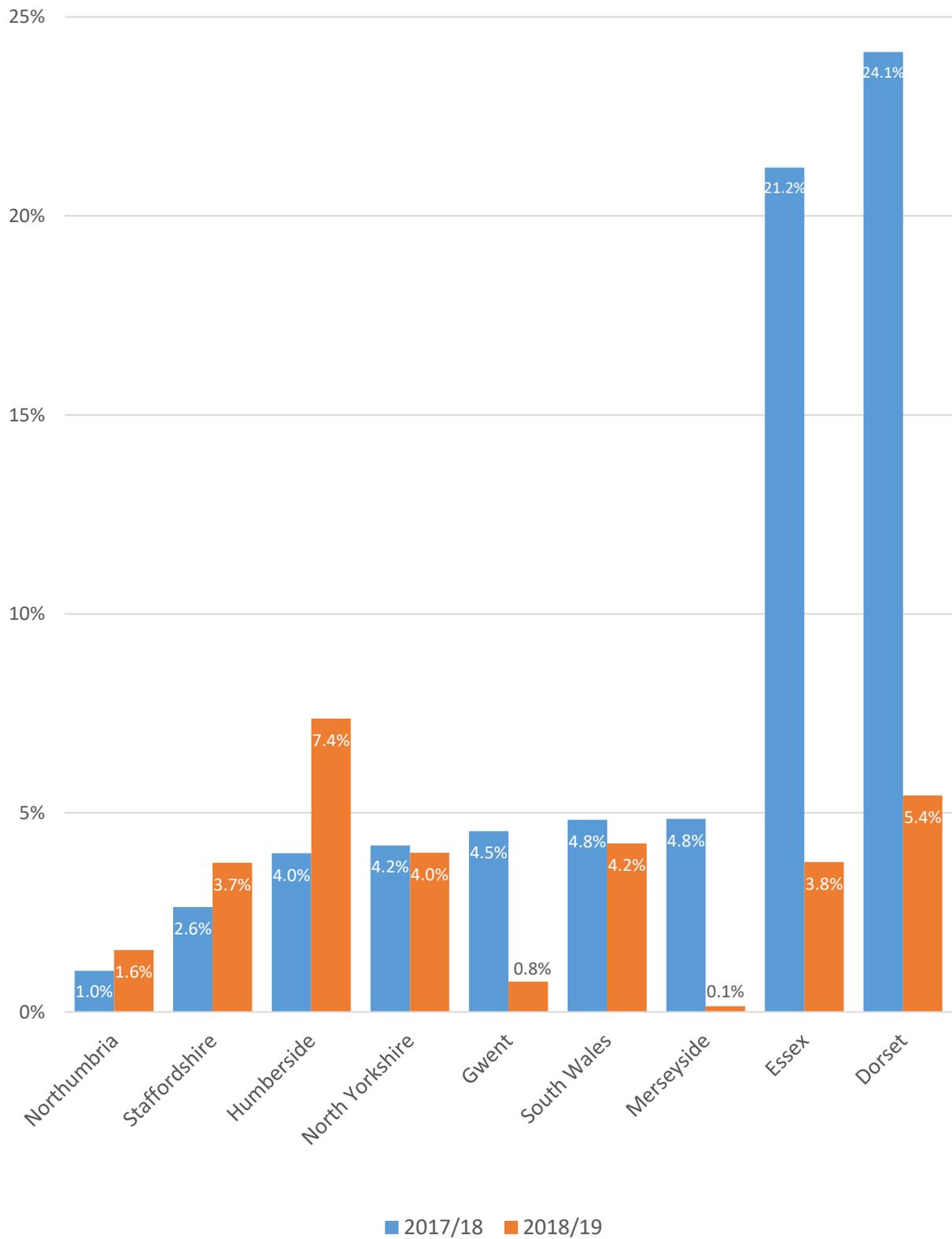
None of the forces which reported the highest rates in 2017/18 continued to so do.

**Dorset** experienced the largest reduction in reported rate. In 2017/18 it reported the highest recorded rate for voluntary interviews at 24.1% but this reduced to 5.4% in 2018/19.

**Essex** moved from recording the third highest rate at 21.2% (from 15 forces in 2017/18), to the seventh at 3.8% (from nine forces in 2018/19).

**Suffolk** and **Norfolk** had the second and fourth highest rates in 2017/18. However, they do not feature in the 2018/19 data because they reported that they no longer had confidence in the accuracy of the data they had previously provided.

**Chart 37: Rates of recorded need for AAs in adult voluntary interviews  
2017/18 to 2018/19**



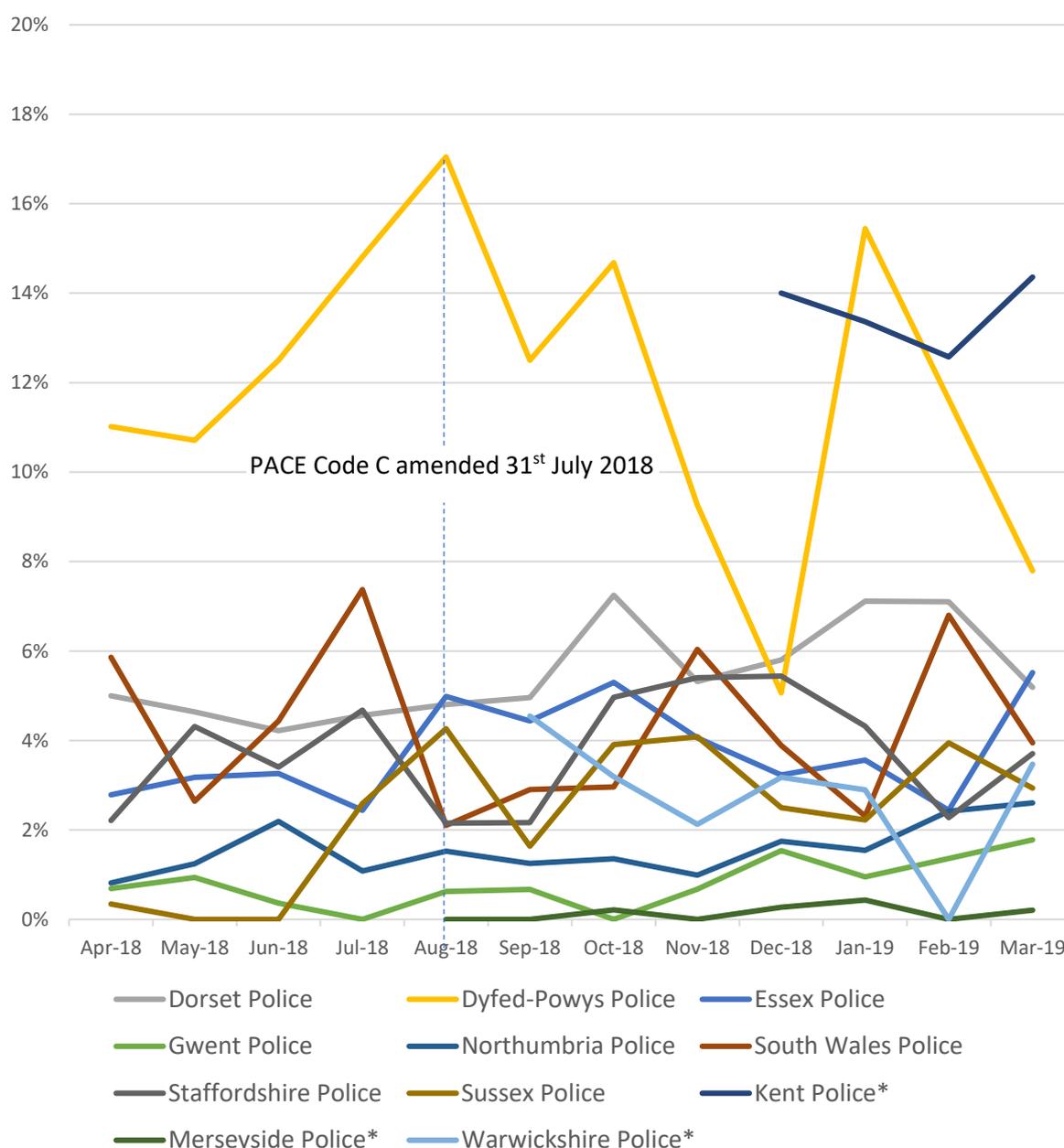
C. Response to PACE Code C change (local)

11 (25%) police forces provided monthly data on recorded need for AAs in voluntary interviews for *some* (marked with an asterisk\*) or *all* individual months of the year.

There did not appear to be any clear pattern in recorded rates, including with respect to the changes made to PACE Code C concerning both vulnerable adult suspects and voluntary interviews.

**Dyfed-Powys** had a consistently high rate relative to other forces. However, it varied considerably, peaking at 17% in August (the first month after the Code changes) with a low point 5.1% in December, with an immediate return to over 15% in January 2019. The relatively small size of the force and the low number of voluntary interviews it conducts is likely to be a contributor to this volatility.

**Chart 38: Monthly adult voluntary interviews recorded as requiring an AA (11 forces in England and Wales providing monthly data)**



vi) Effect of information systems

A. Changes in IT systems

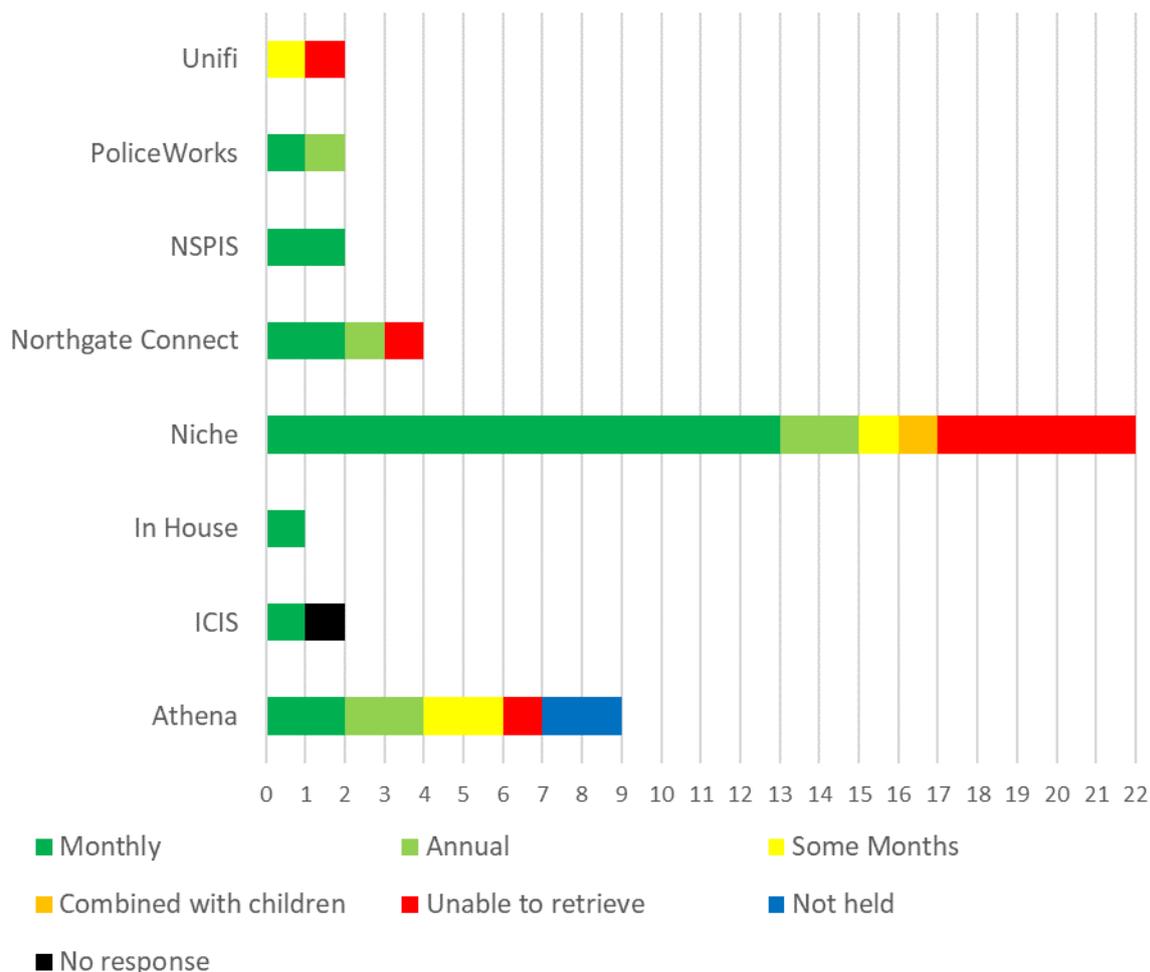
As reported in the custody section of this report, between 2017/18 and 2018/19, [9 forces switched IT systems](#). It is believed to be common for forces to use their custody IT system to record voluntary interview data. However, data were not collected on which IT systems police forces use to capture voluntary interview data for this research.

B. On ability to report voluntary interview volume data

Almost all police custody IT systems were used in at least one force that was able to provide data on volumes of voluntary interviews for each individual month.

The most popular system, Niche, had forces in almost every category. This suggests that police forces may not have access to, or use, the same functionality even if they are using the same IT system.

**Chart 39: Voluntary interview volume data availability by custody IT system (2018/19)**



The force using Unifi and reporting volumes for some months stated that: “...due to the recording technology being upgraded, the data from mid-September is not complete”.

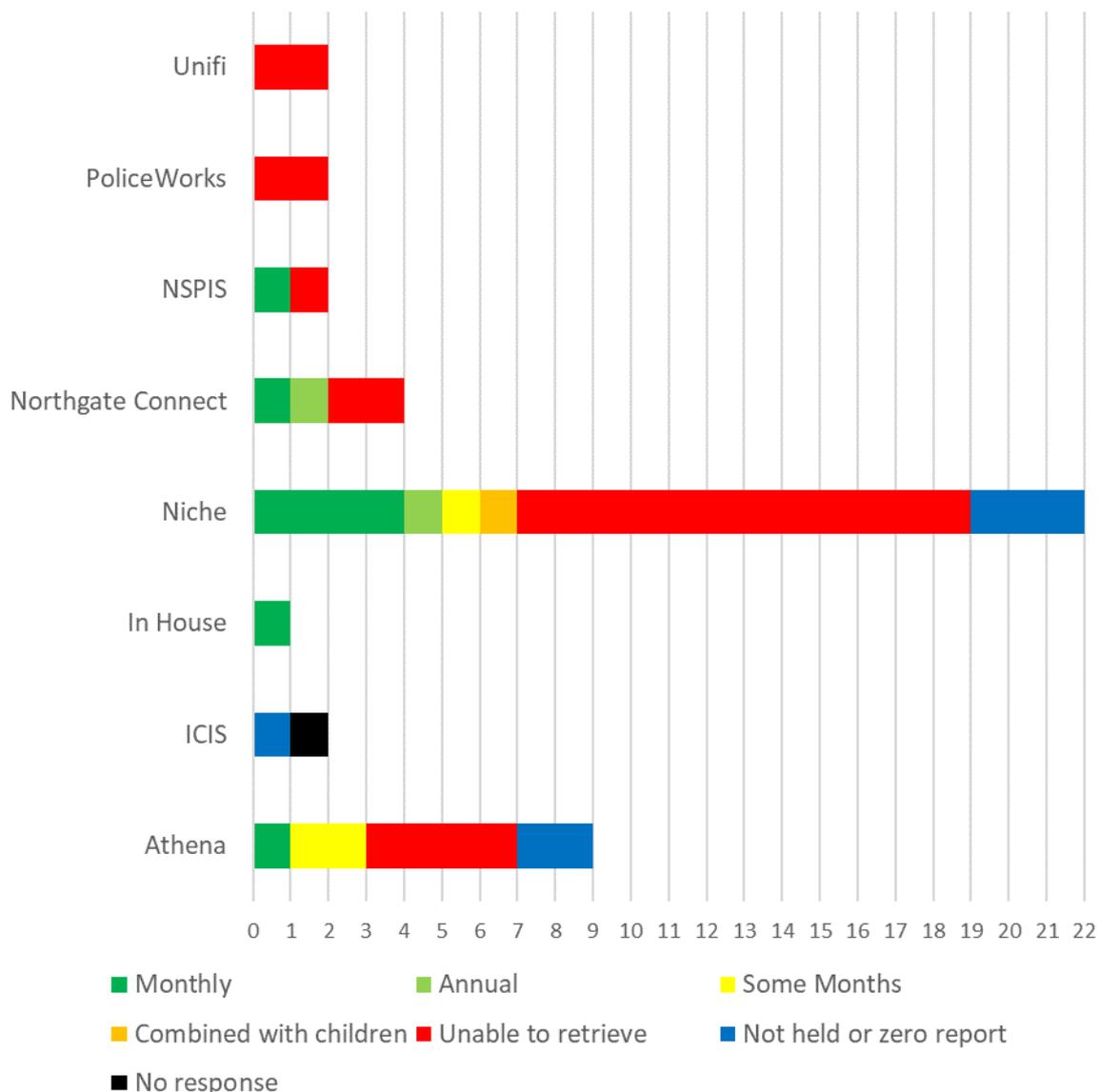
C. On ability to report AA data

Across all systems, access to AA data was poorer than data on the volume of voluntary interviews.

Most systems had police forces providing a different level of response to the request for AA data.

There were five IT systems which were able to produce monthly figures for the full year for at least one force. Together, these five IT systems were in use in 38 (86%) forces. This included the three most popular systems (Niche, Athena and Northgate Connect).

**Chart 40: Voluntary interview AA data availability by custody IT system (2018/19)**



Qualitative data, provided as commentary in FOIs and emails from forces, indicated that even where data were recorded, it could not always be retrieved. One force stated:

*“Whilst it is recorded within the Voluntary Interview data set when an appropriate adult is present, the data field is not currently available for searching and therefore it is not possible to electronically extract this data for statistical purposes”.*

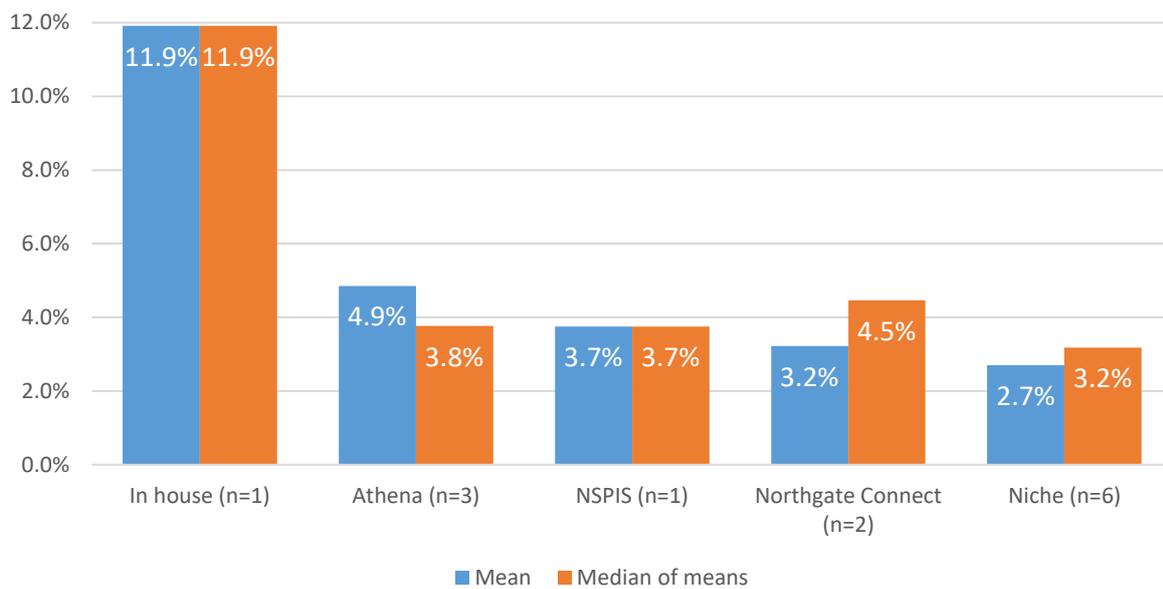
**D. On reported rate of need for AAs**

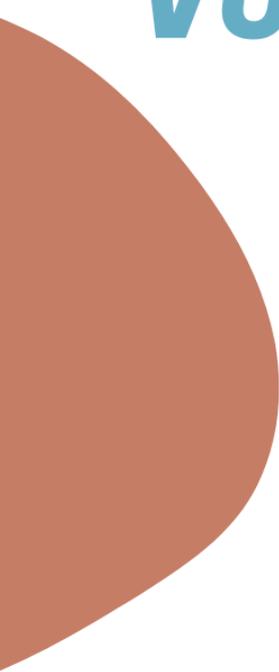
The 13 (30%) forces reporting annual, full monthly, or partial monthly AA data, used five different IT systems in custody.

Due to the small numbers forces using most IT systems, it is not possible to make clear conclusions about whether and how each system affects the recorded rate of need for AAs.

That said, the one force using an in-house system had a significantly higher rate. It is possible that this reflects the greater flexibility of a bespoke system in responding to changing needs and priorities, since changes do not need to be negotiated with an external provider or with other forces.

**Chart 41: Average annual adult voluntary interviews recorded as requiring an AA by custody IT system (2018/19)**





**Identification of need**  
***Custody &***  
***Voluntary Interviews***

### 3.1.3 Custody and voluntary interviews

#### (i) Volumes

##### A. Annual total

An estimation of the total annual adult volumes (for the 43 territorial forces) can be obtained from combining the [reported total detention volume](#) with the [estimated total adult voluntary interview volume based on reported figures](#). The estimated total combined volume for 2018/19 is 984,646.

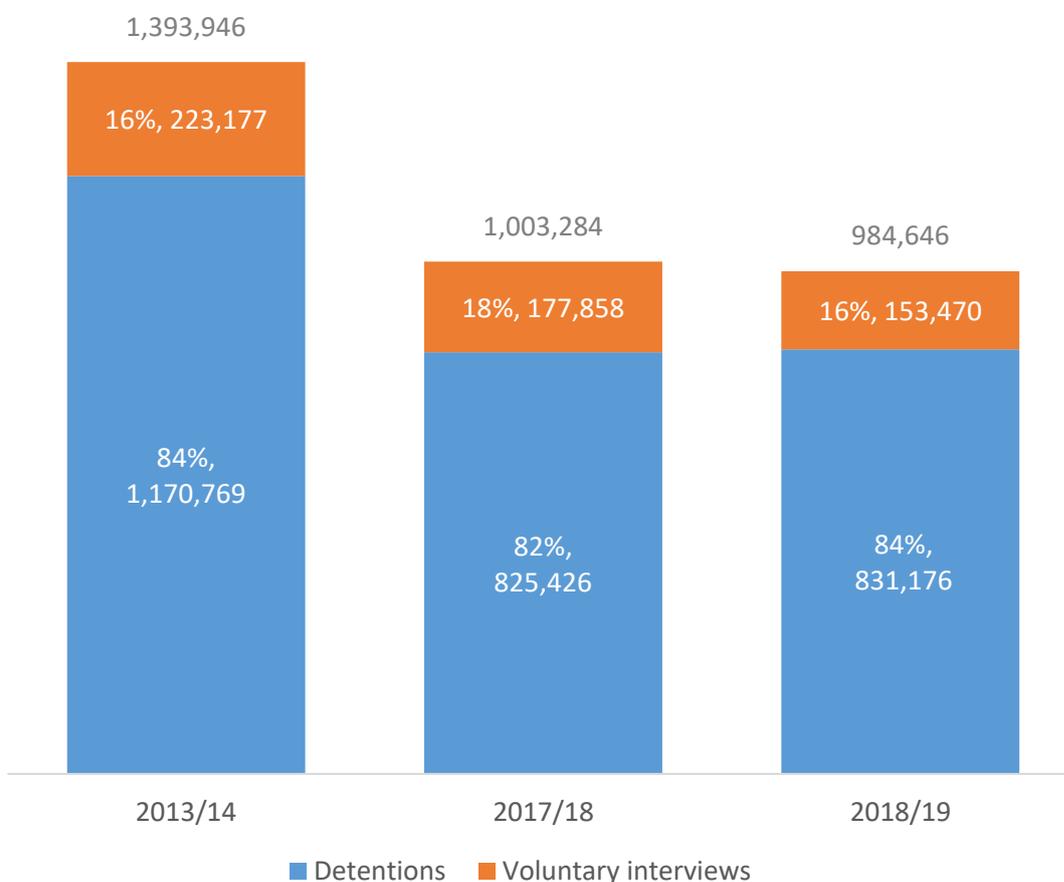
##### B. Annual split

Voluntary interviews made up 16% (153,470) of the combined total – a decline in volume and proportion. However, detentions increased slightly, making up the remaining 82% (831,176).

##### C. Split trend

The chart below suggests that the share of voluntary interviews to detentions has returned to the same level as 2013/14. While this could indicate poorer recording than in previous years, the implication is that it reflects a lower relative usage of voluntary interviews.

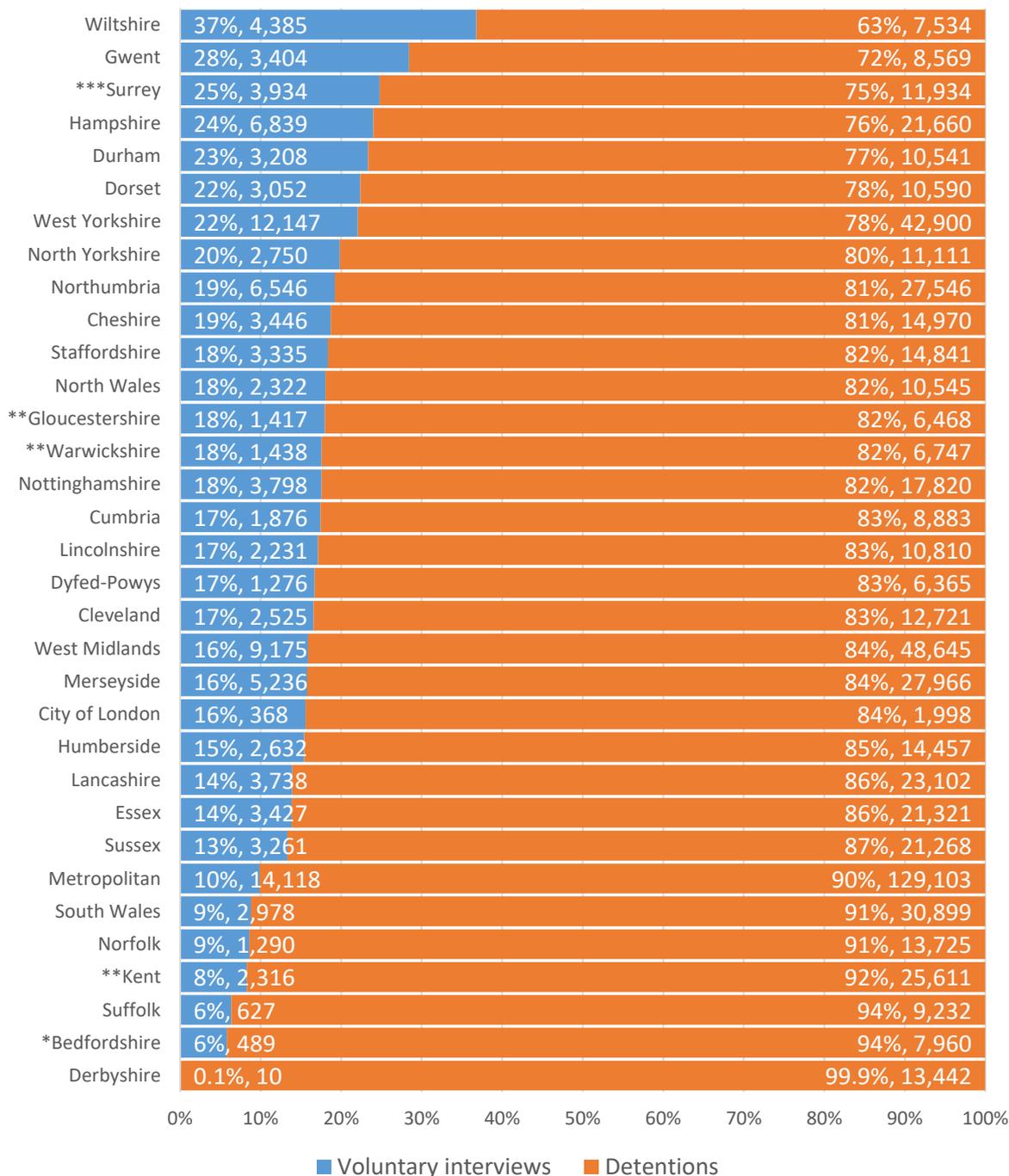
**Chart 42: Estimated total detentions and total voluntary interview in 43 territorial police forces**



D. Annual split (local)

The mean figure of 82% detentions and 18% voluntary interviews belies significant differences between forces. The chart below illustrates the proportion of voluntary interviews to authorised detentions for the 33 forces that provided data for 2018/19<sup>54</sup>. This ranged significantly, from only 0.1% voluntary interview in Derbyshire, up to 37% in Wiltshire.

**Chart 43: Proportion of voluntary interviews to detentions by force (2018/19)**



<sup>54</sup> \* Total adult detentions estimated from 10 months data. \*\*Total adult voluntary interviews estimated from 3-6 months data\*\*\* Total adult voluntary interviews and detentions estimated from adult and children data

*(ii) Ability to report on AA need*

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

32 forces (73%) of 44 forces were able to report the full annual recorded need for AAs in adult detentions, compared to only 10 (23%) in voluntary interviews.

*(iii) Recorded rate of need*

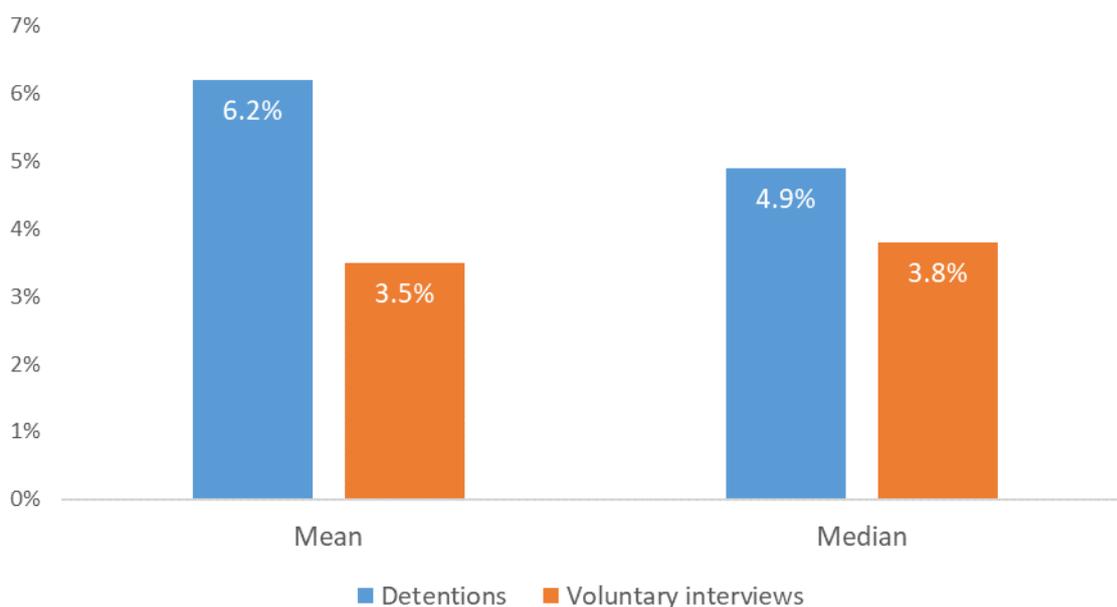
**A. Annual average**

In custody and voluntary interviews combined, the recorded rate of need for AAs amongst adult suspects was 6.09%. This was a small increase from 5.97% in 2017/18, but not a significant one.

The national average mean, which takes account of the significant differences in police force size, was 3.5% in voluntary interviews and 6.2% for detentions. The mean rate is therefore 1.8 times higher in custody than in voluntary interviews

The national average median, the mid-point between forces, was 3.8% in voluntary interviews and 4.9% for detentions. The median rate is therefore 1.3 times higher in custody than in voluntary interviews.

**Chart 44: Average recorded need for AA in adult authorised detentions and voluntary interviews (2018/19)**



**Table 4: Average recorded need for an AA**

	Custody	Voluntary
1. Mean proportion of all adult cases in which the need for an AA was recorded	6.2%	3.5%
2. Median proportion of adult cases in which each police force recorded the need for an AA	4.9%	3.8%

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 indicate two different findings:

- 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 event (detention or voluntary interview) was more likely to be recorded as needing an AA if it was a detention.
- 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<sup>55</sup>. On average, across England and Wales, police forces were more likely to have a higher rate in custody

Overall, the data suggest that identification of vulnerable adult suspects (as defined by PACE Code C) may have been less effective for voluntary interviews than in custody.

Potential reasons for this include:

- Lack of oversight by an officer independent of the investigation
- Poorer officer knowledge of PACE Code C provisions related to vulnerable suspects
- Risk assessments may be more limited in scope
- Unlikely to be a Liaison and Diversion assessment prior to interview.

However, this conclusion is subject to the following three assumptions.

#### 1. Prevalence of vulnerability

Assumption: The actual prevalence of vulnerability is equal amongst adult detentions and voluntary interview populations.

Consideration: It may in fact be that a greater proportion of adult detentions or voluntarily interviews required the AA safeguard to be applied (the 'input vulnerability'). Police have some discretion over how cases are investigated.<sup>56</sup> There may be a correlation between the types of crimes that are more frequently dealt with via the two routes and the actual (rather than the perceived) need for an AA.

This could work either way. For example, if forces have tended towards voluntary interviews where a suspect requires an AA, perhaps to reduce logistical issues (of securing an AA) and/or the negative effects of detention (on a vulnerable person), then the rate of recorded need for AAs in voluntary interviews would be expected to be even higher than in custody. Therefore, the relatively low rate would indicate that identification was poorer in voluntary interviews.

To ascertain whether there are different levels of input vulnerability would require a comparative analysis of adult suspects attending voluntary interviews versus those detained, with full assessments by qualified professionals.

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<sup>55</sup> 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.

<sup>56</sup> Police may not arrest a suspect unless the necessity to arrest criteria are met (PACE Code G).

## 2. Recording

Assumption: The recording of the need for an AA is equally effective in custody and voluntary interviews.

Consideration: It may be that the recording of the need for an AA is less likely to be recorded (but still applied) in either custody or voluntary interviews. It could reasonably be assumed that recording is more effective in custody, given the lack of the custody officer role in voluntary interviews. However, this has not been tested.

## 3. Retrieval

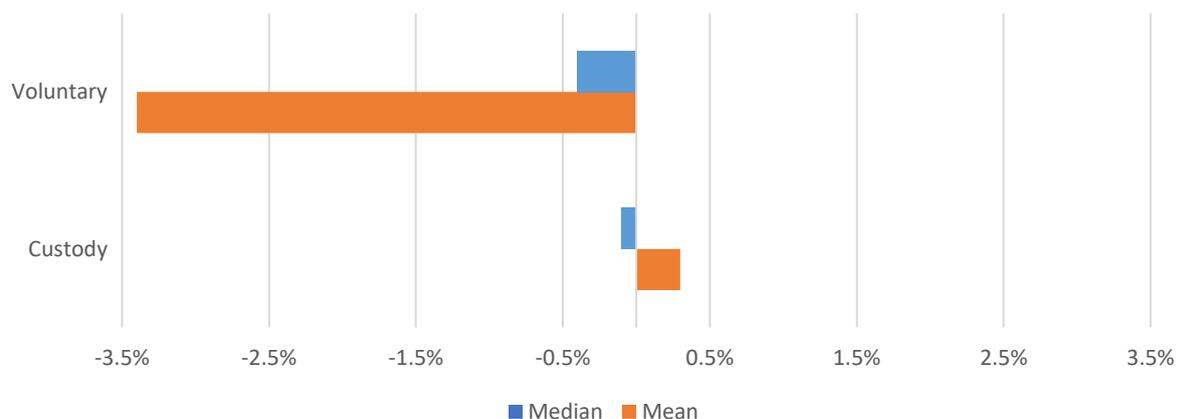
Assumption: The ability of police forces to retrieve data on the need for an AA is equal in custody and voluntary interviews.

Consideration: It may be, having been recognised and recorded, that the need for an AA is less likely to be easily retrievable in custody or voluntary interviews. For example, it is possible that police are using systems to record voluntary interviews that were not initially designed for that purpose, or that they have designed systems which do not include searchable fields for the AA requirement. However, this has not been tested.

B. Trend

While reported rates in custody changed little between the two years, there were significant changes in relation to voluntary interviews.

**Chart 45: National average change in recorded need for an AA 2017/18 to 2018/19**

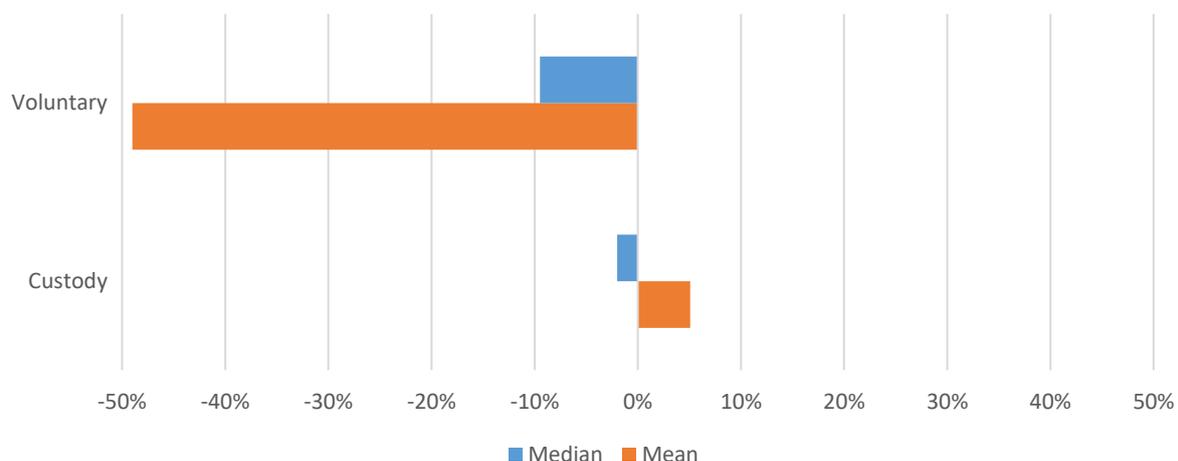


**Table 5: National average change in recorded need for an AA 2017/18 to 2018/19**

	Average	2017/18	2018/19	+/-
Custody	Mean	5.9%	6.2%	0.3%
	Median	5.0%	4.9%	-0.1%
Voluntary interview	Mean	6.9%	3.5%	-3.4%
	Median	4.2%	3.8%	-0.4%

In percentage change terms, the national average likelihood of an adult voluntary interview being recorded as requiring an AA reduced by 49% (from 6.9% to 3.5%). This suggests that, while adult detentions were slightly more likely to have been recorded as having an AA, *half* as many voluntary interviews were.

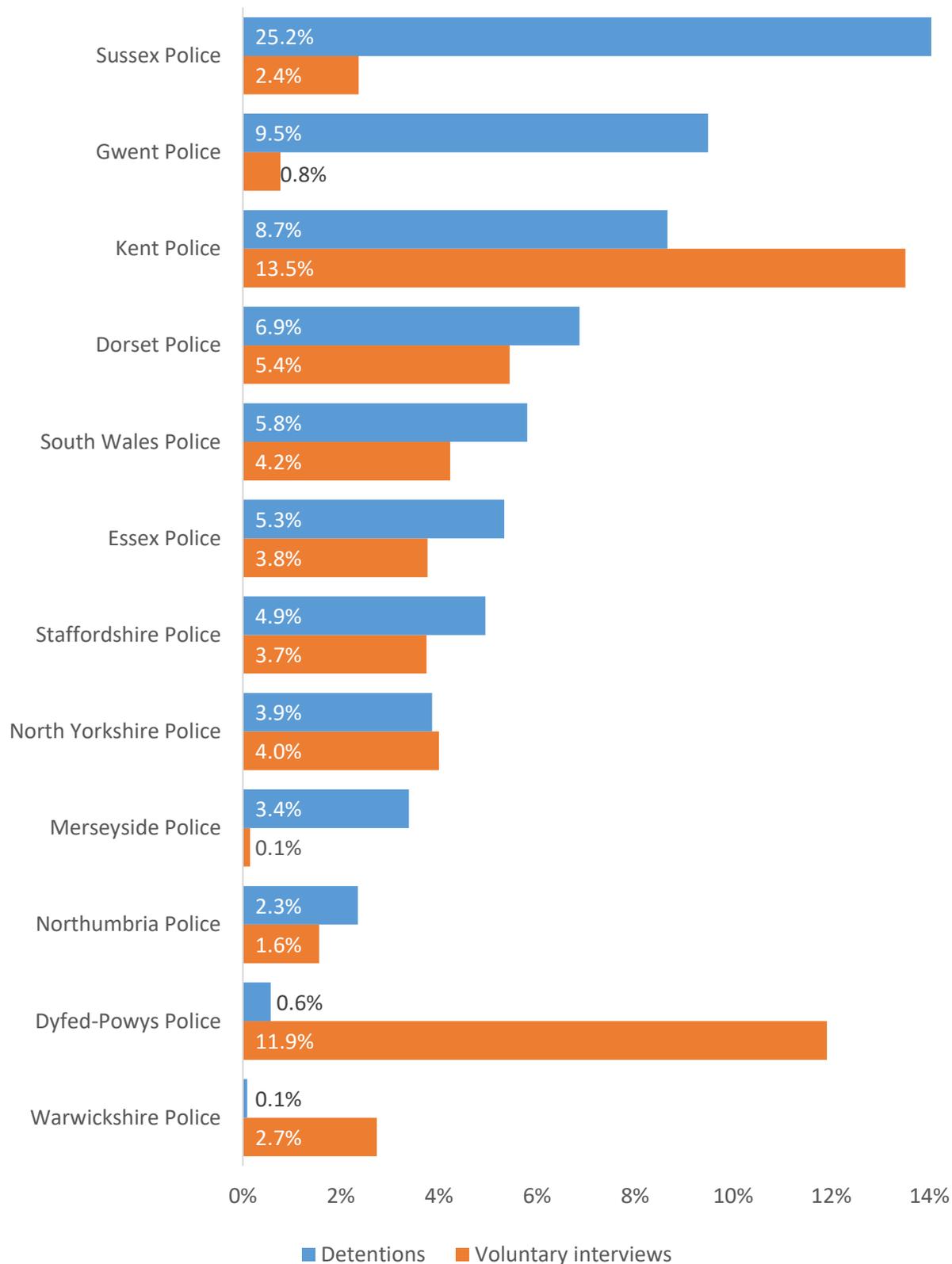
**Chart 46: National average percentage change in recorded need for an AA between 2017/18 and 2018/19**



C. Annual average (local)

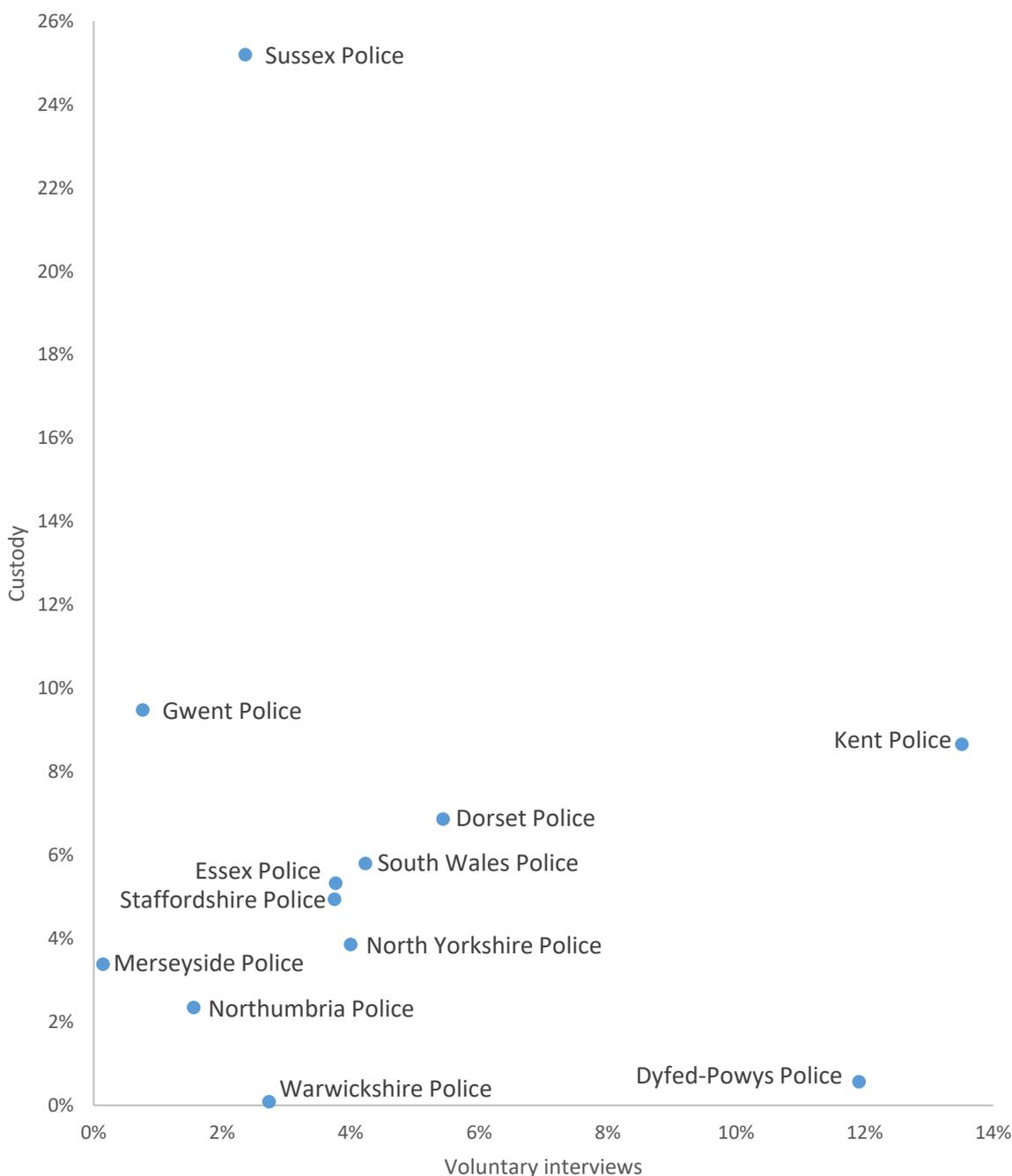
12 (27%) police forces provided AA data in both custody and voluntary interviews.

**Chart 47: Recorded need for an AA in adult authorised detentions and voluntary interviews (2018/19)**



In some forces rates are significantly higher in custody, while in others the opposite is true. As [discussed above](#), rates may be higher in *custody* due greater oversight, officer experience and knowledge of Code C, and more effective assessments. One possible reason for higher rates in *voluntary interviews* would be if a force purposefully diverts vulnerable suspects towards voluntary interviews. This would naturally lead to higher rates of prevalence in the voluntary interview population. Overall, there was no correlation between recorded rates in custody and voluntary interviews (Pearson’s correlation coefficient = -0.12). Thus, there appears to be no connection between rates in the two contexts. This lack of correlation may illustrate the fact that the two fall under separate leadership, processes, and recording/reporting systems.

**Chart 48: Correlation between forces' recorded need for AAs in custody and in voluntary interviews (2018/19)**

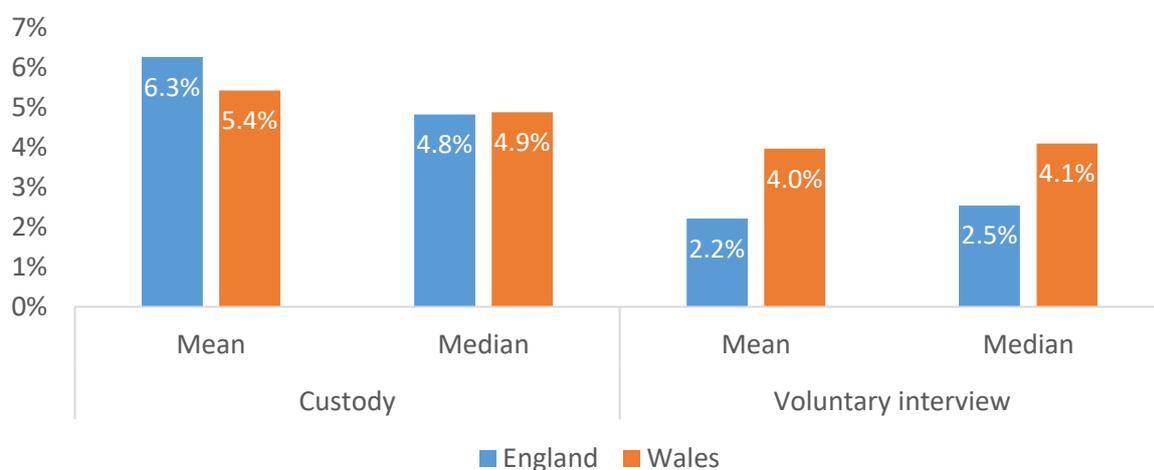


### D. Annual average (England vs Wales)

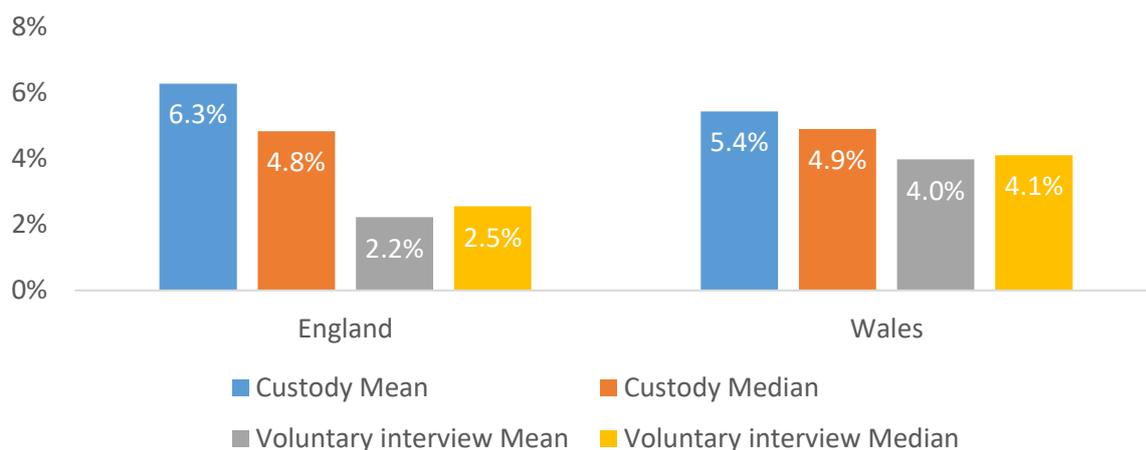
Rates of recorded need were compared between forces in England and those in Wales<sup>57</sup>. The charts below illustrate the same data in two different ways. The key findings were that:

- Rates in Wales are more consistent between custody and voluntary interviews
- Rates in voluntary interviews are significantly higher in Wales.

**Chart 49: Average recorded need for an AA in adult detentions and voluntary interviews in England and Wales (2018/19)**



**Chart 50: Average recorded need for an AA in adult detentions and voluntary interviews in England and Wales (2018/19)**

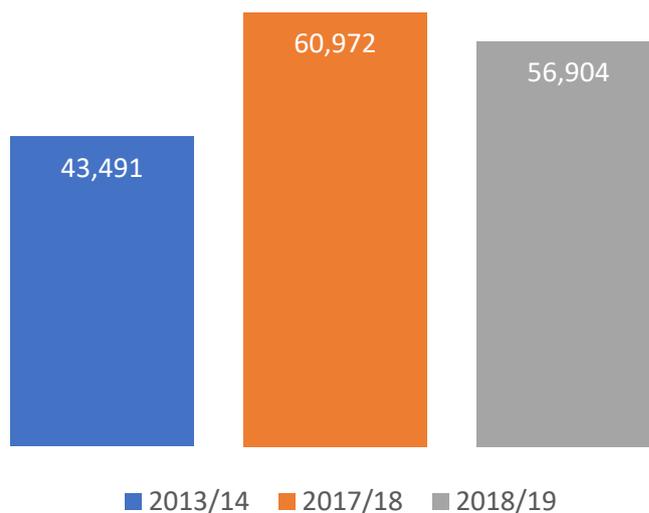


<sup>57</sup> Sample sizes varies significantly: England custody (n=30) and voluntary interviews (n=14); Wales custody (n=4) and voluntary interviews (n=3). Data includes several forces in England that reported zero recorded AA need but did not indicate any recording issues.

*(iv) Total demand for AAs***A. Identified 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 for AAs.

**Chart 51: Estimated total recorded need for AAs for adult suspects in custody and voluntary interviews**



**Table 6: Estimated total recorded need for AAs for adult suspects in custody and voluntary interviews**

	2013/14	2017/18	2018/19
Detention volume	1,170,769	825,426	831,176
Detention AA rate	3.12%	5.9%	6.2%
Voluntary interview volume	223,177	177,858	153,470
Voluntary interview AA rate	3.12% <sup>58</sup>	6.90%	3.50%
Total volume	1,393,946	1,003,284	984,646
Total AA demand	43,491	60,972	56,904

Between 2013/14 and 2017/18, the overall volume of adults detained or interviewed voluntarily decreased, but the recorded rate of need for AAs increased significantly for both detentions and voluntary interviews. The net effect was higher estimated demand for AAs from police.

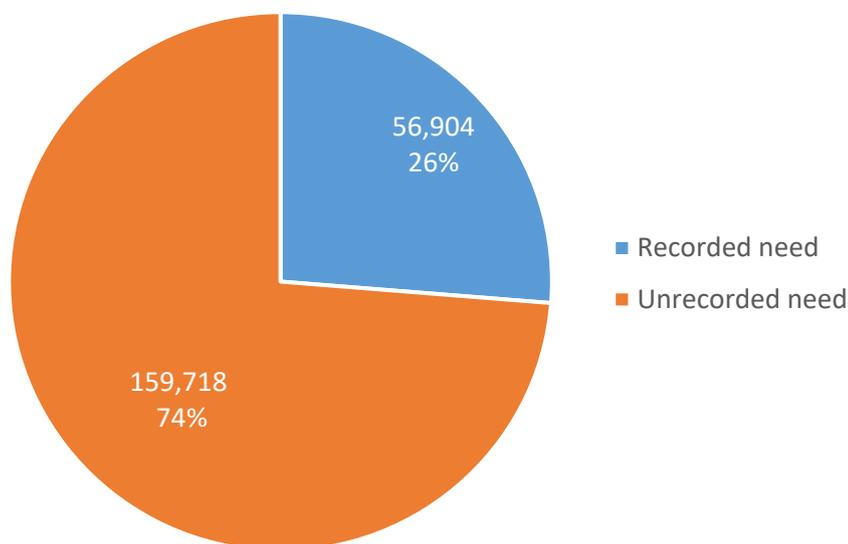
Between 2017/18 and 2018/19 the overall volume decreased further, driven by reductions in the use of voluntary interviews. Combined with the significant reduction in the recorded rate of need in voluntary interviews, the net effect was a reduction of 6.7% in estimated demand for AAs from police.

<sup>58</sup> The rate of recorded need was 3.12% in custody and assumed to be the same in voluntary interviews.

**B. Unidentified need**

Previous *There to Help* reports have estimated the scale of unidentified need by assuming that the actual need for AAs is 22%. The same assumption is adopted below to allow comparison.

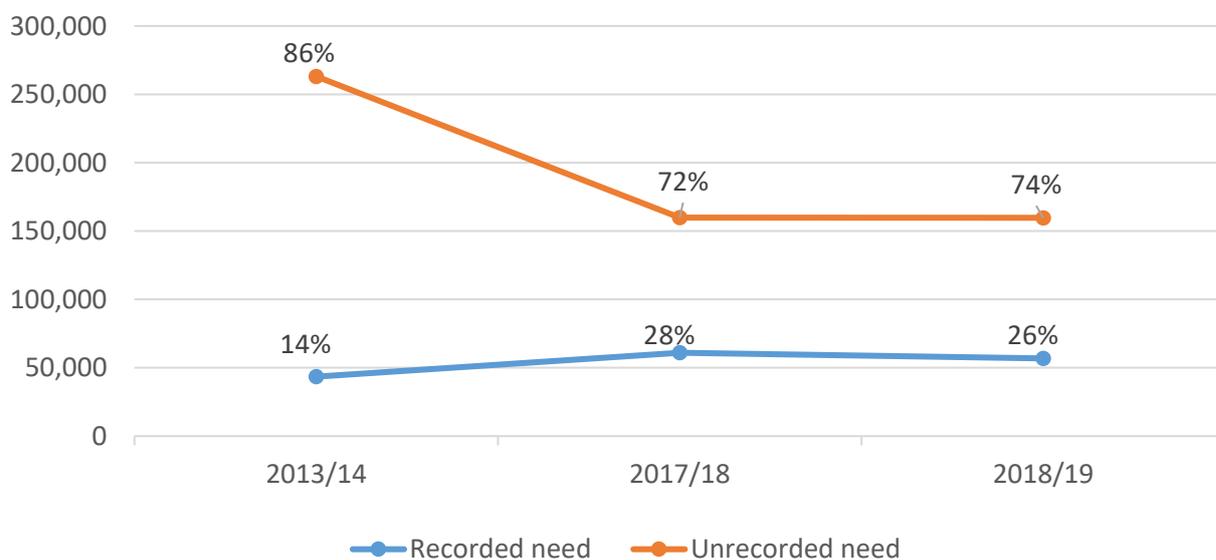
**Chart 52: Proportion of need for AAs recorded in 2018/19  
(estimated prevalence = 22%)**



**Table 7: Estimated total AA need for adult suspects in custody and voluntary interviews, assuming prevalence of 22%**

	2013/14	2017/18	2018/19
Recorded need	43,491	60,972	56,904
Unrecorded need (assuming 22%)	263,177	159,750	159,718
Total need	306,668	220,722	216,622

**Chart 53: Estimated detentions and voluntary interviews in which need for an AA was recorded / unrecorded (22% prevalence)**



Assuming that the actual rate of detentions and voluntary interviews of adults for which an AA was required was 22%, the proportion of vulnerable suspects that were not identified by police:

- increased from 72% in 2017/18 to 74% in 2018/19
- decreased from 86% in 2013/14 to 74% in 2018/19.

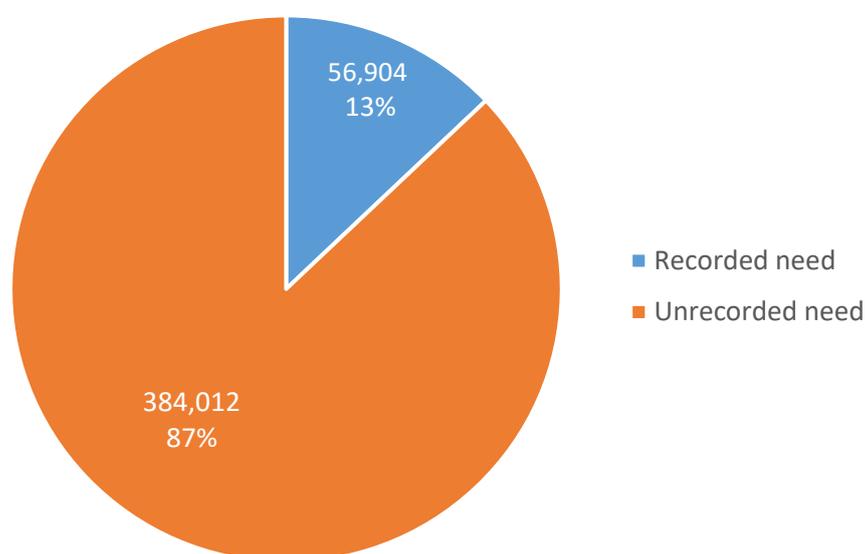
On this basis, an estimated 159,718 adult detentions and voluntary interviews of vulnerable adults took place in 2018/19 without an AA, when one was required by PACE. This was almost the same as the previous year.

The 22% figure is an assumption, however. It remains necessary to interrogate its validity. If fewer cases meet the PACE criteria, then the estimates above underestimate police performance. However, if more actually meet the criteria, then they overestimate police performance.

One pragmatic approach is to take the current highest rates reported in custody and voluntary interviews. In 2018/19 these rates aggregate to an overall rate of 24%. If all forces had operated at this rate, 198,471 more vulnerable adult suspects would have been recorded as requiring an AA.

Prior to July 2018, an AA was required for a person with any mental disorder. On this basis, the 39% prevalence of mental disorder in police custody found by McKinnon and Grubin (2013) could reasonably be assumed to be the prevalence of AA need. On this basis, only 13% of vulnerable adult detentions and interviews were recorded as requiring an AA and 87% (384,012) went unrecorded.

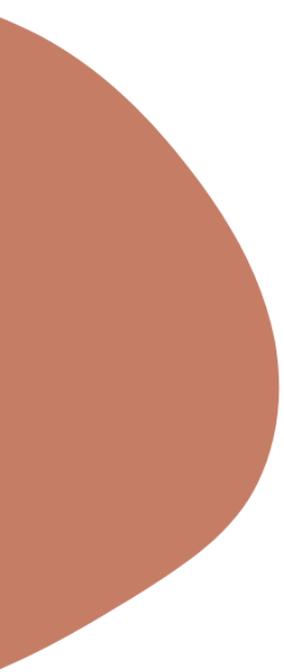
**Chart 52: Proportion of need for AAs recorded in 2018/19  
(estimated prevalence = 39%)**



Under the revised PACE Code C it is technically not the presence or absence of a mental disorder that determines the need for an AA. However, the Code has not altered reality and, in practice, a mental disorder provides a reason to suspect a person may be vulnerable. Further research is required by suitably qualified clinicians. Specifically, studies are required to determine:

- What proportion of adult suspects passing through police custody and voluntary interviews meet the revised threshold and definition in PACE Code C;
- Whether the PACE Code C provisions reflect all the relevant risks to justice.

# **Application of AAs amongst L&D clients**



## 3.2 Application of appropriate adults amongst L&D clients

### 3.2.1 AA need met

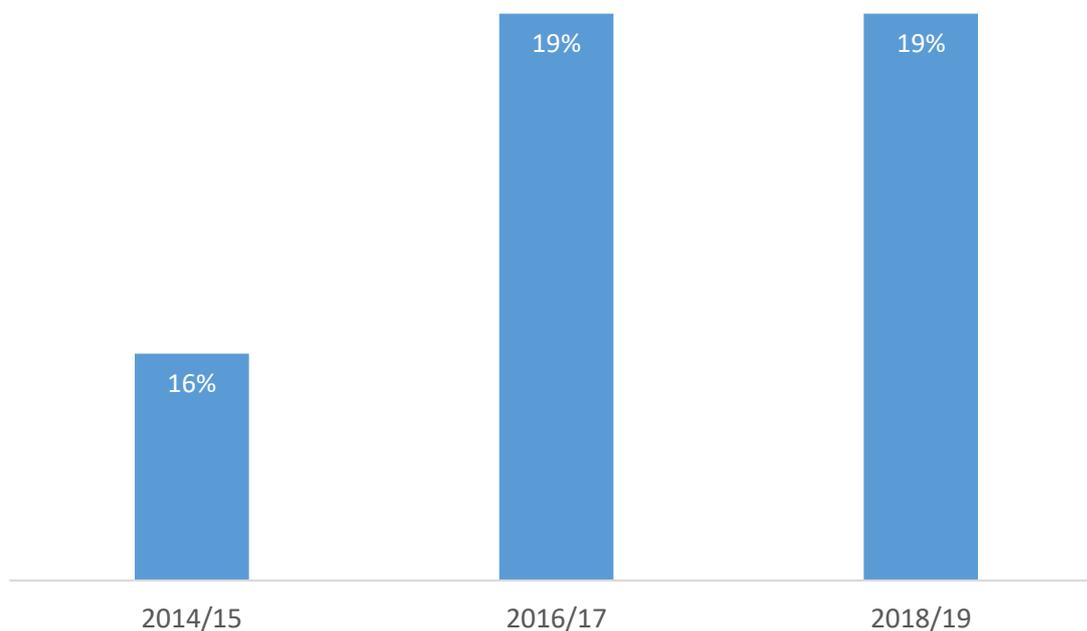
#### (i) Nationally

In 2018/19, in England, there were 68,581 cases in which an adult engaged with Liaison and Diversion (L&D) services.

The most common need identified by L&D was mental illness. Amongst L&D cases where the person *did have* an AA, 84% had one or more mental health issue. Amongst L&D cases where the person *did not have* an AA, 68% had one or more mental health issue. In both cohorts, a range of other relevant conditions, such as learning disability or autism spectrum condition were also identified.<sup>59</sup> Therefore, under the pre-July 2018 PACE Codes at least, the expectation would be that the AA safeguard was applied in at least 68% of L&D client cases.<sup>60</sup>

An AA was involved in 13,280 (19%). This was the same rate as in 2016/17 (2014/15: 16%).

**Chart 55: Proportion of adult L&D cases in which client had an AA**



<sup>59</sup> Unlike the police data, the L&D relates to individuals rather than events. One adult may have had multiple conditions, so these percentages are not necessarily cumulative.

<sup>60</sup> Given their mission to identify and engage with vulnerable people, this rate is higher than the expected rate amongst all adult suspects because L&D clients have all been identified by professionals as vulnerable. At the same time, it would be expected to be significantly lower than 100% because, while there is a high degree of overlap, the meaning of 'vulnerable' in the Liaison and Diversion operating specification is not the same as under PACE. See [Method](#) section.

*(ii) Locally*

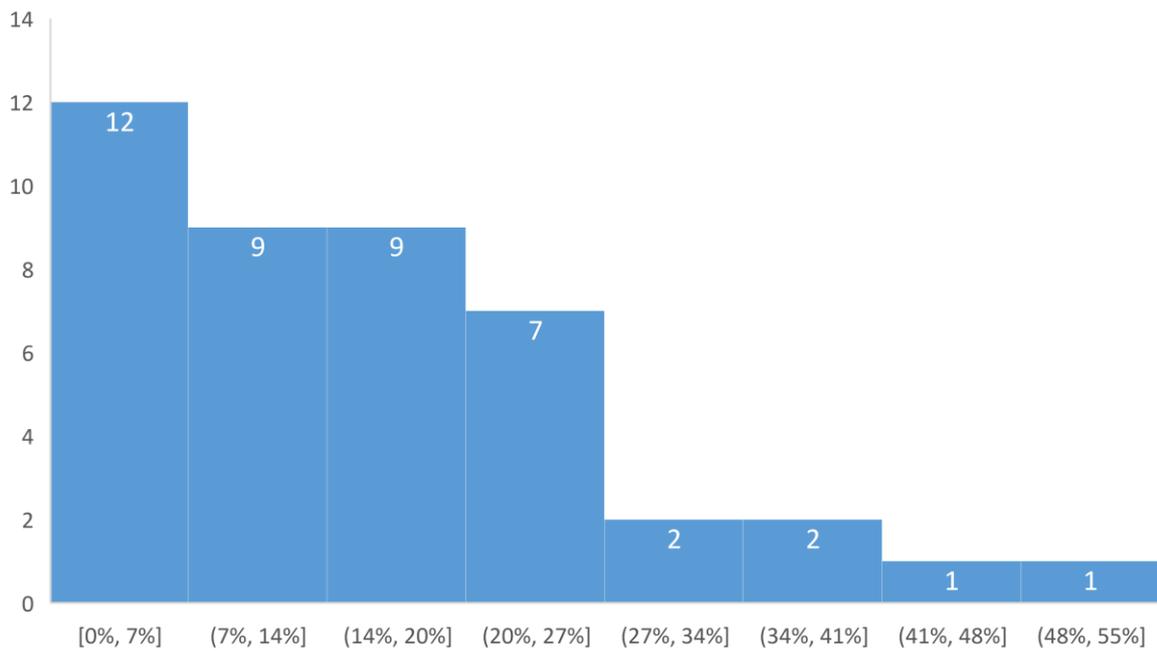
A. Range and distribution

Recorded rates of application of AAs amongst L&D cases ranged from 0% to 55% (see Chart 57 below). As with police data on recorded need for AAs, the data was skewed to the right.

Only 6 of the 43 L&D areas had an AA application rate above 27%.

As a result, the median of means was 14%, the same as in 2016/17 (6% in 2014/15).

**Chart 56: Number of L&D service areas by recorded use of AAs (2018/19)**



## B. By L&amp;D service area

**Table 8: L&D cases by area and involvement of an AA**

Liaison and Diversion Area	Cases	Without AA	With AA	% with AA
Sussex	2,305	1,045	1,260	55%
London (North East)	3,901	2,212	1,689	43%
London (South West)	2,619	1,683	936	36%
Leicestershire	881	578	303	34%
Derbyshire	1,550	1,064	486	31%
Hampshire	1,673	1,194	479	29%
Cumbria	1,278	932	346	27%
Norfolk & Suffolk	2,955	2,156	799	27%
Wiltshire	338	255	83	25%
Middlesbrough	1,463	1,113	350	24%
Dorset	1,096	837	259	24%
Cambridgeshire	1,077	843	234	22%
London (West)	3,306	2,596	710	21%
Sheffield	647	522	125	19%
Durham & Darlington	2,591	2,095	496	19%
Devon & Cornwall	1,990	1,614	376	19%
Avon & Somerset	2,505	2,049	456	18%
Lancashire	4,198	3,441	757	18%
Gloucestershire	758	627	131	17%
Liverpool	4,054	3,406	648	16%
Kent & Medway	2,892	2,437	455	16%
Birmingham & Solihull	1,935	1,663	272	14%
North & North East Lincolnshire	1,071	934	137	13%
Nottinghamshire	1,554	1,363	191	12%
North Essex	1,023	900	123	12%
Oxfordshire	692	610	82	12%
Northamptonshire	415	375	40	10%
Surrey	1,854	1,687	167	9%
Coventry	1,948	1,784	164	8%
Leeds	683	631	52	8%
Rotherham & Doncaster	816	755	61	7%
Black Country	2,726	2,547	179	7%
Bedfordshire & Luton	1,330	1,244	86	6%
Sunderland	1,044	984	60	6%
Bradford	359	341	18	5%
Northumberland	2,548	2,422	126	5%
Berkshire	1,126	1,079	47	4%
Buckinghamshire	591	567	24	4%
South Essex	1,068	1,031	37	3%
Wakefield	566	548	18	3%
Barnsley	853	837	16	2%
Milton Keynes	298	296	2	1%
Cleveland	4	4	0	0%
<b>TOTAL</b>	<b>68,581</b>	<b>55,301</b>	<b>13,280</b>	<b>19%</b>

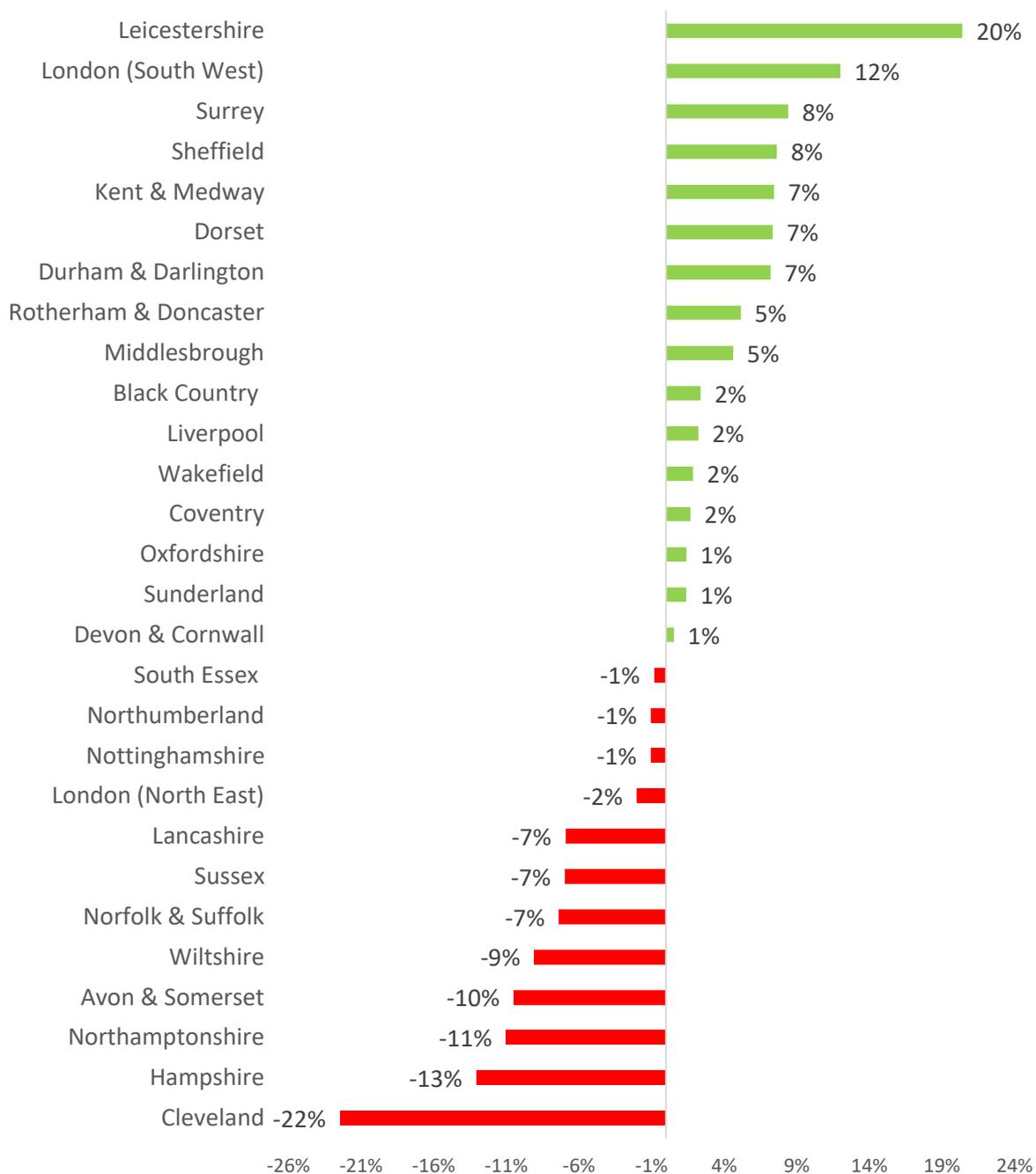
C. Change: 2016/17 to 2018/19

Data were available for both 2016/17 and 2018/19 in 28 of 43 L&D area. As in the police data on [custody](#) and [voluntary interviews](#), there were significantly different rates of local change.

Leicestershire saw the largest increase (20%) while Cleveland fell by a similar rate (-22%).

Like the police data, each L&D case relates to an event (typically a detention), rather than a person.

**Chart 57: Change in police application of AAs amongst L&D clients (2016/17 to 2018/19)**



*(iii) Types of vulnerability*

Of the 13,280 L&D cases in which the person did have an AA:

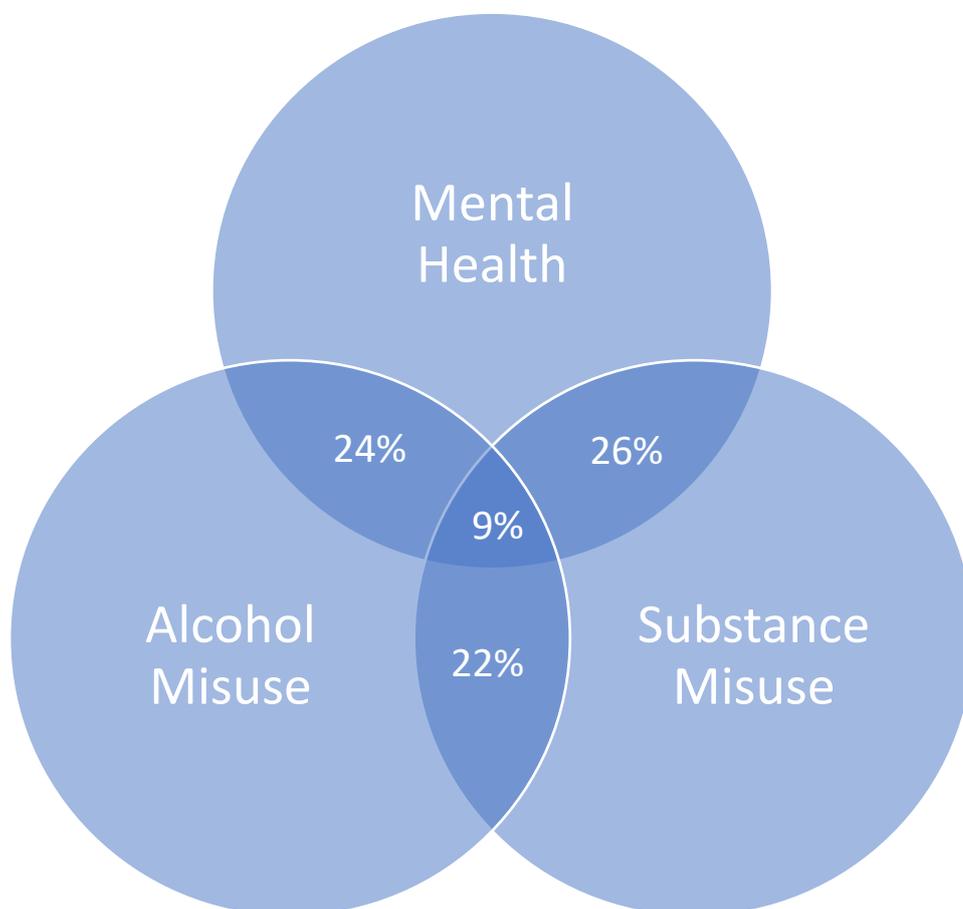
- 78% were or had been in contact with mental health services (43% currently engaged)
- 19% were or had been in contact with social services (9% currently engaged)
- 9% were or had been in contact with learning disability services (4% currently engaged)
- 6% were or had been in contact with autism services (2% currently engaged)
- 3% were or had been in contact with speech, language, and communication services (1% currently engaged)

And at the point of engaging with L&D:

- 84% had one or more mental health issue
- 18% were at current risk of suicide or self-harm
- 13% had a learning disability
- 7% had autism / were autistic
- 6% had another social or communication difficulty.

There was significant overlap between mental health, substance misuse and alcohol misuse. This was broadly in line with all L&D cases for the year.

**Chart 58: Co-morbidity amongst L&D clients who were provided with an AA by police (2018/19)**



### 3.2.2 AA need not met

#### *(i) Types of vulnerability*

According to the L&D data, an AA was involved in only 19% of L&D cases.

In the remaining 81% (55,301) of L&D cases the person did not have an AA. Of these:

- 57% were or had been in contact with mental health services (20% currently engaged)
- 12% were or had been in contact with social services (5% currently engaged)
- 2% were or had been in contact with learning disability services (1% currently engaged)
- 1% were or had been in contact with autism services (<1% currently engaged)
- <1% were or had been in contact with speech, language and communication services (<1% currently engaged)

And at the point of engaging with L&D:

- 68% had one or more mental health issue
- 15% were at current risk of suicide or self-harm
- 2% had a learning disability
- 1% had autism / were autistic
- 1% had another social or communication difficulty.

#### *(ii) National volume estimates*

Even taking a cautious approach to the data, 37,604 L&D clients who were known to be mentally ill (and 11,060 clients who were currently in contact with mental health services) were not provided with an AA by police in 2018/19.

Given the limitations of reality (e.g. resourcing, staffing, operational hours, individual choice), the L&D cohort is inevitably a subset of vulnerable people suspected of offences. As reported above, L&D had 68,581 cases in which an adult engaged during 2018/19, while there were [almost one million detentions and voluntary interviews](#) of adults in the same period.

It is not possible to scale this figure up to build an estimate of all unmet need because the percentage of vulnerable people passing through police custody who engage with L&D is unknown. However, these data provide further evidence of unmet need for AAs amongst adult suspects. They also indicate the potential for significant improvements by maximising the benefits of L&D.

While [definitional differences](#) mean that a 100% application of the AA safeguard should not be expected even amongst adults who are identified as vulnerable by L&D, there is a very significant overlap. The objective is to provide AAs to all people who meet the PACE criteria of a vulnerable person. Identification of such vulnerable people is a major challenge for police officers and staff. L&D has a specific mandate to identify vulnerability in police suspects and to provide advice to justice decision-makers.

### 3.2.3 Links between L&D and police force data

Police force data was combined with L&D data at the local level. In some areas this required combining the data of two forces to align with one L&D scheme (e.g. Norfolk and Suffolk) and/or several L&D schemes to align with one force (e.g. Berkshire, Buckinghamshire, Oxfordshire and Milton Keynes).

#### *(i) Identification of need vs application of AAs*

There was a high correlation between recorded AA need and the application of AA support amongst L&D clients.<sup>61</sup> This unsurprisingly indicates that the recorded identification of need for an AA is closely linked to the actual use of an AA. However, there were some apparent mismatches in some local areas. For example, Northamptonshire and West Midlands forces had the same rate of use amongst L&D clients (10%) despite having very different rates of recorded need (6.6% and 0.7% respectively). This may suggest issues with the recording and/or retrieval of vulnerability data by police.

**Table 9: Police recorded need for AA; Use of AAs amongst L&D clients<sup>62</sup>**

Force area	Need for AA (police)	Use of AA (amongst L&D clients)
Sussex Police	25.2%	55%
Cumbria Constabulary	20.2%	27%
Cambridgeshire Constabulary	11.7%	22%
Hampshire Constabulary	10.7%	29%
Leicestershire Police	9.8%	34%
Kent Police	8.7%	16%
London (City and MPS)	8.6%	34%
Avon and Somerset Constabulary	7.5%	18%
Dorset Police	6.9%	24%
Northamptonshire Police	6.6%	10%
Devon & Cornwall Police	5.8%	19%
Gloucestershire Constabulary	5.7%	17%
Essex Police	5.3%	8%
Surrey Police	4.8%	9%
Derbyshire Constabulary	4.8%	31%
West Yorkshire Police	4.1%	5%
Nottinghamshire Police	4.1%	12%
Wiltshire Police	3.9%	25%
Merseyside Police	3.4%	16%
Lincolnshire Police	2.7%	13%
Thames Valley Police	2.4%	6%
Bedfordshire Police	2.4%	6%
Northumbria Police	2.3%	5%
West Midlands Police	0.7%	10%
Warwickshire Police	0.1%	8%

<sup>61</sup> Pearson's correlation coefficient = 0.78.

<sup>62</sup> Table 9 excludes areas where the police were unable to provide AA data or where there was no L&D scheme.

*(ii) Impact of L&D engagement on police recorded need for AAs*

There was a very weak correlation between the percentage of adult detentions that resulted in engagement with L&D<sup>63</sup> and the police's recorded need for an AA.<sup>64</sup>

This implies that higher levels of L&D engagement did not lead to police recording higher rates of need for an AA. This is perhaps surprising, given L&D's expertise in identifying vulnerability and mandate to inform the decision-making by custody officers. However, it is not the role of L&D to actually apply the AA safeguard – this is the responsibility of police. The finding implies that the *identification* of vulnerability and police decisions about the *need for an AA* may be insufficiently connected.

**Table 10: L&D engagement; Police recorded need for AAs<sup>65</sup>**

Force area	Detentions resulting in L&D engagement	Need for AA (police)
Kent Police	35%	8.7%
Warwickshire Police	29%	0.1%
Bedfordshire Police	20%	2.4%
Merseyside Police	19%	3.4%
Surrey Police	16%	4.8%
Cumbria Constabulary	14%	20.2%
Avon and Somerset Constabulary	14%	7.5%
Northumbria Police	13%	2.3%
Devon & Cornwall Police	13%	5.8%
Gloucestershire Constabulary	12%	5.7%
Derbyshire Constabulary	12%	4.8%
Cambridgeshire Constabulary	11%	11.7%
Sussex Police	11%	25.2%
Dorset Police	10%	6.9%
Lincolnshire Police	10%	2.7%
Essex Police	10%	5.3%
Thames Valley Police	10%	2.4%
West Midlands Police	10%	0.7%
Nottinghamshire Police	9%	4.1%
Hampshire Constabulary	8%	10.7%
London (City and MPS)	7%	8.6%
Leicestershire Police	7%	9.8%
Wiltshire Police	4%	3.9%
West Yorkshire Police	4%	4.1%
Northamptonshire Police	4%	6.6%

<sup>63</sup> This figure was calculated by dividing the number of adult cases engaged with L&D (L&D data) by the number of authorised detentions of adults (police data).

<sup>64</sup> Pearson's correlation coefficient = -0.08

<sup>65</sup> Table 10 excludes areas where police were unable to provide AA data or where there was no L&D scheme.

*(iii) Impact of L&D engagement on police application of AAs*

As a consequence of the above, it is unsurprising that there was also a very weak correlation between the L&D engagement (as a percentage of detentions) and the rate of AA application by police (amongst L&D clients).<sup>66</sup> This further implies that higher levels of L&D engagement did not lead to higher rates of AA usage.

**Table 11: L&D engagement; Use of AAs amongst L&D clients**

Force area	Use of AA (amongst L&D clients)	Detentions resulting in L&D engagement
Sussex Police	55%	11%
Leicestershire Police	34%	7%
London (City and MPS)	34%	7%
Derbyshire Constabulary	31%	12%
Hampshire Constabulary	29%	8%
Cumbria Constabulary	27%	14%
Norfolk and Suffolk Constabularies	27%	13%
Wiltshire Police	25%	4%
Cleveland Police	24%	12%
Dorset Police	24%	10%
Cambridgeshire Constabulary	22%	11%
Durham Constabulary	19%	25%
Devon & Cornwall Police	19%	13%
Avon and Somerset Constabulary	18%	14%
Lancashire Constabulary	18%	18%
Gloucestershire Constabulary	17%	12%
Merseyside Police	16%	19%
Kent Police	16%	35%
Lincolnshire Police	13%	10%
Nottinghamshire Police	12%	9%
West Midlands Police	10%	10%
Northamptonshire Police	10%	4%
Surrey Police	9%	16%
South Yorkshire Police	9%	11%
Warwickshire Police	8%	29%
Essex Police	8%	10%
Bedfordshire Police	6%	20%
Thames Valley Police	6%	10%
West Yorkshire Police	5%	4%
Northumbria Police	5%	13%

A significant number of vulnerable people will not be identified by L&D because it is not always available. Therefore, police cannot rely entirely on L&D to meet their legal duties. However, people who are identified by L&D represent an opportunity for forces seeking to improve PACE compliance.

<sup>66</sup> Pearson's correlation coefficient = 0.16.

*(iv) Impact of L&D schemes on police recorded need*

A small number of forces did not have L&D schemes in their area during the research period.

**Table 12: Police forces without an L&D scheme**

Force area	Adult detentions recorded by police as needing an AA
Staffordshire Police	4.9%
Hertfordshire Constabulary	4.5%
North Yorkshire Police	3.9%
Cheshire Constabulary	2.4%
West Mercia Police	0.4%
Humberside Police	0.0%

This allowed an analysis of whether there were statistically significant differences in police recorded need for AAs depending on the presence or absence of L&D in the area.

The average (mean) recorded rate of need for AAs was:

- 6.7% for forces with L&D provision
- 2.7% for forces without L&D provision.

This was a statistically significant difference<sup>67</sup> which suggests that the presence of an L&D service in a police force is related to higher rates of recorded need by police. It is not clear why the presence of L&D is associated with higher rates of recorded AA need, while the percentage of detentions that include a referral to (and engagement with) L&D do not appear to be.

*(v) Impact of AAs on engagement with L&D*

There was some evidence of AA provision being associated with higher rates of L&D engagement (from amongst identified cases). In 66% of 'cases identified' by L&D in which an adult did not have an AA, the adult chose to engage with L&D. But this rose to 80% amongst those who did have an AA, suggesting that AAs may have a significant positive impact on the likelihood of vulnerable people engaging with L&D services.

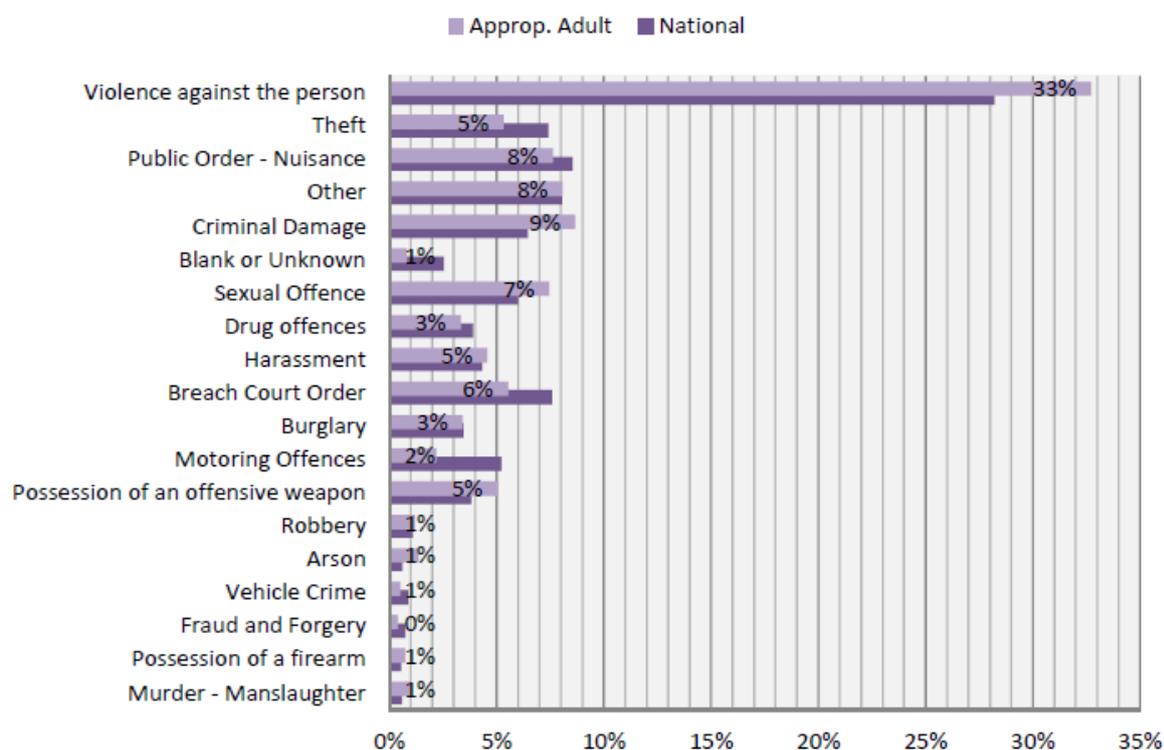
<sup>67</sup> See Annex B for statistical analysis.

*(vi) Types of offence*

Compared to adult L&D clients who did *not* have an AA, those who *were* provided with an AA by police were more likely to have been arrested on suspicion of: violence against the person, criminal damage, sexual offences, arson, possession of a firearm and murder/manslaughter. The opposite was true for theft, public order/nuisance, breach of court order and motoring offences.

This suggests a possible correlation between the likelihood of the AA safeguard being applied and the ‘seriousness’ of an alleged offence.<sup>68</sup> The relationship between mental illness (by far the most common vulnerability amongst L&D clients) and contact with the criminal justice system is complicated. There may be several contributing factors to this apparent correlation and further research is required. It is possible that people who are mentally vulnerable are more likely to be accused of committing certain offence types. However, previous research has indicated that the police’s perception of the seriousness of the offence is a factor (Dehaghani 2019). Thus, it may be that the risk to police posed by procedural failures, including the likelihood of a case going to court, is an important factor.

**Chart 59: Main offence for L&D clients who (a) were and (b) were not provided with an appropriate adult by police<sup>69</sup>**



<sup>68</sup> The concept of ‘serious’ is used here as a somewhat subjective term, not as defined in legislation.

<sup>69</sup> The formatting of charts in this section of the report are different because they are taken directly from an L&D report. The underlying data was not available to reproduce charts or provide specific figures. In the chart: “Approp. Adult” is L&D cases in which the adult had an AA; “National” is L&D cases in which the adult did not have an AA (not the aggregate of all cases); and “20 & under” is adults aged 18-20.

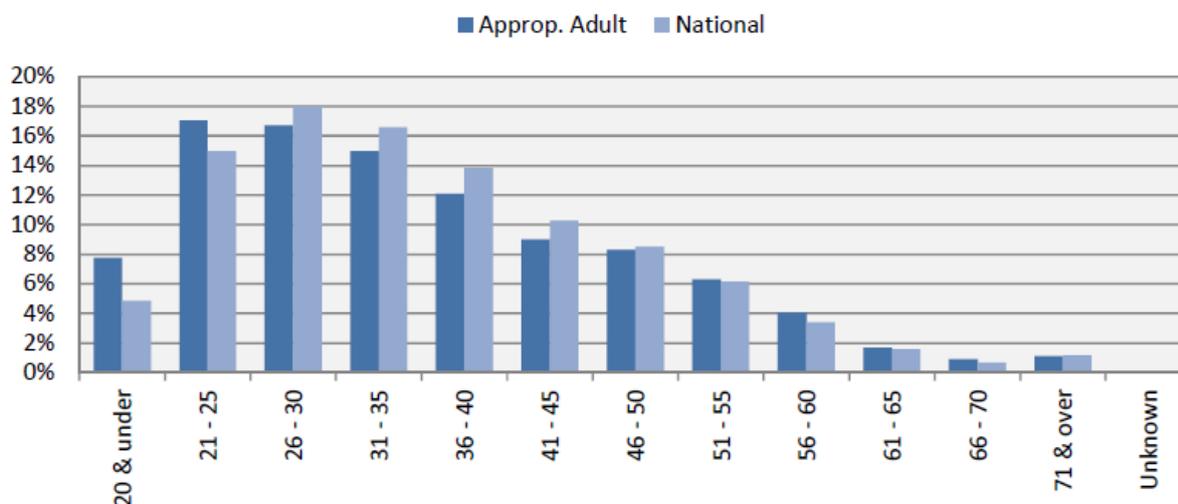
(vii) Demographics

A. Age

Amongst L&D client cases, the age profile is skewed towards the younger end, broadly reflecting the population in police custody. Adults who had an AA (“Approp. Adult”) generally had a slightly lower age profile than those that did not have an AA (“National”). People aged 18-25 made up a larger proportion of those that were provided with an AA than those who were not. While this was also true of people aged 56-70, the differences for this age group were less significant. This indicates that police were more likely to apply the AA safeguard to adults at each end of the age spectrum. Possible reasons for this include:

- Adults aged 26+ were more likely to engage with L&D due to a condition that did not meet the criteria for an AA (e.g. alcohol/substance abuse with no mental health issues); and/or
- Adults aged 26+ engaged with L&D due to alcohol/substance abuse which masked a form of mental vulnerability that fits the PACE definition; and/or
- Police conceptualisations of vulnerability are associated with youth (see Dehaghani 2019; 2017b).

**Chart 60: Age profiles for L&D clients who (a) were and (b) were not provided with an appropriate adult by police**



B. Sex

In 2018/19, women and girls constituted 14% of arrests in England (Home Office 2019b)<sup>70</sup>. In the same year, women and girls constituted 22% of L&D cases, likely reflecting the high prevalence of mental health conditions amongst women and girls (see Mental Health Foundation 2016c: 14-5).<sup>71</sup> This figure was the same for both cases with an AA and those without an AA. This suggests that women and girls are not more readily recognised as ‘vulnerable’ by police (and therefore have an AA) because of their gender. However, this is an area that would benefit from dedicated research.

<sup>70</sup> In Wales it was 17%. In England and Wales overall, it was 14%.

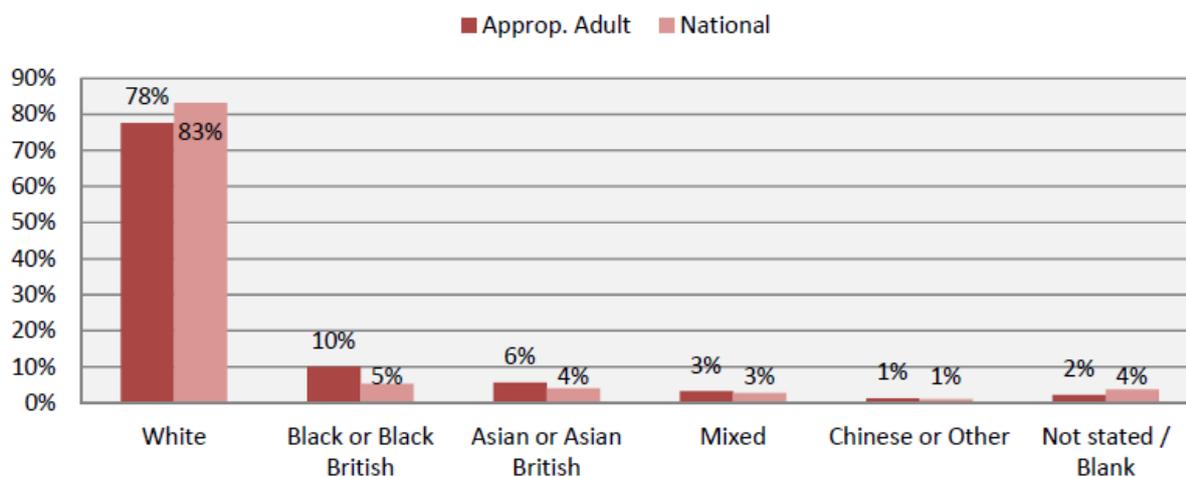
<sup>71</sup> Although note that in Northern Ireland, the prevalence of mental health is typically higher for men (Mental Health Foundation 2016a).

### C. Ethnicity

Adult L&D clients who had an AA (“Approp. Adult”) were more likely to be Black or Black British, or Asian or Asian British than those that did not have an AA (“National”). There was insufficient data to draw conclusions about the reasons for this. Possible hypotheses that require testing by further research might include:

- Adults who were Black or Black British, or Asian or Asian British, were more likely to engage with L&D due to reasons meeting [PACE criteria for an AA](#) (e.g. mental illness ) rather than issues like substance abuse and or homelessness that are not covered by PACE; and/or
- Adults who were Black or Black British, or Asian or Asian British were more likely to have been given a diagnosis seen as ‘serious enough’ by police to warrant an AA;<sup>72</sup> and/or
- There is an indirect effect, whereby Black or Black British, or Asian or Asian British are overrepresented in another factor driving AA use, such as offence type or age;
- Police conceptualisations of ‘vulnerability’ and the application of the AA safeguard have an ethnic dimension.

**Chart 61: Ethnicity of L&D clients who (a) were and (b) were not provided with an appropriate adult by police**



<sup>72</sup> The Adult Psychiatric Morbidity Survey (APMS) found that Black men were more likely than their White counterparts to experience a psychotic disorder in the last year (McManus et al 2016).

# Annexes



## 4. Annexes

### Annex A: Freedom of Information Requests<sup>73</sup>

#### 1: Recorded need for an appropriate adult in custody (2018/19)

Dear [Police Force],

I would be grateful if you provide the following information relating to the use of police custody by your police force.

For each of the individual 12 months from April 2018 to March 2019 inclusive:

1. The total number of authorised detentions of adult suspects (aged 18 or over)
2. The total number of authorised detentions of adult suspects (aged 18 or over) in which the need for an appropriate adult (under PACE Code C) was recorded.

#### 2: Voluntary interviews: recorded need for an appropriate adult (2018/19)

Dear [Police Force],

I would be grateful if you provide the following information relating to the use of voluntary interviews (also known as voluntary attendance or 'caution plus 3') by your police force.

For each of the individual 12 months from April 2018 to March 2019 inclusive:

1. The total number of voluntary interviews of adult suspects (aged 18 or over)
2. The total number of voluntary interviews of adult suspects (aged 18 or over), in which the need for an appropriate adult (under PACE Code C) was recorded.

#### 3: Use of appropriate adults in DWP PACE interviews of adult suspects

Dear Department for Work and Pensions,

I would be grateful if you provide the following information relating to interviews of suspects under caution (i.e. conducted under the Police and Criminal Evidence Act 1984) conducted by the Department of Work and Pensions, including JobCentre Plus.

For each of the individual 12 months from April 2018 to March 2019 inclusive:

1. The total number of interviews of adult suspects (aged 18 or over)
2. The total number of interviews of adult suspects (aged 18 or over), in which the need for an appropriate adult (under PACE Code C) was recorded.

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<sup>73</sup> Requests made under the Freedom of Information Act are available at [https://www.whatdotheyknow.com/user/chris\\_bath\\_2/requests](https://www.whatdotheyknow.com/user/chris_bath_2/requests).

## Annex B: Statistical analyses

The following tables detail the statistical analysis of the average rates of recorded need for AAs in custody, before and after the changes to PACE Code C in 2018.

Before	After
0.073413	0.076625
0.13104	0.138505
0.10938	0.121198
0.024245	0.023418
0.132265	0.088726
0.030464	0.057613
0.05465	0.0592
0.074536	0.065808
0.008792	0.004044
0.050515	0.054758
0.050297	0.060733
0.093965	0.095312
0.118291	0.100448
0.095396	0.099818
0.02683	0.026969
0.085079	0.086828
0.07492	0.061568
0.040129	0.03952
0.020856	0.024851
0.057543	0.05824
0.054219	0.04686
0.048912	0.047929
0.362156	0.194355
0.020305	0.026616
0.000193	0.005171
0.00609	0.00778
0.038715	0.039588
0.002676	0
0.036716	0.044054

F-Test Two-Sample for Variances		
	Variable 1	Variable 2
Mean	0.066296106	0.06057
Variance	0.004657809	0.001892
Observations	29	29
df	28	28
F	2.462324802	
P(F<=f) one-tail	0.010035518	
F Critical one-tail	1.882079434	

t-Test: Paired Two Sample for Means		
	Variable 1	Variable 2
Mean	0.0662961	0.06057019
Variance	0.0046578	0.0018916
Observations	29	29
Pearson Correlation	0.916648058	
Hypothesized Mean Difference	0	
df	28	
t Stat	<b>0.9264926</b>	
P(T<=t) one-tail	0.1810537	
t Critical one-tail	1.7011309	
P(T<=t) two-tail	0.3621075	
t Critical two-tail	<b>2.0484071</b>	

$-2.048 < 0.926 < 2.048$ . Therefore, we do not reject the null hypothesis.

The following tables detail the statistical analysis of the average rates of recorded need for AAs in custody, dependent on the presence of L&D services in the force area.

Forces with L&D	Recorded need
Sussex Police	25.2%
Cumbria Constabulary	20.2%
Cambridgeshire Constabulary	11.7%
Hampshire Constabulary	10.7%
Leicestershire Police	9.8%
Kent Police	8.7%
London (City and MPS)	8.6%
Avon and Somerset Constabulary	7.5%
Dorset Police	6.9%
Northamptonshire Police	6.6%
Devon & Cornwall Police	5.8%
Gloucestershire Constabulary	5.7%
Essex Police	5.3%
Surrey Police	4.8%
Derbyshire Constabulary	4.8%
West Yorkshire Police	4.1%
Nottinghamshire Police	4.1%
Wiltshire Police	3.9%
Merseyside Police	3.4%
Lincolnshire Police	2.7%
Thames Valley Police	2.4%
Bedfordshire Police	2.4%
Northumbria Police	2.3%
West Midlands Police	0.7%
Warwickshire Police	0.1%

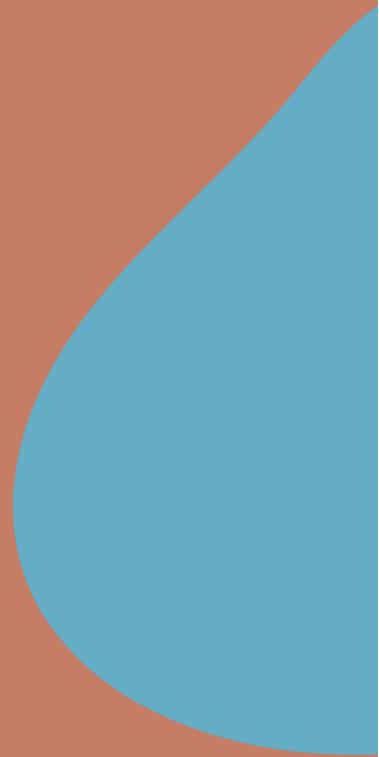
Forces without L&D	Recorded need
Staffordshire Police	4.9%
Hertfordshire Constabulary	4.5%
North Yorkshire Police	3.9%
Cheshire Constabulary	2.4%
West Mercia Police	0.4%
Humberside Police	0.0%

F-Test Two-Sample for Variances		
	Variable 1	Variable 2
Mean	6.7%	2.7%
Variance	0.0032	0.0004
Observations	25	6
df	24	5
F	7.219	
P(F<=f) one-tail	0.018	
F Critical one-tail	4.527	

t-Test: Two-Sample Assuming Unequal Variances		
	Variable 1	Variable 2
Mean	0.067441528	0.026664927
Variance	0.003240034	0.000448813
Observations	25	6
Hypothesized Mean Difference	0	
df	23	
t Stat	<b>2.852114241</b>	
P(T<=t) one-tail	0.004509566	
t Critical one-tail	1.713871528	
P(T<=t) two-tail	0.009019131	
t Critical two-tail	<b>2.06865761</b>	

$-2.068 < 2.068 < 2.852$ . Therefore, the null hypothesis is rejected.

# References



## 5. References

- Adebowale, V., 2013. *Independent Commission on Mental Health and Policing Report*. London: Independent Commission on Mental Health and Policing. [\[Link\]](#)
- Bean, P., and Nemitz, T., 1995. *Out of depth and out of sight*. Loughborough: University of Loughborough.
- Bradley, K.J.C., 2009. *Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System*. London: Department of Health. [\[Link\]](#)
- Criminal Justice Joint Inspection (CJJI), 2013. *A joint inspection of the treatment of offenders with learning disabilities within the criminal justice system - phase 1 from arrest to sentence*. London: HM Inspectorate of Probation.
- Dehaghani, R., 2019. *Vulnerability in Police Custody: police decision-making and the appropriate adult safeguard*. Abingdon: Routledge. [\[Link\]](#)
- Dehaghani, R., 2018. Condemning and condoning non-implementation of the appropriate adult safeguard: *R v Beattie (Alfred David)* and *Miller v DPP*. *Criminal Law Review*, pp. 646-51.
- Dehaghani, R., 2017a. Custody officers, Code C and Constructing Vulnerability: implications for policy and practice. *Policing* 11(1), pp. 74-86.
- Dehaghani, R., 2017b. "Vulnerable by law (but not by nature)" examining perceptions of youth and childhood 'vulnerability' in the context of police custody. *Journal of Social Welfare and Family Law* 39(4), pp. 454-472. [\[Link\]](#)
- Dehaghani, R., 2016. He's just not that vulnerable: exploring the implementation of the appropriate adult safeguard in police custody. *Howard Journal of Crime and Justice* 55(4), pp. 396-413.
- Dehaghani, R. and Bath, C., 2019. Vulnerability and the appropriate adult safeguard: examining the definitional and threshold changes within Code of Practice C to the Police and Criminal Evidence Act 1984. *Criminal Law Review*, pp. 213-32. [\[Link\]](#)
- Gudjonsson, G.H., 1993. Confession Evidence, Psychological Vulnerability and Expert Testimony. *Journal of Community and Applied Social Psychology*, 3, pp. 117-29.
- Gudjonsson, G.H., 2006. The psychological vulnerabilities of witnesses and the risk of false accusations and false confessions. In A. Heaton-Armstrong, E. Shepherd, G.H. Gudjonsson and D. Wolchover, eds. *Witness testimony: Psychological, investigative and evidential perspectives*. Oxford: OUP.
- Gudjonsson, G.H., 2010. Psychological vulnerabilities during police interviews. Why are they important? *Legal and Criminological Psychology* 15, pp. 161–175.
- Gudjonsson, G.H., Clare, I.C.H., Rutter, S. and Pearse, J. 1993. *Persons at Risk during Interviews in Police Custody: The Identification of Vulnerabilities*. *Royal Commission on Criminal Justice Research Study No.12*. London: HMSO.

HMIC, 2015. *The welfare of vulnerable people in police custody*. London: Her Majesty's Inspectorate of Constabulary [\[Link\]](#)

Home Office, 2019. *CODE C: Revised Code of Practice for the detention, treatment and questioning of persons by police officers*. London: Home Office. [\[Link\]](#)

Home Office, 2019b. Arrest statistics data tables: police powers and procedures year ending 31 March 2019, A.06: Number of persons arrested for notifiable offences by police force area, sex and age group, 2018/19 [\[Link\]](#)

Jessiman, T. and Cameron, A., 2017. The role of the appropriate adult in supporting vulnerable adults in custody: Comparing the perspectives of service users and service providers. *British Journal of Learning Disabilities*, 45(4), pp.246-252. [\[Link\]](#)

Kane, E., Evans, E., Mitsch, J., Jilani, T., Quinlan, P., Cattell, J., Khalifa, N., 2018. Police interactions and interventions with suspects flagged as experiencing mental health problems. *Criminal Behaviour and Mental Health*. 2018, pp. 1–9.

Macdonald, S.J., Peacock, D., Cosgrove, F. and Podd, W., 2020. 'The silence': examining the missing voices of disabled people in police custody, *Disability & Society*. DOI: 10.1080/09687599.2020.1712190

McManus S, Bebbington P, Jenkins R, Brugha T. (eds.), 2016. *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital. [\[Link\]](#)

Medford, S., Gudjonsson, G.H. and Pearse, J., 2003. The efficacy of the appropriate adult safeguard during police interviewing. *Legal and Criminological Psychology*, 8, pp. 253-66.

Mental Health Foundation, 2016a. *Mental Health in Northern Ireland: Fundamental Facts 2016* [\[Link\]](#)

Mental Health Foundation, 2016b. *Mental Health in Wales: Fundamental Facts 2016* [\[Link\]](#)

Mental Health Foundation, 2016c. *Fundamental Facts about Mental Health 2016* [\[Link\]](#)

National Appropriate Adult Network, 2015a. *There to Help: Paper A: Literature Review*. NAAN. [\[Link\]](#)

National Appropriate Adult Network, 2015b. *The Home Secretary's Commission on Appropriate Adults: There to help: Ensuring provision of appropriate adults for mentally vulnerable adults detained or interviewed by police*. NAAN. [\[Link\]](#)

National Appropriate Adult Network, 2018. *PACE Update July 2018: Changes to Codes C, E, F and H*. NAAN [\[Link\]](#)

National Appropriate Adult Network, 2019. *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*. NAAN. [\[Link\]](#)

NHS England, 2014. *Liaison and Diversion Standard Service Specification*. NHS England [\[Link\]](#)

- Norfolk G.A., 1996. Fitness to be interviewed and the appropriate adult scheme: A survey of police surgeons' attitudes. *Journal of Clinical Forensic Medicine*. 3(1): 9-13
- Peacock, D. and Cosgrove, F., 2018. The 'New Normal': Framing Vulnerability, Entitlement and Responsibility in Police Custody in Austere Times. In P. Rushton and C. Donovan (eds). *Austerity Policies: Bad Ideas in Practice*. London: Palgrave Macmillan, pp. 241-65.
- Pierpoint, H., 2020. The Risks of Voluntary Interviews. *Criminal Law Review*, pp. 815-834.
- Phillips, C., and Brown, D., 1998. *Entry into the Criminal Justice System: A Survey of Police Arrests and their Outcomes*. Home Office Research Study No 185. London: Home Office.
- Robertson, G., 1993. *The Role of Police Surgeons*. London: HMSO
- McKinnon I., and Grubin, D., 2014. Evidence-Based Risk Assessment Screening in Police Custody: The HELPPC Study in London, UK. *Policing* 8(2), pp. 174-182.
- McKinnon, I., and Grubin, D., 2013. Health screening of people in police custody – Evaluation of current police screening procedures in London, UK. *European Journal of Public Health*, 23(3), pp. 399-405.
- O'Mahony, B.M., Milne, B., and Grant, T., 2012. To Challenge, or not to Challenge? Best Practice when Interviewing Vulnerable Suspects. *Policing*, 6, pp. 301-13.
- Rapley, M. and Sandberg, S., 2011. Mental health: Raising the bar on police custody. *Health Service Journal*. 6,121 (6277).
- Rock, F. 2007. *Communicating Rights. The Language of Arrest and Detention*. London: Palgrave Macmillan.
- Scott, D., McGilloway, S., & Donnelly, M., 2006. The mental health needs of people with a learning disability detained in police custody. *Medicine Science and the Law*, 46(2), pp. 111-114.
- Williams, J., 2000 The inappropriate adult. *Journal of Social Welfare and Family Law*, 22(1), pp. 43-57.
- Young, S., Goodwin, E.J., Sedgwick, O. and Gudjonsson, G.H., 2013. The effectiveness of police custody assessments in identifying suspects with intellectual disabilities and attention deficit hyperactivity disorder. *BMC Medicine*, 11: 248-.