



**OPCC**

Office of the Police &  
Crime Commissioner  
for Gloucestershire

24<sup>th</sup> January 2022

**A Joint Thematic Inspection of the Criminal Justice Journey for Individuals with Mental Health Needs and Disorders.**

The report found [here](#) looked at the work carried out by each part of the criminal justice system (CJS) at six different locations. The inspection covered CPS areas police forces, Liason and Diversion schemes, probation services and prisons, with most of the inspection being done remotely due to the Covid-19 pandemic.

Though Gloucestershire constabulary was not one of the 6 forces inspected there are five recommendations made related to police forces which the constabulary have responded to. I have no further comment to add to this report, and agree with the response from the Deputy Chief Constable.

**Chris Nelson**

**Police and Crime Commissioner for Gloucestershire**

## Gloucestershire Constabulary

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Our Ref: JS-jms/Bradley  
A joint thematic inspection of the criminal  
justice journey for individuals with mental  
health needs and disorders  
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Date: 21 January 2022

Dear Richard

**Re: A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders**

Please find below our response to the above report, aimed at assisting you to meet the requirements of Section 55(1) of the Police Act 1996. The report is national report undertaken by the Criminal Justice Joint Inspection (CJJI), the Care Quality Commission (CQC) and the Health Care Inspectorate for Wales (HIW).

The methodology used cases from six local probation delivery units (NPS and CRC) were chosen for the inspection. Partner inspectorates inspected the six linked police forces, CPS departments, courts and some prisons and commissioned L&D providers in the following areas. Gloucestershire Constabulary was not one of those six forces.

There are 22 recommendations for a number of agencies, five of which relate to the Police Service, an assessment of force activity against those can be found on the attached table.

Please do not hesitate to contact me should you require any further information.

Yours sincerely



**Jon Stratford**  
**Deputy Chief Constable**

Att/.



Ref	HMICFRS	Timescale	Force Assessment
1	Ensure that all dedicated investigative staff receive training on vulnerability which includes inputs on responding to the needs of vulnerable suspects (as well as victims). This should be incorporated within detective training courses	None Set in report	<p>Vulnerability Training Appendix A below articulates the course objectives and content of the force vulnerability training. Vulnerability is also covered in other training sessions, particularly in relation to suspects for example Response Policing, Conducting Investigations, Mental Health, PACE, First Aid and also in Practical Application Exercises.</p> <p>Within crime training (PIP 2), we talk about understanding the person in front of them (victim, witness or suspect) in order to work with them to maximise the effectiveness of communication and to obtain best evidence. We draw comparisons with the way we obtain best evidence from victims/witnesses and encourage officers to have the same considerations, as far as is possible, within the custody system. It is stressed that the impact of trauma can be as relevant with suspects as it is with victims. How this is recognised beyond interview stage is another consideration.</p> <p>Specifically with suspects we talk about the risk to the investigation and to justice as a result of oppression, unfairness and unreliability of evidence as well as being aware, as far as is possible, of the state of mind of the suspect in order to understand their needs in order to conduct an interview that will hold up as evidence.</p>
2	Dip sample (outcome code) OC10 and OC12 cases to assess the standard and consistency of decision making and use this to determine any	None Set in report	The Force Crime Registrar undertakes auditing and sampling outcome and closure codes.

	training or briefing requirements and the need for any ongoing oversight		The force is establishing a Crime Standard's Bureau, due to go live in March of 2022 and this sampling will be undertaken by The Victim Audit and Closure Team.
3	Review the availability, prevalence, and sophistication of mental health flagging, to enhance this where possible, and to consider what meaningful and usable data can be produced from this	None Set in report	<p>Mental Health flagging is articulated within the 4Ps strategy for the priority of Missing and Mental Health. There is still some work to be done in this area linking self-diagnostic tagging and officer initiated tagging through the Force Control Room (FCR) and on the force records management system, Unifi.</p> <p>There has been training within FCR recently and this has increased usage. The work on self-diagnostic tagging and officer initiated tagging are being worked through by the monthly Missing &amp; Mental Health Working Group.</p>
4	Assure themselves that risks, and vulnerabilities are properly identified during risk assessment processes, particularly for voluntary attendees. They must ensure that risks are appropriately managed, including referrals to Healthcare Partners, Liaison and Diversion and the use of appropriate adults	None Set in report	<p>Custody Officer fully risk assess all individuals who are detained and where any concerns are identified they will be referred to the onsite health provider - HCP. If required an appropriate adult will also be used and this can either be from the initial assessment of the individuals needs during the booking in process, or following the HCP assessment.</p> <p>Embedded within custody are also NHS Liaison and Diversion staff, youth support workers, Nelson Trust (support females in custody), CGL (drug/alcohol support). Staff from these organisations visit detainees and where suitable offer support and advice.</p> <p>On leaving custody another risk assessment is completed with a support plan to further reduce risk (for example to ensure collection from custody, transport back home, referral to 3<sup>rd</sup> sector support agencies, etc.)</p> <p>In cases of voluntary attendance it is the OIC's responsibility to conduct the risk assessment and where needed they make a referral to NHS L&amp;D for a full assessment prior to interview.</p> <p>The number of people requiring use of the Appropriate Adult scheme during voluntary attendance is lower than those using this whilst in</p>

			custody, due in part to their attendance being pre-arranged and therefore attending with their Appropriate Adult. A full review of the voluntary attendance process is being conducted by the Superintendent CJD in conjunction with the L&D staff.
5	Police leadership should review MG (manual of guidance) forms to include prompts or dedicated sections for suspect vulnerability to be included.	None Set in report	This recommendation is not yet applicable, however will be monitored for implementation as appropriate.

Below - Appendix A – Objectives for Vulnerability Training



## Appendix A Vulnerability Training Course Objectives

The following are the course objectives of the training that are delivered in relation to vulnerability. This is a thread throughout initial training. It is also covered in other sessions, particularly in relation to suspects for example Response Policing, Conducting Investigations, Mental Health, PACE, First Aid and also in Practical Application Exercises:-

<p>1.1 Definition of 'vulnerability': 'A person is vulnerable if, as a result of their situation or circumstances, they are unable to take care or protect themselves, or others, from harm or exploitation.'</p>
<p>1.2 How definitions of vulnerability can vary between organisations</p>
<p>1.3 Importance of the police working to one specific definition of vulnerability</p>
<p>1.4 Different thresholds that exist for assessing vulnerability</p>
<p>1.5 Complex nature of vulnerability e.g. presence of some situational/environmental factors can combine with personal vulnerability resulting in a person possibly being both a victim and/or perpetrator and susceptible to a range of harms</p>
<p>2.1 National drivers for dealing professionally and ethically with people who are vulnerable, have suffered harm and/or are at risk of harm:</p> <ul style="list-style-type: none"> <li>• Independent Inquiry into Child Sexual Exploitation in Rotherham (1997-2013)</li> <li>• PEEL: Police Effectiveness 2015 (Vulnerability) - A National Overview</li> <li>• National Policing Crime Prevention Strategy 2015</li> <li>• Cross-governmental approach for managing vulnerability</li> <li>• Increase in reporting of child sex abuse following high- profile cases</li>   <li>• Changing demand arising from complexity of some vulnerability cases</li> </ul>
<p>2.2 Legislation, policies and 'what works' in relation to vulnerable people or those at risk of harm, including:</p> <ul style="list-style-type: none"> <li>• Mental Health Act 1983: Code of Practice (2015)</li> <li>• Children Act 1989 and 2004</li> <li>• Mental Capacity Act 2005</li> <li>• Safeguarding Disabled Children – Practice Guidance 2009</li> <li>• Achieving Best Evidence 2011</li> <li>• Care Act 2014</li> <li>• Code of Practice for Victims of Crime 2015</li> <li>• Working Together to Safeguard Children 2015</li> <li>• Serious Crime Act 2015</li> <li>• Information sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers 2015</li> </ul>

3.1 Intrinsic personal characteristics (that may lead to harm/risk of harm)
3.2 Historical factors that can contribute to, or cause current vulnerability: <ul style="list-style-type: none"> <li>• Adverse childhood experiences</li> <li>• Effect of impact trauma on emotional development</li> <li>• Link between perpetration and victimisation: the cycle of abuse</li> </ul>
3.3 Personal vulnerabilities, when combined with situational/environmental factors, that can result in harm or risk of harm, including: <ul style="list-style-type: none"> <li>• Lack of ability to understand a situation through circumstance e.g. age, mental ill-health, learning disabilities, dementia, substance misuse</li> <li>• Poverty</li> <li>• Disability</li> <li>• Ethnicity and/or faith</li> <li>• Gender identity and sexual orientation</li> <li>• Isolation caused by: <ul style="list-style-type: none"> <li>- lack of support</li> <li>- language/communication barriers</li> <li>- coercive controlling behaviour</li> <li>- dependence/reliance upon abuser(s)</li> </ul> </li> </ul>
3.4 How the police cannot alter those personal factors that make an individual vulnerable
3.5 Why vulnerable people may be targeted by perpetrators
3.6 How a vulnerable person may become known to the police only after suffering harm, or being at risk of harm
3.7 How a vulnerable person may be at risk of coercive control by others, to commit crimes or become radicalized
4.1 Factors that, when combined with personal vulnerability, can lead to harm or a risk of harm: <ul style="list-style-type: none"> <li>• Environmental influences</li> <li>• Situational influences</li> <li>• Circumstantial influences</li> <li>• Presence of an abuser</li> </ul>
4.2 The relationship between the factors (e.g. situational) and the personal characteristics and vulnerabilities that may lead to harm/risk of harm to an individual
4.3 Police role in managing the factors (e.g. environment) to reduce risk
5.1 Limitations of risk factors and risk assessments
5.2 Limitations of protective factors

5.3 Complexity of risk and protective factor relationships (e.g. exposure to violence) may lead to substance abuse, mental ill- health, but also a risk of being a victim of CSE
5.4 How risk factor weightings vary (e.g. some personal vulnerabilities and situational risk factors may pose greater risks of harm than others)
5.5 The difference between increased risk and actual vulnerability
6.1 Professional policing drivers for dealing more effectively with vulnerable people, including Early Help strategies
6.2 Potential implications of perceived lack of support from the police
6.3 Recent high-profile cases where a lack of support has resulted in questions being asked of the police
6.4 Consequences of not managing or controlling the environmental/situational factors for the vulnerable person
6.5 Consequences of failure to share key information e.g.: <ul style="list-style-type: none"> <li>• Fiona Pilkington</li> <li>• Baby P</li> <li>• Victoria Climbié</li> <li>• Daniel Pelka</li> </ul>
6.6 Recent cases where a positive outcome has resulted from police involvement
7.1 How communication skills can assist in supporting a person who may be vulnerable: <ul style="list-style-type: none"> <li>• Building rapport with the vulnerable person</li> <li>• Reducing tension and conflict between people involved in an incident and the police</li> <li>• Applying an empathetic approach that allows a vulnerable person to be open about their experiences</li> <li>• Active listening and believing</li> <li>• Using appropriate language and behaviour</li> <li>• Engaging with children and young persons</li> </ul> (See also under 'Communication Skills')
7.2 Taking an open account from the person: <ul style="list-style-type: none"> <li>• Applying the investigative mind-set</li> <li>• Using professional curiosity to build a comprehensive understanding of the situation and the history behind it</li> <li>• Investigating robustly in situations where a person may not be able to explain the situation due to communication difficulties or the impact of an abusive person (e.g. the existence of subtle coercive and controlling behaviour)</li> </ul>

<ul style="list-style-type: none"> <li>• Using 'open' and specific 'closed' questions (See also under 'Communication Skills' and 'Conducting Investigations')</li> </ul>
<p>7.3 Duty of police to take responsibility and effective action to make a person safe:</p> <ul style="list-style-type: none"> <li>• Immediate safeguarding considerations in respect of individual and others potentially affected</li> <li>• Multi-agency referrals</li> </ul>
<p>7.4 Using professional judgement to identify and assess risks posed to the person:</p> <ul style="list-style-type: none"> <li>• Recognising when the police are not the most appropriate agency to deal with the situation</li> <li>• Using a 'hard empathy' approach when appropriate</li> <li>• Support agencies who might provide more appropriate assistance and how these agencies may be accessed</li> </ul>
<p>7.5 Safeguarding considerations for adults and how they differ from child safeguarding</p>
<p>7.6 Importance of dealing with a person without judgement, fairly and in a manner appropriate to their needs</p>

<p>8.1 How the combination of personal vulnerabilities and situational/environmental factors may affect a person's reaction to, and communication with authority figures e.g. people with diagnosed conditions</p>
<p>8.2 How situational factors and perceptions may cause a problem to proliferate and escalate:</p> <ul style="list-style-type: none"> <li>• Power imbalance</li> <li>• Coercive and controlling behaviour</li> <li>• Multiple vulnerabilities</li> <li>• Change in seriousness of incidents</li> <li>• Multiple victims and poly-victimisation</li> </ul>

<p>9.1 Using the THRIVE definition to underpin approach to dealing with vulnerable people (Threat, Harm, Risk, Investigation, Vulnerability and Engagement)</p>
<p>9.2 Managing and reducing risks at the scene</p>
<p>9.3 Assessing the situation e.g. indicators of vulnerability, situational/environmental factors</p>
<p>9.4 Ensuring that safeguards are put into place to meet the individual's needs</p>
<p>9.5 Importance of ascertaining the full history of an incident</p>
<p>9.6 Consideration that previous incidents may have taken place that did not reach a criminal threshold or involve a police presence</p>
<p>9.7 Immediate actions/advice that can be given to an individual who is vulnerable to digital-facilitated crime (See also under 'Digital Policing')</p>

9.8 Assessing resilience and capability of the person to deal with the situation without further assistance from the police or support agencies, or with support that augments their resilience and capability
9.9 Influences upon the vulnerable person's ability and willingness to receive support e.g. substance abuse/unwillingness/inability to leave a domestic abuse situation
9.10 Agencies that may already be involved with the vulnerable person and are providing support
9.11 Procedures for referral of a vulnerable person
9.12 Procedures associated with taking children into police protection, including advantages and risks of such a course of action
9.13 Consideration of when to intervene under the Mental Capacity Act
9.14 Agreeing an exit strategy, including how and when to follow up
10.1 Impact that dealing with vulnerability cases may have on professionals, including first responders
10.2 Strategies for recognising the effects of stress and developing personal resilience, including: <ul style="list-style-type: none"> <li>• Regular welfare checks</li> <li>• Healthy coping strategies</li> <li>• Defining the positives</li> <li>• Post-incident debriefs</li> <li>• Reflective learning</li> </ul>
10.3 Support networks available to professionals, including first responders <ul style="list-style-type: none"> <li>• Understand the importance of appropriate professional relationships with individuals who are or may be, vulnerable</li> </ul>
11.1 Impact of developing inappropriate emotional attachments to, or relationships with, individuals who are, or may be vulnerable
12.1 Supporting the community through Early Help
12.2 Appropriate Early Help partners (where the expertise lies)
12.3 Early Help referral processes: <ul style="list-style-type: none"> <li>• Local authority hubs</li> <li>• Prevent hubs</li> <li>• Early Help Directory</li> <li>• Prevent Case Management</li> </ul>
Response Policing <ul style="list-style-type: none"> <li>• Understand how to deal with Issues of Vulnerability when attending the scene of an incident as First responder</li> </ul>
3.1 Importance of recognising vulnerability when attending incidents (including recognition that vulnerability indicators are not present)

3.2 Procedures for dealing with: <ul style="list-style-type: none"><li>• Individuals who suffer from mental health</li><li>• Vulnerable individuals</li><li>• Intimidated individuals</li><li>• Safeguarding</li></ul>
3.3 Effective partnership working in relation to vulnerability and mental health, when responding to an incident
3.4 Support networks (including voluntary organisations) that could assist first responders in providing a suitable solution
4 Apply practical policing skills when attending an incident as a first responder
4.4 Recognising that the police may not be the most appropriate agency to deal with the incident

Ends/.