Document Pack

THURSDAY, 7 FEBRUARY 2019

TO: ALL MEMBERS OF THE DYFED POWYS POLICE AND CRIME PANEL

I HEREBY SUMMON YOU TO ATTEND A MEETING OF THE **DYFED POWYS POLICE AND CRIME PANEL** WHICH WILL BE HELD IN THE **CHAMBER, COUNTY HALL, LLANDRINDOD WELLS, AT 10.30 AM, ON FRIDAY, 15TH FEBRUARY 2019** FOR THE TRANSACTION OF THE BUSINESS OUTLINED ON THE ATTACHED AGENDA.

Mark James CBE

CHIEF EXECUTIVE

PLEASE RECYCLE

Democratic Officer:	**Jessica Laimann**
Telephone (direct line):	**01267 224178**
E-Mail:	**JMLaimann@carmarthenshire.gov.uk**
Webcast Link:	**https://powys.public-i.tv/core/portal/home**

DYFED POWYS POLICE & CRIME PANEL
14 MEMBERS

CARMARTHENSHIRE COUNTY COUNCIL - 3 MEMBERS

1.	COUNCILLOR	KEN HOWELL	(Plaid Cymru)
2.	COUNCILLOR	JIM JONES	(Independent)
3.	COUNCILLOR	JOHN PROSSER	(Labour)

CEREDIGION COUNTY COUNCIL - 3 MEMBERS

1.	COUNCILLOR	LLOYD EDWARDS	(Welsh Liberal Democrats)
2.	COUNCILLOR	KEITH EVANS	(Independent)
3.	COUNCILLOR	ALUN LLOYD JONES	(Plaid Cymru)

PEMBROKESHIRE COUNTY COUNCIL - 3 MEMBERS

1.	COUNCILLOR	MICHAEL JAMES	(Independent)
2.	COUNCILLOR	STEPHEN JOSEPH	(Independent Unaffiliated)
3.	COUNCILLOR	ROBERT SUMMONS	(Conservative)

POWYS COUNTY COUNCIL - 3 MEMBERS

1.	COUNCILLOR	DAVID O. EVANS	(Independent)
2.	COUNCILLOR	LES GEORGE	(Welsh Conservative Party)
3.	COUNCILLOR	WILLIAM POWELL	(Welsh Liberal Democrats)

CO-OPTED INDEPENDENT MEMBERS - 2 MEMBERS

1.	PROFESSOR IAN ROFFE
2.	MRS HELEN MARGARET THOMAS

Cyngor **Sir Gâr**
Carmarthenshire
County Council

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DYFED-POWYS POLICE AND CRIME PANEL
15/02/19

PANEL PRIORITY 3 – REVIEW OF THE POLICE AND CRIME PLAN
Recommendations / key decisions required: To receive the evidence of Ceredigion, Pembrokeshire and Powys County Councils.
Reasons: 1. The Members of the Panel have identified the review of the Police and Crime Plan as one of its priorities. 2. In addition to monitoring the implementation and effectiveness of the Plan, Panel Members resolved to invite the 4 unitary authorities in the force area to give their views on the plan in light of developments since it was first published.

Report Author: Professor Ian Roffe Robert Edgecombe	Designation: Panel Champion Lead officer	Tel No. 01267 224018 E Mail Address: rjedgeco@carmarthenshire.gov.uk

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EXECUTIVE SUMMARY
DYFED – POWYS POLICE AND CRIME PANEL
15/02/19

PANEL PRIORITY 3 - REVIEW OF THE POLICE AND CRIME PLAN

The Police Reform and Social Responsibility Act 2011 ('the 2011 Act') places a statutory duty upon Police and Crime Commissioners to keep their Police and Crime Plan under review and in particular to review it in light of any recommendations made by the Police and Crime Panel.

The Dyfed-Powys Police and Crime Panel has identified the review of the Plan as one of their priorities for 2018-2019 and nominated Professor Ian Roffe to act as the lead member (or Panel Champion) in respect of it.

As well as monitoring the implementation and effectiveness of the plan, the Panel has also invited the 4 unitary authorities in the force area to give their views on the following points;

1. Whether they consider there is a need to review the Commissioner's Police and Crime Plan in light of the changing nature of the threats to our communities;

2. Whether they consider there is a need to review the Commissioner's Police and Crime Plan in order to better align it with the well-being plan for their County and to ensure that the needs of their County's residents are addressed as effectively as possible;

3. Whether they consider there is a need to improve how the Police, Council and other public sector stakeholders collaborate in their County in order to promote the effective delivery of the Police and Crime Plan. If they consider improvements are needed, what specific suggestions they have;

4. Whether they consider there is a need to review the Commissioner's Rural Crime Strategy in order to better align it with the well-being plan for their County and/or improve overall the way in which rural crime is dealt with;

5. Whether they consider there is a need to review the Rural Crime Strategy in light of the changing nature of the threats to our rural communities;

6. Whether they would like to see any change to the Commissioner's approach to the management of the Police estate, including the location/relocation of police stations in our communities.

DETAILED REPORT ATTACHED?	NO

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Section 100D Local Government Act, 1972 – Access to Information

List of Background Papers used in the preparation of this report:

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Cyngor Sir CEREDIGION County Council

Y Cynghorydd / Councillor **Ellen ap Gwynn**

Arweinydd y Cyngor /
Leader of the Council

Neuadd Cyngor Ceredigion, Penmorfa, Aberaeron, SA46 0PA
www.ceredigion.gov.uk

Councillor Alun Lloyd Jones
Chair, Dyfed-Powys Police Crime Panel
c/o Chief Executive's Department
County Hall
Carmarthen
Carmarthenshire
SA31 1JP

Dyddiad / Date	31/01/2019
Gofynnwch am / Please ask for	Councillor Ellen ap Gwynn
Llinell uniongyrchol / Direct line	01545 572004
Fy nghyf / My ref	EaG/LSE/SAD
Eich cyf / Your ref	
Ebost / Email	Ellen.apGwynn@ceredigion.llyw.cymru

Dear Alun

Further to you letter received on the 8th of January, please see below the Authority response requested to the points that you raise to support the important work of the Dyfed-Powys Police and Crime Panel.

1. **Whether your authority considers there is a need to review the Commissioner's Police and Crime Plan in light of the changing nature of the threats to our communities.**
Ceredigion County Council fully supports the Commissioner`s current Police and Crime Plan. The Authority responded to the consultation at the proper time and remains of the view that the Plan is fit for purpose and that its priorities and actions also remain appropriate subject to any new trends that might occur in the future. The authority has full confidence in the existing plan.

2. **Whether your authority considers there is a need to review the Commissioner's Police and Crime Plan in order to better align it with the well-being plan for your County and to ensure that the needs of your County's residents are addressed as effectively as possible**
The Ceredigion Local Well –being plan is not owned by the Authority alone, but is a joint Public Services plan formulated and approved by all partners. This includes the Dyfed-Powys Police and Crime Commissioner, who was involved in the assessment and approval of the plan. Senior Police officers have also attended the Public Services Board partnership. The Police and Crime plan has been tabled at the PSB. The Authority is of the view that the Ceredigion Local Well-being plan and the Dyfed Powys Police and Crime plan are aligned, although the nature of the plans mean that they should set have different tasks in order to avoid duplication. In essence both plans work towards improving the well-being of the citizens of Ceredigion.

Prif Weithredwr / Chief Executive : **Eifion Evans**
Cyfarwyddwyr Corfforaethol / Corporate Directors : **Sue Darnbrook**
Barry Rees

3. **Whether your authority considers there is a need to improve how the Police, Council and other public sector stakeholders collaborate in your County in order to promote the effective delivery of the Police and Crime Plan. If you consider improvements are needed, do you have any specific suggestions?**
Ceredigion County Council considers that existing collaboration arrangements are good and fit for purpose to deliver the Police and Crime plan. As well as the Public Service Board, the Community Safety Partnership in Ceredigion is considered as a very effective means of facilitating collaboration between the Authority, the Police and Crime Commissioner, local and HQ based police officers and other agencies. There are also regular meetings between the Police and Crime commissioner and the Community Safety partnership managers.

4. **Whether you consider there is a need to review the Commissioner's Rural Crime Strategy in order to better align it with the well-being plan for your County and/or improve overall the way in which rural crime is dealt with.**
Ceredigion County Council has enthusiastically welcomed the Commissioner`s Rural Crime Strategy as an innovative and exciting development. It is recognised that the Strategy is relatively recent and it needs time to bed in prior to review.

5. **Whether you consider there is a need to review the Rural Crime Strategy in light of the changing nature of the threats to our rural communities**
Ceredigion County Council has welcomed the earmarking of resources to tackle rural crime. The Rural crime strategy is a strategy which deals with a relatively specific area of work. Of course trends have to be monitored over time, but at the current time Ceredigion County Council would prefer that it is reviewed at a later date, as it has only recently been launched.

6. **Whether you would like to see any change to the Commissioner's approach to the management of the Police estate, including the location/relocation of police stations in our communities.**
The local authority understands the financial pressures that all public services are under. It takes the view that ultimately the management of the Police estate is matter for the Commissioner. Nevertheless, the Council values prior engagement and consultation in any proposals so that it can contribute comments and information to assist the Commissioner`s decision making.

I thank you for the invitation to attend the meeting on 15th February; unfortunately, I am unable to attend due to prior commitments. However, as Council nominated representatives on the Police and Crime Panel, we would be grateful if you along with Councillors Keith Evans and Lloyd Edwards could convey the Council's views to the Panel.

Yours sincerely

Councillor Ellen ap Gwynn
Leader, Ceredigion County Council

Pembrokeshire County Council
Cyngor Sir Penfro

IAN WESTLEY, M.A. B.Eng.(Hons), C.Eng., M.I.Mech.E., M.C.I.B.S.E.
Chief Executive / Prif Weithredwr

Dr. STEVEN JONES, B.A.(Hons), D.M.S., M.B.A., Ph.D, M.C.I.M.
Director of Community Services
Cyfarwyddwr Gwasanaethau Cymunedol

Pembrokeshire County Council,
County Hall, HAVERFORDWEST,
Pembrokeshire, SA61 1TP

Cyngor Sir Penfro,
Neuadd y Sir, HWLFFORDD,
Sir Benfro, SA61 1TP

Telephone / Ffôn 01437 764551
DX 98295 HAVERFORDWEST

Please ask for
Os gwelwch yn dda gofynnwch am

Dr S P Jones

Cllr Alun Lloyd-Jones
Chair
Dyfed Powys Police and Crime Panel
c/o Chief Executive's Department
County Hall
CARMARTHEN
CARMARTHENSHIRE
SA31 1JP

Dear Cllr Lloyd-Jones

<u>Review of Dyfed-Powys Police and Crime Panel</u>

Thank you for your letter and invitation to submit evidence which has been forwarded to me by Cllr David Simpson, Leader, Pembrokeshire County Council.

As Chair of the Safer Pembrokeshire Community Safety Partnership I would respond as follows:

1. The current Police and Crime Plan does not adequately reflect the changing nature of the threats to our communities particularly in areas such as serious and organised crime, 'county lines' and Brexit related community cohesion issues.

2. In relative terms community safety did not feature as a major area of concern in the Well-being assessment for Pembrokeshire and, as such, it is difficult to make a case for better alignment at this stage. However, it should be axiomatic that programmed Plan reviews consider the latest local and regional planning frameworks (and evidence) to ensure alignment.

3. The decision by OPCC not to attend local CSP meetings has distanced the OPCC from the Safer Pembrokeshire Community Safety Partnership. It has also impacted upon the OPCC's opportunity to co-design (at CSP level) local solutions for local issues.

4. The Rural Crime Strategy is much welcomed and needs the resources and visibility to maintain its profile across the county. As with point 2. above I do not believe there is an urgent need to revisit the Rural Crime Plan.

5. Insofar as Pembrokeshire is predominantly a rural county then the comments in point 1. apply.

6.   Evidence from the recent Wales Audit Office study 'Local Government Services to Rural Communities' (November 2018) suggests that "public bodies need to work together in deciding how they set prioirities and deliver frontline services". In Pembrokeshire, discussions have taken place around co-location of police stations/facilities but progress has been slow.

In conclusion, I would confirm that in the time available I have not been able to consult with partners in the Safer Pembrokeshire Community Safety Partnership. As such, these comments may not necessarily reflect the views of all partners.

Unfortunately, due to work commitments I will be unable to attend your meeting in Llandrindod Wells on the 15 February 2019.

Yours sincerely

S P Jones

Dr S P Jones
Director of Community Services
(Chair – Safer Pembrokeshire Community Safety Partnership)

Copy to: Cllr D Simpson – Leader
                Mr I Westley – Chief Executive

RESPONSE FROM POWYS COUNTY COUNCIL

County Councillor Elwyn Vaughan:

Y sylw byddwn yn neud fyddai:

- Croesawu datblygiad yr uned wledig newydd a'r cydweithio trawsffiniol rhwng Dyfed-Powys a Heddlu Gogledd Cymru;
- Falle bod angen Cymorth pellach i dargedu problem 'county lines';
- O ran eiddo byddai'n fuddiol edrych os medrir rhannu adeiladau efo'r Cyngor ee ym Machynlleth Heddlu defnyddio'r Llyfrgell fel base ayyb Gellid neud hynny hefyd yn Llanfyllin ac felly'n rhannu/lleihau costau.

Observations I would make are:

- Welcome the development of the new rural unit and the cross-border working between Dyfed-Powys Police and North Wales Police;
- Perhaps there is a need for extra support to target the 'county lines' problem;
- In respect of property, it would be beneficial to look at sharing buildings with the Council, for example Machynlleth Police use the library as a base etc. This could also be done at Llanfyllin therefore sharing/reducing costs.

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DYFED-POWYS POLICE AND CRIME PANEL
15/02/19

PANEL PRIORITY 3 – REVIEW OF THE POLICE AND CRIME PLAN
Recommendations / key decisions required: To receive the report of Professor Roffe and make such recommendations to the Commissioner as the Panel thinks fit.
Reasons: The Members of the Panel identified the review of the Police and Crime Plan as one of its priorities.

Report Author:	Designation:	Tel No.
Professor Ian Roffe	Panel Champion	01267 224018
Robert Edgecombe	Lead officer	E Mail Address: rjedgeco@carmarthenshire.gov.uk

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PANEL PRIORITY 3 - REVIEW OF THE POLICE AND CRIME PLAN

The Police Reform and Social Responsibility Act 2011 ('the 2011 Act') places a statutory duty upon Police and Crime Commissioners to keep their Police and Crime Plan under review and in particular to review them in light of any recommendations made by the Police and Crime Panel.

The Dyfed-Powys Police and Crime Panel has identified the review of the Plan as one of their priorities for 2018-2019 and nominated Professor Ian Roffe to act as the lead member (or Panel Champion) in respect of it.

The particular objective that the Panel set itself was;

To ensure that the priorities in the Police and Crime plan continue to be fit for purpose and that their implementation is achieving the stated aims

In assessing this objective the Panel stated that it would wish to see;

- clear evidence the Police and Crime Plan Priorities are supported by key stakeholders and the public

- clear evidence that the operational performance of Dyfed-Powys police continues to support those priorities

- clear evidence that the commissioning strategies pursued by the Commissioner continues to support those priorities

As well as monitoring the implementation and effectiveness of the plan, the Panel has also invited the 4 unitary authorities in the force area to give their views.

DETAILED REPORT ATTACHED?	YES

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Carmarthenshire County Council

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Dyfed Powys Police and Crime Panel – Priority 3

Review of the Dyfed Powys Policing Plan

1.   Context.

1.1   The wider context of the Dyfed Powys Police and Crime Plan is that it is a statutory requirement of the elected Police and Crime Commissioner to prepare a plan for the policing area. This stems from Section 5 of the Police Reform and Social Responsibility Act 2011. Where it also states that the Commissioner is required to issue the Plan to the relevant Police and Crime Panel Section 5: 6 (c) provides that one of the statutory functions of Police and Crime Commissioners is to hold the Chief Constable to account for the exercise of his or her functions and for the exercise of functions of persons under the Chief Constable's direction and control.

1.2 The current commissioner for Dyfed Powys, Dafydd Llewellyn, was elected in May 2016 and then proceeded as required to consult on the content of a proposed plan. Following this consultation, a draft was presented to the Police and Crime Panel of a Police and Crime Plan for 2017-2021, who then fed-back their views to the Commissioner. The Commissioner has set the security and safety of the residents served by Dyfed-Powys Police as his priority and he intends to work closely with the Chief Constable to achieve this goal. There are 4 distinct priorities in the 2017-21 Plan.

- Keeping our communities safe.
- Safeguarding the vulnerable.
- Protecting our communities from serious threats.
- Connecting with communities.

1.3 In practical terms, the Commissioner, through the Police and Crime Plan, sets the strategic direction of a police force, but it is the Chief Constable who then gives that strategic direction practical policing and operational effect. It is in respect of this practical implementation of a Police and Crime Plan that the Commissioner will primarily hold the Chief Constable to account.

1.4   The Dyfed Powys Police and Crime Panel has set out a priority in its annual report to scrutinise the operation of the Police and Crime Plan during 2018-2019. The objective was phrased as: *"To ensure that the priorities in the Police and Crime plan continue to be fit for purpose and that their implementation is achieving the stated aims."* In assessing whether this objective had been achieved the Panel stated that they would want to see:

- There is clear evidence the Police and Crime Plan Priorities are supported by key Stakeholders and the public.

- There is clear evidence that the operational performance of Dyfed-Powys police continues to support those priorities.

- There is clear evidence that the commissioning strategies pursued by the Commissioner continues to support those priorities.

2   Review Activities by the Police and Crime Panel.

2.1   A key question that the Panel has considered is how will it know the policing priorities identified in the plan are being met? Opportunities for the Panel Members to review and assess this issue have developed over the past 12 months. Furthermore, the Panel designated Professor Ian Roffe JP as a Panel Champion on this topic so as to ensure that there was a continuing focus on performance in this area.

2.2   The Commissioner holds the Chief Constable to account for the operational policing of the Police and Crime Plan. As well as regular informal meetings with the Chief Constable, the Commissioner also holds the Chief Constable to account in two separate formal settings, the Policing Board and the Police Accountability Board. The latter Board has been made open to the public and Members of the Panel and which has been a helpful step of providing transparency into the work of the Commissioner.

2.3   Hence, there are multiple layers of interaction between the Commissioner and the Chief Constable. In seeking to scrutinise performance against the Plan, the Panel has adopted a multi-faceted approach to assessing the delivery match to the Plan's priorities. This has comprised during 2018/19 of:

(i) Regular formal and written reporting by the Commissioner to the Panel on each Plan priority. The Panel has received regular quarterly reporting by the Commissioner on the delivery of the Plan priorities. It has considered these reports and raised relevant questions for the Commissioner. A particular concern from previous years has been the extent of improvement recommendations for Dyfed Powys by HMIC, the police inspectorate and this had relevance for the delivery of the Plan. Through concerted action by the senior police team and the Commissioner, the level of these recommendations has been reduced to around 10% of the level in 2017. The Panel also questioned the Commissioner at each of its meetings, for example in November 2018 it asked How the Commissioner ensures that operational officers are aware of the priorities in the Police and Crime Plan and are working towards their delivery. In May 2018, the Panel enquired on on the Police Efficiency and Leadership report for Dyfed Powys and the approach the Commissioner was taking in response. In July 2018, the Panel questioned the Commissioner on the Rural Crime Strategy and the implication of the Annual Report on the Policing Plan.

(ii) Attendance and observation at Police Accountability Board Meetings to see that policing action responds to the policing plan.
    There have been 4 Police Accountability Boards during 2018/19.
    8 May 2018, Crickhowell, Powys.
    6 August 2018, Aberaeron, Ceredigion.
    6 November 2018, Crymych, Pembs.

12 February 2019, Carms.

Representative members of the Panel have attended and observed, reviewed agendas, reports and minutes of these Police Accountability Board meetings to scrutinise the delivery of Plan by police and the accountability relationship to the Commissioner.

(iii) Seeking views of community leaders in community safety roles on the implementation of the policing plan. Invitations to attend a Panel meeting and for evidence and submissions from Lead Members at each County Council responsible for Community Safety have been sought. The lead for Carmarthenshire CC attended the November meeting of the Panel. Written observations were presented from Ceredigion CC, Powys CC and Pembrokeshire CC. Overall, these responses varied in their depth of analysis on the key questions directly on the Plan and presented by the Panel. The responses from Carmarthenshire CC and Ceredigion CC were full and comprehensive and reported that the Plan remained relevant for the needs of each county. Pembrokeshire CC and Powys CC highlighted an issue presented by County Lines and Serious and Organised Crime. Positively, each county commented favourably on the Rural Crime Strategy.

(iv) Connecting with communities though the elected member representation on the Panel, to ensure that local policing implementation is effective. There are 12 elected members of the community that are Members of the Panel and bring forward issues as they arise for the attention of the Commissioner.

(v) The Panel has attended presentations on the work of organisations that have been commissioned to support activities in Dyfed Powys, covering drug-alcohol counselling, domestic abuse victims etc. The Panel lead on finance has observed the commissioning process. However, the Panel is not involved in the specific actions of commissioning these services. The scope of the work observed by Panel members indicates that the commissioned work underpins the Police and Crime Plan, for example by supporting victims and vulnerable people and does so in a cost-effective way.

3   Current Status of the Police and Crime Plan 2017-2021.

3.1   The Commissioner stated that he will review this Plan annually to ensure that it remains fit for purpose. In December 2018, the OPCC did not intend having a further review of the Police and Crime Plan, given there is less than 18 months to go before the next election. Further, as the PCC has regular briefings in relation to key strategic documents such as the Control Strategy and the Force Management Statement, he is content that the Police and Crime Plan is sufficiently broad to continue to be relevant and encompass the key strategic issues for Policing and Crime matters in the Dyfed-Powys area.

4.   Conclusions

4.1   The Police and Crime Plan is a strategic document with a 5-year horizon. During 2018-19. The Panel has scrutinised actions under each of the priorities in this Plan. It is clear that the Commissioner has worked and allocated resources to support these priorities. Consultations and review by the panel indicate that overall it remains relevant and supported by key stakeholders. The Rural Crime Strategy is viewed very positively by commentators, with some issues developing over 'County Lines' an aspect of Serious and Organised Crime.

4.2   Delivery of the Plan by Dyfed Powys Police involves policing action and resource allocation determined by the Chief Constable. It is clear that the Commissioner exercises suitable critical challenge as well as support to the Senior Policing team in the delivery of the Plan.

4.3   Commissioned agencies have a clear and relevant role in the support of the Policing and Crime Plan. There are clear benefits in supporting vulnerable people, victims and addressing anti-social behaviour in a cost-effective way that underpins the Plan. This is an area that merits further consideration by the PCP for the next annual cycle

1 February 2019

Ian Roffe

APPENDIX – THE PANEL OBJECTIVE

Panel Function	What we will do	Our objectives	How we will ensure whether we have achieved our objectives	2018: 2019 Actions
Scrutinise the impact of the Police and Crime Plan	Receive regular reports from the Police and Crime Commissioner regarding the implementation of the Police and Crime Plan Receive and note any relevant reports from HMICFRS/other regulators and question the Police and Crime Commissioner regarding them Seek the views of other stakeholders and the Public	To ensure that the priorities in the Police and Crime plan continue to be fit for purpose and that their implementation is achieving the stated aims.	There is clear evidence the Police and Crime Plan Priorities are supported by key Stakeholders and the public There is clear evidence that the operational performance of Dyfed-Powys police continues to support those priorities There is clear evidence that the commissioning strategies pursued by the Commissioner continues to support those priorities.	Evidence has been gathered from Stakeholders on the continuing relevance of the Plan. Members have scrutinised the Commissioner and observed the operation of the Police Accountability Board. The Panel has received presentations on the work of Commissioned Agencies in support of the priorities.

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DYFED-POWYS POLICE AND CRIME PANEL
15/02/19

PANEL PRIORITY 2 – POLICE ACCOUNTABILITY BOARD 12th FEBRUARY 2018

Recommendations / key decisions required:

1. To note the report of the Panel Members who observed the Accountability Board Meeting

2. To make such recommendations to the Commissioner as the Panel thinks fit.

Reasons:

1. The Members of the Panel have identified scrutiny of how the Police and Crime Commissioner holds the Chief constable to account as one of its priorities.

2. The Police Accountability Board is one of the main mechanisms for doing this

The Panel has previously resolved to send observers to Accountability Board meetings

Report Author:	Designation:	Tel No.
Cllr. William Powell	Panel Champion	01267 224018
Robert Edgecombe	Lead officer	E Mail Address: rjedgeco@carmarthenshire.gov.uk

PANEL PRIORITY 2 – POLICE ACCOUNTABILITY BOARD
12th FEBRUARY 2018

The Police Reform and Social Responsibility Act 2011 ('the 2011 Act') places a statutory duty upon Police and Crime Commissioners to hold their Chief Constable to account for the exercise of;

1. The functions of the Chief Constable and,
2. The functions of persons under the direction and control of the Chief Constable

The Dyfed-Powys Police and Crime Panel has identified scrutiny of this function as one of their priorities for 2018-2019 and nominated Cllr William Powell to act as the lead member (or Panel Champion) in respect of it.

One of the main mechanisms that the Commissioner uses to perform this function is the holding of public' Police Accountability Board' meetings.

As part of its scrutiny of this function that Panel has previously resolved to send observers to such meetings who will then report back to the Panel at its next meeting regarding how the Commissioner performed this part of his statutory duties.

DETAILED REPORT ATTACHED?	NO

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DYFED-POWYS POLICE AND CRIME PANEL
15/02/19

PANEL PRIORITY 2 – HOW THE POLICE AND CRIME COMMISSIONER HOLDS THE CHIEF CONSTABLE TO ACCOUNT
Recommendations / key decisions required: 1.To note the report;   2. To recommend to the Commissioner that he formally adopt the proposed criteria for the publication of Police Accountability Board papers.
Reasons: 1. The Members of the Panel have identified scrutiny of how the Police and Crime Commissioner holds the Chief constable to account as one of its priorities.   2. The Panel has previously recommended that the Commissioner adopt such a criteria.

Report Author:	Designation:	Tel No.
Cllr. William Powell	Panel Champion	01267 224018
Robert Edgecombe	Lead officer	E Mail Address:
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EXECUTIVE SUMMARY
DYFED – POWYS POLICE AND CRIME PANEL
15/02/19

PANEL PRIORITY 2 – HOW THE POLICE AND CRIME COMMISSIONER HOLDS THE CHIEF CONSTABLE TO ACCOUNT

The Police Reform and Social Responsibility Act 2011 ('the 2011 Act') places a statutory duty upon Police and Crime Commissioners to hold their Chief Constable to account for the exercise of;

1. The functions of the Chief Constable and,
2. The functions of persons under the direction and control of the Chief Constable

The Dyfed-Powys Police and Crime Panel has identified scrutiny of this function as one of their priorities for 2018-2019 and nominated Cllr William Powell to act as the lead member (or Panel Champion) in respect of it.

The objectives of the Panel was stated as:

"To ensure that the Police and Crime Commissioner is holding the Chief Constable to account in a thorough and robust manner for the delivery of the Police and Crime Plan and the operational policing decisions that the Chief Constable makes"

In determining whether this objectives was met the Panel stated it would require:

"Clear evidence that the Police and Crime Commissioner is robustly challenging the Chief Constable where it is appropriate to do so"

The attached report sets out what steps the Panel has taken to gather this 'clear evidence' and its findings in relation to the objective set out in the annual report.

The attached report also contains a recommendation regarding the publication of papers relating to meetings between the Commissioner and Chief Constable.

DETAILED REPORT ATTACHED?	YES

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HOW THE POLICE AND CRIME COMMISSIONER HOLDS THE CHIEF CONSTABLE TO ACCOUNT

<u>Introduction</u>

1. Section 1(7) of the Police Reform and Social Responsibility Act 2011 provides that one of the statutory functions of Police and Crime Commissioners is to hold the Chief Constable to account for the exercise of his or her functions and for the exercise of functions of persons under the Chief Constable's direction and control.

2. In its Annual Report for 2017-2018 the Police and Crime Panel resolved that scrutiny of how the Police and Crime Commissioner holds the Chief Constable to account would be one of its priorities for 2018-2019.

3. The objective of the Panel was stated as:
   "To ensure that the Police and Crime Commissioner is holding the Chief Constable to account in a thorough and robust manner for the delivery of the Police and Crime Plan and the operational policing decisions that the Chief Constable makes"

4. In assessing whether this objective had been achieved the Panel stated that they would want to see:
   "Clear evidence that the Police and Crime Commissioner is robustly challenging the Chief Constable where it is appropriate to do so"

<u>Background</u>

5. The legal relationship between Police and Crime Commissioner and Chief Constable is complex in that whilst the Commissioner appoints, and may effectively dismiss, the Chief Constable, the Commissioner has no power to direct how operational police officers perform their duties. This is solely the responsibility of the Chief Constable. This relationship is governed by a statutory document called the Policing Protocol. A link to this protocol is here
   http://www.legislation.gov.uk/uksi/2011/2744/made

6. In simple terms, whilst the Commissioner, through the Police and Crime Plan, sets the strategic direction of a police force, it is the Chief Constable who then gives that strategic direction practical and operational effect.

7. It is in respect of this practical implementation of a Police and Crime Plan that the Commissioner will primarily hold the Chief Constable to account.

8. In addition to regular informal meetings with the Chief Constable, the Commissioner also holds the Chief Constable to account in two separate formal settings, the Policing Board and the Police Accountability Board.

9. The Policing Board is a private meeting between the Commissioner and Chief Constable and relevant senior staff. Although minutes and action notes from these meetings are published on the Commissioner's website, agendas and detailed reports are not. A link to the relevant page of the Commissioner's website can be

seen here http://www.dyfedpowys-pcc.org.uk/en/accountability-and-transparency/policing-board/

10. The Police Accountability Board is an open public meeting, again between the Commissioner and Chief Constable and their relevant senior staff. These meetings take place at various locations around the force area and agendas, reports and minutes are published on the Commissioner's website. The Commissioner has also recently given a commitment to webcast these meetings for a trial period in 2019. A link to the relevant page on the Commissioner's website is here http://www.dyfedpowys-pcc.org.uk/en/accountability-and-transparency/policing-accountability-board/

What we have done

11.1 In order to satisfy itself that the Commissioner has been robust and thorough in the way he holds the Chief Constable to account the Panel has taken the following steps

(a) Sent representatives to observe meetings of the Police Accountability Board

(b) Reviewed agendas, reports and minutes of Police Accountability Board meetings

(c) Considered the published minutes/action notes of the Policing Board

11.2 In addition Panel Members questioned the Commissioner at the Panel meeting in November 2018 regarding how he performs this statutory function. This included questions about;

(a) The Commissioner's understanding of the operational independence of the Chief Constable

(b) How the Commissioner maintains oversight of specialist police activities such as serious & organised crime, counter terrorism and covert surveillance operations

(c) How the Commissioner validates performance management and other data provided by the Chief Constable and his staff

(d) How the Commissioner ensures that operational officers are aware of the priorities in the Police and Crime Plan and are working towards their delivery.

11.3 During the course of that meeting the Commissioner was able to give several examples of where , by holding the Chief Constable to account, he had helped achieve positive change

11.4 The Commissioner was also honest and candid enough to state that he was disappointed that his efforts had not yet achieved the improvement in the efficient use of the force finances that he had hoped for.

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<u>Analysis</u>

12.1   Panel Members who have observed meetings of the Police Accountability Board described them as being conducted in a thorough and robust manner.

12.2   Whilst there appears to be a close and positive working relationship between the Commissioner and Chief Constable it is clear that the Commissioner is quick to challenge the Chief Constable and his senior staff both in respect of the performance of the force and how performance data is interpreted and presented.

12.3   It appeared to Panel Members that such challenge was always appropriate and constructive in character.

<u>Addendum</u>

13.1   Although the Commissioner should be commended for his decision to hold Police Accountability Board meetings in public and, more recently, to webcast them, the Panel has in the past expressed some concern about the non-disclosure of reports relating to those meetings.

13.2   The Panel accepts entirely that there will on occasions be items of business which it is not appropriate to discuss in public and that therefore there should be a mechanism for those matters to be considered at the meeting in private.

13.3   It is therefore recommended that the Commissioner adopt the criteria annexed to this report and publish it on his website. The criteria reflects relevant exemptions to the publication of information set out in sections 21-44 of the Freedom of Information Act, Schedule 12A of the Local Government Act 1972 and section 13 of the Police Reform and Social Responsibility Act.

13.4   Where information is to be withheld from public the relevant agenda or minutes should record in general terms the matter under discussion and the grounds upon which the information is being withheld, including the Monitoring Officer's certificate in respect of the public interest test (where applicable).

Cllr. William Powell
February 2019

CATEGORY OF EXEMPT INFORMATION	QUALIFICATION
Information relating to or likely to reveal the identity of a particular individual or jeopardise their safety	Public interest applies (see below)
Information relating to the financial affairs of any particular person or organisation	Public interest applies (see below)
Information relating to consultations or negotiations in connection with any labour relations matter	Public interest applies (see below)
Information in respect of which a claim for legal professional privilege (LPP) could be maintained	No public interest test
Information which if disclosed would be against the interests of national security	No public interest test
Information which if disclosed might prejudice the prevention or detection of crime, the apprehension or prosecution of offenders or the administration of justice	Public interest test applies
Disclosure is prohibited under any enactment	No public interest test

Public Interest Test

Information is exempt from disclosure if the Monitoring Officer certifies in respect of that information that in all the circumstances of the case the public interest in maintaining an exemption contained in the above schedule outweighs the public interest in disclosing the information.

DYFED-POWYS POLICE AND CRIME PANEL
15/02/19

HMICFRS REPORT – POLICING AND MENTAL HEALTH
Recommendations / key decisions required: 1.To note the report published by HMICFRS 2. To identify any actions that the Panel wishes to take in light of that report.
Reasons: 1. The report highlights the burden nationally that is being placed upon the police when dealing with those who have mental health problems 2. The findings support comments made by both the Commissioner and Chief Constable regarding the burden that is being placed upon Dyfed-Powys police in particular.

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EXECUTIVE SUMMARY
DYFED – POWYS POLICE AND CRIME PANEL
15/02/19

HMICFRS REPORT – POLICING AND MENTAL HEALTH

In November 2018 Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services publish a report on the role that the police have in dealing with persons with mental health problems.

The report generally praised the police for the way in which they dealt with such persons, but expressed the view that the police should not be involved in responding to such problems as much they are.

The report highlights the risks associated with the police being forced to take on this role in the absence of more appropriate professional services and emphasises the burden that this places on the police to the detriment of the performance of its other statutory functions.

The report sets out 5 main recommendations, namely;

1. That the NPCC lead and College of Policing should agree a new national definition of mental ill-health for all forces to adopt. *(Panel Members will be aware that the Chief Constable for Dyfed-Powys – Mr. Mark Collins, is the NPCC lead)*
2. All forces should carry out a snapshot exercise to assess their mental health-related demand
3. All forces should evaluate their mental health triage services
4. All forces should review their mental health training programmes
5. The Crisis Care Concordat steering group should carry out a fundamental review and make proposals for change

A copy of the Crisis Care Concordant for Wales is also attached to the report to assist members in their deliberations.

DETAILED REPORT ATTACHED?	YES

Section 100D Local Government Act, 1972 – Access to Information

List of Background Papers used in the preparation of this report:

THESE ARE DETAILED BELOW

Title of Document	File Ref No.	Locations that the papers are available for public inspection
Host Authority File	LS-0511/41	County Hall Carmarthen

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Policing and Mental Health

Picking Up the Pieces

Contents

Foreword

The last resort, not the first port of call

In our inspection, we found that the police approach to people with mental health problems is generally supportive, considerate and compassionate.

But we believe there is only so much the police can do to improve the overall picture. This is because, in our view, too many aspects of the broader mental health system are broken; the police are left to pick up the pieces. The fact that almost every police force now has its own mental health triage team indicates that there isn't nearly enough emphasis on early intervention and primary care to prevent the need for a crisis response.

This is letting down people with mental health problems, as well as placing an intolerable burden on police officers and staff. It is a national crisis which should not be allowed to continue; there needs to be a fundamental rethink and urgent action.

People with mental health problems need expert support. Those in crisis need to be cared for in a healthcare setting. They shouldn't be locked in a police cell or held for hours on end in the back of a police car for their own safety. This expert help needs to be available whenever people need it; mental health crises don't just happen during office hours.

All too often, the system is failing people when they most need help. This is not a problem that the police alone can solve. Other services need to stop relying on the 24/7 availability of the police.

We have grave concerns about whether the police should be involved in responding to mental health problems to the degree they are. Our inspection found that, in dealing with people with mental health problems, police officers and staff must do complex and high-risk work. They often don't have the skills they need to support people with mental health problems. And, too often, they find themselves responsible for the safety and welfare of people that other professionals would be better placed to deal with.

This means that already overstretched and all-too-often overwhelmed police officers can't always respond appropriately, and people in mental health crisis don't always get the help they need. All this can take a heavy emotional toll on officers and staff.

More emphasis on early intervention

This isn't about blaming either the police or mental health practitioners. We recognise the considerable work that all services and agencies have done to improve the response to those with mental health problems. But, in our view, the emphasis overall needs to be far more on early intervention and community care. As HM Chief Inspector of Constabulary, Sir Thomas Winsor, said in his 2017 State of Policing report:

> "There will always be situations where someone in crisis needs a rapid response from the emergency services. But too often, our public services are failing to work together to prevent the crisis in the first place … Blue lights should not have to flash for someone to get the help they need in time."

There are a few things the police could do better. They could give officers and staff better mental health training and have a clearer view of the level of demand from people with mental health problems. We have made some recommendations along these lines which could help improve their approach.

However, these can only go so far, and there needs to be a longer-term solution. When it comes to mental ill-health, the police should be the last resort, not the first port of call.

Zoë Billingham

HM Inspector of Constabulary

About this report

"I had a bad relapse in May. I was left for so long where I didn't get the support and guidance. I started carrying a knife around 'cos the voices were telling me to harm people and myself. What I wanted was to get sectioned. I went and told my probation officer. She sat me down and contacted the community mental health team. I sat down in front of the doctor and psychiatrist and do you know what they said to me? 'We can't give you what you want, which is to get sectioned.' So basically, I have to go out there and do something before the crisis team can section me. I'm there carrying a knife around looking to do something to someone, or myself, and I have to do it before I can get into hospital. This was a year ago. I was scared for people, I am a dangerous man."

The police respond to people in mental health crisis every day. It is important for the police to recognise as early as possible that they may be responding to someone with mental health problems. That early understanding is crucial to assess the risk properly, and how urgent the response should be. In our 2017 inspection, we examined more closely how the police:

- respond to and provide care for people with mental health problems; and

- work with partner organisations to achieve the best outcomes.

We are in no way suggesting that the police don't have a role in protecting those who are vulnerable because of their mental ill-health. This should be a priority for all forces. As Lord Adebowale, chair of the Independent Commission on Mental Health and Policing, stated in the Commission's 2013 report, mental health needs to be "seen as a part of the core business of policing". But funding cuts have reduced community services, which means some needs are no longer being met. This unmet need means police forces are seeing unjustifiably higher demand for their services.

What we assessed

To understand how effective forces are at protecting and helping those with mental health problems, we inspected how well they:

- identify people with mental health problems when they first contact the force;

- identify and record the number of cases involving people with mental health problems to provide the right support; and

- make sure expert help is available from other organisations, in particular health professionals.

Methodology

In 2017, we inspected all 43 police forces in England and Wales and the British Transport Police on their effectiveness, as part of our PEEL (police effectiveness, efficiency and legitimacy) inspection programme.

One of the main areas we inspect in effectiveness is how well the police protect those who are vulnerable, and support victims. For the first time within this area, we inspected how effectively police respond to and support people with mental health problems:

- We reviewed crime files with vulnerable victims and suspects with mental health problems.

- We spoke with frontline officers, force control room staff, supervisors and police leaders.

- We held focus groups in each force with mental health experts, triage staff, ambulance, fire and rescue staff, NHS staff, clinical commissioning group staff and mental health practitioners.

- We commissioned a focus group of people with lived experience of mental ill-health to understand their experiences of contact with police.

- In the strategic briefings at the start of each inspection, senior force leaders explained how their force deals with people with mental health problems.

- For the first time ever, we were able to review all force management statements (FMSs), in which forces set out their current demand, future demand, capacity and capability in relation to mental health.

A mental health expert reference group was invaluable to us in challenging and shaping our methodology and inspection findings.

About the quotes in this report

The quotes in this report are from people with lived experience of mental ill-health. We commissioned an agency to set up a focus group of volunteers, all of whom had lived experience of contact with police as a result of a mental health crisis.

We asked the volunteers to tell us about their experiences, positive and negative, of contact with police, as we felt it was important to represent the views and voices of people who have experienced mental health problems. The volunteers were frank and open about their experiences and were happy for us to use their experiences and quotes in our report. We are extremely grateful for their candour in talking about their experiences.

Future PEEL and mental health inspections

We have now moved to an integrated inspection approach in our PEEL programme. We inspect each force once every year on how effective, efficient and legitimate it is. We will still examine mental health as an important part of this integrated inspection.

Headline findings

We are concerned that the police are working beyond their duty

We have significant concerns about whether the police should be involved in responding to mental health problems to the degree that they are. The police need to be clearer about the extent of this problem.

The Crisis Care Concordat is a step in the right direction, but there still needs to be a rethink

All services and agencies have done considerable work to improve the response to those with mental health problems. A culmination of this collaboration is the Crisis Care Concordat, in which 22 bodies committed to improving the service and experience of those people with mental ill-health.

However, people with mental health problems need expert support, and all too often this isn't available when people need it. The fact that people are calling the police to access health care is untenable, and the evidence later in our report shows that the demand for police to respond to mental health-related calls is increasing. We believe there needs to be a radical rethink to guarantee a timely expert response from health services.

Collaboration is helping the police provide a better response

We were pleased to see the police working closely with other organisations to try to improve their joint understanding of mental health. These collaborations are working both at a strategic level to influence the direction of services and funding decisions, and at a more tactical level to solve specific problems.

The police need a clearer picture of mental health demand

Overall, we found a general lack of understanding by forces of their mental health demand.

Leadership on mental health in police forces is generally strong

We found strong leadership and governance on mental health across most forces.

Overall, the police are good at recognising when people are in crisis and responding to people at risk

It is crucial that when people with mental health problems contact the police, the police can identify that they are vulnerable. Generally, forces do this well.

We also found that police officers have a good understanding of how to respond to those with mental health problems.

Forces are investing in mental health training, but it is inconsistent

We were pleased to see forces investing in training to support their officers and staff to identify and respond to people with mental health problems. However, the quality of training, and the involvement from other services, is inconsistent.

Only a few forces are seeking the views of people with mental health problems

We found that there is a missed opportunity to seek the views of people who have mental health problems. Only a few forces are doing this to improve the quality of training and develop and shape future services.

Prevention is far better than cure

Mental health crisis is often preventable and avoidable. It is far cheaper for health agencies to intervene early than pay for specialist crisis treatment after harm and distress has already been caused.

For example, in their FMSs, 13 forces cited the pressure that responding to repeat callers places on an already busy command and control system.

The top five individual repeat callers to the Metropolitan Police Service (all of whom have mental health problems) called a combined total of 8,655 times in 2017. It cost the service £70,000 just to answer the calls. If services were in place to treat people earlier, the cost savings would be significant.

We made the same point in our 2016 State of Policing report:

> "By the time depression or some other mental disorder has been allowed to advance to the point that someone is contemplating suicide, or engaging in very hazardous behaviour, many opportunities to intervene will have been missed by many organisations. When that intervention takes place on a motorway bridge or railway line, or when someone is holding a weapon in a state of high distress, the expense to all concerned is far higher than it should be. The principal sufferer is the person who is ill, especially when it is realised that his or her suffering could have been much less or even avoided altogether. Then there is the economic cost in terms of the expenditure of time and effort by the police and other public services, as well as the expense and trauma sustained by those adversely affected by the crisis at the time. The economic arguments for earlier intervention intensify the health and moral ones already in play."

Prevention should ideally start in childhood. As we said in our 2017 State of Policing report:

> "Early intervention must be given much higher priority. For example, there is so much that needs to be done to help troubled families; reduce parental conflict; support children's emotional and cognitive learning; develop young people and divert them from offending; make the child protection system more effective; and treat mental illness and addictions … The need for public-sector organisations to work together is particularly acute when it comes to children's and adolescents' mental health. … if we do not act to support children early on, the problems that can develop are more complicated to address, not just for the NHS and the education system, but also for the police and the wider criminal justice system."

How the police help people with mental health problems

Mental ill-health is said to affect one in four of us at some point in our lives. It is a complex topic that cuts across every area of policing.

Some of the most vulnerable people in our society are those who experience mental ill-health, and they are at their most vulnerable when they are in crisis. Police can be called on to act in a criminal justice or healthcare capacity, or a combination of the two. This is complex, time-consuming work, which can put a considerable strain on individual officers.

The police respond to people with mental health problems in several different ways.

Responding to emergency contact

A family member, friend or carer can make emergency contact via 999 about someone they know who is showing unusual behaviour. A member of the public may call if someone is ill in a public place or putting themselves or others in danger. Or the person in crisis may call for help themselves.

The Metropolitan Police Service receives a call about a mental health concern once every four minutes.[1] They send an officer to respond to a mental health-related call every 12 minutes. Officers responding to the call will spend time with the person to understand what they need. Analysis by the Welsh forces showed that on average this took about three hours. They may need more officers to help, and the person might end up being detained under section 136 of the Mental Health Act 1983 and taken to a place of safety.

Half the time, the police, and not the ambulance service, transport people to a place of safety. This can take a few hours, depending on the availability of health agencies and specialist hospital beds. Or it may result in a very long wait in accident and emergency for the person in crisis and the police officers accompanying them.

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[1] *Cost and Demand of Mental Health to the Metropolitan Police Service and the Public*, Metropolitan Police Service, 2018.

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Welfare checks and safe-and-well checks

Another agency, social services or a GP may ask police to do a welfare check or safe-and-well check on someone. They ask for this when they can't contact the person, or they haven't seen them for a particular reason (for example, the person has failed to turn up for an appointment). Police look for the person, call for medical assessment if necessary, and report back to the agency who asked for the check.

These requests are common and involve a lot of investigation and understanding of risk. Often there are mental health concerns. Officers told us during fieldwork that these requests often come in when other services are ending their hours of service.

Supporting victims of crime

A person with severe mental health problems is three times more likely to be a victim of crime.[2] This means they will need extra care and support throughout the investigative process. Research estimates that 30 to 60 percent of women with mental health problems suffer domestic abuse.[3]

Looking out for vulnerable people

Neighbourhood officers will often spend time checking whether people living with mental health conditions are looking after themselves and their families. They also often identify modern slavery or 'county lines' organised crime cases, where vulnerable people with mental health problems have been exploited.

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[2] *At risk, yet dismissed: The criminal victimisation of people with mental health problems*, Mind, 2013, page 18.

[3] *Domestic violence and severe psychiatric disorders: Prevalence and interventions*, Psychological Medicine, Howard, L.M, Trevillion, K, Khalifeh, H, Woodall, A, Agnew-Davies, R, & Feder, G, 2009, 40(6), 881–893.

Attending mental health crisis incidents

Police will be called to a person in crisis who is suicidal. There were [nearly 6,000 suicides in the UK in 2017](). This means that 16 people take their own lives every day, and many more people attempt suicide.

Attending these incidents may involve road or bridge closures, and skilled negotiators to talk to the person in crisis and try to keep them safe. Between April 2016 and April 2017, police officers (from British Transport Police and local forces), working alongside rail staff and members of the public, [prevented 1,837 people]() from taking or attempting to take their own lives on the rail network.

Looking for missing persons

Police also respond to calls for missing persons where mental health problems are a factor – for example, if the missing person has dementia, or is in extreme distress.

Summary of our main findings

We are concerned that the police are working beyond their duty

We have significant concerns about whether police should be involved in responding to mental health problems to the degree that they are. The police need to be clearer about the extent of this problem.

Feedback from officers, partners[4], service users and some limited data indicates that in some cases the police service is stepping in to fill shortfalls in health services. This may include:

- transporting someone to hospital because an ambulance isn't available;

- waiting with someone in hospital until a mental health place is found; or

- checking on someone where there is concern for their safety.

Often, as a 24/7 service, police are the only professionals available to respond because the person is in crisis 'out of hours'. Our detailed analysis shows that the peak time for calls to police for support with mental health-related incidents is between 3pm and 6pm Monday to Friday, towards the end of the working day.

In too many respects, police forces have an inadequate picture of the extent and nature of the demand they face from people with mental health problems. It is vital that the police service builds a clearer picture of what officers and staff are doing to deal with people with mental health problems. They can then develop a better understanding of the nature of this demand. We believe there needs to be a rapid investigation into this situation and, if necessary, proposals for fundamental change.

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[4] We refer to partners frequently in this report, to mean other agencies the police work with to respond to people with mental health problems. Partners we refer to in this report include: health trusts, GPs, local authorities, crisis care teams, triage teams, ambulance services, paramedics, clinical commissioning groups and police and crime commissioners. This list is not exhaustive, and police will often work with several partners across trusts and geographic boundaries with different funding streams and different local problems.

The public don't think it is the police's responsibility to look after people with mental health problems

The amount of work the police do to help people with mental ill-health is currently out of step with public expectations. We commissioned a survey and interviewed 17,043 people in England to understand better the general public's perception of their local police force in this respect.

We found that:

- only two percent of those surveyed felt it was the police's responsibility to respond to mental health-related calls;

- 70 percent felt it was the main responsibility of the health services to deal with people with mental health problems;

- a further ten percent felt that the local authority or council were responsible; and

- the public saw terrorism, child sexual exploitation and violent crime as the most important crimes for the police to prioritise.

We found strong leadership on mental health in police forces

It is of credit to the police service that we found strong leadership and governance on mental health across most forces.

All forces have a chief officer mental health lead. Their role is to make sure the force has the right systems and processes in place to help people with mental health problems when they come into contact with the police. They also help officers and staff if they are struggling and need support themselves. We saw senior leaders communicating with their officers and staff via internal blogs about the importance of protecting themselves, as well as protecting vulnerable people with mental health problems.

Some leaders hold drop-in meetings and join officers at changes of shifts. They explain how important it is to look after each other and recognise when colleagues may need help or support. This strong leadership is vital to support officers' mental health, improve their wellbeing and reduce stress.

Another resource that has been developed for all forces is the Oscar Kilo website. It has been created and designed to host the Blue Light Wellbeing Framework and bring together those who are responsible for wellbeing. It is a place to disseminate learning and best practice from across the emergency services.

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Partnerships are helping the police provide a better response

It is vitally important that police work with partners to make sure the most vulnerable in our communities receive the help and support they need. Police shouldn't have to work alone to manage this demand.

We were pleased to see strong and well-established partnerships across the country. These partnerships are working both at a strategic level to influence the direction of services and funding decisions, and at a tactical level to solve specific problems. Those working with police forces told us how much they value these relationships. The leadership given by the police gives them confidence to exchange information within these partnerships.

The most widespread example of joint working is mental health triage or 'street triage', as it is known. It is operating in 42 out of 43 forces. Street triage includes a range of partnership work to help manage mental health demand and respond better to people in crisis.

The Department of Health funded nine pilot projects in 2013, following an initiative by Cleveland Police in 2012. Street triage is now an established practice in forces, with 42 out of 43 forces having some form of mental health triage. It aims to avoid the unnecessary use of section 136 of the Mental Health Act 1983 and offer other care options for those in crisis. Reducing unnecessary use of section 136 and not using custody as a place of safety are indicators of success for triage.

Street triage is a local model often dependent on local partner funding, and has taken several forms:

- dedicated vehicles staffed by police, nurses, approved mental health professionals (AMHPs) or paramedics responding to calls from people in crisis;

- control room-based nurses or mental health practitioners with access to medical records advising officers on the street; in some cases, they also answer calls from the public; and

- 24/7 helplines or peak-demand-time access to specialist mental health nurses.

We found that police officers believe these models are helpful and effective and do facilitate access to more appropriate care. However, there has been little recent and comprehensive evaluation of these approaches which considers long-term outcomes for vulnerable people. And there is a perception that triage is filling gaps that local health partners no longer can.

The original emphasis on evaluating the pilot sites was to test the reduction in the use of section 136. This achieved the reduction, but now different models have been developed. Forces are taking different approaches to try and provide a more effective response to people with mental health problems. The service would benefit from better understanding and evaluating these approaches.

The Crisis Care Concordat is a step in the right direction, but there still needs to be a rethink

We recognise the considerable work all services and agencies have done to improve the approach to those with mental health problems. A culmination of this collaboration is the Crisis Care Concordat, in which 22 bodies committed to improving the service to, and experience of, those people with mental ill-health. The Concordat is an excellent first step and an early evaluation indicates that it has made some improvements. The most significant is the reduction in the use of police cells as a place of safety. This is undoubtedly positive. We fully support the range of work the police service does for people who have mental health problems.

However, people with mental health problems need expert support, and all too often this isn't available when people need it. Those in crisis need to be cared for in a healthcare setting; they shouldn't be locked in a police cell or held for hours on end in the back of a police car for their own safety.

All too often, the system is failing people when they most need help. This is not a problem that the police alone can solve.

We believe there needs to be a radical rethink and urgent action to guarantee a timely response to people with mental health problems.

The police are good at recognising when people are in crisis

It is crucial that when people with mental health problems come into contact with the police, the police can establish if they are vulnerable. Generally, forces do this well. We found that there are two main elements to this working effectively:

1. A clear, consistent and understood definition of mental ill-health. The College of Policing has developed one and some forces now reference this. Where forces had a clear and consistent definition, they were able to establish if someone was vulnerable due to their mental health more effectively. This has helped frontline staff, such as call handlers, establish vulnerability and provide a consistent approach. However, this national definition would benefit from being updated following feedback from our external reference group to bring it in line with current approaches to mental ill-health.

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2. A good understanding of risk and applying the THRIVE risk assessment principles, or using the NDM (National Decision Model) to assess it. Enhanced mental health training for call handlers has helped to achieve this understanding. Access to a mental health professional can also support these risk assessments. We found that 21 forces now employ a nurse or mental health professional in the control room.

The police need a clearer picture of mental health demand

Overall, we found a general lack of understanding by forces of the extent and nature of their mental health demand. It still isn't clear what percentage of all calls to police are mental health-related.

The full extent to which people with mental health problems place demands on the police isn't fully understood. We do know that last year there were 97,796 crimes and 431,060 incidents flagged in England and Wales as involving mental health concerns. This represents 2.4 percent of all recorded crimes and 2.8 percent of all recorded incidents in England and Wales. These figures seem exceptionally low and, in our view, link to forces' general lack of understanding of mental health demand.

The figures only include crimes and incidents that the police have identified and flagged as mental health-related. We asked all forces how many mental health-related incidents they recorded in the 12 months to June 2017. We found that not all forces use a mental health 'flag' or 'tag' to identify mental health-related calls, and they don't always apply it accurately. So we believe that these figures represent a significant under-recording of mental health-related crimes and incidents.

We have carried out detailed analysis on data from 23 forces. Although there are limitations with the data, it indicates that, for these forces, the actual demand is greater than the total number of incidents and crimes suggests. Our analysis of incidents flagged as indicating a mental health concern found that:

- more officers are sent to these incidents; and

- responding to these calls and dealing with the subsequent incidents takes longer.

Some forces are more advanced at understanding and measuring their demand in this area. They are digging deeply into their data to understand where the demand is greatest and where they need to focus their resources. Others are less clear. If data exists, it needs to be collected, analysed and exchanged with partners to understand where forces can make improvements.

Partner data is also very important to help build a local picture of the nature and scale of mental health demand. Forces need this to help them efficiently and effectively plan their services and approach.

The initial response to people at risk is good

We found that police officers have a good understanding of how to respond to those with mental health problems. This relies on them understanding the range of behaviours associated with mental health. They can then reassure the person, gain their confidence and work out what is the right action to take in certain circumstances. The College of Policing has developed comprehensive Authorised Professional Practice (APP) in this area which draws together relevant information about policing and mental health in one place.

As protecting people is a priority for police leaders, several forces have invested in more resources for their staff. This draws on the APP but makes it accessible to frontline officers. There are handbooks to help staff understand the range of vulnerabilities relating to mental ill-health. Some forces have devised apps that staff can access from handheld devices and tablets. Some of these apps have been designed with mental health professionals and include information about how to contact other organisations that can help (for example, national and local charities and services).

Feedback from partners was positive about the empathy officers show, and the time they spend dealing with and helping those suffering from mental ill-health. During a focus group as part of our inspection, we heard an example of how police had worked with health services to manage a vulnerable homeless repeat caller with mental health problems. She has now been housed and, after volunteering, has a job. She was very appreciative of the investment and support she received from the neighbourhood officers helping her in crisis.

Investigations where the victim had mental health problems are comprehensive

Research indicates that people with severe mental health problems are more likely to be victims of crime than the general population.[5] They are more likely to suffer adverse effects (social, psychological and physical). They have concerns about whether they will be believed. They may have had contact with the police before as a victim, witness or offender.

Our inspection found that most investigations where the victim has mental health problems are carried out well. We examined 297 case investigation files. Four out of five of these were allocated to appropriately skilled investigators and were effectively investigated. Our inspection fieldwork supported this finding.

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[5] *At risk, yet dismissed: The criminal victimisation of people with mental health problems*, Mind, 2013.

We also found the victims are typically well supported through this process. This is based both on our fieldwork and our review of crime files (84 percent of cases had good victim care).

Forces are investing in training, but the quality is inconsistent

High-quality training is crucial. [Research](#) shows that officers may be concerned about responding to those with mental health problems. They may fear that they don't know how to help or that they might make the situation worse. They may also worry about things going wrong and potential legal reprisals, possible complaints about police action and about their own safety and the unpredictable nature of the situation. Training can help with all these things.

We were pleased to see forces investing in training to support their officers and staff to identify and respond to people with mental health problems. Twenty-one forces are using the [College of Policing APP](#) to make sure their training is consistent, accurate and up to date with any legislative changes.

The College of Policing devised a two-day training programme for forces to adapt to their needs. This was in response to requests from forces for guidance about mental health training. However, only a handful of forces have adapted and given this training. The biggest challenges for forces in scheduling training times are the competing demands of other important subjects and frequent changes in legislation.

The quality of training is inconsistent. Just over a third of forces have invested heavily in mental health training. This is in terms of time allocated in the training calendar and the breadth of different areas of mental health the training covers.

We also found some forces are relying too much on e-learning. E-learning can be helpful (for example, in understanding any changes in legislation), but forces should use it alongside face-to-face and interactive learning. Face-to-face, instructor-led training gives participants more focus. Complex topics can be explained and discussed with colleagues in a confidential environment.

Only a few forces are seeking the views of people with lived experience

We found that there is a missed opportunity to seek the views of people who have mental health problems. Only a few forces are doing this to improve the quality of training and develop and shape future services.

Recommendations

There are several ways the police service can make the current system more effective. These draw on current approaches and examples of excellent practice (many of which are set out later in this report).

Recommendation 1

The NPCC lead and College of Policing should agree a new national definition of mental ill-health for all forces to adopt

We found forces using different definitions to describe mental health-related incidents. This makes it difficult for forces to identify people with mental health problems correctly, and to understand mental health-related demand. Many forces have adopted a consistent definition for vulnerability, which has helped them identify it and respond more appropriately.

A new national definition for mental ill-health would help all forces provide a consistent approach to people with mental health problems. It should be developed in consultation with officers across the country and replace the existing definition. It would also help them measure their demand and workload against a national standard.

Recommendation

By January 2019, the NPCC lead for mental health and the College of Policing should draft and agree a new national definition of mental ill-health. This should be included within the new national strategy on policing and mental health that they are developing together. All forces should then adopt this definition as soon as reasonably practicable.

Recommendation 2

All forces should carry out a 'snapshot' exercise to assess their mental health-related demand

All 43 police forces are committed to responding effectively and sensitively to people with mental health problems. The new national strategy on policing and mental health will be more effective if forces understand better the nature and scale of mental health demand in their area.

In this report, we refer to a 'snapshot' day that the Welsh forces carried out to develop their understanding of how much of their demand was mental health-related. A snapshot exercise like this is very useful and it would be beneficial for all forces to do the same.

We would then have a national picture of how much time and money forces are spending on their response to mental health demand. It is crucial that forces understand the full picture of demand and act where they can to reduce risk.

Recommendation

By December 2019, forces should develop a better understanding of their mental health data, and the nature and scale of their demand. All forces should carry out a 24-hour snapshot exercise, using the new national definition of mental ill-health in Recommendation 1. This would help them see where their mental health demand is concentrated and identify any gaps in their data. The NPCC mental health lead should set out how the data was collected during the Welsh forces' snapshot exercise.

This exercise will help forces understand the strain on the service by assessing the combination of demand and workload. This will then help forces when establishing and reporting mental health demand in their force management statements (FMSs).

Recommendation 3

All forces should evaluate their mental health triage services

Mental health triage, or street triage, now operates in 42 of the 43 forces. Triage should be a service that acts as a gateway to further mental health care. There is still a perception that this is a service that is filling gaps that local health partners no longer can or will.

A more effective understanding of the service, and the environment it operates in, would show where the demand is coming from, and whether there are good enough outcomes and care options for patients. Patient feedback about individual experience of triage would help forces understand whether their partnership approach is working, and to shape future services.

Recommendation

By August 2019, all forces should review their existing partnership mental health triage services to assess their effectiveness, and the environment they are operating in. This will help them make decisions about sustainable future services with partners to make sure mental health care needs are being met.

If forces find any deficiencies in their triage services, they should take steps to address them as soon as reasonably practicable.

The College of Policing has agreed to devise some practice guidelines to help forces benchmark their triage activity. We will inspect on progress in this area as part of our integrated PEEL assessments inspection framework.

Recommendation 4

All forces should review their mental health training programmes

The quality and quantity of mental health training varies considerably across forces. Several forces have developed multi-agency training that police officers and staff have found very useful. Forces need to make sure they are allowing enough time for quality training that allows officers to respond with a greater understanding of the complexity of mental health crises.

Recommendation

By August 2019, all forces should review their mental health training programmes, using the College of Policing learning standards, to establish whether they are giving their officers the right tools to understand and respond to people with mental health problems.

If forces find any deficiencies in their training programmes, they should take steps to address them as soon as reasonably practicable.

Where forces invite outside organisations to train staff, they must make sure its content and quality are checked against College of Policing APP.

Recommendation 5

The Crisis Care Concordat steering group should carry out a fundamental review and make proposals for change

Although the first four recommendations are achievable, they won't solve the fundamental problem. There needs to be a comprehensive, long-term approach to identifying, assessing and supporting people with mental health problems.

Recommendation

By 30 September 2019, the Department of Health and Social Care (DHSC) and the Home Office should review the overall state response to people with mental ill-health. The scope of this work should include as a minimum:

- an assessment of the implementation of the Crisis Care Concordat;

- crisis response and whether people with mental health problems can access appropriate services;

- the role and responsibilities of police officers when meeting people with mental health problems; and

- whether there is sustainable and integrated support to prevent repeat contact.

The Crisis Care Concordat steering group should consider whether any changes are necessary, or should be considered, to legislation; structures; initial and ongoing training; and guidance and guidelines (for example, the APP and National Institute for Health and Care Excellence guidelines).

The Crisis Care Concordat steering group should report to the Ministers in DHSC and Home Office with relevant recommendations, to improve the whole system relating to mental health, for:

- the Department of Health and Social Care;

- the Home Office;

- the Ministry of Housing, Communities and Local Government;

- NHS England;

- the National Police Chiefs' Council;

- the Association of Police and Crime Commissioners;

- the College of Policing;

- Public Health England; and

- if necessary, other members of the Crisis Care Concordat steering group.

Detailed findings

Identifying people with mental health problems at first contact

Control room activities are improving

The first contact people have with the police is very often with a call handler when they ring 999 or 101. So it is very important for the police to recognise when a caller is vulnerable, or when the person calling is asking for help on behalf of someone who is vulnerable. They need to record incidents accurately so that they despatch the correct resource.

Control room staff are becoming more skilled at identifying and responding to vulnerability – specifically mental health problems – when callers first contact forces. During this inspection, we found most people working in force control rooms could identify a caller with mental health problems correctly. Many are using a recognised framework such as THRIVE or NDM to assess risk.

Using a specific definition for mental ill-health also helps call handlers with their risk assessment. We found that several have adopted the College of Policing definition of mental ill-health. A standardised definition helps to make sure callers with mental health problems receive a consistent supportive response whenever they contact the police.

Call handlers need to be able to record all the available information on the call log. They must then pass on as much information as possible to the responding officers, so they can help someone person in crisis quickly and effectively. Detailed information can alert officers that they might need to use de-escalation techniques (calming strategies to help someone in crisis). It also helps them identify any support already in place and arrange for further medical help if necessary.

> **In action: call handling**
>
> Many of the call-handling systems have in-built checklists or prompts to help call handlers identify mental health problems. **Cheshire Constabulary's** call handlers have access to 'evergreen logs' that contain data from triage crews (including nurses) and use them to help identify mental health concerns. In **Cumbria Constabulary**, all control room staff have been trained in identifying mental health indicators at first point of contact. They use a 'keep me safe' checklist to help them understand their responsibilities.
>
> **Sussex Police** treats as a priority all calls it identifies as involving mental health problems. Good processes for assessing risk help its control room staff make effective decisions. For example, as well as using THRIVE, call handlers use the acronyms VOWSIO (victim, offender, witness, scenes,

intelligence, other) when assessing risk and RARA (remove, avoid, reduce, accept) for the necessary action. This means the force can identify people with mental health problems and seek help from partner organisations more quickly.

Extra mental health support in the control room is invaluable

Forces have identified that extra help from mental health professionals in the control room is one of the best ways to identify and enhance their initial response.

Twenty-one forces have partnerships in place to help people with mental health problems when they first contact the force. These involve AMHPs, psychiatric nurses or representatives from the mental health charity Mind working in police control rooms. Their expertise can be invaluable in identifying mental health problems and finding solutions for people in crisis. Immediate access to health records and data to find out patient history means forces can identify the right help more quickly.

In action: call handling

Humberside Police has a practitioner from the mental health charity Mind in the control room three evenings a week. The practitioner helps officers and staff identify vulnerabilities and manage risk when people with mental health problems call. They also review the calls that have come in to quality-assure the responses.

To enhance the quality of the initial response to people with mental health problems, **Kent Police** runs a telephone advice line from the control room on Sundays, Mondays and Tuesdays. This is staffed by a senior clinical support worker who has access to the electronic mental health patient record. A qualified mental health practitioner can attend incidents if necessary. This out-of-hours health information is vital and helps the police to make sure people experiencing mental health problems get the right support.

British Transport Police has a dedicated suicide prevention and mental health (SPMH) team in each division, as well as a strategic hub at the force headquarters. These are joint health and policing teams that respond when people on the railway are in crisis or suicidal. They provide advice and support to control room staff, proactively review call logs and identify where there might need to be an intervention. Frontline officers and the force control room can contact SPMH nurses seven days a week.

Cambridgeshire Constabulary and **Essex Police** have integrated mental health teams in their force control rooms. This means nurses work alongside officers and staff to offer an enhanced service to protect those with mental health problems. Their medical training and expertise help with responding to calls. Because they can access patient medical records, they can quickly

establish what medication the person may need, the primary care contact, or the appropriate place they may need a referral to for further care. This integrated model offers obvious benefits.

Northamptonshire Police runs Operation Alloy, a partnership with the local health trust to jointly support people with mental health needs. Mental health triage nurses, with access to police and NHS data, are in the control room between 7am and midnight. They help to identify incidents related to mental health and support the officers who are taking the calls. Operation Alloy staff make referrals, GP appointments and arrange mental health assessments with partner organisations. Call handlers in the force control room are extremely positive about Operation Alloy and say it is improving the quality of service to the public.

Flagging mental health incidents

The graph below shows that forces with a mental health practitioner in the control room have a higher proportion of flagged mental health incidents. The call handler applies a flag to identify the type of call and indicate what extra support the person might need. Flags are also a useful way of helping forces identify and analyse demand. Most forces flag mental health incidents. But their command and control systems can't identify the different types of mental health incident that fall under this broad heading.

The higher proportion of incidents flagged indicates that extra specialist support at first point of contact could be helping forces identify people with mental health problems. It is difficult to confirm this, because the forces may have been good at flagging incidents before they employed an external specialist. But it indicates that forces with specialist support give more attention to flagging.

Figure 1: Proportion of recorded incidents flagged or marked to identify mental health concerns in the 12 months to 30 June 2017
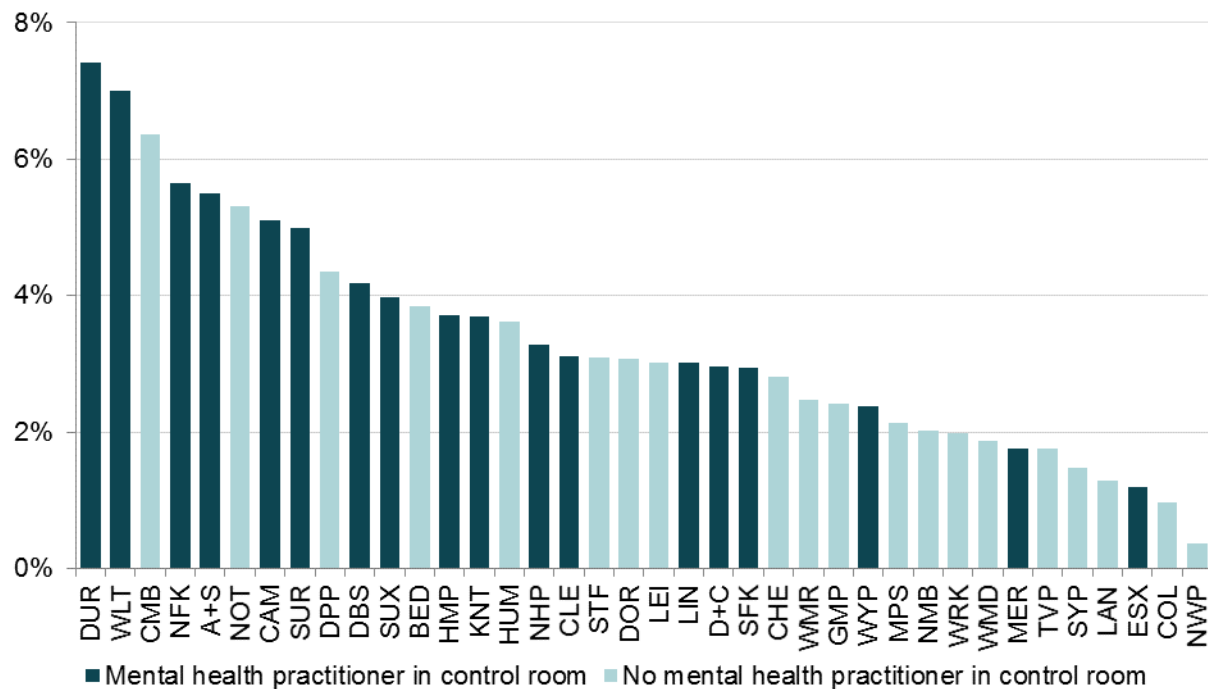
Source: HMICFRS Data collection 2017

For the police forces in England and Wales, 2.8 percent of recorded incidents were flagged to identify mental health concerns. (Five forces couldn't give us any data on flagged mental health incidents: Gwent Police, Hertfordshire Constabulary, South Wales Police, Gloucestershire Constabulary and North Yorkshire Police.)

There was notable variation between forces. For example, Durham Constabulary flagged 7.4 percent of their calls as related to mental health. North Wales Police flagged only 0.4 percent of all calls. The command and control systems vary between forces; some have a bigger range of flags to determine the nature of the call. Some command and control systems can't flag mental health-related calls. All systems rely on a member of the workforce manually applying the flag. This is where a combination of good training and supervision of call handlers will help.

Supervision

We found some evidence of good supervision of staff who have first contact with callers experiencing mental health problems. South Yorkshire Police's call centre supervisors carry out regular performance meetings with their police officers and staff. Supervisors listen to a selection of calls that call handlers have answered. They listen alongside the call handlers to check that their tone, response and advice are consistent. This helps to identify anyone who needs extra training, which will in turn improve performance.

It is important that supervision is proactive and regular. It should take place despite the pressure of call handler workloads. Answering 999 and 101 calls is an extremely demanding and stressful job. This robust approach to supervision means police officers and staff are supported and have regular meaningful contact with their supervisors.

Providing the right response when the police arrive

"I told the officer I had mental health problems. He said, 'Where's your medication?' When he saw it he said, 'Ah, my sister suffers with that'.
His approach towards me changed. He arranged for me to be assessed. I was taken to hospital. I wasn't in handcuffs. He got me a cup of tea when we were waiting for the medical staff to assess me. He talked to me about his sister and how he had helped her. He told me about charities to get support. He understood the mental illness that I had."

It is vital that people with mental health problems have complete confidence in the police when they come into contact with them. If the police are equipped with the skills and knowledge to help and understand someone in crisis, this will build trust and confidence. In general, officers we spoke to know how to support people with mental health problems and respond with compassion and empathy.

Training for officers and staff

All forces have given officers and staff some training on mental health in the last 12 months. This was evident in the understanding and awareness officers and staff showed when we spoke to them during this inspection. However, the type of training, and the extent to which partners are involved in planning and providing it, varies between forces.

Several forces have developed handbooks, checklists or cards for officers to complement their training. This helps them understand the often-complex range of mental health problems and types of vulnerability they might encounter. Some of these have been designed with partner organisations. They include useful local information, local protocols and contact details for other organisations and charities. Several forces have introduced apps that officers can access on their portable devices while on patrol. This gives them instant access to help and advice.

Some forces have created extra training and awareness initiatives for officers and staff to help people with mental ill-health, including:

- care plans to support repeat callers;

- dementia awareness and the Herbert Protocol;

- autism awareness; and

- awareness of learning difficulties.

Eighteen forces have invested heavily in mental health training, with a range of courses and time allocated to training throughout the year. It is of some concern that some forces rely heavily on online training and web-based training packages. Officers and staff can access these quickly and out of hours, but they would be more effective when supported by face-to-face training. There is more focus and opportunity for discussion and questions when training is face to face and in a group environment.

Joint training with partners

The 18 forces we refer to above have developed joint training packages with partner organisations. This enables them to exchange ideas, knowledge and understanding about each other's roles and responsibilities.

When training is designed and provided by people who have personal experience of mental health problems, it helps make the training come alive for officers. It gives a different perspective on crisis. Joint training also helps officers build trust and nurture those partnership contacts that prove so vital in difficult crisis situations.

Officers we spoke to during our inspection said they feel that the partnership training they had received was more relevant and interesting. It has helped them understand mental health from a different perspective.

Twenty-three forces described their investment in training and their future plans in their FMSs.

> **In action: mental health training**
>
> New probationary officers in **Nottinghamshire Police** now work for a day in a mental health setting. This can be on an in-patient ward, crew with the street triage team or community work with an AMHP. This gives them first-hand experience of the often-challenging nature of mental ill-health. They then have mental health training to reinforce their understanding.
>
> **North Yorkshire Police** has developed a collaborative approach with the University of York and the College of Policing on policing and mental health: Connect Partnership. This resulted from an evaluation of existing training available for professionals who aren't involved with mental health. It showed that there wasn't a proven, effective training product that was suitable for the police service. Connect has given all officers and staff tailored multi-agency training. It is presented by mental health professionals from the local NHS Trust, based on College of Policing learning objectives. Evaluation and

feedback has shown that this training is effective, and it is going to be provided for all officers and staff.

Northumbria Police, its partner organisations and 'experts by experience'[6] have devised a training package called Respond. This is a simulation training package that creates hypothetical scenarios for professionals involved in mental health crisis care to respond to. It increases collaboration and knowledge, with the aim of improving crisis care response. The scheme has been independently evaluated and the findings published.[7] This gives everyone involved with people in mental health crisis a better understanding of their roles and responsibilities. **North Wales Police** and **Cumbria Constabulary** have already announced their intention to adopt this training package.

Lived experience is vital in improving response

"I have had a lot of support from police. My baby died in foster care. I went off the rails. The police saw me sitting on the pavement crying hysterically. The officer asked me what was wrong, and he put his coat around me. He put me in the back of the car and said, 'I am taking you to hospital to get some support.' He stayed with me and took me home and when I went into the treatment centre the police officer sent me a card that said, 'Do well, this is your beginning'."

Forces can only fully assess how well services are working for people in crisis through feedback, both positive and negative. Finding out how someone feels they have been treated, and if it resulted in a positive outcome for them, is instrumental in learning what works and will help forces improve.

We found that 11 forces incorporate service user and 'lived experience' feedback within their training programmes. In four forces[8], some officers used their personal experience of mental health problems as part of training days.

We didn't find many other examples where those with lived experience had been involved in consultation on and design of future services. All forces survey victims of crime and regularly seek feedback. But we didn't find much consultation with mental health patients or victims to get feedback on how contact with police had

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[6] People who have personal experience of using or caring for someone who uses health, mental health and/or social care services.

[7] The scheme was evaluated by Quintessent Ltd, an independent company, on behalf of the Academic Health Science Network.

[8] Hertfordshire Constabulary, City of London Police, Cambridgeshire Constabulary and West Yorkshire Police.

affected them. This is an area we will focus on in future inspections and is an area that forces are encouraged to review themselves.

The quality and quantity of forces' mental health training varies considerably. It is important that forces provide meaningful and useful training that will give officers a greater understanding of the complexity of mental health crisis. Forces need to be able to assess the effectiveness of this training.

> "One time I was put in a van outside the house when the police attended. I said I needed my medication. An officer got my medication from the house. Not every officer recognises my vulnerability – it depends which officer it is and which police station it is."

Crime: identifying numbers of cases and standards of investigation

In the year to 30 June 2017, there were 97,796 crimes with a flag to identify mental health concerns in the 38 forces that could give us this data. This represents 2.4 percent of all recorded crime in England and Wales, which is an increase of 0.2 percent from 2016.

Five forces couldn't give us data on crime which had been flagged to identify victims who are vulnerable because of mental health problems. If a force doesn't know how many crimes of this type it is investigating, it will be difficult to calculate demand. It will also reduce the opportunity to identify any patterns or increases and plan the right levels of service. Forces must be sure they are identifying, safeguarding and protecting vulnerable victims of crime with mental health problems.

Before inspection fieldwork, we carried out a crime file review[9] in each force to assess the effectiveness of the approach to victims. The review assessed a total of 2,700 crime files. In 297 of the crime files, there was evidence that the victim showed signs of having mental health problems.

Despite the relatively small sample size, our findings were very positive: 94 percent of crimes were allocated to the correct team, and 81 percent (more than four in five) of crimes had all possible lines of enquiry followed up (better than the findings for all crime).

We found good victim care in 84 percent of the cases we reviewed, and a focus on identifying and bringing to justice those who had committed the offence in 82 percent of the files. Forces all understand they must develop their relationships with charities

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[9] We assessed 60 crime files in each force, apart from the Metropolitan Police Service, Greater Manchester Police, West Midlands Police and West Yorkshire Police, where we reviewed 90.

33

and partner organisations to help them safeguard vulnerable victims of crime. More than four out of five investigations had an effective investigation (again this is better than the findings for all crime).

File review findings 2017	Number of cases	Percentage
Number of cases reviewed with mental health concerns	297	-
Crime allocation		
Number of cases reviewed that were assigned to the most appropriate team	280	94%
Investigative opportunities		
Number of cases reviewed where all applicable investigative opportunities were taken	242	81%
Overall judgments		
Number of cases reviewed with an effective investigation	242	81%
Number of cases reviewed where supervision was effective or limited but appropriate	213	72%
Number of cases reviewed where there was a focus on identifying and bringing to justice those who have committed the offence	245	82%
Number of cases reviewed where there was good victim care	248	84%

Overall mental health demand

Detailed national data on crime demand has been collected for many years. There has, however, been less focus on other aspects of policing demand, such as anti-social behaviour, domestic incidents, missing persons and traffic collisions. All forces record data on these incidents as part of their command and control systems, but few projects have aimed to combine data from different forces and analyse it to support local improvement.

Since 2016, we have been working with a pilot group of police forces to compile a database of all incidents reported to police control rooms, including information on how police respond to these incidents. We analyse and report this data through

interactive dashboards to help answer a wide range of questions, such as how demands vary, how different forces respond and what the effects of these responses are. As part of the data collection, we ask forces to highlight which incidents were flagged as being related to mental ill-health. The database is still being developed and the data refined, but we have included some general findings in this report.

Flagged mental health incidents

We analysed data on flagged mental health-related incidents for 22 forces. Only one force in the pilot group didn't provide this data. Our analysis focused on incidents since 1 April 2016, excluding admin incidents (for example, messages – every message or request to police for assistance generates an incident number and a log) – a total of 12 million incidents.

Participation in this pilot exercise was voluntary and the data varies in quality and completeness. There was no formal data-sharing agreement in place with forces, so the analysis doesn't name individual forces.

Response data

One of the headline findings from our analysis of data from participating forces is that responses to mental health-related incidents differ from responses to other incidents. Average response times (the time between when the incident was logged and when the first officer arrived) are slightly slower. On average more officers are sent and, crucially, more time is spent dealing with the incident.

This may be because officers often need to liaise with health or triage services. There might be a need for more officers to keep both the person in crisis and the wider public safe. For example, the response to crisis or suicide intervention often involves specially trained negotiators. Incidents can take a long time to resolve; they may need many officers to close roads or scenes and need ambulance and fire service support.

Of the 23 forces submitting data to us during the pilot exercise, 22 provided data on mental health flags. These findings relate to these forces alone:

- the overall proportion of incidents flagged 'mental health' was three percent;

- the total number of these incidents was 318,000;

- 66 percent of mental health-related incidents were related to a 'concern for safety' (compared with ten percent in incidents not flagged as mental health-related); and

- other agencies making calls to police account for around ten percent of mental health-flagged 'concerns for safety'.

Figure 2: Proportion of recorded incidents showing an increase in concern for safety
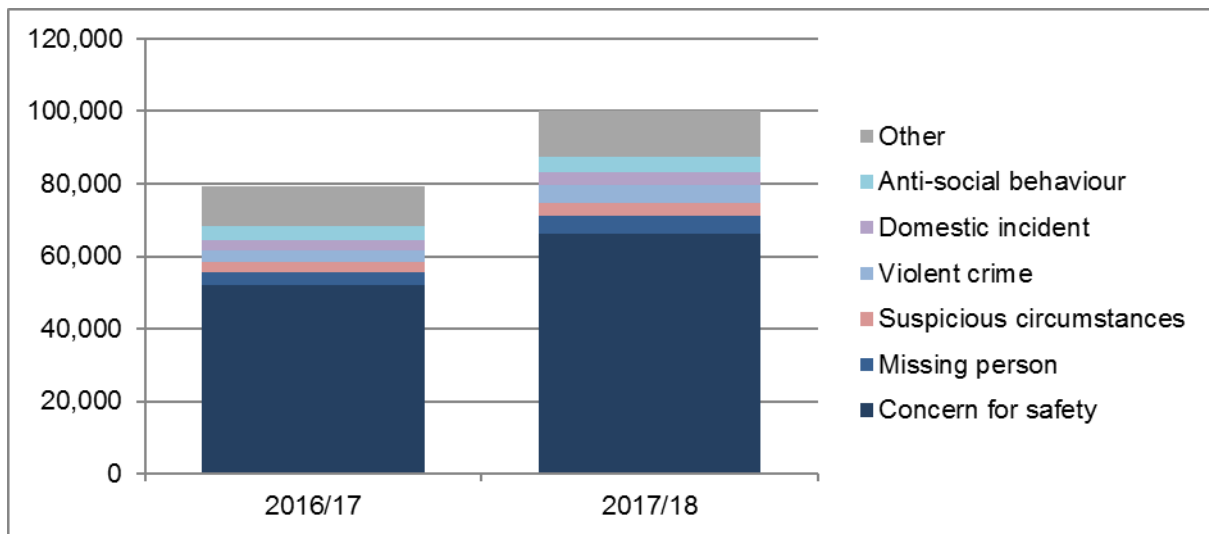
Mental health-related incidents are more likely to be reported by 999 calls than non-mental health-related incidents (48 percent vs. 37 percent) and are much more likely to be graded for 'immediate response' (36 percent vs. 20 percent). This is encouraging, as it would seem to suggest that call handlers recognise risk and vulnerability, and are giving higher priority to mental health-related incidents.

Demand after 4pm

The peak time for calls to police for support with mental health-related incidents is 3pm to 6pm, Monday to Friday. This could be for a range of reasons, including people with mental health problems struggling to sleep, then waking late in the day and seeking help from services; or attempts by colleagues or families to resolve things during the day before ringing for help.

This also suggests that the concern for safety requests are coming at the end of the working day for other organisations, which are then transferring their risk to the police. GP surgeries, social care and community mental health teams tend to finish work from around 5pm – although many GPs' contracted hours are until 6.30pm. Other agencies making calls to police account for around ten percent of mental health-related concerns for safety. These can involve welfare checks on people who haven't been seen for a while or who may have missed appointments.

There are also peaks in calls for service between 5pm and 10pm Saturday and Sunday. These times are typically when many services are closed but many people need mental health support, suggesting that there are gaps in mental health service provision. It may also be simpler for people to call the police than try and find a contact number for an out-of-hours service.

Figures 3 and 4 below show the hourly variation in mental health calls for police service across a week. Figure 3 shows this variation by weekday or weekend, whereas figure 4 shows it by day.

Figure 3: Hourly mental health incident pattern (by weekday or weekend)
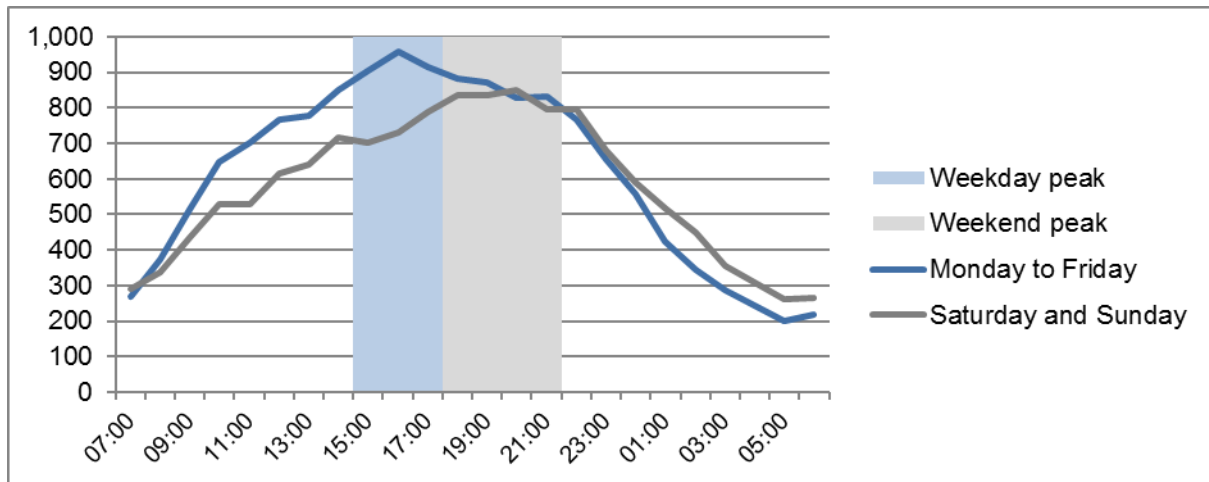
Source: HMICFRS analysis of Command and Control data submitted by 22 pilot forces to the Response and Neighbourhood Policing Database

Figure 4: Hourly mental health incident pattern (by day)
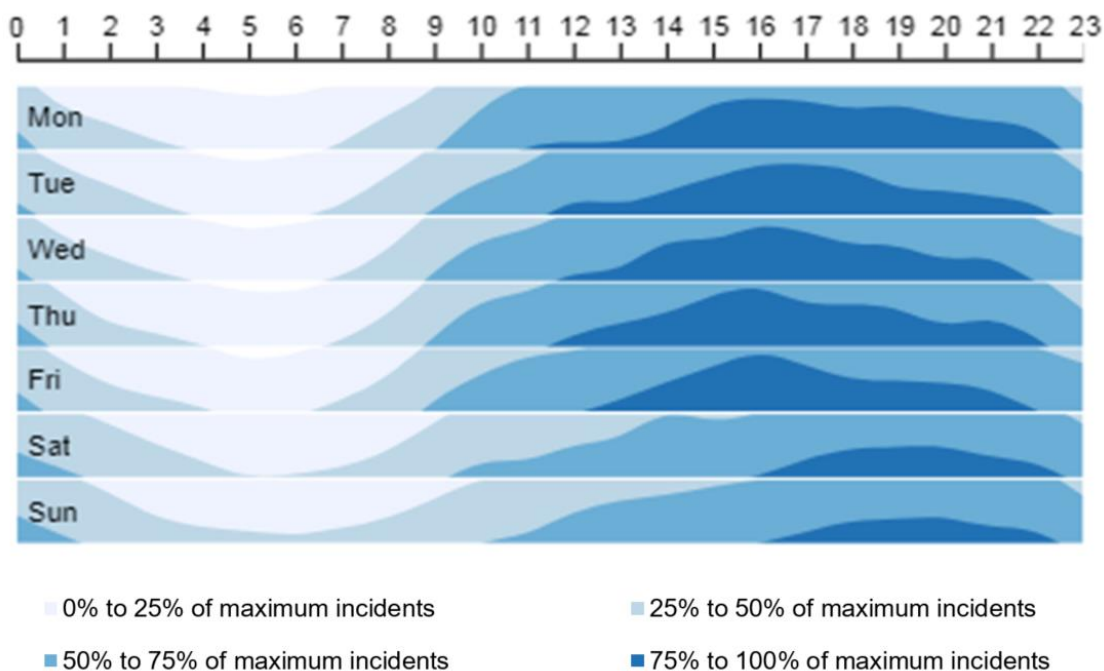
Source: HMICFRS analysis of Command and Control data submitted by 22 pilot forces to the Response and Neighbourhood Policing Database

The data indicates that other organisations rely on the police to effectively 'pick up the pieces' after they have gone off duty. At the end of each working day, there appears to be a shift in responsibilities for mental health from partner organisations (who have the proper skills and expertise to deal with mental ill-health) onto

policing – simply because the police are a 24/7 organisation. It means that although the police will invariably do their best to respond, sufferers of mental ill-health are likely to receive a poorer service 'out of hours'. We were told by someone with lived experience that, when they tried to contact a nurse through their GP surgery, they were told that there wasn't a nurse on duty. However, they were told to call the police to access a nurse as there was one working on the triage car. Clearly, it is not acceptable for someone who needs medical care to have to call the police to speak to a nurse.

As we said in our 2016 State of Policing report:

> "The inadequacy of mental health provision and the lack of parity with physical health provision in this country should disturb everyone. It should never be the case that someone who requires treatment, for any condition, should become the responsibility of the police simply because other agencies do not have the resources to act."

A system needs to be put in place to make sure that the growing demand relating to mental ill-health is accommodated and appropriately responded to by the right professionals. Risk and responsibility should not be passed on to the police simply because policing is the service of last resort.

These peak times for mental health demand also overlap with a rise in demand for the police to respond to calls generated by the night-time economy. Weekend sporting and entertainment events stretch limited resources even further.

Thirteen forces noted in their FMS the demand their partners place on them. Dyfed-Powys Police recorded 4,060 incidents with a mental health tag in 2017. Further analysis of the 4,060 showed that 76 percent were related to public safety and welfare issues. Featured within the top ten callers for mental health incidents were local health board institutions, including those with mental health facilities. Understanding exactly where the demand for service is generated helps forces to present details to partners and find ways to solve problems.

Understanding demand

Overall, we found that many forces don't have a clear picture of their mental health demand. Many of the command and control systems aren't sophisticated enough to flag data and identify patterns or repeat callers.

Identifying the nature and scale of demand that the police face in dealing with mental ill-health is difficult. Many types of incidents that police attend can be mental health-related in some way. The police respond to people who are in crisis or who present a danger to themselves or others. Neighbourhood police officers will also visit people in their communities who need mental health support: for example, elderly, vulnerable or homeless people, or people who are lonely and need to talk. This type of demand can come to the police to deal with in other ways, such as direct

calls to neighbourhood teams, visits to front counters and through referrals at partnership meetings.

In their FMSs, 31 forces referred to their current mental health-related demand and 22 referred to future demand. The FMSs showed that nearly all forces saw an increase in demand. The recording varied significantly, and ranged from an increase of just three percent per day to 40 percent over the year.

The reasons forces gave in their FMSs for the rise in demand were:

- a greater understanding of mental health by staff;

- better recording and flagging of mental health on incidents and crime reports;

- more public awareness of mental health conditions, leading to rises in those seeking diagnoses;

- cuts to mental health services;

- a lack of support services to cover large geographic areas, causing significant delays during the day;

- emergency duty teams (EDTs) not having enough resources to provide timely mental health support out of hours; and

- lack of beds for those in crisis.

In action: understanding demand

Humberside Police has developed an innovative web-based mental health dashboard on the force intranet. The dashboard is easy to use and shows information on demand related to mental health. It includes numbers of incidents relating to self-harm, suicide and dementia. It also records locations, repeat caller information (with care plans) and the peak times that these took place. This enables the force to produce data which helps its operational planning and resource forecasting. The force knows its number of mental ill-health incidents has increased on average from 760 per month (April 2016 – March 2017) to 824 per month (April 2017 – March 2018). Most calls are related to suicide or self-harm.

Avon and Somerset Constabulary has developed a system called Qlik Sense, which can identify the numbers of calls received by type. The force can estimate proportions of demand that have a mental health factor based on how they are graded. The force has devised a mental health monitoring form to record a range of useful information on the specific actions taken at each incident. This will achieve an even more accurate measure of mental health as a proportion of total demand. This relies on officers completing the

forms, but a greater level of detail will help inform care plans and help the force to understand future demand.

To better understand the level of demand associated with mental health, **the four Welsh forces** carried out two national demand exercises in October 2017 and April 2018.

The October 2017 exercise found that out of 965 incidents reported to the force on that day, 118 (12 percent) were mental health-related. Officers spent on average 3¾ hours dealing with each mental health-related incident. Approximately 60 percent of people who contacted police were already known to mental health services.

The 2018 exercise identified that 112 out of 908 incidents were linked to mental health issues, which is just over 12 percent. Officers spent an average of three hours dealing with each incident. Again, the number of people who were the subject of police contact who were already known to mental health services was significant at 50 percent. The total cost of dealing with the 112 mental health incidents in April has been estimated as £7,161. Over a 12-month period, this would equate to £2,613,765 of police resource.

Hidden and repeat demand

Police forces find it difficult to quantify hidden demand because it isn't easy to record. It may include officer time spent with people in crisis in hospital or transporting people to places of safety. It can be simply waiting with patients for beds to become available or responding to repeat callers with mental health problems. Often people call the police because they are lonely; they want to talk and can't get the help and support they urgently need.

Repeat or frequent callers can generate a disproportionately high level of demand. In their FMSs, 13 forces cited the pressure that responding to repeat callers places on an already busy command and control system. In the Metropolitan Police Service (MPS) there are roughly 13,000 calls from mental-health-specific premises (for example, hospitals and mental health suites) each year. Four thousand of these result in officers being sent to respond to an incident. This means that, in the MPS alone, this is a call every 40 minutes and a deployment every two hours to repeat callers from mental-health-specific premises.

The top five individual repeat callers to the MPS (all of whom have mental health problems) called a combined total of 8,655 times in 2017. It cost the service £70,000 just to answer the calls. The MPS is now is working with mental health services to find a long-term solution to this problem.

In action: dealing with repeat demand

Kent Police has developed a mental health team that is based in units throughout the force. Team members help to deal with mental health-related crime reports and manage repeat callers. Their analyst collates data on repeat callers and produces an analytical report, to help manage the problem. As a result, services are more focused and there is better support for people who may have fallen between services. It has also led to the prosecution of a small number of people involved in making nuisance calls.

Serenity Integrated Mentoring (SIM) is a cross-agency response to the needs of people with complex mental health problems in local communities. It was piloted in the **Isle of Wight** on a small group of people who were taking up a lot of police time. The police and local mental health teams identified the most persistent and challenging users of multiple services, and the partners then worked together to support these users and reduce repeat behaviours. SIM is now being adopted in many force areas as an effective approach to people with complex needs. It offers significant benefits to these people, their families and communities. It also reduces the use of section 136 of the Mental Health Act 1983 and the costs associated with repeat callers.

Competing demands

Police forces face growing pressure to prevent and respond to emergencies that place huge demand on their resources. Large-scale incidents, such as terrorist attacks and the Grenfell Tower fire, place huge pressure on all police forces. This is in terms of the initial response, mutual aid and the subsequent investigation which can often last many months, even years. This, combined with the daily increase in demand, means that police resources are significantly stretched.

There has been a 22 percent increase in knife-related offences, the biggest annual increase on record. Also, as we reported in 2017, the number of domestic abuse crimes recorded by the police has increased by over 60 percent in less than three years. As a result, police resources are more stretched than ever.

To cope with these extra pressures, police forces have been gathering data to help them understand and map their demand. The benefits of this include:

- more accurate planning and better resourcing of times of peak demand;

- tailoring the response to the different types of demand;

- better protection for vulnerable people with mental health problems; and

- adapting and funding future services; and avoiding the need for a crisis response through preventative work.

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These figures will also help forces to show where other organisations need to step in and support vulnerable people. For example, by calculating the cost of a few repeat callers, the police can show that there are people in the community who aren't being supported enough.

Making sure expert help is available from other organisations

Strong partnership arrangements

The 2014 Mental Health Crisis Care Concordat sets out how public services – including health, police and social care – will work together to respond to people with mental health problems. We were pleased to find that most forces already had long-standing partnership agreements and relationships with other services and organisations. As many services have absorbed funding cuts, it makes sense for them to work together. They can improve joint responses, share premises where necessary and exchange information to identify demand more accurately.

During this inspection we held focus groups with some of the organisations that work with the police, including the NHS, mental health teams, local authorities and nurses who work with officers in triage schemes. Their feedback was positive. They enjoy good working relationships with the police and with each other, and feel confident about exchanging information at meetings. The Crisis Care Concordat meetings are hugely important – they help to build trust, which is needed to support people in crisis.

Partner organisations told us that continuing to work with the same group of people is very important. Partnership arrangements can be very complex – some forces negotiate with several ambulance services, various mental health trusts, up to four local authorities and several clinical commissioning groups – so it helps to have this continuity. These relationships are vital when forces need to have difficult conversations with partners about the pressure on already-stretched resources.

> **In action: partnership arrangements**
>
> In **Cleveland**, the focus group noted that the police have helped reduce crime and drug use on the mental health ward. The force has improved how it handles information it receives from staff on the mental health ward. A lead nurse now regularly attends the reducing reoffending meeting. She was impressed that vulnerability is being recognised in prolific offenders and included in plans to reduce offending.
>
> We saw many different examples of partnership working in forces that are tailored to address unique local problems, subject to local funding and commissioning.

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In **North Yorkshire**, the partner organisations told us about their major incident response team. This team supports people in the community who have been affected by suicide. Officers and staff who have been involved in traumatic incidents can access and receive personal support from this team. The team also provides suicide prevention training to police community support officers.

Suicide prevention

Eight forces described in their FMSs the work they and partners had done to identify suicide hotspots and develop suicide prevention packages. There were [nearly 6,000 suicides in the UK in 2017](#). This means 16 people take their own lives every day. Many more people attempt suicide. The police and health services are doing some innovative prevention work to understand and prevent suicide across the country.

In action: suicide prevention

Devon and Cornwall Police established that many people who had died by suicide in the area in 2017 had a previously diagnosed mental health problem. The force is now working with Public Health England to develop its prevention work. It has also focused on young people as a target group and is working with the main universities in the area.

City of London Police is focusing on the effect of fraud on the mental health of victims. They have responded to over 170 calls from victims of fraud since October 2016, who have described themselves as feeling suicidal. These calls are dealt with by way of public protection notices, safeguarding referrals or signposting to specialist support services.

Mental health triage, or street triage

The aim of understanding mental health demand isn't just to reduce it but also to respond to people in crisis in the most effective way. We found that one of the most widely used and popular approaches to providing enhanced support was mental health triage, or street triage.

What is street triage and where did it begin?

Street triage is based on the model of police officers contacting a mental health professional – usually a nurse – to get information or advice about a person involved in an incident. The nurse might be with the officer to do a face-to-face assessment or might give advice by telephone.

Street triage began in Leicestershire Police and Cleveland Police in 2012 on a trial basis, for about a year. It tested a new kind of service in which health professionals worked closely with police officers in responding to people with mental health problems in public places. Both areas reported some early evidence of success.

In 2013 the Department of Health invested £2 million to examine the possibility of other areas using the same approach. It chose nine pilot areas – one factor was the number of people being taken to police custody under section 136 of the Mental Health Act 1983 – to take part in the scheme for 12 months, the first starting in Sussex Police in October 2013.

The forces were asked to come up with a model of triage that best suited their local circumstances. Some chose mental health professionals based in the control room; others wanted them to be mobile, in police vehicles or ambulances. In some cases, mental health nurses based in a hospital gave help and support over the phone.

The results of the pilots showed a reduced use of custody for section 136, and an increased use of health-based places of safety. The Department of Health made several recommendations, including better joint training. The study found control room or telephone-based support to be more cost-effective and suggested that triage should be available at all times, seven days a week.

In 2014, in our Core Business report, we recommended that:

> "By 31 March 2015, those forces without a mental health triage programme should carry out analysis to assess whether adopting such a programme would be cost-effective and beneficial in their particular areas. Where the analysis indicates this would be positive, all forces should work with their local mental health trusts to introduce such a programme by 1 September 2015."

At the time of our inspection in 2017, we found mental health triage operating in 40 out of 43 forces; since then, two more forces have adopted the scheme. The term 'street triage' now covers a range of activity to help frontline and community policing meet the needs of people in crisis – and in fact it usually happens on the phone, rather than in the street. It also includes multi-agency response vehicles, and mental health professionals located in force control rooms and in custodial settings.

As well as working with the health service on these arrangements, the police work with local government and voluntary organisations where appropriate. The aim is to make sure offenders, victims and witnesses experiencing mental health problems receive consistent and respectful treatment, including appropriate assessments and onward referrals. These joint approaches should lead to better and more appropriate use of police powers under the Mental Health Act 1983, including section 136.

> **In action: street triage**
>
> **Merseyside Police** has a long-established triage service. The force knows from its own demand analysis that one in four calls for its service is related to mental health. Responding to these calls accounts for 20 percent of all the force's police time.

In 2014, the force piloted a mental health triage car, staffed by specialist officers and psychiatric nurses to attend incidents identified as mental health-related. This has brought about a 40 percent reduction in patients detained under section 136 of the Mental Health Act 1983. The triage car has since become a permanent force resource and has attracted national attention for best practice.

The service has evolved over time, and the teams have developed action plans to help address repeat demand using a partnership problem-solving approach. The teams also have triage car action plans, giving them information about certain callers. The public protection unit is responsible for regularly reviewing the triage car action plans with the relevant mental health trust.

Street triage in **Sussex Police** has also expanded since the initial pilot project in 2013. A senior mental health nurse and a uniformed police officer in an unmarked car work late shifts Monday to Friday. They attend 999 and 101 calls. The triage nurse is also involved in partnership meetings relating to offender management. The triage service can refer people to other services without the need for further assessment. This prevents delays and makes sure people in crisis have easier access to mental health care services.

Lincolnshire Police's triage system is unique in that it has a fully equipped ambulance vehicle, staffed by a paramedic and a mental health nurse, which responds to both police and ambulance incidents. It operates between 4pm and 11pm seven days a week and was the first triage vehicle to get long-term funding. It is highly valued by all three services.

Since our initial inspection, 42 out of 43 forces now have some form of triage service. Hertfordshire Constabulary has noted in its FMS that its street triage scheme has reduced the demand on partners and has reduced the number of detentions under section 136 of the Mental Health Act 1983. However, it hasn't reduced the number of incidents involving people in mental health crisis, which continues to rise.

This might indicate that people aren't receiving the primary care or community-based mental health care that might prevent them from reaching crisis point in the first place. The ever-present threat of further cuts makes long-term succession planning of mental health services difficult for forces and partners. All the organisations involved want to provide the best quality of care, but they can't be confident that they have the resources to do so.

Twelve forces didn't use custody as a place of safety under section 136 in the 12 months before 30 June 2017, and a further 12 forces made very infrequent use of section 136. This indicates that those forces that don't use custody as a place of safety have good relationships with the local health providers and can access health-based places of safety or beds in hospitals.

Recent changes to the Mental Health Act 1983

On 11 December 2017, amendments were made to the Mental Health Act 1983 in the Policing and Crime Act 2017. One of the main changes means that an officer can use section 136 in any public or private place (unless it is a "house, flat or room" where someone lives, or any non-communal "yard, garden, garage or outhouse" connected to such a place). This includes workplaces, railway lines, police custody and A&E departments. The police may also force entry to these places under section 136.

Another amendment is a requirement for the police to consult, if possible, with a doctor, nurse or an AMHP before using section 136 of the Mental Health Act 1983. This was introduced because section 136 is used less often when police can discuss possible alternative options with a health practitioner first. Triage has an important role to play in enabling the police to fulfil these requirements under the Act, but there must be care available to meet the needs of the person in crisis.

Assessing triage schemes

During our inspection we found a lack of common or co-ordinated assessment of triage schemes. Forces often base their evaluations on incomplete data. Most haven't assessed the outcomes for patients, or continuing costs such as police officer and mental health professional time, vehicles, fuel and training.

As we say earlier in this report, we found that forces weren't using lived experience or patient feedback to evaluate their services, or to develop and add value to training. Our mental health reference group alerted us to some unintended consequences of triage, such as:

- Triage services are sometimes operating as the only crisis-care option for people experiencing mental health crisis. This means people are ringing police to access health care. It makes an already stressful situation more difficult for them and potentially makes them feel criminalised for being ill.

- Officers who aren't part of the triage service can be called on to deal with someone experiencing mental health problems. They may then call on the triage service for help, if they feel they have more expertise. They must then wait for triage, which can take an hour or more at busy times. It isn't always clear what powers they are using to detain the person while they wait for triage. This can be very distressing for the person being detained.

- There needs to be a protocol for how health nurses and officers exchange medical information. It can be very traumatic for people in crisis to find out that a police officer has access to their health records. Even if officers have the best intentions and need this information to get them urgent medical care, it is a sensitive area.

All forces need to make sure that the triage service they provide is effective. They should seek feedback from those with lived experience of contact or treatment by triage to help inform future service.

There is a perception on the part of some that triage is a service that is simply providing a 'sticking plaster' response – filling gaps that local health partners no longer have capacity to provide. If people reach the stage of needing crisis care, the system has already failed.

Triage should be complementary to, not a replacement for, other crisis services. People in crisis shouldn't be calling the police to access mental health care. It is essential that triage services are properly evaluated, to make sure this isn't the case, and to make sure that the right treatments are available for patients after crisis.

Leadership and communication

Force policies on mental health

All forces in England and Wales have a mental health chief officer lead who is responsible for performance, as well as an operational mental health lead, to help encourage and guide improvement in this area. There is a clear role for police leaders to make sure their forces develop a clearer understanding of their mental health-related demand.

The College of Policing published Authorised Professional Practice (APP) on mental health in 2016. This has helped forces to clarify their mental health policies and procedures and to formulate local protocols and procedures with partners. Twenty forces have a comprehensive local mental health policy that meets the requirements set out in the APP.

However, at the time of our inspection 11 forces didn't have any mental health policy. It is difficult to assess what guidance is available for operational officers and staff in those forces, or to establish whether they are aware of local procedures and health-based places of safety. Twelve forces have policies that either need to be updated or need more information about local procedures.

Local policies are important in making sure the police and partner organisations know what steps to take in crisis situations – for example, when there is no health-based place of safety for a child. Officers and staff need to know which senior police leader they should contact to escalate a critical issue. Policies mean that police and partner organisations can be held to account for their actions.

In action: mental health policies

The **Metropolitan Police Service** has a particularly effective toolkit policy for officers and staff, which gives clear direction with flowcharts for each step that officers are likely to encounter in a mental health situation. The force has a central mental health team that provides training and information on legislative changes through a network of borough-based mental health liaison officers of all ranks and grades.

The **College of Policing** has also invested in a mental health subject matter expert. This is a seconded officer, who runs quarterly meetings, helps with legislation changes and has designed a two-day mental health training package that forces can tailor to meet their own needs.

An archive of good practice

Strategic partnerships are central to making mental health policies accessible and agreeing partnership responsibilities. We found innovation, creativity and excellent examples of partnership in action throughout forces in England and Wales. Some forces had visited others to seek advice and ideas, but this wasn't a widespread practice. An archive of good practice would be valuable, helping forces to exchange ideas, solve problems and access information easily.

Mental health for officers and staff

One of the positive, perhaps unintended, outcomes of the police working closely with mental health professionals is that stress and wellbeing are discussed more openly, not just in terms of looking after the public but also looking after each other.

The chief officer lead for internal police wellbeing has introduced a website, Oscar Kilo, which hosts the Blue Light Wellbeing Framework. This holds a library of evidence-based resources and guidance to help forces develop and provide support for emergency services staff. The benefits of this are that it is easy to access and best practice information is kept up to date. Many forces have now signed up to the framework.

We were pleased to see an emphasis on the wellbeing of officers, maintaining good mental health and protecting the workforce from stress. Most forces recognise how police work can negatively affect mental health, and make a positive investment in keeping the workforce healthy. As we highlighted in our 2017 police effectiveness report, in some forces individual officers are still managing a high number of investigations. So, it is vitally important that forces invest in officer and staff wellbeing. Some have made supporting and protecting their workforce a high priority.

In action: looking after officers and staff

The engagement and insight department in **Cheshire Constabulary** devises regular communications packages on: looking after your mental health, wellbeing, men's health and talking about mental health.

Essex Police runs a 'Feel well, live well' course for all its officers and staff, focusing on how to deal with stress and personal mental health.

Leicestershire Police supports a range of initiatives to promote wellbeing, including wellness recovery action plans that support people's in-depth conversations with their line managers about their physical and mental health needs.

Definitions and interpretations

In this report, the following words, phrases and expressions in the left-hand column have the meanings assigned to them in the right-hand column. Sometimes, the definition will be followed by a fuller explanation of the matter in question, with references to sources and other material which may help the reader.

approved mental health professional (AMHP)	person who is authorised, to make certain legal decisions and applications under the Mental Health Act 1983
Authorised Professional Practice (APP)	official source of policing professional practice, developed and approved by the College of Policing, which police officers and staff are expected to follow while performing their duties
chief officer	in police forces outside London: assistant chief constable, deputy chief constable and chief constable; in the Metropolitan Police Service: commander, deputy assistant commissioner, assistant commissioner, deputy commissioner and commissioner; in City of London Police: commander, assistant commissioner and commissioner; includes a member of staff who holds equivalent status to an officer of these ranks
clinical commissioning groups (CCGs)	groups which plan and organise NHS services for their local area

Code of Practice for Victims of Crime (Victims' Code)	statutory code of practice issued by the Secretary of State for Justice under section 32 of the Domestic Violence, Crime and Victims Act 2004; the code establishes minimum standards on the rights, support and protection of victims of crime; its stated objective is to ensure the criminal justice system puts victims first, making the system more responsive to them and easier for them to navigate; it also aims to ensure that victims of crime are treated well and receive appropriate support to help them cope and recover, and to protect them from becoming victims again; the code specifies the services which must be provided to victims of crime in England and Wales, and sets a minimum for the standard of those services; higher entitlements are set for victims of the most serious crime, persistently targeted victims and vulnerable or intimidated victims; the public sector bodies which are obliged to provide services to victims of crime are specified in the code, and include police forces and police and crime commissioners; the Victims' Commissioner has a statutory duty to keep the code under regular review; the code is at: www.cps.gov.uk/legal/assets/uploads/files/OD_000049.pdf
College of Policing	professional body for policing in England and Wales which provides the police with the skills and knowledge necessary to prevent crime, protect the public, and secure public trust
command and control system	police call centre which answers emergency calls, and which continuously monitors, updates and reviews them
community mental health team (CMHT)	secondary care service for people who need more mental health support than a primary care service, such as a GP, can provide
concern for safety	request for police to help when a person, healthcare agency or partner organisation is worried about someone's welfare
county lines	practice of individuals or gangs using vulnerable children and adults to transport and sell Class A drugs, primarily from urban areas into market or coastal towns or rural areas to establish new drug markets or take over existing ones; they also use children to transport and hide weapons and to secure dwellings of vulnerable people in the area, so that they can use them as a base from which to sell drugs

demand	in the context of this report, the amount of service that the public and other organisations require of the police; the police carry out a wide range of interventions in response to this demand including preventing disorder in towns and city centres, protecting vulnerable people and property, responding to crises, stopping crime and anti-social behaviour as it happens, and apprehending and bringing offenders to justice
force management statement (FMS)	annual statement, published by each force and certified by the chief constable, containing in respect of the following four years: (a) projections of demand on the force, including crime and non-crime demand, latent and patent; (b) an assessment of the state of the force's people and assets to be used to meet that demand (their condition, capacity, capability, performance, serviceability and security of supply); (c) the steps the force intends to take to improve the efficiency and economy with which the force will maintain and develop its workforce and other assets, and discharge its obligations to the public; and (d) the financial resources which the force expects to have to meet demand
Herbert Protocol	national scheme encouraging carers, family and friends of vulnerable people to fill in a form recording the individual's personal details; if the vulnerable person goes missing, the form can be given to the police and reduce the time taken gathering this information
incident report	report of an event that requires police attention; it may become a crime record depending on the balance of probability that an offence has occurred, but must be logged on the force's incident-recording system even if it doesn't turn out to be a crime
lived experience	knowledge and understanding someone gains when they have lived through something
mental health practitioners	people in specifically mental health-related positions, such as psychiatrists, nurses or psychologists
modern slavery	crime encompassing slavery, servitude, forced labour and human trafficking

mutual aid	provision of police officers or other assistance by one police force to another for the purpose of meeting any special demand; can be provided on the application of the chief officer of the force requiring assistance or at the direction of the Home Secretary; the provisions governing the provision of aid are contained in section 24, Police Act 1996
National Decision Model (NDM)	risk assessment framework, or decision-making process, adopted as a single national decision model for police in authorised professional practice, which has six elements to help police officers and staff make effective policing decisions
National Police Chiefs' Council (NPCC)	body which replaced the Association of Chief Police Officers on 1 April 2015; it brings together operationally independent and locally accountable chief constables and their chief officer teams to help the police service coordinate operations (including operational responses to threats such as terrorism, organised crime and national emergencies), reform, improve and provide value for money; its primary decision-making forum is the Chief Constables' Council; it is underpinned by a collaboration agreement between chief constables, police and crime commissioners and non-Home Office force equivalents under section 22A, Police Act 1996
night-time economy	business taking place at night, such as pubs and clubs, cinemas and theatres, cafés and restaurants, and the sale and consumption of alcohol
NPCC lead	senior police officer responsible for maintaining and developing NPCC standards and guidance for all police forces in a particular area of policing
partner agencies	public sector entities, such as those concerned with health, education, social services and the management of offenders, which from time to time work with the police to attain their common or complementary objectives
place of safety	residential accommodation provided by a local social services authority under Part III of the National Assistance Act 1948; a hospital as defined by the Mental Health Act; a police station; an independent hospital or care home for mentally disordered persons; or any other suitable place the occupier of which is willing temporarily to receive the patient (defined in section 135(6) of the Mental Health Act 1983)

police and crime commissioner (PCC)	elected entity for a police area, established under section 1, Police Reform and Social Responsibility Act 2011, responsible for securing the maintenance of the police force for that area and securing that the police force is efficient and effective; holds the relevant chief constable to account for the policing of the area; establishes the budget and police and crime plan for the police force; appoints and may, after due process, remove the chief constable from office
risk assessment	estimating and regularly reviewing the risk posed by a perpetrator to others
risk management	managing the responses adopted to minimise risks that have been identified
section 136 of the Mental Health Act 1983	one of the powers the police use to detain someone in need of immediate care, to take them to a place of safety where medical staff can assess them; reducing unnecessary use of this power and not using custody as a place of safety are indicators of success for triage
street triage	scheme where mental health nurses accompany officers to incidents where police believe people need immediate mental health support, aiming to make sure people get the medical attention they need as quickly as possible; this can also take the form of advice and support to police from control room-based mental health practitioners
THRIVE	structured assessment based on the victim's levels of threat, harm, risk and vulnerability, to help staff determine the appropriate response to a call
Victim Support	an independent charity supporting victims and witnesses of crime committed in England and Wales; it was set up almost 40 years ago and has grown to become the oldest and largest victims' organisation in the world; Victim Support offers assistance to more than a million victims of crime each year and works closely with the police and other institutions and entities in the criminal justice system
vulnerability	condition of a person who needs special care, support or protection because of age, disability or risk of abuse or neglect

vulnerable victim victim eligible for extra support under the Code of Practice for Victims of Crime, defined as someone who was under the age of 18 at the time of the offence, whose quality of evidence is likely to be affected because of a mental disorder or other "significant impairment of intelligence and social functioning", or who has a physical disability or physical disorder

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Annex A: About the data

The information presented in this report comes from a range of sources. These include data published by the Home Office and Office for National Statistics, inspection fieldwork and data we collected directly from all 43 geographic police forces in England and Wales.

Where we collected data directly from police forces, we took reasonable steps to agree the design of the data collection with forces and other relevant interested parties (such as the Home Office). We gave forces several opportunities to check and validate the data they gave us, to ensure the accuracy of our evidence. For example, we checked the data that forces submitted, and queried with forces where it was notably different from other forces or was internally inconsistent.

Data in the report

British Transport Police was outside the scope of inspection. Aggregated totals for England and Wales don't include British Transport Police data, so numbers will differ from those published by the Home Office.

Population

For all uses of population as a denominator in our calculations, unless we say otherwise, we use Office for National Statistics (ONS) mid-2016 population estimates. This was the most recent data available at the time of the inspection.

For City of London Police, we include both resident and transient population in our calculations. This is to account for the unique nature and demographics of this force's responsibility.

Review of crime files

We reviewed 60 police case files (90 files in the four largest forces) across crime types for:

- rape (including attempts);

- theft from the person;

- harassment;

- stalking;

- common assault;

- wounding or grievous bodily harm; and

- actual bodily harm.

Our file review was designed to give us a broad overview of:

- forces' identification of vulnerability;

- the effectiveness of their investigations; and

- how forces treat victims.

We selected files randomly from crimes recorded between 1 January 2017 and 31 March 2017. We assessed these files against several criteria. We supplemented our file review assessments with other evidence we gathered, as the small sample size meant file review evidence alone wasn't a robust enough basis for assessing individual force performance.

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Welsh Government and Partners

Mental Health Crisis Care Concordat

Improving the care and support for people experiencing or at
risk of mental health crisis and who are likely to be detained
under section 135 or section 136 of the Mental Health Act 1983

Gweithio mewn partneriaeth gyda
Llywodraeth Cymru
Working in partnership with
Welsh Government

Partners to the concordat

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

YJB
Youth Justice Board
Bwrdd Cyfiawnder Ieuenctic

THE ROYAL BRITISH LEGION

Home Office

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cardiff and Vale University Health Board

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwalar University Health Board

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Powys Teaching/Teaching University Health Board

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cwm Taf University Health Board

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

SWYDDFA COMISIYNYDD HEDDLU A THROSEDD GOGLEDD CYMRU
OFFICE OF THE POLICE & CRIME COMMISSIONER NORTH WALES

South Wales
Police and Crime Commissioner
Comisiynydd yr Heddlu a Throseddu
De Cymru

COLLEGE OF POLICING
College of Policing

Heddlu • Police
DYFED-POWYS
Diogelu ein Cymuned – Safeguarding our Community

HEDDLU GOGLEDD CYMRU
Gogledd Cymru diogelach
NORTH WALES POLICE
A safer North Wales

Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

Cynghrair Iechyd Meddwl Cymru
Wales Alliance for Mental Health

agic hiw
Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

SICRHAU GWELLIANT TRWY AROLYGU ANNIBYNNOL A GWRTHRYCHOL

Leading Social Services in Wales
Yn arwain Gwasanaethau Cymdeithasol yng Nghymru
ADSS CYMRU

Swyddfa Comisiynydd yr Heddlu a Throseddu
GWENT
Office of Police and Crime Commissioner

iom Cymru

COMISIYNYDD HEDDLU A THROSEDDU DYFED-POWYS POLICE AND CRIME COMMISSIONER

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Mental Health Crisis Care Concordat: the joint statement

This Concordat is a shared statement of commitment, endorsed by senior leaders from the organisations most heavily involved in responding to mental health crisis.

The Welsh Government, its partners from the Police, NHS, the Welsh Ambulance Services NHS Trust, Local Authorities and third sector are committed to work together to improve the system of care and support for people in crisis due to a mental health condition and who are likely to be detained under section 135 and136 of the Mental Health Act 1983.

As partners we agree to work together and to intervene early, if possible, to reduce the likelihood of people presenting a risk of harm to themselves or others because of a mental health condition deteriorating to such a crisis point.

They will be helped to find the most appropriate support needed in whatever situation that need arose and whichever service they turn to. Assistance with personal recovery is paramount. We will work to ensure that any intervention is carried out without recourse to unnecessary or inappropriate placement; for example within police custody.

We agree to work together toward delivering this commitment across Wales.

Partners to the Shared Statement of Commitment

- Welsh Government
- Chief Police Officer Group, Wales
- Welsh Ambulance Service NHS Trust
- Police and Crime Commissioners
- Aneurin Bevan University Health Board
- Abertawe Bro Morgannwg University Health Board
- Betsi Cadwalder University Health Board
- Cwm Taf University Health Board
- Cardiff and Vale University Health Board
- Hywel Dda Local Health Board
- Powys Teaching Health Board
- Royal College of Psychiatrists
- Royal College of Nursing
- Third Sector: Wales Alliance for Mental Health
- Royal British Legion
- Public Health Wales
- College of Policing
- British Transport Police
- Integrated Offender Management- (IOM) Cymru
- Home Office
- Association of Directors of Social Services
- Youth Justice Board-Wales
- Healthcare Inspectorate Wales

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Acknowledgements

Points of Collective Commitment by Partners

- To work to reduce the use of powers of detention under section 135 or 136 of the Mental Health Act 1983 ("the MHA") generally and to cease to use police custody suites as a place of safety, except in exceptional circumstances such as significant violence; and never for a child/young person under the age of 18.
- To ensure there is access to mental health professional advice at the point of crisis, available 24 hours each and every day.
- Police vehicles will rarely be used to convey people in crisis save for the most violent of individuals and only exceptionally to transport people between NHS facilities.
- NHS Transport or other health vehicles (not necessarily an ambulance) should be commissioned to convey people to hospital who are in mental health crisis.
- The use of any restraint will accord with best practice and be the least restrictive as applied to health settings; and will comply with all appropriate guidelines issued by the NHS and the College of Policing.
- To adhere to the Mental Health Act 1983 Code of Practice for Wales (the Code) guidance in relation to the use of powers of detention under section 135 and136. Health and local authority partners are to ensure adequate provision of facilities for section 135 and136 detentions for both adults and young people.
- Partners should agree where assessment of intoxicated individuals can safely take place in health based settings and their needs appropriately met.
- If a young person under 18 is detained under section 135 or 136 and taken to a police station for assessment, a serious untoward incident will be recorded allied with an agreement by partners to undertake an immediate case review to determine whether this could have been avoided in order to learn from that incident.
- MHA monitoring groups within health boards will review every section 135 and 136 detention within police custody to determine its appropriateness.
- Partner agencies will share relevant, need to know information, in the interests of patient and public safety. The collection of data such in relation to section 135 and136 detentions is reported accurately.
- Partners and the third sector should be supported to widen their ambition in developing 'new' places of safety and providing alternatives to in-patient care at all stages e.g. sanctuary houses, drug and alcohol support.
- Monitoring delivery of local action plans in relation to section 135 and136 as required by this Concordat, will be reviewed by local Mental Health and Criminal Justice Partnership Boards.

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1. The Purpose of the Concordat: a statement vision

This Concordat sets out how partners can work together to deliver a quality response when people with acute mental health crisis, need help, have contact with the Police and who are likely to be detained under section 135 or section 136 of the Mental Health Act 1983. It is under-pinned by the Welsh Governments absolute commitment to mental health policy, set out within its strategy and supported through its Code of Practice for the Mental Health Act 1983.

Mental ill health can be distressing for anyone who encounters it, including the person in crisis, family and friends and the services which respond.

During 2013-14, across Wales some 16,580 referrals were made to mental health crisis services, of which 1460 related to sections 135 &136 of the MHA. (Annex 1 provides detail in this regard and data sources).

Whatever the presenting concern – whether suicidal behaviour, wandering and distress by someone with dementia, extreme anxiety, psychotic episodes or behaviour which appears out of control and likely to cause harm to the person or others – a speedy, appropriate and supportive response is crucial.

This Concordat makes specific and repeated reference to section 136 of the MHA, which provides the police with powers in certain circumstances to remove a person to a place of safety and details the obligations placed on relevant partners. (Annex 1 refers).

However, the use of section 136 powers of detention should be the last resort for mental health patients in Wales. Patients and emergency care providers should be able to access services to avoid the need for the use of section 136 powers.

They should receive a response from health and social care partners within nationally agreed, published time scales, which ensure individuals receive the care they need.

Welsh Government's published policy guidance specifically in relation to section 135 and 136 provides the basis of practice expectations.[1]

This Concordat is a shared commitment, endorsed by senior leaders from the organisations most heavily involved in responding to mental health crisis in a specific context. It covers what needs to happen when people in mental health crisis, often in a public place require attention from the Police. This Concordat is designed to support policy making; investment in services; in anticipating and preventing crisis; and in making sure effective emergency response systems operate in localities when a serious crisis occurs.

This Concordat is structured around:

- Access to support before crisis point.
- Urgent and emergency access to crisis care, (whilst using the least restrictive options) by both face-to-face and 'hear and treat' services.
- Quality treatment and care when in crisis.
- Recovery from crisis and staying well in the future.

[1] www.gov.wales/topics/health/publications/health/guidance/section/?lang=en

In every locality across Wales, partnerships of health, criminal justice and local authorities already commit to local mental health crisis response by publishing section 135 and136 action plans. These will be refreshed to set out the required actions that will help deliver the aspirations of this Concordat. Critically they will set out ways in which police officers can reduce the need to use the powers of section 136. They will provide a common purpose and promote the understanding of the roles and responsibilities of each service.

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2. Aim and Scope: the case for improvement

This Concordat is a shared statement of commitment which describes what people who experience an acute mental health crisis and who may have contact with the police should expect from public services who respond to their needs.

This Concordat establishes key principles of good practice which services and partners should use to enhance standards and strengthen working arrangements. It includes the voice of service users who have needed these services in the past and were able to share their experiences.

This Concordat requires partners across local health boards to prepare refreshed section 135 and 136 action plans designed to bring together the commitments made by partners to help deliver its objectives.

Local Mental Health and Criminal Justice Partnership Boards are well placed to oversee and monitor progress on the delivery of these actions plans. Critically, they can hold partners to account if they do not discharge their responsibilities.[2]

Best practice, innovation and organisational learning can be shared at a yearly seminar, designed to maintain focus on various issues in relation to mental health including the appropriate and inappropriate use of section 135 and 136. It should bring together academic research, practitioner, service user and carers experiences to help improve outcomes.

What Needs To Happen?

Whilst the Concordat sets out a national agreement of principles, their adoption and application can only be delivered by building on existing local, area wide arrangements.

The ambition is for local health boards, Welsh Ambulance Service NHS Trust (WAST), Police and local authorities allied with other partners to agree a collective statement of intent, issued and regulated through area Mental Health and Criminal Justice Partnership Boards. This should include:

- A local declaration, agreed by key agencies which establishes a continued commitment for partners to work together to improve the experience of people in acute mental health crisis in public arena's in their area.
- A published section 135 and 136 action plan setting out improvements to be made over an agreed timescale.
- A clear stated outcome within the plan to end the use of police stations as places of safety apart from exceptional circumstances where for example a risk assessment indicates this is the safest option[3]; reduce the overall number of section 135 and 136 detentions generally for adults; and to end the use of police stations as places of safety for young people under this element within the Act.

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[2] Local MH&CJ Partnership Boards convene across the coterminous boundaries of police and Local Health Boards

[3] The operational context of the British Transport Police and the lethal nature of the railway environment reduce the discretionary position of their officers in relation to the use of S136. BTP supports an ambition to reduce the inappropriate use of S136 but not to reduce its use where it is lawful and necessary.

- A commitment to enhance and refresh mental health sensitivity training of key operational staff to ensure all people experiencing a mental health crisis are treated with understanding, empathy, dignity and respect.
- Evidence of responsive local governance, the development of extra places of safety if required and inclusion of the third sector as a key partner to deliver this provision.

Scope and Context: This Concordat focuses on people who experience acute mental health crisis at home requiring the use of section 135 or in a public place requiring the use of section 136. (Annex 1 provides a definition of crisis set out by the Royal College of Psychiatry). It spans health, social care and the criminal justice system. It is not age specific. Whilst it's main focus is on responding to acute need, it does include a clear reference to and also supports prevention, early intervention and promoting recovery.

It builds on existing arrangements and fully endorses current policy and practice guidance, issued through the Welsh Government.

The role of NHS-Wales: Together for Mental Health strategy[4] places an emphasis on partners adopting preventative measures whilst being responsive to individual crisis. Policy implementation guidance flowing from this strategy has been published in relation to the following areas: mental health criminal justice liaison services; mental health services for prisoners and veterans; children and young people requiring mental health services within the youth justice system.

The Welsh Government's Mental Health Act 1983 Code of Practice for Wales (the Code) sets outs out duties and requirements on partners specifically in relation to responding to crisis and using powers under the MHA.

This Concordat supports and complements the Code. It asks local health boards and its partners to make sure the emergency response to people in mental health crisis has parity i.e. the same level of care and service, as those with a physical condition.

The Need for Improvement: The evidence which supports the benefit of early intervention when people have a mental health problem is compelling. In its independent inquiry in 2011, Mind found that access to crisis care services varied widely across the UK.[5] The differences in access to places of safety other than hospital out-of-hours services were stark.

The *'Criminal Use of Police Cells'* 2013 joint thematic inspection report highlighted the issue of people in crisis being detained by police officers in police custody suites often due to health services being unable to respond due to lack of capacity.[6] Reducing the dependency on the police and their custody suites is a priority and driver within this Concordat.

The Independent Commission on Mental Health and Policing 2013[7] made recommendations to police forces nationally on how to prevent serious injury and deaths when officers respond to incidents involving people with mental health conditions. As part of its core police business, training and greater emphasis on partnership working was also an important recommendation.

This Concordat aims to address these issues.

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[4] www.wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/strategy/?lang=en

[5] www.mhpf.org.uk/resources/publications/listening-to-experience-an-independent-inquiry-into-acute-and-crisis-mental-h

[6] www.justiceinspectorates.gov.uk/hmic/publication/a-criminal-use-of-police-cells/

[7] www.iapdeathsincustody.independent.gov.uk/news/independent-commission-publish-mental-health-and-police-report

3. Local Partners who plan and commission services

Service planners and commissioners will want to ensure that they have effective local safeguarding arrangements in place to prevent or reduce the risk of significant harm to people whose circumstances make them vulnerable.

Across Wales, arrangements designed to respond to mental health crisis and reduce the use of section 135 and 136 are well established.

The key questions that will aid improvement should include:

- Are local partners content with existing operational protocols for those in crisis who come into contact with the police; are they locally responsive and effective?
- Do people know who to ring if they or someone close to them experiences or is approaching a mental health crisis, including if this is for the first time?
- Is the principle of 24/7 – out of hour's service provision and advice in place and working, including the provision of emergency duty teams?
- Are existing health based places of safety sufficient to meet reasonable demand? If not, is there a coherent local plan to enhance provision and one that includes and involves the third sector?
- Is the policy – of not using police custody unless exceptional circumstances prevail as contained within the Code understood?
- Are there care pathways from custody and courts which ensure individuals with co-existing mental health and substance misuse problems can access appropriate services?
- Is the planned local response to children and young people in crisis with a mental health concern in a public place universally understood?
- Are the current information systems used by different services accessible by all who require them?

Addressing these and related questions will enable local commissioners and planners to deliver the ambition within this Concordat. Effective planning and commissioning will ensure that the support offered and services reflect:

- The needs of people of all ages, gender and differing ethnic backgrounds.
- A contribution to planning by all partners.
- The voice of service users, carers and focus groups who represent their views are included in all planning considerations.

At a national level, the Welsh Government and its lead partners are able to inform and help shape local commissioning plans. Given the composition of mental health and criminal justice partnership boards these are ideally placed to monitor progress against local section135 and 136 action plans.

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4. Four core principles and expected outcomes

This section sets out the principles and statutory guidance that all services involved with responding to and dealing with mental health crisis in a public place currently follow. It describes where improvements should be considered by partners.

People seeking urgent help with mental ill health and often their friends, families, carers, partners and work colleagues, will often approach various services and agencies. They are likely to contact: their GP; telephone helplines such as- CALL, Samaritans, NHS Direct Wales or 111 – or approach voluntary groups, faith based organisations, A&E departments, social services, schools, colleges, health boards and the police. These services all need to know how to respond.

These approaches are often characterised with high degree of urgency. The complexity of the crisis is likely to be multi-layered. It is unlikely that any one single response will be enough to resolve what are often enduring difficulties.

An effective emergency response system should reflect a detailed, coordinated set of arrangements between all relevant agencies. The idea of a whole system approach must be a minimum expectation by people who use services, irrespective of race, ethnicity, gender, religion or belief, or sexual orientation. Central to these expectations are four core principles that this Concordat promotes. These are:

- Access to support before crisis point if at all possible.
- Urgent and emergency access to crisis care by both face-to-face and 'hear and treat' services.
- Quality treatment and care when in crisis.
- Recovery and staying well.

When help is needed, people will be treated with respect, compassion and dignity by professionals and the agencies they represent.

Agencies who have statutory responsibility in relation to section135 and 136 will ensure that a patient experiencing mental health crisis is assessed by a mental health professional as early as possible in accordance with the Royal College of Psychiatrists 3 hour standard (Annex 1 provides further context). In the community ambulance services, for example, have the ability to seek advice from and make referrals to mental health services.

Core Principles:

Access to support before crisis point

Early intervention is universally recognised as the best form of prevention. People with mental health problems or their families, friends or partners are often aware that a crisis is fast approaching and may know how it might be averted. Who to contact is key; in turn, services need to trust the judgement of those with localised expertise and respond accordingly.

Early intervention might include:

- Using information held by the individual, their carer, or GP (for example within a care and treatment plan) as to what to do in a crisis and for it to be proactively shared in the persons best interest.

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- Access to single point of contact within specialist mental health team, the third sector, general practice, primary mental health support services; access points should be available to agencies across all sectors.
- Community provision including crisis resolution/home treatment services, access to liaison and diversion services which operate in police station and court precincts who can intervene particularly at the pre-court, pre-sentence stage: a provision supported by Welsh Government policy implementation guidance[8].
- Using the least restrictive options when crisis occur and recognising the benefit of voluntary consent by an individual to a particular course of action.

Urgent and emergency access to crisis care

People in mental distress should be kept safe and find the support they need from whatever source. As a key requirement, local services need to be available out of hours – 24/7. Partners believe that responses to people in crisis are best undertaken wherever possible locally and close to home. Local plans should aim to ensure that no one is turned away and a least restrictive treatment option, most appropriate to the individuals needs should be applied[9].

All agencies have a role to play in supporting individuals experiencing mental ill health and specifically can help improve access to help for those contemplating suicide. The Welsh Government's *'Talk to me 2'* is a suicide prevention strategy for Wales and sets out what is expected of partners.[10]

Other critical themes include:

A: Equal Access

There are no grounds for excluding people from accessing services on the basis of their race, ethnicity or gender or other protected characteristics. There is evidence from people from BME communities that negative experiences of section 135 and section 136 can lead to reluctance to engage further.[11] This Concordat recognises the briefing produced by Mind on commissioning crisis care services for BME services which recommends:

- Consultation and engagement with BME and other specific groups.
- That staff are trained and equipped to deal with cultural sensitivities when providing crisis care.
- Empower those with protected characteristics by providing a range of appropriate information, access to advocacy services and ensure they are able to exercise control over their care.

Public services in Wales must be prepared to meet the needs of people whose first language is Welsh and this is particularly important when people are experiencing a mental health crisis[12].

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[8] WG: Policy Guidance: Criminal Justice Liaison Services

[9] www.wales.nhs.uk/unscheduledandemergencycare

[10] Talk2me2: suicide prevention plan

[11] Mind: Mental health crisis care: commissioning excellence for Black and minority ethnic groups_ a briefing for commissioning groups 2013

[12] legislation.gov.uk/mwa/2011/1/contents/enacted

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B: Children and Young People

Children and young people (C&YP) – those under 18 years – with mental health problems present with a particular vulnerability. Looked after children, care leavers and those already known to or supervised within the youth justice system must also feel supported and protected at all times and should have access to appropriate mental health crisis care.

Local Health Boards in Wales deliver specialist Child and Adolescent Mental Health Services (CAMHS) for those young people with greatest need and provide guidance in relation to accessing services: services which have attracted further additional investment by the Welsh Government.[13]

Policy Implementation Guidance in relation to C&YP within the youth justice system has been jointly published by the Welsh Government and the YJB-Cymru, which places particular emphasis on early intervention and crisis prevention.[14]

For C&YP presenting with acute needs and who require hospital admission, this Concordat will follow the guidance with regard to admissions. Unless the circumstances are wholly exceptional, C&YP should never be detained under section 135 or 136 within a police station. Whenever a child is detained in a police station, exceptionally or otherwise, partners will commit to a review within 7 Days, in accordance with the All Wales Child Protection Procedures, to determine the circumstances and its legality. It must also be reported as a serious untoward incident to the Welsh Government by the LHB.

Local Authorities through their Independent counselling services are well placed to identify early on-set problems. Youth services, in partnership with CAMHS have a role to play in developing crisis strategies for C&YP. This Concordat adds weight to the guidance that relevant safeguarding procedures for specific C&YP should factor in a requirement to intervene early to help prevent mental health concerns escalating.

C. Training to deliver the right response

Frontline staff who are most likely to respond to people in mental health crisis, such as police, A&E and ambulance staff will require further training. Given that many individuals in crisis will present with co-existing drug and alcohol problems, training in how and where to access services is essential. Locally devised plans to address mental health crisis should include a specific requirement for multi-agency training and referral pathways with an emphasis on 'who does what, how and when'. Understanding the role each partner agency plays is the starting point.

The role of the police is vitally important. They have a critical role in not drawing people into the justice system (via the use of police custody) by reducing the use of section 136 in the first instance. This 'reduction' is more likely to be achieved by better training and awareness of police (and community safety) officers in mental health and learning disability; better liaison between officers and mental health practitioners at the point of crisis; and being familiar with suitable alternatives to section 136 at the point of crisis. The police have responsibilities in this regard and guidelines issued by the College of Policing[15] and the new Authorised Professional Practice standard in relation to Mental Health training will be highly relevant, as will be the development of localised training modules designed specifically for officers likely to be 'first on scene'.

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[13] www.gov.wales/newsroom/healthandsocialcare/2015/10182787/?lang=en

[14] www.gov.uk/government/publications/joint-guidance-on-mental-health-in-the-youth-justice-system (this link not working??)

[15] College of Policing- Mental Health Training Guidance

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D. The right help at the right time

People in mental health crisis, particularly when in a public place need to receive help promptly. Where police officers are first to respond, people will receive an informed and appropriate response. This also applies to the support offered by health services, the ambulance trust and A&E departments.

Powers under section 136 allow police officers to remove to a place of safety any person who may cause harm to themselves or another, for a formal assessment; if the person appears to be suffering from mental disorder and the person is in immediate need of care and control.

LHBs already commission health-based places of safety that will provide 24/7 access and be resourced to a level designed to meet crisis behaviour that is challenging and complex. Partners to this Concordat will work together to achieve a significant reduction in the use of police custody suites as a place of safety with the aspiration to end its use; help the third sector innovate and develop new places of safety, away from either a police station or hospital.

Training will help police officers recognise risks and vulnerability and importantly, identify the need for mental health care. This training will support the police to decide whether individuals should be detained under section 136, or helped in some other way. Area wide section 136 action plans should make explicit reference to how 'diversion' will be applied in their area thus reducing the overall number detained to the necessary minimum.

Specifically in relation to section 136 episodes, partners to this Concordat will agree to accurately collect data and information to help inform outcomes. The Welsh Government will monitor all data and publish findings in a manner which Welsh Ministers, Chief Constables and wider stakeholders have confidence

Any changes in the numbers of section 136 detentions and particularly an increase will be scrutinised by local partnership boards to ensure powers are only used when they are required to meet the needs of the person in mental health crisis in accordance with the law.

E. Local Plans and Protocols

Local plans, specifically in relation to section 135 and 136 should specify what is necessary to be done to improve the area wide response to those individuals detained under these powers; who is responsible for delivery; and over what time-scale material improvement should be achieved. Outcome targets should state specific local ambition in relation to detentions, use of police custody; response times; and training delivery.

Protocols which specify the operational agreements made between partners who will ensure best practice will be achieved for each episode. They should ensure that:

- Individuals are taken to health based places of safety as the norm/routine. The use of police custody as a place of safety will accord strictly with the Code's guidance- adopting the 'exceptional circumstances' principle.
- They include a statement of where C&YP in need of a place of safety should normally be detained and for how long. In the wholly exceptional cases and unlikely event police stations are used, cells do not always need to be employed.
- NHS and clinical staff, including those from the ambulance trust should take responsibility for the person as soon as it is practical and safe.
- Data and clinical information is shared (see section G).

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- There are arrangements in place to review crisis responses which have been problematic: reviews should include senior leaders from partner organisations and be managed at speed.
- They include a published agreement between the police and the ambulance service on anticipated response times and safe transportation in relation to section 136 cases and conveyance between a place of safety and the next venue. If an ambulance or other appropriate health vehicle is unlikely to be available for a significant time, which might impact on a patients dignity or effective police operations the officer will make a judgement as to whether to use a police vehicle as the less desirable but more pragmatic option. The police will accompany the health based vehicle in their own transport in order to discharge their duty under section 136, unless delegation is formally agreed in writing.

The appropriate documentation agreed in the 2012 – 136 guidance between police and health should be completed and processed in line with that agreed guidance.[16]

F: When health clinicians feel an assessment is urgent

The speed of response to people in mental health crisis and who are in need of a formal assessment under the MHA is an important consideration for commissioners. This response is often governed by the availability of qualified doctors and 'Approved Mental Health Professionals' (AMHP and local authorities must ensure that there are sufficient numbers of AMHP available both in and outside usual working hours.

Timescales should reflect best practice as set out within the Code and the Royal College of Psychiatrists guidance on commissioning services for section 136.[17] These state that AMHP and doctors approved under section12-(2) of the MHA should attend within 3 hours in all cases where there are no clinical grounds to delay assessment. If the reported data highlights a persistent failure to meet this timescale, this should be reviewed by the Mental Health Criminal Justice Partnership Board. In the case of C&YP, the assessment should wherever possible be completed by a CAMHS consultant or an AMHP with knowledge of this age group.

The availability of dedicated AMHPs and suitably qualified doctors should be sufficient to meet operational needs, especially during 'out of hours' periods.

G. Where appropriate people in crisis can expect statutory services to share essential information and data about their clinical needs

Information will be shared by all partners to this Concordat in accordance with the current Wales Accord on the Sharing of Personal Information (WASPI)[18] and after taking into account the Caldicott Principles. Information which is shared may include:

- Name, address, a description, gender, age/DOB/Language.
- Behaviour description; indication of intoxication.
- Physical impairments; prescribed medication.
- Known engagement with GP/mental health services/location of team.
- Existence of known mental health crisis plan or other relevant clinical information.

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[16] www.gov.wales/topics/health/publications/health/guidance/section/?lang=en

[17] www.pb.rcpsych.org/content/37/7/245.1.full

[18] www.waspi.org/page.cfm?orgid=702&pid=50176

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- Presenting risk factors: self harm, suicide, physical aggression, confusion, impaired judgement, self-neglect, missing from home.
- Known physical health conditions which appear to be impacting on their mental health – e.g. diabetic complications.
- Knowledge of other relevant factors to help inform the best response for example whether the patients have dependants or pets.

H. Supporting people in crisis in a health based place of safety

Irrespective of other presenting factors – intoxication, previous history of self harming, a history of violence or offending – people experiencing mental health crisis and who urgently require detention whilst awaiting an assessment will normally be supported in a health based place of safety.

Intoxicated people, where their mental state is in question, must receive a timely clinical assessment. When intoxication is present, no presumption should be made in regard to cause until the person is in a safe environment for an adequate assessment to be completed.

Intoxication should not be used as a basis for exclusion from places of safety except in locally defined and agreed circumstances, which is where risk considerations are deemed too high. Where, for example, there is a significant risk to public order by a patient who is thought to be intoxicated, police resources will continue to be involved together with health and local authority service to ensure the safe management of the individual. In the case of the intoxicated individual, partner agencies should develop service models to ensure each can fulfil their statutory duty in a manner that is coordinated and safe. (**Annex 1 provides further context**). It is recognised that the majority of those intoxicated will not require police or specialist mental health care or A&E provision hence the need for partners to develop alternative accommodation, support and provision.

Similarly, a previous history of violence should not automatically lead to exclusion. Only in exceptional circumstances and in accordance with locally agreed protocols, should a police custody suite be used to manage seriously disturbed and aggressive behaviour.

I. People in crisis who present to A&E

People in mental health crisis may use A&E departments as the gateway into services, if they present as having self-harmed, attempted suicide or are so intoxicated, their capacity to make informed judgements is impaired.

Whatever the circumstances, A&E departments and mental health services should, wherever possible, provide an appropriate space for their immediate care allied with adequate psychiatric liaison services to ensure the necessary care and on-going support is provided.

Area wide protocols should incorporate a clear understanding of the need for mental health treatment in A&E to be delivered to the same standards as would be applied to physical health care.

Additionally, commissioners will work with hospital providers to ensure that A&E departments, police and ambulance services agree arrangements in relation to the security of the hospital and the safe operation of restraint procedures having regard to the principle of acting in the least restrictive manner: People in crisis who access the NHS via 999 or the 111 system (when operational) will receive the best possible response.

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The highly trusted system could be further improved through:

- enhanced training in mental health crisis for call operators;
- co-locating specialist mental health staff in control/response centre, 24/7;
- enhanced training for NHS Direct Wales, 111 and ambulance staff on the management of patients; and fluidity of professional roles designed to improved knowledge and response

J. People in crisis who need transport to health facilities will receive an appropriate and safe response.

WAST, the police, LHBs and LAs should include, as part of their protocols, a safe transportation policy. Statutory partners should work with the third sector to consider alternative models of transportation. When urgent transport is a necessity as requested by an AMHP, the vehicle should arrive within the agreed response time or alternative transport considerations should be made early, if the preferred transport is not available.

Quality of treatment and therapeutic care when in crisis

Local mental health services will meet the needs of people in crisis, appropriately at all times. Responses should have parity with emergency physical health needs. The timeliness of ambulance or other health vehicles response to mental health calls should be the subject of a commissioned plan to ensure that the right resource is requested and supplied.

These services will be inspected and regulated. Healthcare Inspectorate Wales (HIW) discharges this function across Wales. HIW has specific responsibilities to monitor the use of the MHA and to protect the interests of people whose rights are restricted under the MHA. HIW will take account of this Concordat when inspecting and monitoring the support people receive from agencies in response to their crisis.

Quality, treatment and care for Children and Young People: LHBs will need to evidence that they have standards which relate to the care and treatment of children in mental health crisis. This extends being able to explain to children, in a manner that is age appropriate, the care they are being offered, including any medication they are being asked to take.

The views of children and how these are collected and responded to are important. This includes making a complaint. Access to an advocate can help. Contact and engagement with family is a core feature of this activity. Community treatment for children is the starting point in responding to a mental health crisis.

Recovery and staying well

It is acknowledged that for many people detained under section136 powers, they will not be known to services or indeed have a current Care and treatment plan. Many people assessed in these circumstances do not have or require regular ongoing contact with secondary mental health services. However, those who are known to services or do require ongoing attention, care planning is a key element of prevention and should focus on recovery. Follow-on responses contained within care and treatment plans must comply with the Code of Practice for Part 2 and 3 of the Mental Health (Wales) Measure 2010. Care and treatment plans may include:

- Early warning signs of crisis or relapse.
- Local support to help prevent escalation.
- What actions the person would like taken if they need admission.
- The degree to which family or carers are involved or contact details if appropriate.
- Information access over 24 hours.

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- Named contacts for emergencies.
- For C&YP, continued access to education provision with a view to gradual supported reintegration back in mainstream education.

The Mental Health Wales (Measure) 2010 provides the framework in which services are required to be delivered. The emphasis is placed on care and treatment planning, accessing services within agreed time-frames and the duties placed on those services to deliver appropriate care.[19]

The voice of the service user to influence their care is designed into this legislation.

LHB, WAST and LA executives and wider commissioners of police and ambulance services all have a role to play to ensure crisis services are designed to safeguard people.

Area Planning Boards, when designing drug and alcohol services, should be mindful of the needs of those in mental health crisis, induced by substance misuse.

Joining up support across criminal justice partnerships with a particular emphasis on liaison and diversion services and custody based interventions will be essential to aid prevention.

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[19] http://wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/measure/?lang=en

5. Delivery through Governance

Mental Health and Criminal Justice Partnership Boards, convened across each LHB and police area will provide the driver to deliver local and regional change and improvement, including the monitoring of action plans which are designed to address the key principles of this Concordat in relation to the use of powers of detention under section135 and 136. These boards are multi-disciplinary and will act as the prime arena for accountability.

They are tasked with agreeing area- wide plans that will include performance measures designed to reduce detentions, improve the use of hospital based places of safety; and to make a sustained and determined effort to significantly reduce the use of police custody.

They will ensure serious and untoward incidents are reported on all cases when children and young people are detained specifically within a police custody suite. They will require a timely report to be submitted to area wide Children's Safeguarding Boards designed to ensure such incidents are formally recorded and acted upon.

Mental Health and Criminal Justice Partnership Boards will be responsive to findings by local MHA monitoring committee's, specifically when section 136 detentions have been deemed inappropriate.[20]

The Chief Police Officer Group – Cymru and the Mental Health Partnership Board, will engage with NHS Wales to ensure that this Concordat is supported by local operational plans and the commissioning of NHS Wales services. Each of its quarterly boards can expect a progress report on key outcomes and how barriers to progress are to be overcome.

The National Criminal Justice Partnership Board and the National Mental Health Partnership Board can expect timely reports on the progress of how the commitments of this Concordat are delivered. The 2016-2019 *Together for Mental Health Delivery Plan* will include a specific reference to this Concordat and will include outcomes that will deliver the agreed objectives.

Welsh Ministers, within bi-lateral meetings with relevant partners can expect to be appraised of the impact of this Concordat.

As part of its joint programme of reviews, HM Inspectorate of Constabulary and Healthcare Inspectorate Wales will be asked to include scrutiny of the impact of the Concordat.

A task and finish group will be convened by partners to this Concordat, to help provide an initial overarching focus for the delivery of the Concordat and its principles.

The Monitoring Committee is to assure the Board that those functions of the Mental Health Act 1983, as amended, which they have delegated to officers and staff are being carried out correctly; and that the wider operation of the 1983 Act in relation to the University Health Board's area is operating properly.

Annex 1

Mental Health Crisis in a Welsh Context

The Royal College of Psychiatry provides a working definition of what 'crisis' is in a Mental Health context.[21]

Definition: Acute Mental Health Crisis

Acute: Of abrupt onset, in reference to a disease. Acute often also connotes an illness that is of short duration, rapidly progressive, and in need of urgent care.

Acute Mental Illness

Acute mental illness is characterised by significant and distressing symptoms of a mental illness requiring immediate treatment. This may be the person's first experience of mental illness, a repeat episode or the worsening of symptoms of an often continuing mental illness. The onset is sudden or rapid and the symptoms usually respond to treatment.

Acute Treatment

The intensive treatment provided to the person who is experiencing acute mental illness. Depending on the person's needs, acute treatment can be offered in the person's own environment or in a psychiatric inpatient service. Depending on the severity of symptoms, the distress involved for the person acute treatment may be provided in the community by a crisis service, by a community mental health centre or in a psychiatric inpatient service.

Across Wales in 2013-14, some 15,680 referrals were received by Crisis Resolution Home Treatment (CRHT) Teams, who aim to provide a service for adults with severe and enduring mental illness who are experiencing acute psychiatric crisis (source: NHS Wales- Delivery Unit). The CRHTT will provide a service promoting a multidisciplinary approach whilst focusing on the psychosocial needs of service users and their carers. They operate pan- Wales and are managed, governed and regulated by Local Health Boards.

The application of powers set out within sections 135 and 136 of the MHA provide an insight to a response to crisis, when encountered by the police.

During 2013-14, some 1,460 episodes requiring the use of these powers were carried out, often against the backdrop of incidents involving individuals when at their most vulnerable. (Data Source-HIW) The powers which permit the removal of an individual to a place of safety can result in vulnerable individuals being arrested and detained within police custody: universally recognised as often, not being the most suitable environment.

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[21] Acute mental health care: briefing note Policy Unit, Royal College of ... www.rcpsych.ac.uk

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Crisis in relation to Section 135 and 136

The Concordat is primarily concerned with those individuals who may need to be considered needing the application of powers under section 135 and 136 under the Mental Health Act (1983). The Concordat is designed to ensure that all citizens receive the most appropriate safe care, the most appropriate environment, avoiding the inappropriate use of police cells and also avoiding the inappropriate use of specialist health resources, particularly mental health with its associated stigmatisation.

Legal Requirements under Section 135 and 136 – Mental Health Act 1983

The Code, Chapter 7 provides guidance on police powers to remove a person to a place of safety under provisions in the Act. It also gives guidance on the assessment of a person removed to a place of safety and any later transfer to another place of safety. An extract is provided as follows:

Section 135

Section 135 (1) of the MHA is the power to remove a person from a dwelling if it is considered they have a mental disorder and that they may be in need of care and attention for this. With the agreement of the person they can be assessed at the dwelling or removed to the place of safety for the assessment to take place there.

Section 136 – Mentally disordered persons found in public places

Section 136 allows for any person to be removed to a place of safety if they are found in a public place and appear to a police officer to be suffering from mental disorder and in immediate need of care or control.

Removal may take place if the police officer believes it necessary in the interests of that person, or for the protection of other. An officer may use reasonable force if necessary.

The least restrictive means of controlling and restraining the person should always be used, with the person being treated humanely and with due sensitivity. Regard must be shown for their human right, dignity, privacy and any particular care needs such as those associated with their physical health.

The purpose of removing the person in these circumstances is so they can be examined by a doctor and interviewed by an AMHP to ensure any necessary arrangements are made for their care and treatment.

Section 136 is not an emergency admission order: It enables an individual to be detained in a place safety for examination and interview. When that process has been completed within the 72-hour detention period or the doctor has decided that the person is not mentally disordered, the patient must be released, unless he/she has been admitted to hospital under the Act.

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A number of agencies have statutory responsibility under these powers. Each agency has their own duty of care to the individual that cannot be delegated on the basis of the accommodation or location where the service is delivered. In general terms these include:

- **NHS General and Mental Health services** – to meet the presenting needs of the population.
- **NHS Ambulance services** – to respond appropriately to the presenting requirements of the population.
- **Police** – To ensure public order is maintained and to intervene when appropriate to do so.
- **Local Authority Social Services** – To meet the well being and welfare needs of the population.

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DYFED-POWYS POLICE AND CRIME PANEL
15/02/19

NATIONAL RURAL CRIME SURVEY 2018
Recommendations / key decisions required: 1.To note the report of the National Rural Crime Network 2. To identify any actions arising from it.
Reasons: The Members of the Panel have previously acknowledged the importance of tackling rural crime

Report Author: Robert Edgecombe	Designation: Lead officer	Tel No. 01267 224018 E Mail Address: rjedgeco@carmarthenshire.gov.uk

EXECUTIVE SUMMARY
DYFED – POWYS POLICE AND CRIME PANEL
15/02/19

NATIONAL RURAL CRIME SURVEY 2018

The National Rural Crime Network is an organisation of Police and Crime Commissioners and other Rural stakeholders whose aim is to improve rural policing, including how it is funded by central government.

In 2018 the Network conducted a rural crime survey which aimed to highlight the particular challenges facing rural areas in relation to crime and anti-social behaviour and identify what changes had occurred since the last survey in 2015.

The report identified 10 key findings relating to public perceptions, the fear of crime, under-reporting of crime, and the perceived lack of support and understanding.

The report makes specific recommendations aimed at addressing these findings and which include;

1. Changing how threat, risk and harm' is understood in the rural context;
2. Improving the understanding of the impact of rural crime;
3. Giving that improved understanding practical effect;
4. Putting more focus on farmers and specific rural businesses;
5. Ensuring initiatives are designed with rural communities in mind;
6. Improving how 'less serious' organised crime (such as poaching, theft and fly-tipping' is dealt with;
7. Improving the criminal justice system's understanding of rural crime and its impact;
8. Making the reporting of crime easier;
9. Improving the help given to rural communities to prevent crime.

DETAILED REPORT ATTACHED?	YES

Section 100D Local Government Act, 1972 – Access to Information

List of Background Papers used in the preparation of this report:

THESE ARE DETAILED BELOW

Title of Document	File Ref No.	Locations that the papers are available for public inspection
Host Authority File	LS-0511/41	County Hall Carmarthen

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LIVING ON THE EDGE

Why crime and anti-social behaviour is leaving rural communities and businesses frustrated, undervalued and isolated.

Report & Recommendations from the 2018 National Rural Crime Survey

NRCN
National Rural Crime Network

nationalruralcrimenetwork.net

Contents

NRCN
National Rural Crime Network

Foreword

Julia Mulligan

Chair, National Rural Crime Network
Police and Crime Commissioner, North Yorkshire

Almost three years ago, we published the report for the first National Rural Crime Survey - the largest survey of rural residents and businesses ever undertaken. Now, we have gone further, engaging over 20,000 people and businesses in the 2018 survey.

The results are no less stark, and raise important concerns about rural policing, where there could be said to be a wholesale loss of trust. Nationally, concerns about policing and its resources are growing, but this is not another report about reducing resources. This survey instead demonstrates that rural communities are being left behind, far and above of their urban counterparts, and it also shows that what rural communities need is very different to urban communities

I do not doubt the effort some police services have put into turning this tide, but if nothing more, this report demonstrates the sheer scale of the problem being faced. There are new developments too, not least growing anger and frustration, the increasing blight of fly-tipping and the overlooked impact of organised crime in rural areas.

The ramifications of this valuable feedback from our rural communities goes much further than specific policing matters which require further attention. Whilst those issues unquestionably need attention, there is a fundamental mismatch between the expectations of rural people and the service being delivered by policing. Rarely can rural

crime compete with its urban counterpart when assessed against the police's narrow definition of 'threat, risk and harm', but this constant prioritisation of 'urban' issues has had very real consequences.

Crime is up. Anger is up. Frustration is up. Trust is down. Those rating the police as good is down. And with 10.3 million people living in rural areas[1] - these are trends we can no longer ignore.

Every decision affecting national policing moving forwards, from funding to safety and security, has to be set against the findings of this report. This report needs to be listened to in the future when decisions on funding are being made, we can no longer continue to see funding being sucked from rural areas to urban. It simply isn't good enough and politicians need to sit up and listen.

I will continue to fight for rural communities, who should not have to put up with sub-standard services just because of where they live. This simply cannot be tolerated. Despite the passionate and professional police officers working incredibly hard day-in, day-out, them and the communities they serve are being let down because priorities lie elsewhere.

The results of the National Rural Crime Survey, and the wider feedback from rural communities, should not be underestimated. It is incumbent on policing, partners and on government and us all to listen, and to act.

[1] Small Area Population Estimates 2013, Office for National Statistics.
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Executive Summary

Rural communities and businesses often feel like they are living on the edge – geographically isolated, remote from services those in urban areas take for granted, but more importantly, frustrated at the way crime, deprivation and vulnerability is hidden by a picture postcard view of the countryside.

The National Rural Crime Network was formed in 2014 to bring greater recognition and understanding of impact and problems of crime in rural areas with a simple aim – to support measures that kept people safe and made them feel safe too.

It brings together 30 Police and Crime Commissioners from across the country, supported by a wide range of other bodies with a deep interest in community safety and rural affairs. Together, these members and supporters represent millions of people and as such the Network is uniquely placed to champion the needs of rural communities.

We need to change the common view of what rural communities look like. Yes, there are picture postcard scenes with stunning scenery and, yes, there are many extremely isolated homes and businesses, but there are also large numbers of families and individuals of all ages and all social backgrounds living in all sorts of homes and working in all sorts of businesses.

Far from being the polar opposite of urban areas, there are many similarities in rural communities – a diversity of people with a range of important and competing issues. There are the obvious – of sparsity, of geography and of infrastructure. But more than that, rural communities face a huge number of unique and often hidden challenges which we fail to understand at our peril. The more questions we ask, the more we see out shortcomings, not least busting the myth that rural areas are 'safe'.

To change that common view and get the recognition of the challenges that are faced, we need evidence. Policy makers and operational leaders will only be forced to act if we are able to show that beyond that picture postcard view there are unique and serious challenges we need to address, not least the hidden vulnerability that is now so well understood in urban areas.

Those of us who live and work in the countryside know these challenges exist, and this survey illustrates that beyond doubt.

From the perception of police forces who are too remote and distant from people's lives, to the view that it is simply not worth reporting crimes because they will not be investigated.

From the frustration and anger that a fear of crime is having a detrimental impact on residents' quality of life, to the real risk that rural businesses will not invest in the countryside because of the threat that they will become a victim.

This survey, with its 20,000 plus responses, tells a real and compelling story of a significant part of England and Wales living on the edge – on the periphery, feeling ignored, unmistakeably isolated and vulnerable. It is time to give those who live and work in our countryside the support they need. It is time for those in positions of authority to sit up and take notice. It is time for rural communities to be listened to.

About the National Rural Crime Survey

In 2015, the National Rural Crime Network undertook what is thought to be the largest rural policing survey ever undertaken. 13,193 people from rural areas, as defined by the Office of National Statistics, took part then.

Three years on, we carried out another survey to identify any changes since the last survey, progress made towards the issues which those who live or work in rural communities told us were important in 2015 and determine the true personal, social and economic cost of rural crime and anti-social behaviour.

The survey was open to those that live, own a business or regularly visit a rural area. The main analysis of the data was confined to respondents who lived in an officially recognised rural area as defined by the Office of National Statistics (ONS) Output Areas 2011.

The scale of the response was significant. In total 20,252 responses were received from across England, Wales and Northern Ireland. We believe this in itself is testimony to the interest and concern amongst our rural population to the impact of crime.

Full details on the methodology of the National Rural Crime Survey can be found later in this report.

About the National Rural Crime Network

The National Rural Crime Network is working to see greater recognition and understanding of the problems and impact of crime in rural areas so more can be done to keep people safe and make them feel safe too.

Established in July 2014, the Network is supported by 30 Police and Crime Commissioners and police forces across England and Wales. In addition to PCCs and the police, the Network is supported by a wide range of other bodies with a deep interest in community safety and rural affairs.

Together, these members and supporters represent millions of people and as such the Network is uniquely placed to champion the needs of rural communities.

Our Vision

A thriving rural community – all those who live, work or enjoy the countryside – that feels safe, understood and is secure.

Our Mission

Based on an in depth understanding of the needs, concerns and threats to rural communities, make substantive policy and practice improvements

Our Objectives

1. **Give rural communities a voice**

2. **Act as a multi-agency think tank on rural policing and criminal justice policy and practice, to ensure the needs of rural communities and victims are better served nationally and locally**

3. **Protect the rural economy by influencing and improving policy regarding rural policing and community safety, actively seeking to change legislation where necessary**

4. **Become a central hub for practitioners, encouraging national and regional outlets for discussions on rural crime issues between relevant rural partners, watch groups and appropriate national organisations, proactively sharing best practice**

5. **Increase reporting of rural crime and wider community safety issues**

NRCN
National Rural Crime Network

Key Findings

1

The perception of policing in rural communities is poor, and much worse than in urban areas

The proportion of people who think their local police do a good job is 11% lower than in 2015 (27% net good). This is dramatically lower than the national figure from the Crime Survey of England and Wales which finds 62% of respondents rate the police in their area as good or excellent.[2] Similarly, the proportion who would rate their local police as being good or excellent at crime prevention and reduction is also 11% lower than in 2015.

We can be very clear that this is not just about fewer resources as, while the perception of policing performance is getting worse across every force featured in this survey, there are significant differences in the level of this fall. We believe this indicates that there are positive steps being taken to address the challenges in some areas and there is best practice that must be shared so all forces can work to improve the perception of their performance among rural communities.

2

Some of the most common concerns are not solely policing matters, like fly-tipping and speeding – too many partners, like local authorities, are less able to respond to the needs of rural communities

Fly-tipping and speeding dominate the list of concerns with 57% seeing evidence of fly-tipping and 32% evidence of speeding in their communities in the last 12 months. Compared to 2015, the proportion of those mentioning fly-tipping has risen 6% but the proportion who mention speeding is down 21%.

Both of these issues are clearly important for rural communities, but they share a characteristic of not solely being policing issues with responsibility shared among local authorities and other agencies, such as the Environment Agency. While most respondents know, for example, that councils are responsible for fly-tipping, there is a clear view that not enough is being done and that councils can no longer cope given their financial constraints.

3

Crime is not just an inconvenience - crime, and the fear of crime, is leading to emotional strain and a loss of confidence within rural communities, particularly among young people, families and farmers

This survey busts the myths about who we tend to think of as vulnerable when we think of rural crime and shows that farmers, young people and hard working families are the most affected and feeling the most vulnerable. A third of rural people believe that crime has a moderate or great impact on their lives, with specific rural business owners – like farmers – most in fear of becoming a victim of crime. Fear of crime is highest amongst those in lower socio-economic groups and the family life stage, as well as younger people and women.

Significantly, and concerningly, one in ten rural people are feeling unsafe in their own homes after dark. The emotional impact of crime in rural areas often doesn't just disappear within a few weeks but there is an emotional legacy of frustration, anger and disgust, particularly for rural business owners. Beyond that, fear is the legacy for a significant number of victims, whether general population or business victims.

4

Communities believe crime in rural areas is a big problem – and is getting worse

Not everyone in rural communities is affected personally by crime or anti-social behaviour but most (around three quarters) are aware of criminal activity that is happening; whether through friends and family, general hearsay or through seeing the evidence of criminal activity around them. All of this (alongside the influence of the media) feeds into people's perceptions of crime and feelings of safety.

5

Many crimes in rural communities go unreported – especially by business owners, because they don't feel the offence will be taken seriously or anything will be done

Around one third of crimes against our survey participants go unreported to the police – and that figure is rising. Compared to 2015, figures for non-reporting have increased by a third for rural dwellers and two-thirds for businesses. The reasons for this are complex – but the root cause

appears to be because they do not feel the police and criminal justice system understand the issues or do anything about them.

There is also a cumulative impact and, because what some would see as minor offences are not taken seriously, it opens the potential for more serious crimes to be committed in the future.

In 2015 we reported of a damaging cycle in rural communities whereby underreporting, fuelled by a lack of confidence in policing, means rural crime is underestimated officially then is not prioritised, leading to perceptions of poor response, which in turn discourages reporting, and so the cycle starts again. This survey shows this cycle is still very much in operation. It needs to be broken.
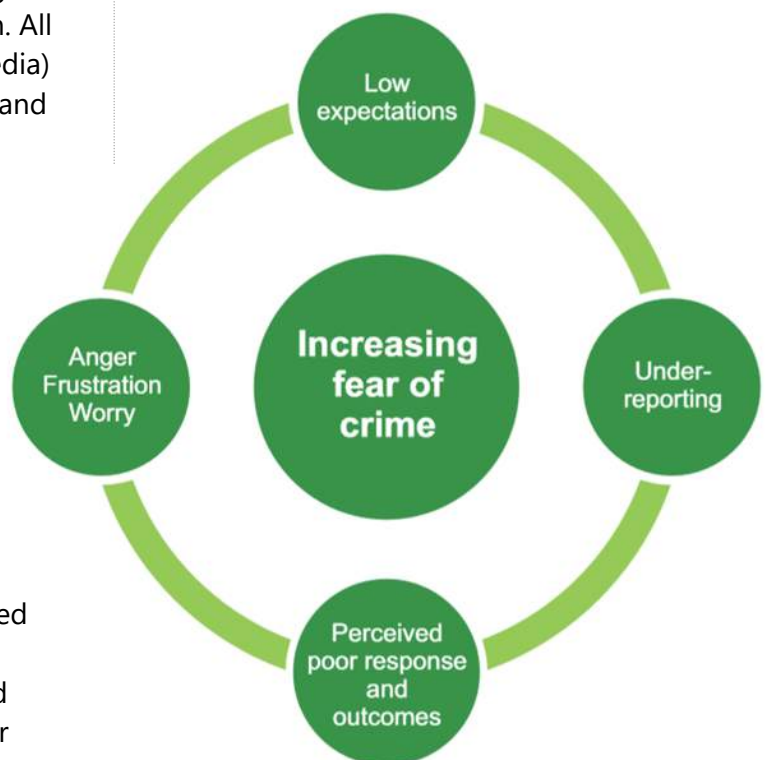
6

Residents and businesses in rural communities believe they are being specifically targeted – and, on balance, most believe the crime is organised

On balance, the perception is that most perpetrators of crime are part of an organised group, i.e. that they are not working alone. This is particularly the case for farms and specific rural business owners who we know are feeling increasingly victimised by organised crime gangs. However, contrary to anecdotal evidence the perception is that the criminals are more likely local than from outside of the area. What is not clear is what is perceived as local, for example criminals crossing county lines may still be local. The perception is that victims have been specifically targeted by the perpetrator and this feeling of being targeted increases the more remote the victim is in terms of geographical location.

7

Farmers and agricultural businesses are facing huge challenges – and they don't feel there is enough being done to support them

Half of rural businesses, such as farmers and other agricultural businesses, told us that crime has a moderate or great impact on their lives – significantly above the figure for rural residents (48% versus 30%). 60% are fairly or very worried about becoming a victim of crime (compared to 36% of rural residents), and there are indications that worry has risen since the last survey.

8

The financial impact of crime is substantial – for residents and, particularly, for businesses who are the lifeblood of the rural economy

The financial strain of crime is significant – the average financial impact of crime on rural business owners is £4,800, 13% up on 2015. It is not just the cost of replacement that has to be considered here but repairs, loss of earnings and upgrading of security. Around 40 – 50% of all victims – whether residential or business - incur some kind of financial cost. Despite this, claims against insurance are low at around one quarter. The costs of fly-tipping are particularly stark, the average financial impact to the business owner was over £1,000 a time. A clear up bill that falls to the business owner alone.

9

Rural victims feel angry and annoyed that they are not taken seriously by those in positions of power – and the extent of crime is making communities feel vulnerable

Rural communities are strong and there has been no drop in the strength of community cohesion over the past three years. What has increased is the levels of frustration and anger – it should never be assumed that rural crime is not as impactful as urban crime, but the National Rural Crime Network believes rural crime is not taken as seriously as urban crime and our research indicates rural communities – whether through perceptions of policing or the impact of crime – share that view.

10

Ultimately, rural communities are not understood and services do not match need – if nothing is done there is a risk of a wholesale loss of trust in rural policing

Too often rural communities are considered safe and prosperous places. This preconception stops serious needs analysis being done, and when the lid is lifted it is clear rural people and businesses are fundamentally misunderstood. The National Rural Crime Network believes this is true of many areas, not just crime and policing, and further work needs to be done to assess community safety and service provisions policy across the board in a specifically rural context.

[2] Crime Survey of England and Wales year ending March 2017 (urban and rural combined).

Recommendations

These key findings from the National Rural Crime Survey lead the National Rural Crime Network to make the following recommendations:

We need Chief Constables to change the policing of rural communities

Policing needs to urgently reassess the way 'threat, risk and harm' is understood and used as the principle measure with which to decide how to respond to crime and community safety. This approach is clearly flawed given it has led to rural communities feeling angry and frustrated at an industrial scale. The National Police Chief's Council and organisations such as the College of Policing should reassess 'threat, risk and harm' in light of this report, not least to better understand the cumulative impact crimes can have on communities.

We need to do more to understand rural crime and its impact

Policing and partner organisations have made little to no progress in understanding the needs of rural communities, and it shows. This has to change – be it locally or nationally, the public sector has to work better together to understand needs and demand, assess vulnerability and tailor services to rural communities.

We need to put that understanding into practice

For too long, resources have been focused on urban areas for convenience. This has impacted on rural communities. Government needs to recognise the impact that reducing rural services is having on those that live and work in that environment and a concerted effort is required to undo the disadvantage that has been created. A cross-departmental working group comprising representatives from DEFRA, MHCLG, the Home Office and health should undertake analysis to understand the needs of rural communities in the round. Such an approach would ensure any new initiatives are designed with rural communities in mind. From a policing perspective this should include funding and specialist capabilities.

We need to put more focus on farmers and specific rural businesses

More must be done to engage and communicate with farmers and specific rural businesses who are the lifeblood of our rural economy. Rural businesses are bearing the brunt of crime, it is often targeted and carried out by organised groups, and policing needs to provide action and reassurance to those specifically affected.

We need to work together on organised crime

The National Police Chiefs' Council should work with the National Rural Crime Network and other partners to undertake research into the impact of organised crime in rural areas, and specifically the cumulative impact of crimes which it is felt some in policing feel are 'less serious', such as theft, fly-tipping and poaching.

We need the criminal justice system to understand rural communities

It needs to be the common view that rural crime is repetitive and organised and has significant and pervasive consequences. Training needs to be provided at all levels, including Magistrates and prosecutors. The quantity and quality of the training provided to those engaging with rural issues in the criminal justice system, especially Magistrates, needs to be improved. Too

often, the impact of the crimes are not understood and, therefore, overlooked – including in regard to wildlife crimes where there are no direct human victims. One specialist in each CPS region is not enough.

We need justice to be done and be seen to be done for rural communities

Government must urgently assess sentencing guidelines for crimes which predominantly impact on and take place in rural communities, such as poaching, fly-tipping and organised theft or burglary. Too often the criminal justice system sees these as low-level crimes and does not recognise the impact they have, the cumulative impact and the links to serious and organised crime. Communities perceive hardened criminals to be receiving miserly fines which they see as 'the cost of doing business'. This needs to change, the judiciary should understand the interconnected and serious nature of rural crime as being on a par with serious acquisitive crime and specific guidelines are required that take into account key issues, such as:

- rural isolation as an aggravating factor
- the impact on a business of being unable to operate due to theft of machinery
- the cost of recovering kennelling costs when incurred
- greater understanding of the 'means' of criminals, with too many being assumed to have no means and therefore receiving the lowest fines

We need to make reporting crimes easier

Noting the distrust and apathy around reporting, we need to develop new ways to report crime so that we properly understand the extent of rural crime and its impact. Working with partners, such as the National

Farmers Union and Crimestoppers, will help find ways which encourage reporting Communities and businesses have an important role to play in this – we need to encourage them to report offences but authorities need to play their part too and ensure communities feel it is worth it.

We need to do more to help rural residents and businesses with crime prevention

Rural financial services, insurers and the police need to do more to help rural people and businesses with effective crime prevention. The survey shows that there is good work being undertaken already and further work needs to be done to know and share which protections are most effective and for who, with support to then implement those security upgrades locally, particularly among young families and farmers. We would encourage research to be undertaken to help establish this – and will engage with the College of Policing to support this.

We need to ensure victims of fly-tipping are not left to pay the price of others' actions

Notwithstanding the emotional and practical impacts of being a victim of fly-tipping, each occurrence of fly-tipping will cost the business owner an average of £1,000 to clear up. Moreover, with nearly 6 in 10 business having been a victim of fly-tipping, the likelihood of being a repeat victim and incurring repeated expense only adds to this injustice. Once the DEFRA 'serious and organised crime in the waste sector in England' review is complete, we recommend that a focused review of fly-tipping is undertaken. At the least, victims of fly-tipping should not be charged after being a victim of crime, and the landfill tax should be waived for those victims.

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National Rural Crime Survey 2018

The Research

The National Rural Crime Survey was conducted by
independent research company The Buzzz who present
their findings and conclusions on the following pages.
Thank you to the team at The Buzzz for their work .

Approach

Methodology

The questionnaire was developed in conjunction with the NRCN. Much of the questionnaire replicated the Rural Crime Survey of 2015 although a number of redundant questions were removed. Questions were also added to build our understanding of the impact of crime on the rural population.

It was a self-completion questionnaire designed to be filled in online on PCs, tablets and smartphones i.e. it was not administered by an interviewer in the way that the Crime Survey of England and Wales (CSEW) is conducted. Two versions of the survey were made available; an English version and a Welsh Language version. Both versions were accessed via the National Rural Crime Network (NRCN) website.

A Word copy of the questionnaire used can be found in Appendix 3.

Sampling

The sample was one of convenience i.e. any member of the public could take part in the survey if they wished to do so. One of the main aims of this work was to give as many rural dwellers, business owners and regular rural visitors a voice as was possible. Participants were recruited via national and local marketing activity using a toolkit and direction provided by the NRCN. The survey was open to those that live, own a business or regularly visit a rural area. The main analysis of the data was confined to respondents who lived in an officially recognised rural area as defined by the Office of National Statistics (ONS) Output Areas 2011. A respondent's Output Area is defined by their postcode. More details on Urban-Rural classification can be found in Appendix 1.

The Response

The scale of the response was significant. In total **20,252** responses were received from across England, Wales and Northern Ireland. We believe this in itself is testimony to the interest and concern amongst our rural population to the impact of crime.

Respondent Profile

Figure 1. Demographic profile of research participants
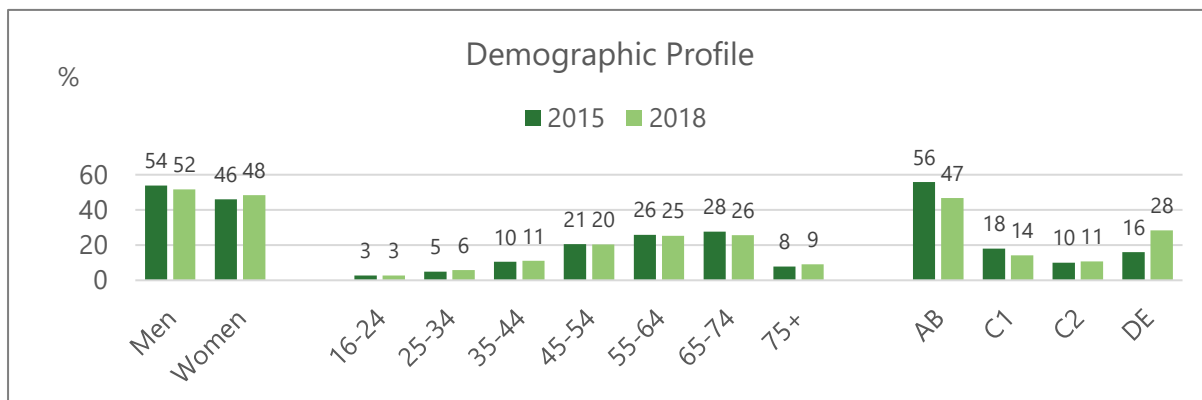
Base: All respondents 2018 n=20,252; all respondents 2015 n=22,807

The profile of survey respondents is broadly similar to that conducted in 2015. The one area where it deviates is in socio-economic group where we have increased the response from lower socio-economic groups which arguably gives us a more balanced viewpoint. This has also aided our analysis as lower socio-economic groups contain more of the vulnerable people we highlighted in the previous survey.

The relatively high incidence of older respondents to our survey is partly reflective of the rural population but is also indicative of a genuine concern amongst the rural elderly population to be heard.

Figure 2. Numbers of responses by Police Force Area
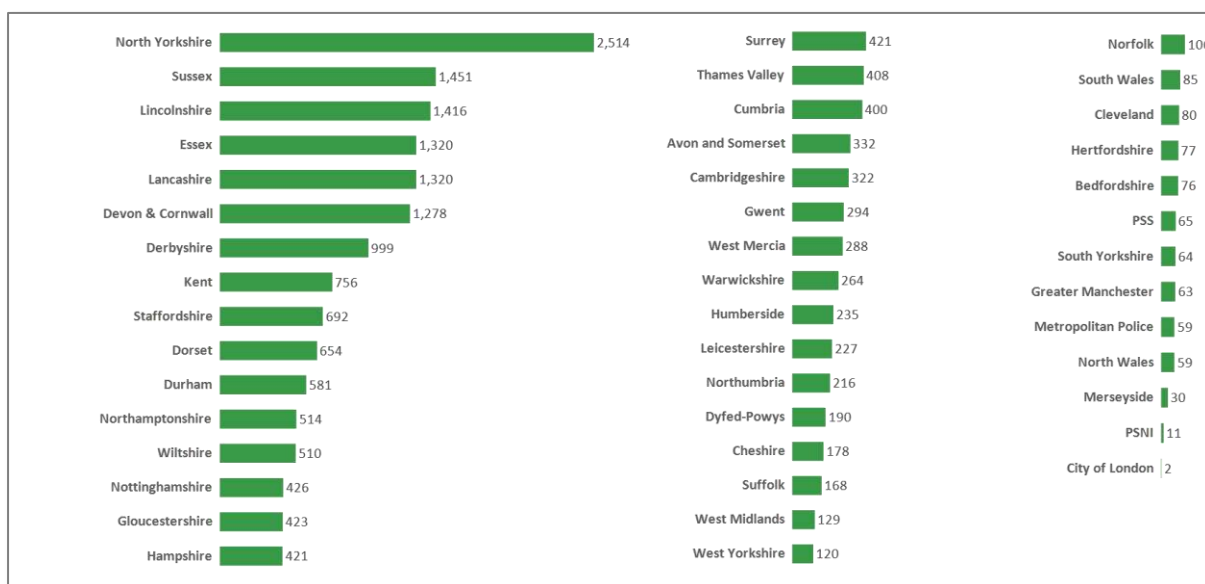
Classifying Rural Populations

Throughout the report we refer to the 6 different rural area clusters, as defined by the Government Statistical Service (GSS). There are 3 sizes of conurbation used (Town & Fringe, Village, Hamlets & Isolated), subdivided into whether they are located in a generally less populous area (sparse) or more populous areas (less sparse). It is important to understand the relative sizes of these areas when interpreting the findings of this research. Nearly half of the rural population live in a rural town or its outskirts. The two other most significant rural areas are Villages and Hamlets & Isolated Dwellings in more populated areas of the country (sometimes referred to as less sparse). This classification is important in that it represents rural enclaves which are relatively close to urban areas and are consequently more vulnerable to criminal activity.

Figure 3. Sizes of the different rural area types in England & Wales based upon Output Areas (Output areas contain similar numbers of households).
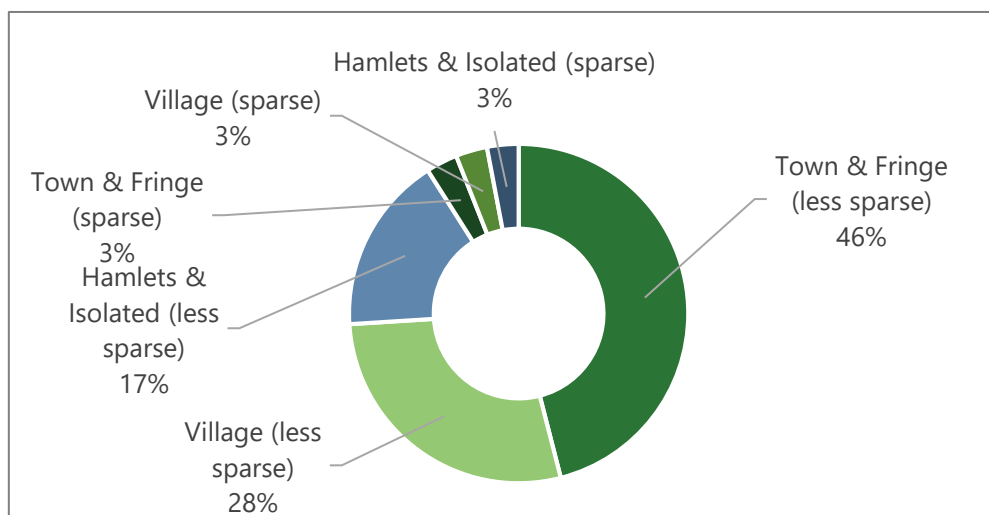
Our survey sample is a good reflection of the national split shown above. Where we are slightly over represented is in the rural villages and isolated hamlets in less sparse areas. Being over-represented here is important for our analysis as they represent the parts of rural society that are arguably most difficult to police – the rural enclaves which are relatively close to urban areas and are consequently more vulnerable to criminal activity.

Figure 4. Sizes of the different rural area types in our survey sample in 2015 and 2018
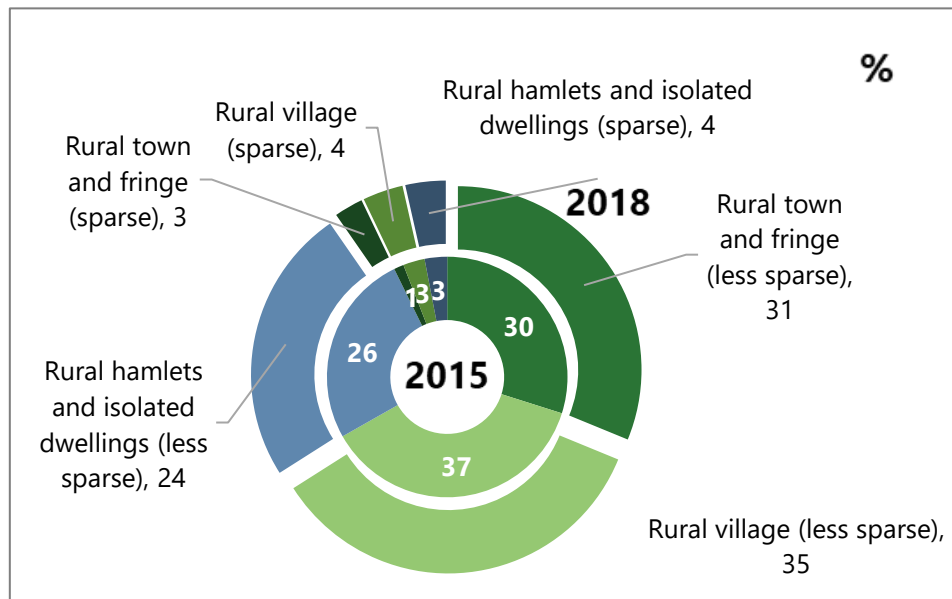
Statistical Tests

As we have not taken a random sample of the rural population we are not claiming that overall figures are absolutely representative of the population in question. We have therefore not assigned any statistical confidence intervals to these figures. As respondents across different parts of the country were recruited in a similar way then we feel justified in making statistical comparisons between sub groups of the population and between the 2015 survey and this one.

Statistically significant differences between sub groups are flagged on figures throughout the report in blue and red where useful to the interpretation. Blue highlights figures that are statistically higher than the net overall sample figure and red highlights those that are lower.

Base sizes for each question are referenced throughout the report. These vary according to whether the respondent was eligible for the question and whether the respondent reached that point in the survey (not all respondents completed the survey but we have used all the data collected).

Comparative Data and the Use of Weighting

Where possible, appropriate and useful, the data from this survey has been compared with data from the Rural Crime Survey 2015 and the Crime Survey of England & Wales.

1. Comparisons with the Rural Crime Survey 2015

The sample profile of the 2018 survey is very similar to that obtained in 2015 in terms of demographic and rural area types. The largest difference between the two surveys is the geographic split. The profile of each survey differed significantly by Police Force Area (PFA). As PFA is a significant determining factor in many of the key measures generated by this

survey, specifically those around police performance, we do use a simple weighting when comparing the two data sets. Further details on the weighting procedure can be found in Appendix B. No other weighting is used in the analysis of this data.

2. Comparisons with the CSEW

A number of questions in the survey replicate those found in the CSEW. There are two reasons why we have made comparisons with the CSEW. Firstly, it is useful where there is no published data from the CSEW for the rural population. Here we compare against CSEW data for the population as a whole to give us a sense of where differences might exist for the rural population. Secondly, particularly where data at a rural level may have been published, it gives us the ability to benchmark our survey and underline the credibility of our approach.

Where comparisons with the CSEW are made, we use the most recent published data. This can range from March 2016 through to March 2018**.**

Key Respondent Groups

Figure 5. below shows how our sample splits down by sample group. The main groups we talk about within this report are: 'Rural Dwellers'. 'Rural Visitors' (regular visitors to the countryside), Specific Rural Business Owners (Mainly farming and agriculture) and 'Other Business Owners'.

There is also a fifth group of people who took our survey. This group is made up of two sets of people: those whose postcodes aren't officially classified as rural and those we can't attribute to an area because they didn't give a postcode. As these people have taken the time to complete the survey we do use their data where we can, specifically in the section on 'crimes against society' and security measures.

Figure 5. Sample groups used in this report
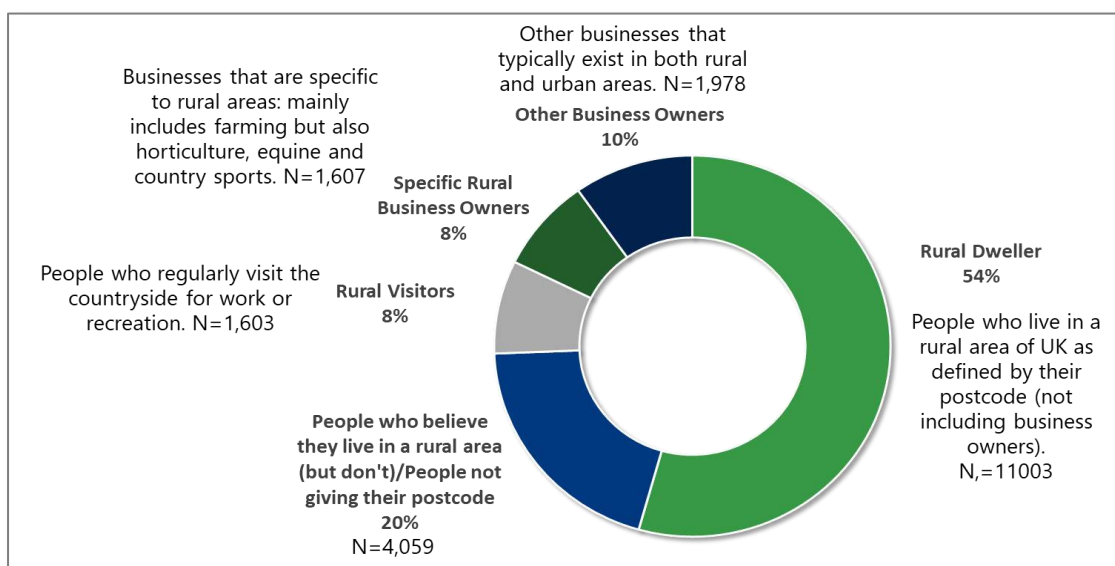
The Impact of Crime and Disorder on Victims

This section covers everything that relates to the impact of crime on the rural population: looking at the types of people and places that are most impacted by crime disorder; the nature of the crime experienced by these people and how these crimes impact them and their communities from both a financial and emotional perspective.

By the end of this section you should have a good understanding of who the most vulnerable parts of rural society are and how rural crime has just as great an impact on people as urban crime does, and in some cases more so.

Victimisation

Figure 6. Proportion who have been a victim of a crime in a rural area in the last 12 months by sample group
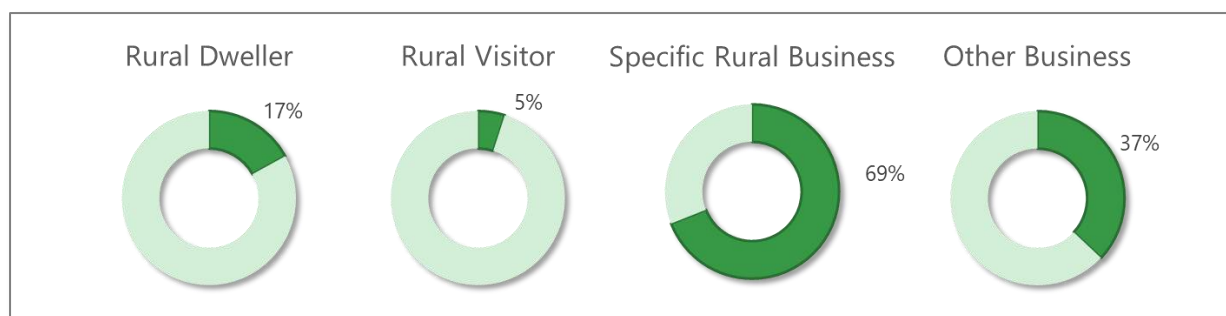
Question: Have you had any crimes committed against you either in the area where you live or another rural area in the last 12 months?
Base: All respondents eligible for question; n=16,193

Business owners, particularly those who own specific rural businesses (e.g. farming) were more likely than the rest of our sample to have experienced a crime in the last 12 months. This victimisation rate is high and highlights to us early on the impact that crime is having on this section of the rural population. We do not have any comparative data for this figure as crime recording figures aren't readily available for rural businesses and the CSEW doesn't deal with business crime. However, for context, the rate of victimisation captured by the CSEW (year ending March 2017) for rural dwellers is around **11%.**

If we then take a look at the types of people who are most likely to be victims of crime amongst our 'Rural Dweller' sample group (see Figure 7), then we also start to see who is most likely to be affected crime in rural areas. The people most likely to be victims of crime are young people and those who are bringing up families. They are also more likely to be a victim if they live in rural hamlets in less sparsely populated areas i.e. small conurbations in proximity to more urban areas (Figure 8.). This profile of victims is consistent to what we

found in 2015 and also fairly consistent with who is typically victimised across the country as a whole.

Figure 7. Proportion of 'Rural Dwellers' who have been a victim of crime in a rural area in the last 12 months by demographic
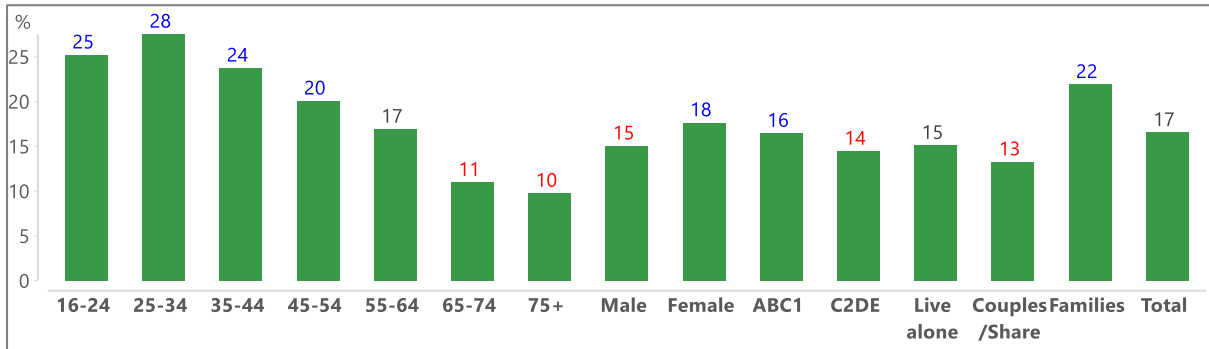
Base: All 'Rural Dwellers' (non-business); n=11,003

Figure 8. Proportion of people who have been a victim of crime in a rural area in the last 12 months by rural area type
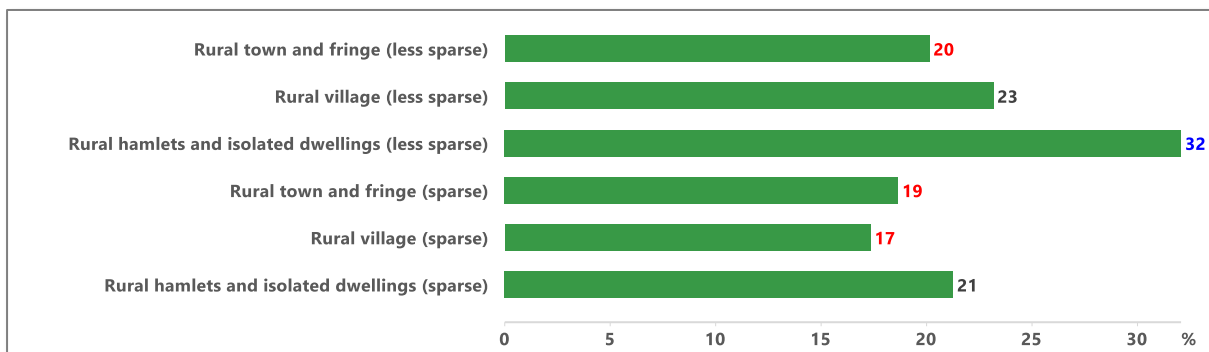
Base: All 'Rural Dwellers' (non-business); n=11,003

The proportions of people who had experienced Anti-Social Behaviour (ASB) over the last 12 months was around **50%** across each sample group (not applicable to rural visitors) with the exception of rural retailers where **63%** said they had been a victim. When we look at the profile of 'Rural Dwellers' affected by ASB we again see the emergence of the family life stage as being most affected (see Figure 9 below). No comparative data is available from the CSEW for rural areas alone but ASB experience rates for the whole population was **30%** (CSEW year ending March 2017). Again, this suggests our sample does have a bias to those most impacted by crime & disorder.

Figure 9. Proportion of 'Rural Dwellers' who have been a victim of ASB in a rural area in the last 12 months by demographic

16-24	54
25-34	49
35-44	52
45-54	53
55-64	48
65-74	45
75+	34
Male	46
Female	48
ABC1	49
C2DE	45
Live alone	46
Couples/Share	45
Families	52
Total	48
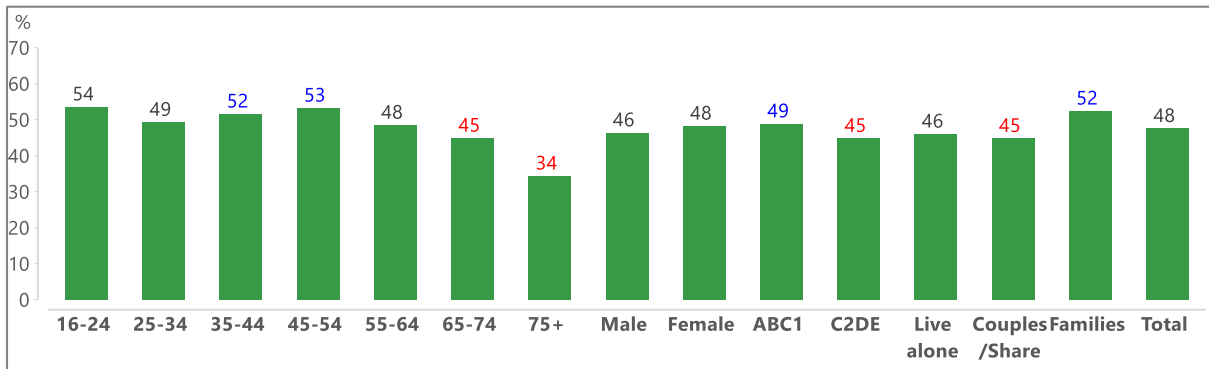
Base: All 'Rural Dwellers' (non-business); n=11,003

Whilst similar types of people are impacted by both crime and ASB, geographically people are more likely to suffer from ASB if they live in a rural town, where the opportunity to become a victim of ASB is clearly greater due to population size and a larger night time economy.

Figure 10. Proportion of people who have been a victim of crime in a rural area in the last 12 months by rural area type

Rural town and fringe (less sparse)	54
Rural village (less sparse)	45
Rural hamlets and isolated dwellings (less sparse)	46
Rural town and fringe (sparse)	58
Rural village (sparse)	42
Rural hamlets and isolated dwellings (sparse)	41

Base: All 'Rural Dwellers' (non-business); n=11,003

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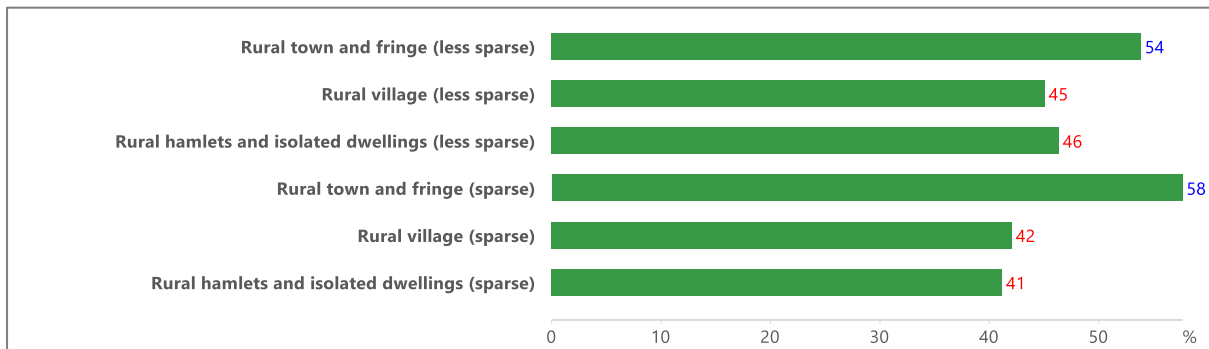
Types of crime

Broadly speaking, the types of crime that 'Rural Dwellers', 'Rural Visitors' and even 'Other Rural Businesses' are victims of, are the same as those experienced across the country as a whole i.e. they are not specific to rural areas. The following 3 Figures give an overview of the types of crime these people fall victim to.

Figure 10. Relative occurrence of crimes against 'Rural Dwellers'
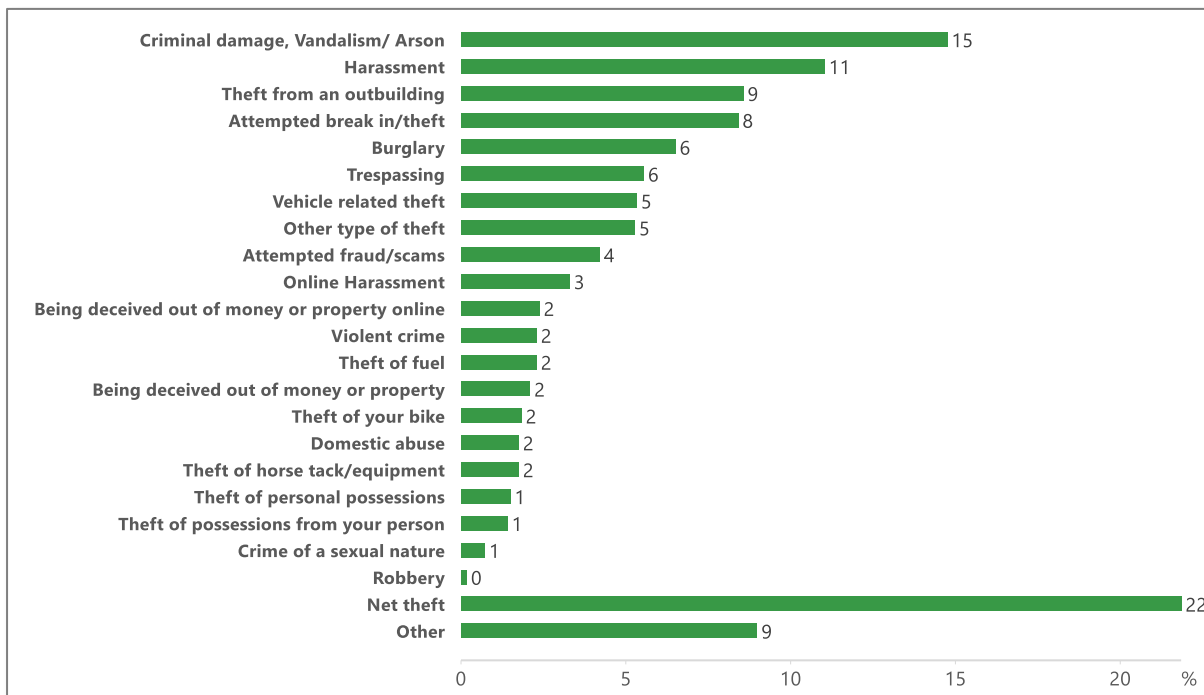
Question: Have you had any crimes committed against you either in the area where you live or another rural area in the last 12 months? To help you remember, here's a list of different crimes. If you can't find a description that fits then please write your own description in one of the boxes provided.
Base: 'Rural Dweller' victims of crime (non-business); n=1,915

Figure 11. Relative occurrence of crimes against 'Rural Visitors'
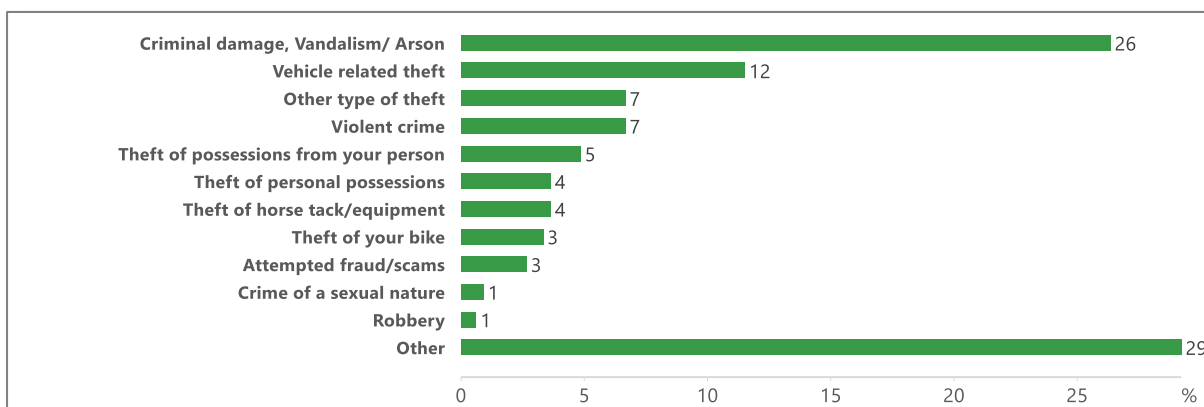
Question: Have you had any crimes committed against you when visiting a rural area for work or leisure pursuits, in the last 12 months? To help you remember, here's a list of different crimes. If you can't find a description that fits then please write your own description in one of the boxes provided.
Base: 'Rural Visitor' victims of crime; n=193

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Figure 12. Relative occurrence of crimes against 'Other Rural Business Owners'

Crime	%
Criminal damage, Vandalism/ Arson	9
Fly tipping on your land different crimes	9
Burglary	8
Harassment	7
Theft from an outbuilding	6
Trespassing	5
Vehicle related theft	5
Wildlife crime or hare coursing on your land	5
Theft of agricultural machinery or equipment	5
Attempted break in/theft	4
Other type of theft	3
Theft of fuel	3
Attempted fraud/scams	3
Online Harassment	3
Shoplifting	2
Violent crime	2
Being deceived out of money or property	2
Being deceived out of money or property online	2
Theft of possessions from your person	2
Theft of personal possessions	2
Theft of your bike	1
Theft of horse tack/equipment	1
Domestic abuse	1
Sheep worrying/dog attacks	1
Theft of livestock	1
Crime of a sexual nature	1
Theft of agricultural materials	1
Robbery	0
Net Theft	17
Other	5

Question: Have you had any crimes committed against you either in the area where you live or another rural area in the last 12 months? To help you remember, here's a list of different crimes. If you can't find a description that fits then please write your own description in one of the boxes provided.
Base: 'Other Business Owner' victims of crime; n=773

Where what many people would think of as rural crimes start to emerge is when we look at 'Specific Rural Buiness Owners' (see Figure 13 below). Whilst these people (mainly farmers) can fall victim to any crime that anyone might fall victim to, the weight of crime is towards crimes that are peculiar to farming and related industries. Fly tipping is clearly a huge issue for this group and so too are wildlife crime (incluing hare coursing), theft of equipment and criminal damage. **57%** of this sample group had been a victim of fly tipping in the past 12 months which underlines the scale of the problem. While the survey didn't probe on the specifics of each crime we did ask them to value the financial impact. For victims of fly tipping the average finacial impact to the business owner was over **£1,000** a time. A clear up bill that fallls to the business owner alone.

Figure 13. Relative occurrence of crimes against 'Specific Rural Business Owners'. Blue highlights crimes that are peculiar to rural areas.
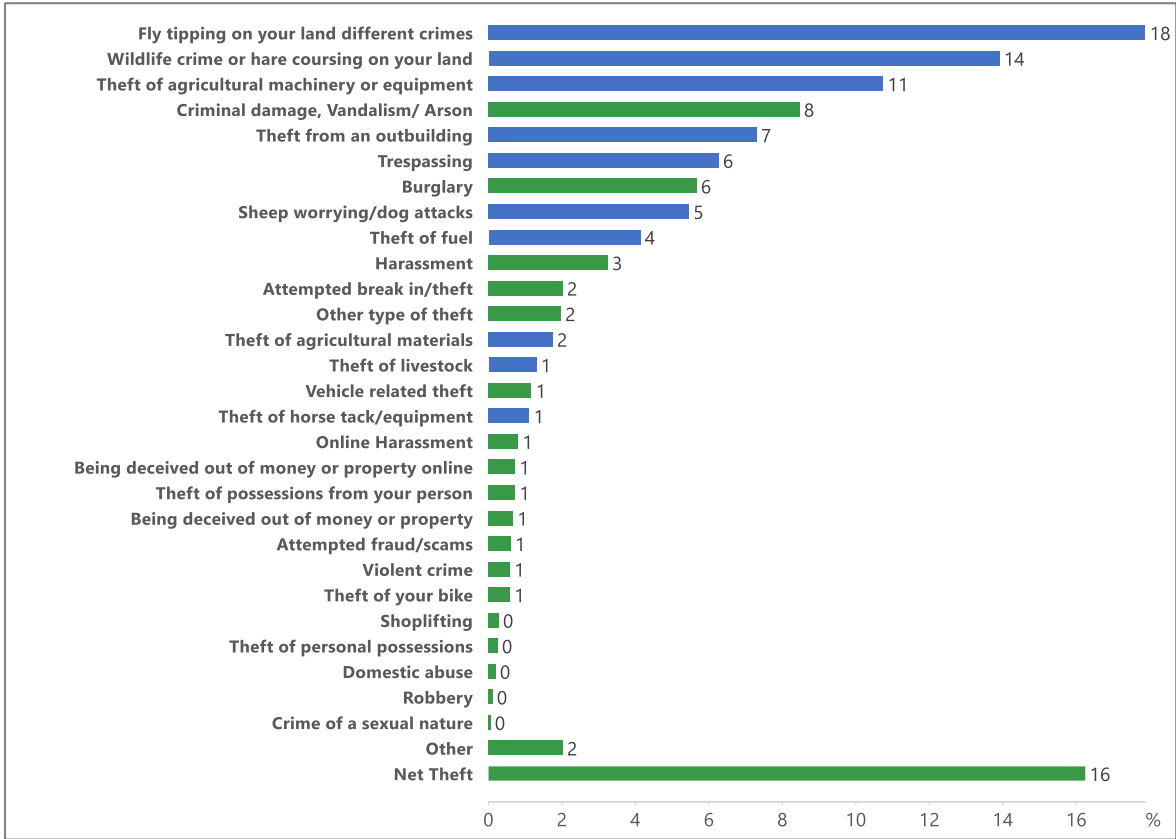
Question: Have you had any crimes committed against you either in the area where you live or another rural area in the last 12 months? To help you remember, here's a list of different crimes. If you can't find a description that fits then please write your own description in one of the boxes provided.
Base: 'Specific Business Owner' victims of crime; n=1,121

How are the victims of crime impacted?

We have already noted the financial impact of fly tipping on 'Specific Rural Business Owners' but what are the other impacts of crime on victims in rural areas?

Figure 14. Reactions to crime by sample group

Column n / Column %	Rural Dweller 1,744	Rural Visitor 90	Specific Rural Business Owners 1,079	Other Business Owners 711	Total 3,615
Inconvenience	43	44	53	45	47
Loss of trust in other people/the public	37	38	34	38	37
Financial loss (including loss of earnings)	30	27	42	37	35
Took additional security precautions	33	17	31	35	33
Effect on personal confidence	22	11	10	16	17
Impact on health	14	9	6	10	11
Avoided social situations	9	9	3	7	7
Time off work	6	2	3	12	6
Loss of employment/ability to make a living	2	1	5	6	4
Relationship breakdown	2	2	1	2	2
Moved house	2	1	0	2	1
Time off from school/college/university	1	1	0	1	1
None of these	18	23	17	14	17

Question: Looking at this list what, if any, of these things happened to you as a result of this incident?
Base: Victims of crime in a rural area in last 12 months; n=3,615

Figure 14 above shows how victims in our 4 sample groups suffer a variety of different impacts. Yes, crime is an inconvenience that costs victims financially, but it also has other impacts, not least the erosion of trust in society. Beneath these broader impacts also lie a range of other more hidden impacts that are felt by many victims. Impacts such as damage to personal confidence, impact on health, social avoidance and time off work). While these types of impact are less likely for them, they are still felt by a significant number of business victims.

Figure 15 below shows that these more hidden, below the surface impacts are more likely to be experienced by certain types of people. Those most vulnerable appear to be younger people, those bringing up families, low socio-economic groups women and those living alone. So many of the same people who are most likely to be victimised are also the ones who are most likely to suffer the most as a consequence.

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Figure 15. Hidden reactions to crime by victim demographic

Row %	Effect on personal confidence	Impact on health	Avoided social situations	Time off work
16-24	23	16	12	8
25-34	20	16	9	13
35-44	24	15	11	11
45-54	19	12	8	8
55-64	17	10	5	5
65-74	14	9	5	1
75+	12	5	2	1
Male	13	8	5	6
Female	24	15	10	7
ABC1	17	10	6	7
C2DE	23	16	11	6
Live alone	29	20	13	6
Couples/Share	16	9	5	5
Families	20	13	8	9
Total	18	12	7	7
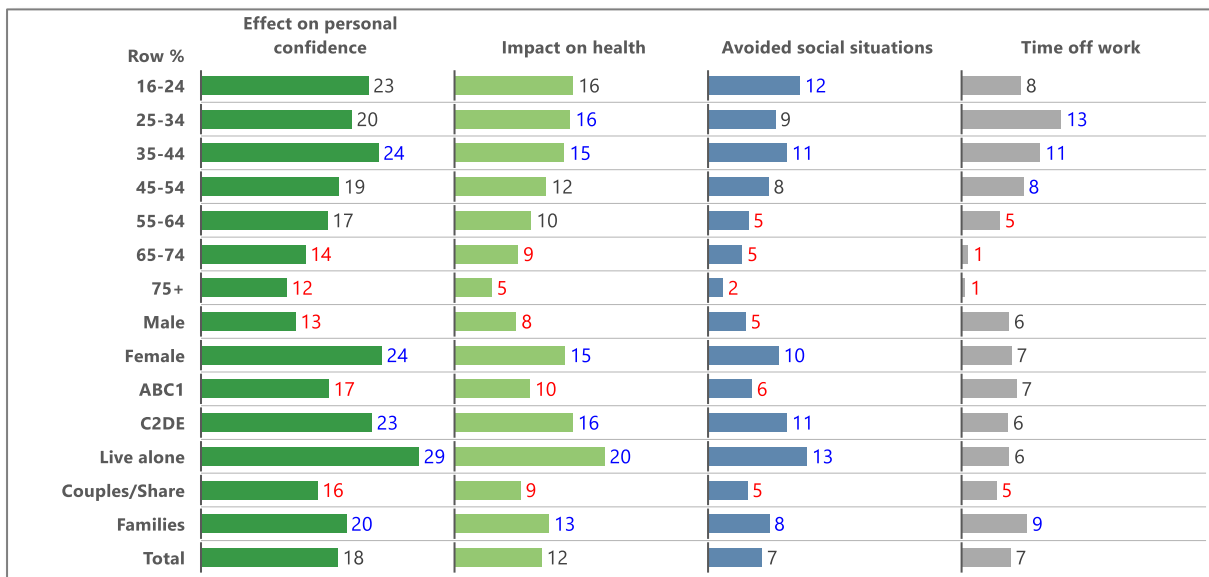
Base: Victims of crime in a rural area in last 12 months; n=4,308

The survey also focused in on the emotional response to the crime and Figure 16 below shows the range of emotions that result from being a victim of crime. The emotional impact of crime is clear to see. Anger and annoyance are felt my most people but shock, fear, anxiety and depression are felt by significant numbers of victims. More so for non-business victims of crime but still significantly for business owners.

Based on this evidence we should never assume that rural crime is not as impactful as urban crime.

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Figure 16. Emotional reaction to crime by sample group

Column n Column %	Rural Dweller 1,781	Rural Visitor 90	Specific Rural Business Owners 1,087	Other Business Owners 721	Total 3,670
Anger	69	66	72	73	71
Annoyance	54	48	59	54	55
It made me determined to protect my property/ myself better in future	40	28	38	40	39
Loss of confidence/feeling vulnerable	36	29	27	30	32
Shock	31	21	19	26	26
Fear	29	21	20	24	25
Tempted to take matters into my own hands	19	23	23	24	21
Difficulty sleeping	21	11	15	18	18
Relieved my experience hadn't been worse	22	22	17	18	20
Anxiety/panic attacks	16	10	8	13	13
Depression	14	10	10	12	12
It made me determined to take a more active role in my community to help prevent crime	12	17	12	11	12
Crying/tears	11	9	3	8	8
None of the above	2	6	3	2	2

Question: Many people have emotional reactions after incidents in which they are victims of crime. Looking at this list, which of these reactions did you personally have?
Base: Victims of crime in a rural area in last 12 months; n=3,670

This question also allows us to compare our findings with those from the Crime Survey of England & Wales. We have looked specifically at data from burglary victims and compared the two sets of data in Figure 17 below. The first thing we notice is that the pattern of emotional response is similar from both surveys which we believe gives additional credibility to our approach. The second thing we notice is where the two data sets differ. Anger is very much higher amongst our sample, but more revealing is that as a rural victim of burglary you are highly likely to be left feeling vulnerable after a burglary. This suggests that some crimes can actually have more of an impact in rural areas than other areas of the country.

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Figure 17. Emotional reaction to burglary as measured by this survey and the CSEW

Anger — CSEW: 47, NRCN: 78
Annoyance — CSEW: 40, NRCN: 53
Shock — CSEW: 39, NRCN: 43
Fear — CSEW: 32, NRCN: 38
Difficulty sleeping — CSEW: 30, NRCN: 34
Loss of confidence or feeling vulnerable — CSEW: 29, NRCN: 45
Anxiety or panic attacks — CSEW: 22, NRCN: 15
Depression — CSEW: 14, NRCN: 11
Crying/tears — CSEW: 14, NRCN: 12
Other — CSEW: 1, NRCN: 2

Legend: CSEW (n=525); NRCN (n=345)
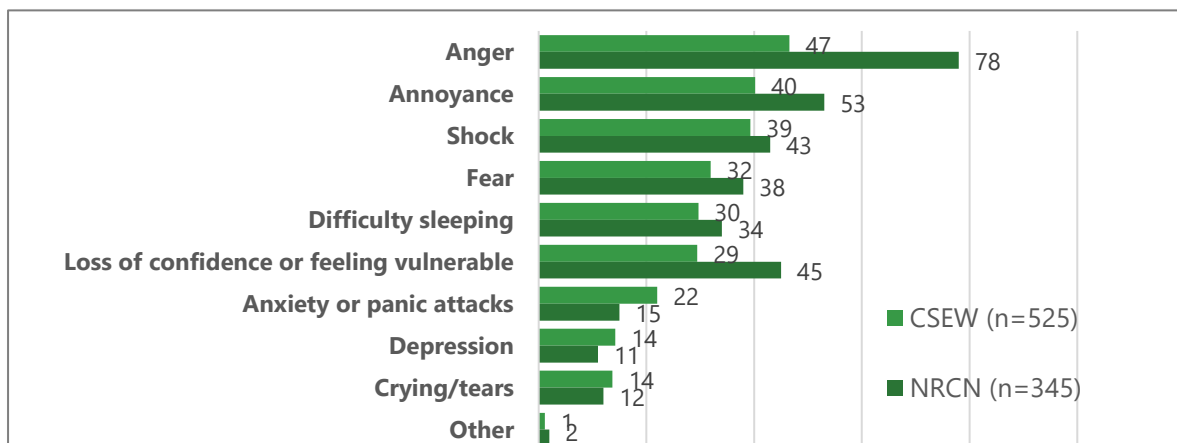
Base: Emotional impact of incidents of burglary, year ending March 2017 CSEW (urban and rural victims); Rural Dweller Burglary victims from NRCN 2018

To underline this point, it is useful to explore the impact of rural crime in a slightly different way. When we look at how safe victims of different crimes feel in their own home, particularly after dark, we notice that a number of what might be considered rural specific crimes victims appearing at the top of the list of those who feel unsafe. Albeit not proven to be directly causative there is a relationship that suggests that certain types of rural specific crime can be highly impactful on feelings of security. Figure 18 below shows the proportion of each victim type who feel unsafe in their own home with specific rural crimes highlighted in blue.

Figure 18. Proportion of each victim type who feel unsafe in their own home after dark

Victim type	Value
Crime of a sexual nature	35
Violent crime	34
Theft of possessions from your person	32
Theft of your vehicle	31
Domestic abuse	31
Theft of horse tack/equipment	28
Harassment	27
Theft of livestock	26
Theft of personal possessions	25
Burglary	25
Robbery	25
Theft of agricultural materials	24
Criminal damage, Vandalism/ Arson	23
Theft from an outbuilding	22
Other	22
Being deceived out of money or property	22
Theft of your bike	22
Theft of fuel	21
Theft of agricultural machinery or equipment	21
Online Harassment	20
Attempted fraud/scams	19
Theft from your vehicle	19
Attempted break in/theft	19
Wildlife crime or hare coursing on your land	18
Fly tipping on your land different crimes	17
Other type of thef	17
Shoplifting	15
Sheep worrying/dog attacks	12
Being deceived out of money or property online	10
Trespassing	8

Question: How safe do you feel in your own home after dark (% a bit unsafe/very unsafe)
Base: Victims of crime in a rural area in last 12 months; n=3,634

The emotional impact of crime in rural areas often doesn't just disappear within a few weeks but there is an emotional legacy that needs to be considered. Figure 19 below shows the types of emotions that dominate and persist. Frustration, anger and disgust, particularly for rural business owners, are the feelings that the majority of victims are left with and this is partly due to the response from the Police (which we will look at later). Beyond that, fear is the legacy for a significant number of victims, whether general population or business victims.

Figure 19. Emotional legacy of rural crime amongst victims by sample group
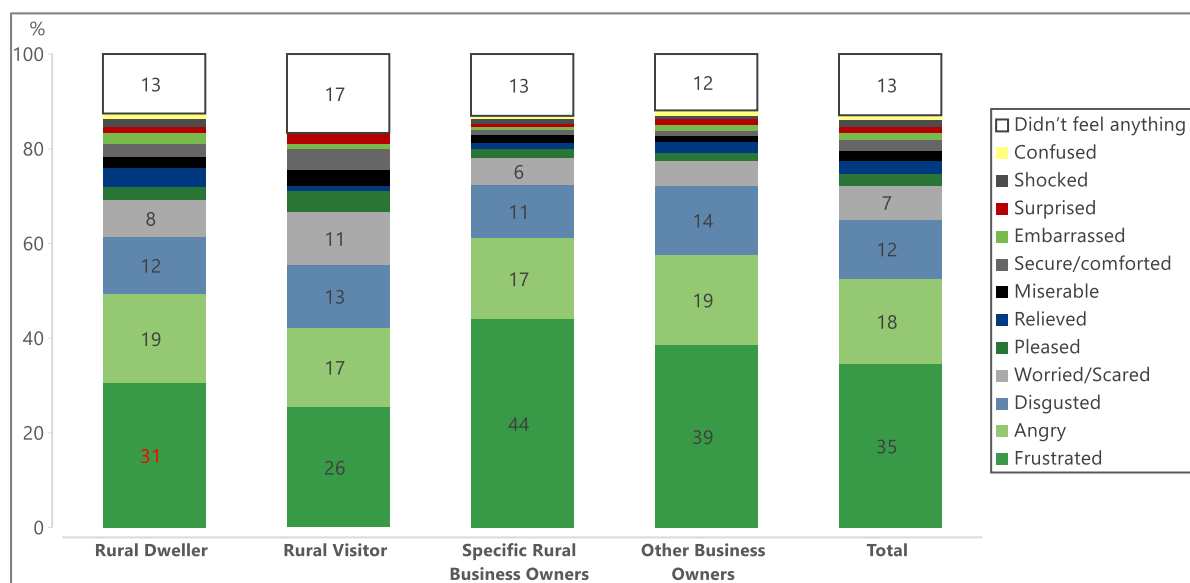
Question: Which of these words best describes how you feel now about what happened?
Base: Victims of crime in a rural area in last 12 months; n=3,634

There is also a financial burden to bear for many victims of crime and this certainly underpins some of those emotional impacts we have just been talking about, particularly feelings of anger and frustration. Figures 20 and 21 below show the scale of the financial impact on rural victims as well as the source of that financial impact – it is not just the cost of replacement that has to be considered here but repairs, loss of earnings and upgrading of security. Around **40 – 50%** incur some kind of financial cost. Despite this, claims against insurance are low at around one quarter. Average re-imbursement on a claim is two thirds for 'Rural dwellers' and even less for business owners who again appear to shoulder the greater burden when it comes to rural crime.

Figure 20. Financial impact of crime on victims

	Rural Dweller	Rural Visitor	Specific Rural Business Owner	Other Business Owner
Proportion of victims impacted financially	48%	40%	57%	54%
Average cost (per victim impacted)	£3,200 (29% up on 2015)	£800 (No comparison with 2015)	£4,800 (13% up on 2015)	£4,500
Proportion making an insurance claim	22%	23%	28%	18%
Average reimbursement on claim	66%	38%	52%	48%

Question: What if any financial costs did you incur as a result of this crime?
Base: Victims of crime in a rural area in last 12 months; n=4,376

Figure 21. Financial impact of crime on victims split by source of costs
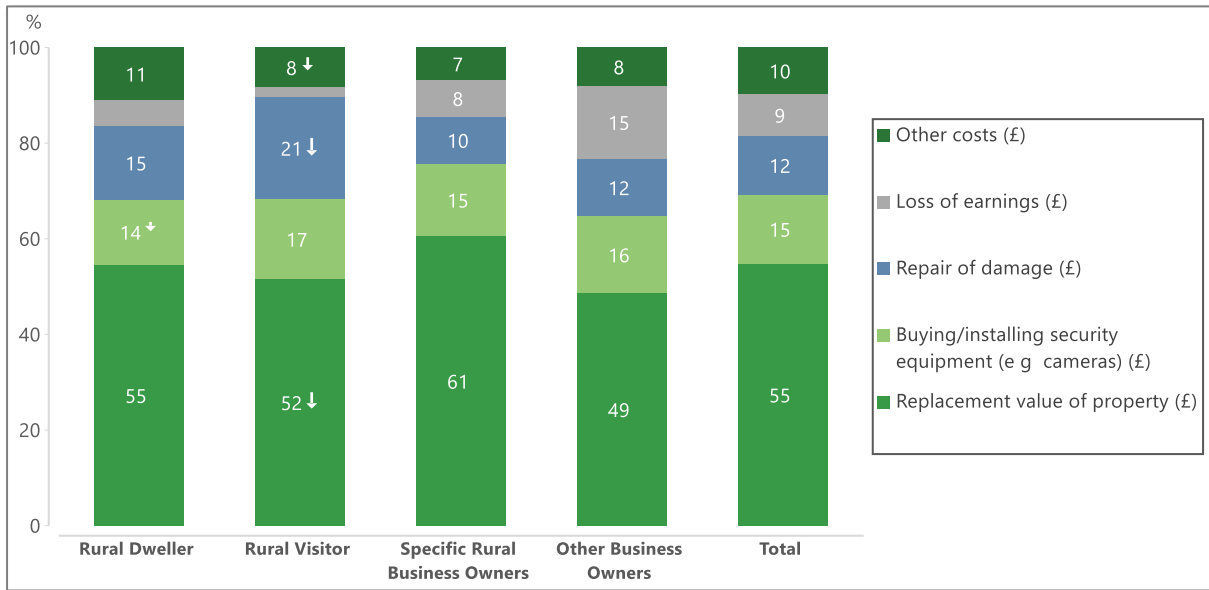
Question: What if any financial costs did you incur as a result of this crime?
Base: Victims of crime in a rural area in last 12 months incurring a cost; n=1,326

Under Reporting of Crime

Around one third of crimes against our survey participants were not reported to the Police (and over half of those who were victimised whilst visiting a rural area).

Figure 22. proportion of victims not reporting rural crimes
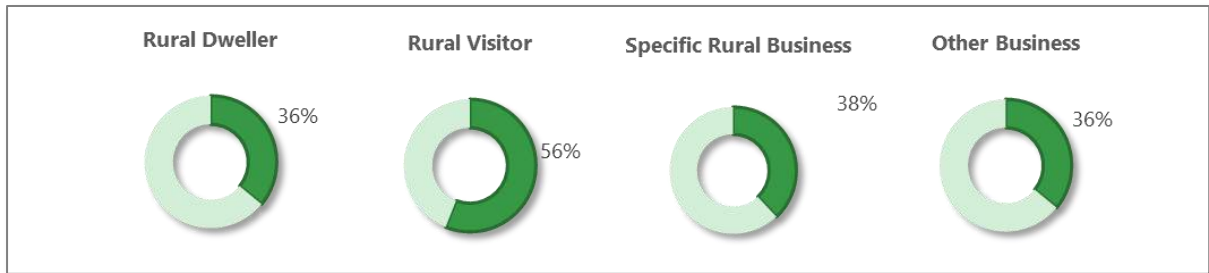
Question: Was this crime reported to the Police by you or any other person?
Base: Victims of crime in a rural area in last 12 months; n=4,462

Most notable for our research is that our figures for non-reporting have increased by a third since 2015 for 'Rural Dwellers' and by two thirds for businesses.

Figure 23. Reasons for not reporting to the Police

Column n Column %	Rural Dweller 659	Rural Visitor 45	Specific Rural Business Owners 427	Other Business Owners 261	Total 1,678
Waste of time/would be no point	28	31	35	34	31
Police couldn't have done anything	22	22	20	22	21
Too trivial/not worth reporting	15	9	8	7	12
I reported it to another authority (e g council)	6	9	11	7	7
I /We dealt with matter myself/ourselves	6	4	8	7	6
Previous bad experience with the Police/ Criminal Justice System	4	9	4	8	5
Fear of reprisals	3	2	4	5	3
It was only an attempted crime and no damage was done	4	0	0	2	2
I felt intimidated	1	0	0	1	1
I was threatened/intimidated	1	2	1	0	1
General dislike/fear of the Police	0	0	0	0	0
Other	11	11	9	8	10

Question: Why didn't you report the crime to the Police? Pre-coded list
Base: Victims of crime in a rural area not reporting to the police; n=1,678

There are many well researched reasons as to why people don't always report crimes to the Police. The reasons are no different for rural victims than they are for urban victim. The pattern of reasons uncovered in our survey is similar to that collected by the CSEW. Figure 23 above shows these reasons by our different sample groups.

Although not specifically evidenced by this research, we would suggest that the reporting of a crime needs to deliver some positive benefit to the victim, whether that be financial, the delivery of justice or a sense of public duty. However, if the victim does not perceive there to be a chance of any of these then they are unlikely to report. Hence the 'waste of time' or 'police couldn't do anything' response.

These reasons for not reporting show a consistent pattern across all types of demographic. We also find no evidence to suggest that reporting of crime is influenced by perceptions of the police or previous experience with the Police i.e. even if you have had a poor experience of reporting a crime previously you are no less likely to report a crime again.

In terms of likelihood to **not** report a crime it is older people and men who appear least likely (see figure 24 below).

Figure 24. Non-reporting by demographic
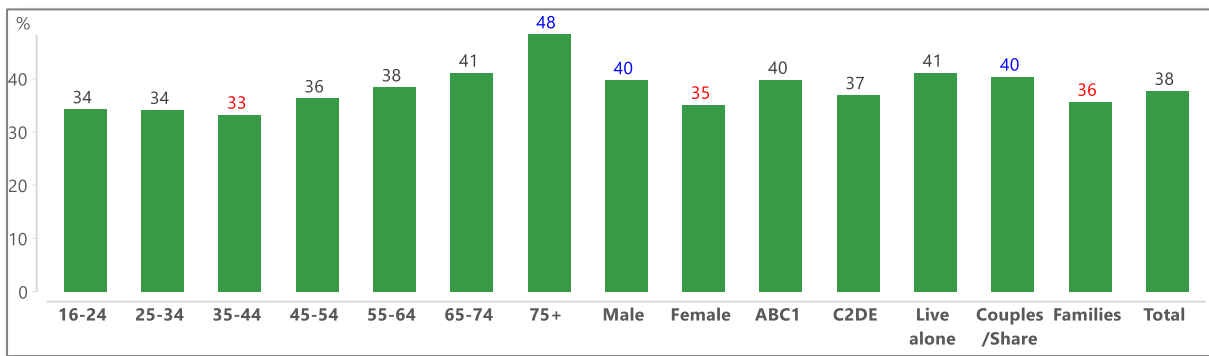
Whether a crime gets reported **is** very much associated with what the crime is. Figure 25 below shows reporting rates for different types of crime. Most notable is the non-reporting of fly tipping which is a crime that is ever increasing across the country and ranges from small vans dumping rubbish to organised dumping of waste on an industrial scale.

It is worth noting that a quarter of those not reporting fly tipping to the police do still report to the local authority.

Figure 25. Non-reporting by crime type

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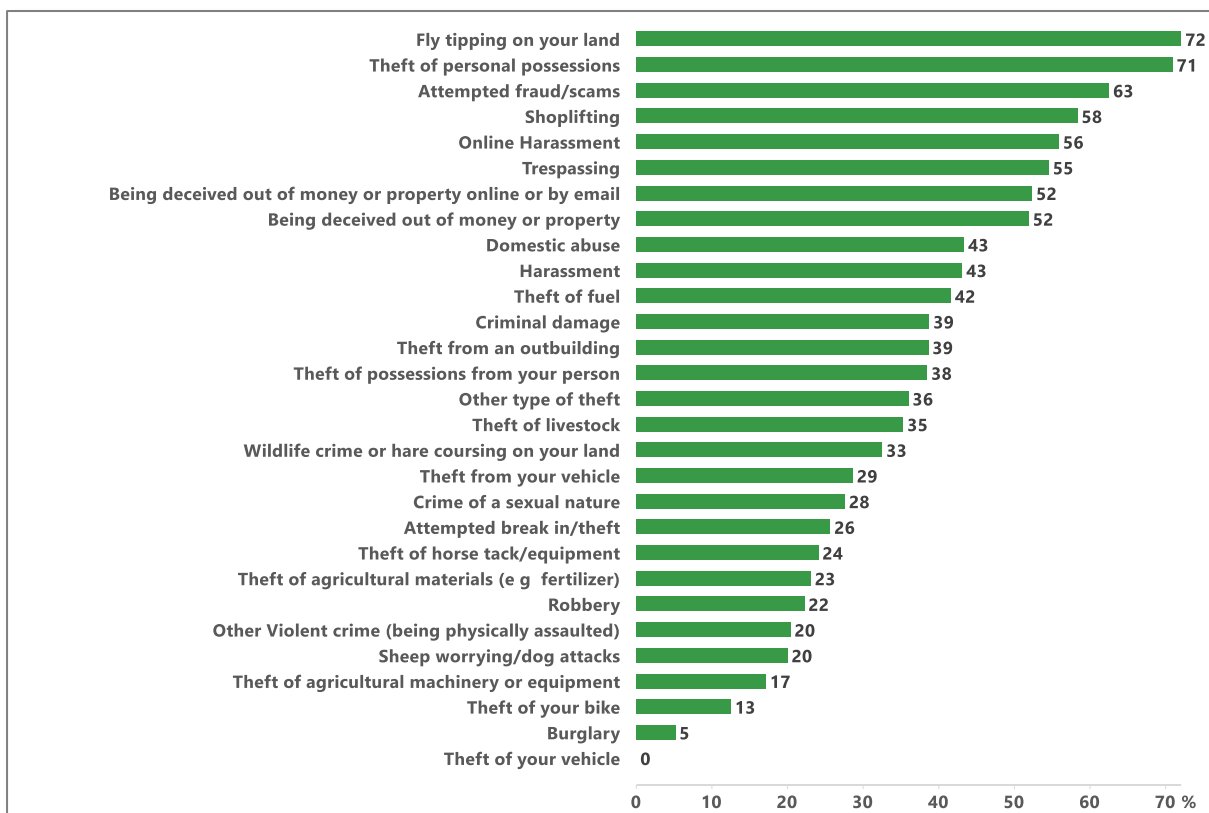
Perceptions of who the Criminals are

We hypothesised at the outset of this research that the nature of the perpetrators of crime would have an impact on whether a victim would report the crime or not e.g. perhaps if the perception that the perpetrator were local or part of an organised gang then there would be a fear of reprisals. This hypothesis has not been borne out in these results however the perceptions of the victims are still of interest as in some cases they run counter to what we have been hearing anecdotally. That is that the criminals are mostly from outside of the area and working in organised gangs.

Figure 26 below shows that on balance, the perception is that most perpetrators are part of an organised group i.e. they are not working alone. This is particularly the case for 'Rural Specific Business Owners' who we know anecdotally are feeling increasingly victimised by organised crime gangs. However contrary to anecdotal evidence the perception is that the criminals are more likely local than from outside of the area.

The perception across all sample groups is that they have been specifically targeted by the perpetrator. This feeling of being targeted increases the more remote the victim is in terms of geographical location (**53%** of those living in villages and hamlets felt they had been specifically targeted).

Figure 26. Perceptions of who the perpetrator was
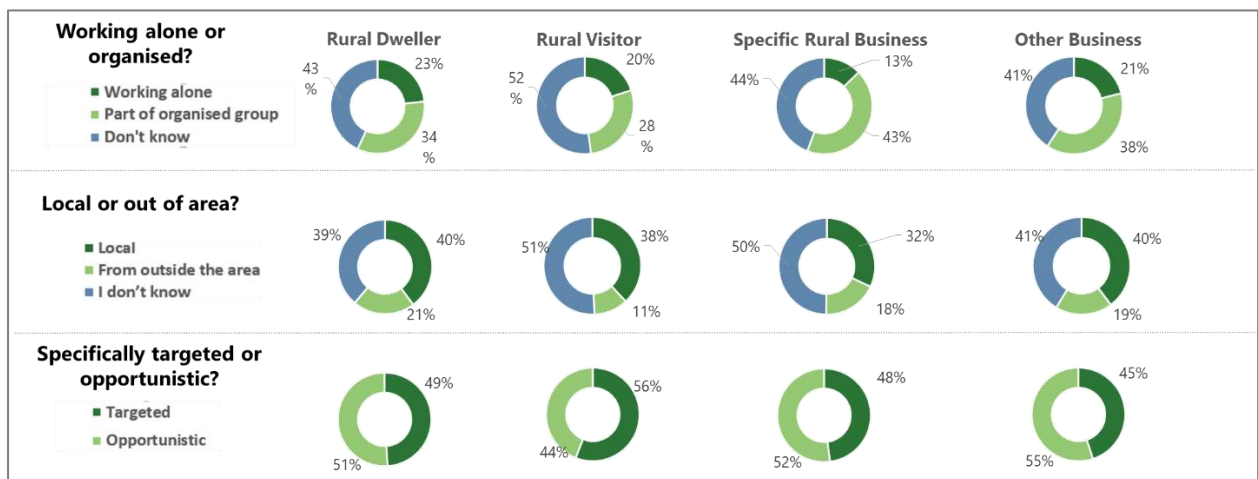
Questions: Do you think (or know if) the perpetrator was local or from outside the area?
Do you think (or know if) they were working alone or were they part of an organised group?
Do you think the crime was opportunistic or were you specifically targeted?
Base: Victims of relevant crimes (burglary, theft and fraud) in rural area in last year; n=3509

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Figure 27 below shows how perceptions differ by crime type. Most notable is the proportion of victims of significant rural specific crimes who believe that the perpetrators are local. Crimes such as 'theft of agricultural machinery, theft of livestock, and theft of agricultural materials.

Figure 27. Perceptions of who the perpetrator was by crime type
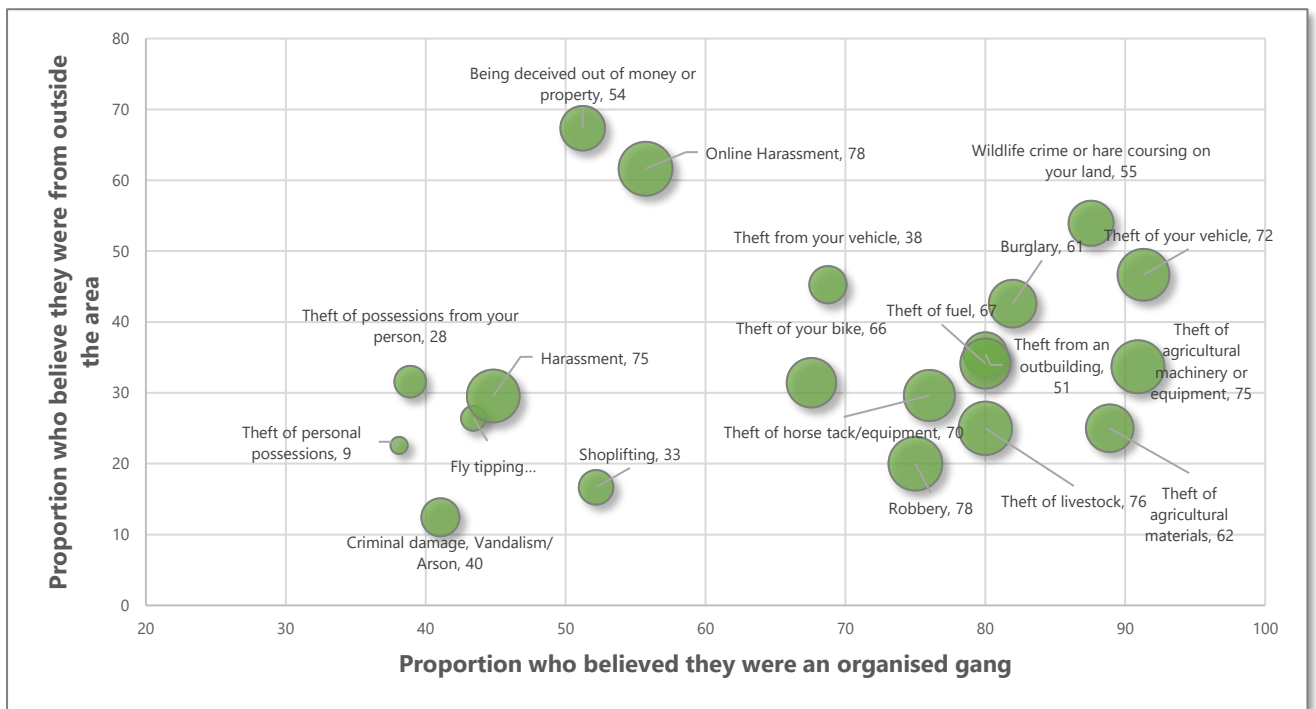
Key: Bubble size and numbers reflect the proportion who believe they were specifically targeted

The Impact of Crime and Disorder on the Wider Community

Not everyone in rural communities is affected personally by crime or ASB but most (around three quarters) are aware of criminal activity that is happening; whether through friends and family, general hearsay or through seeing the evidence of criminal activity around them. All of this (alongside the influence of the media) feeds into people's perceptions of crime and feelings of safety. We must also consider those crimes against society that, although don't have specific victims, do feed into these perceptions of crime and feelings of safety: drug crime, fly tipping and road related crime such as speeding.

This section will highlight how crime and ASB are impacting communities and who the most vulnerable members of these communities are.

Perceptions of Crime Rates

Figure 28. Perceptions of crime in Britain and local area

Column %	Britain as a whole	The area where you live
A very big problem	42	13
A fairly big problem	52	38
Not a very big problem	6	47
Not a problem at all	0	2
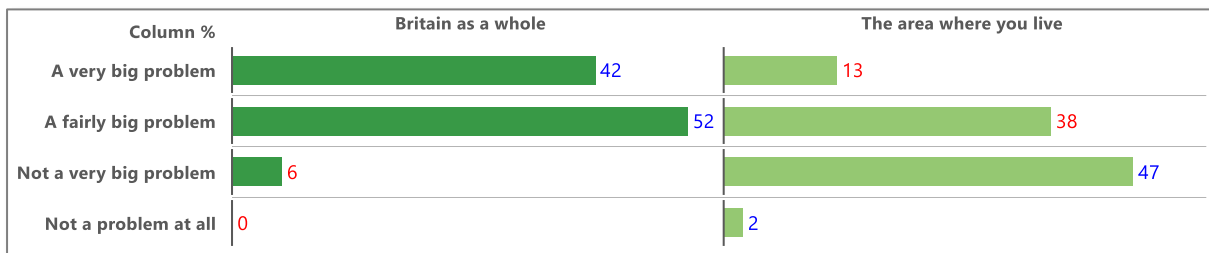
Question: How much of a problem do you think crime is in.....?
Base: All rural dwellers including business owners; n=11,683

It is fairly typical for people to believe that crime rates are higher in the country as a whole than in the area where they live. This phenomenon is borne out by the findings of our survey when we look at the data as a whole. However, if you ask one of our' Specific Rural Business Owners' then they are likely to tell you that crime rates are just as high where they live/work as the rest of the country (See Figure 29 below).

Figure 29. Perceptions of crime in local area by sample group (%fairly/very big problem)
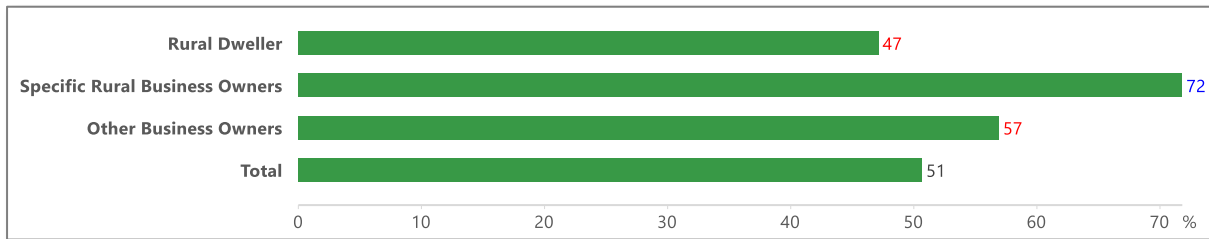
Base: All rural dwellers including business owners; n=11,683

Those 'Rural Dwellers' most likely to perceive crime to be a big problem in the area where they live are those from lower socio-economic groups and the family life stage (see Figure 30 below).

Figure 30. Perceptions of crime in local area of 'Rural Dwellers' by demographic (%fairly/very big problem)
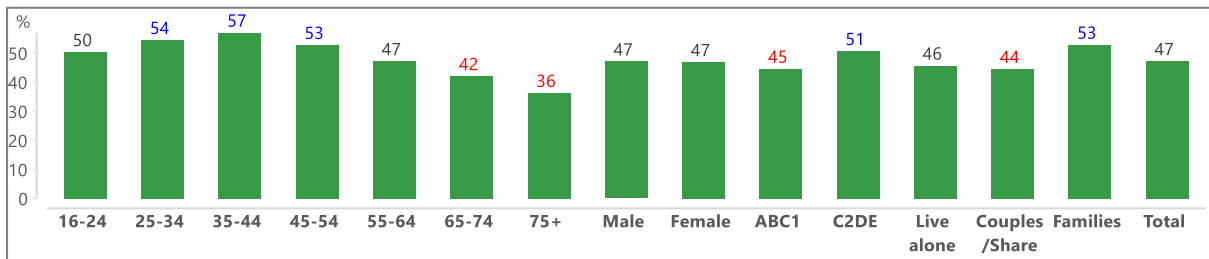
Base: All rural dwellers excluding business owners; n=9,215

In terms of geographical area (Figure 31 below), it is those living in rural towns in less sparse areas whom are most likely to see crime as a big problem in their area.

Figure 31. Perceptions of crime in local area of 'Rural Dwellers' by geography (%fairly/very big problem
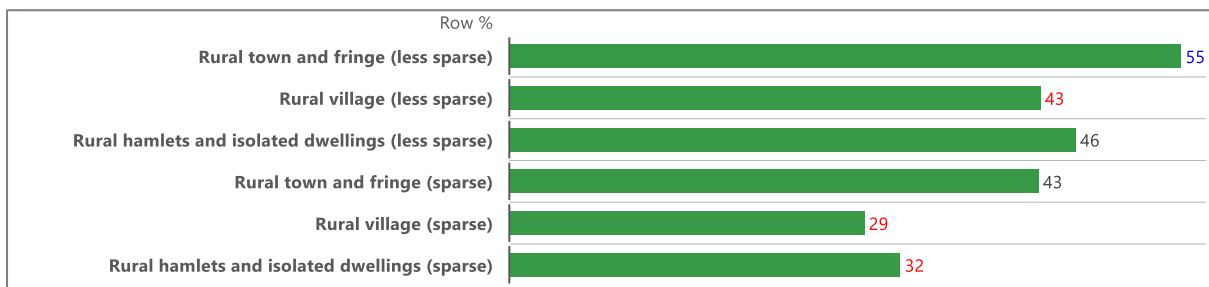
Base: All rural dwellers excluding business owners; n=9,215

We also found that 70% of 'Rural Dwellers' and 80% of 'Specific Rural Business Owners' believe crime is going up in their local area.

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At this point in the report it is worth noting the emergence of two vulnerable groups from this research. Firstly 'Specific Rural Business Owners' (mainly farmers) and secondly families from lower socio-economic groups – 'Hard Working and Struggling Families'. These two groups will emerge again and again as we look at other indicators around crime and feelings of safety.

Quality of Life Impacts

Ultimately it is people's quality of life that is the priority for us as an organisation (NRCN) and for society as a whole. There are a number of indicators used to measure this and in this sub section we are looking at 3 such indicators; the impact of crime, fear of crime and feelings of safety.

Overall around a third of people (Figures 32a and 32b below) feel that crime (and fear of crime) have a moderate or great impact on their lives. This is most evident amongst 'Specific Rural Business Owners', half of whom indicate that crime, and fear of crime, has a moderate or great impact on their lives.

Figure 32a. Impact of crime on quality of life by sample group
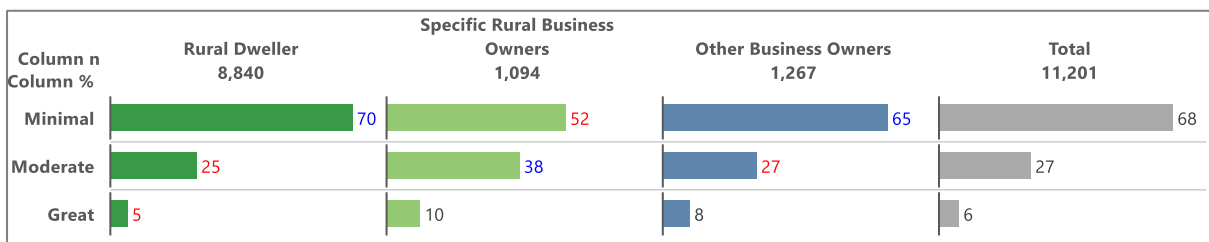
Column n Column %	Rural Dweller 8,840	Specific Rural Business Owners 1,094	Other Business Owners 1,267	Total 11,201
Minimal	70	52	65	68
Moderate	25	38	27	27
Great	5	10	8	6

Question: How much is your own quality of life affected by crime on a scale from 1 to 10, where 1 is no effect and 10 is a total effect on your quality of life? (1-3=minimal; 4-7= moderate; 8-10=great)
Base: All rural dwellers; n=11,201

Figure 32b. Impact of fear of crime on quality of life by sample group
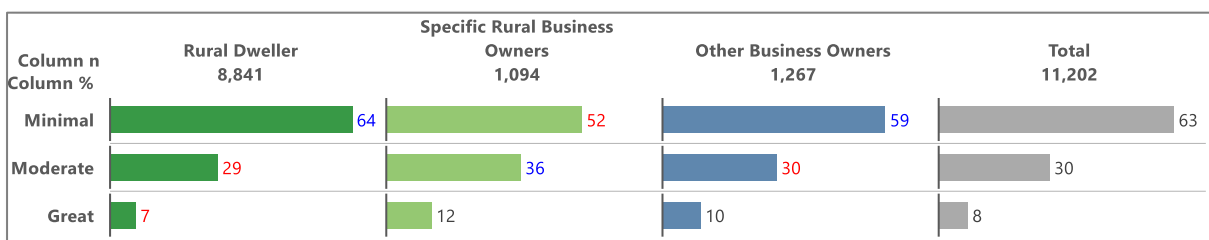
Column n Column %	Rural Dweller 8,841	Specific Rural Business Owners 1,094	Other Business Owners 1,267	Total 11,202
Minimal	64	52	59	63
Moderate	29	36	30	30
Great	7	12	10	8

Question: How much is your own quality of life affected by fear of crime on a scale from 1 to 10, where 1 is no effect and 10 is a total effect on your quality of life? (1-3=minimal; 4-7= moderate; 8-10=great)
Base: All rural dwellers; n=11,202

The profile of those who feel most impacted is shown in Figures 33 and 34 below.

Here again we see the impacts being greater amongst those in lower socio-economic groups and the family life stage as well as younger people in general. Also, amongst those living in rural towns (less sparse) and hamlets (less sparse).

Figure 33. Impact of crime on quality of life by demographic
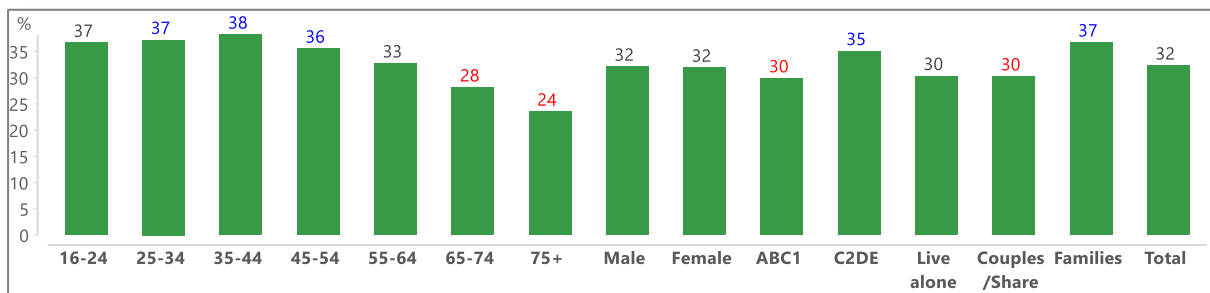
Base: All rural dwellers; n=11,201

Figure 34. Impact of crime on quality of life by rural geography
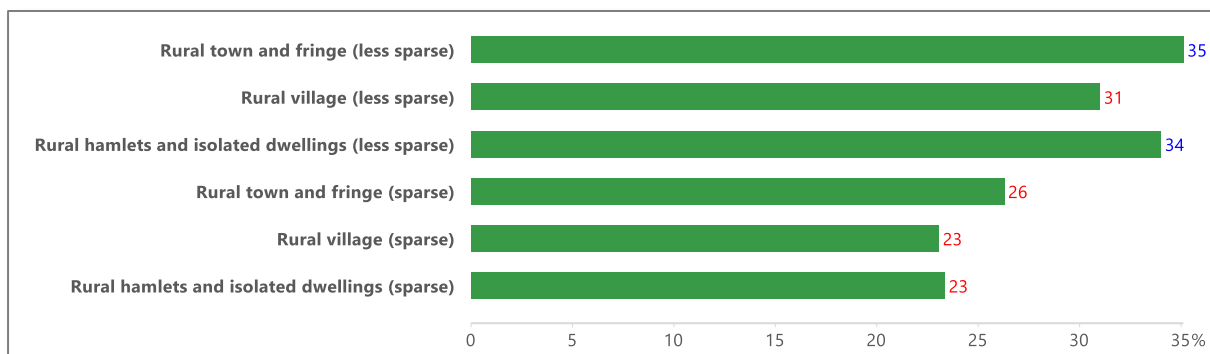
Base: All rural dwellers; n=11,201

As we can see in Figure 35 below, 'Specific Rural Business Owners' feel the most worried about becoming a victim of crime (60% fairly or very) and there is some evidence to say that the level of worry has increased since 2015, when we ran the last survey. It represents an increase of 4 percentage points based on a weighted comparison between the 2 surveys. No change in fear of crime has been observed amongst general 'Rural Dwellers'.

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Figure 35. Fear of crime by sample group
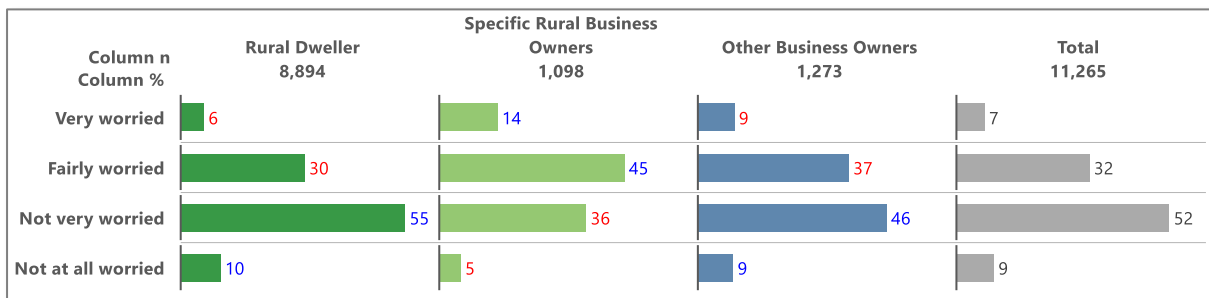
Column n Column %	Rural Dweller 8,894	Specific Rural Business Owners 1,098	Other Business Owners 1,273	Total 11,265
Very worried	6	14	9	7
Fairly worried	30	45	37	32
Not very worried	55	36	46	52
Not at all worried	10	5	9	9

Question: How worried are you about becoming a victim of crime in the area where you live?
Base: All rural dwellers; n=11,265

Fear of crime (see Figures 36 and 37 below) is highest amongst those in lower socio-economic groups and the family life stage as well as younger people and women. Also amongst those living in rural towns (less sparse) and hamlets & isolated dwellings (less sparse).

Figure 36. Fear of crime by demographic (% fairly or very worried)
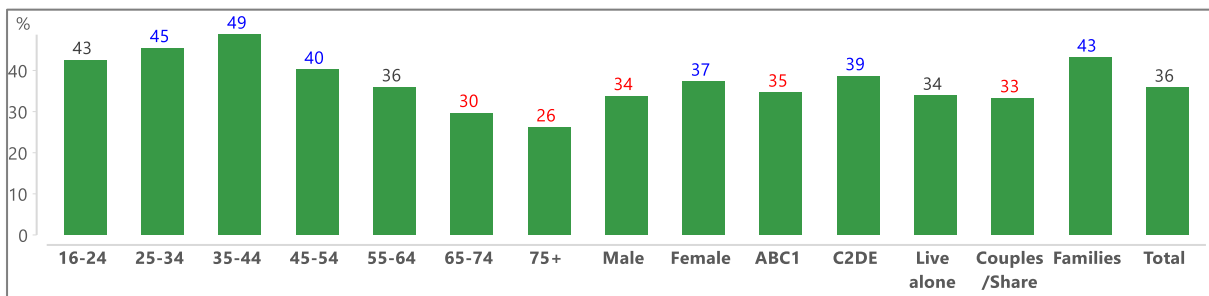
Base: All rural dwellers; n=11,265

Figure 37. Fear of crime by rural area (% fairly or very worried)
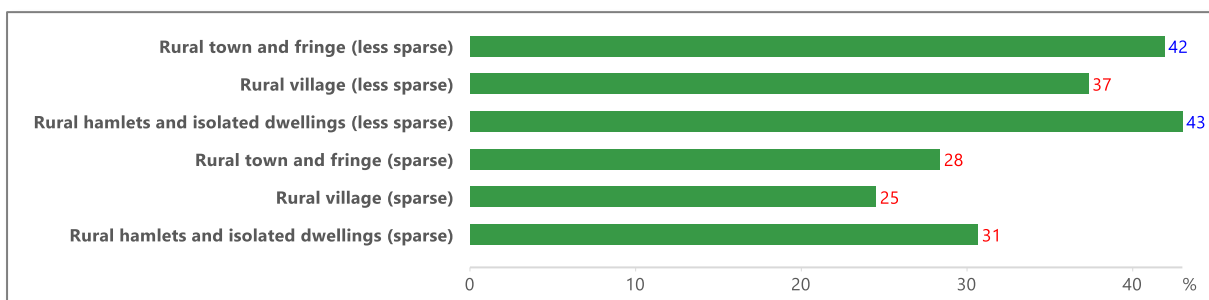
Base: All rural dwellers; n=11,265

When we look at people's feelings of safety in both their own home after dark (see Figure 38a below) we see that 'Rural Specific Business Owners' are most likely to feel unsafe. We aren't able to unpick which business owners live in their place of work but it will be a high proportion for 'Specific Business Owners' and as such this paints a picture of significant proportions of farmers who do not feel safe.

Figure 38a. Feelings of safety after dark in own home by sample group

Column n Column %	Rural Dweller 8,914	Specific Rural Business Owners 1,102	Other Business Owners 1,276	Total 11,292
Very safe	47	36	47	46
Fairly safe	45	51	43	45
A bit unsafe	7	11	8	7
Very unsafe	1	2	2	1
Net unsafe	8	13	10	9
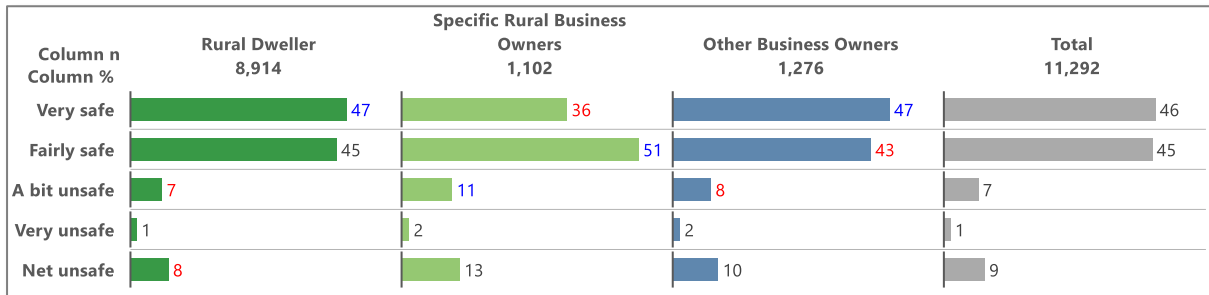
Question: How safe do you feel in your own home after dark?
Base: All rural dwellers; n=11,265

When we looked at the profile of those that feel unsafe by demographic and geography we see the same profile as we did for fear of crime: lower socio-economic groups and those in the family life stage as well as younger people and women. Also, those living in rural towns (less sparse) and hamlets & isolated dwellings (less sparse). It is also worth a mention that, as the CSEW and other similar surveys suggest, we also see fear of crime and feeling safe to be much higher amongst repeat victims of crime, victims of crime, victims of ASB and witnesses to crime, in that order.

A comparison with the NRCN Rural Crime Survey of 2015 shows no evidence of a change in feelings of safety in rural areas.

We asked people to compare their feelings of safety now with how they felt five years ago. We asked whether they were more or less worried about crime and if they felt more or less safe than they did 5 years ago. The chart below shows that on balance people feel more worried and less safe than they did five years previously.

Figure 38b. Feelings of safety after dark in own home by sample group
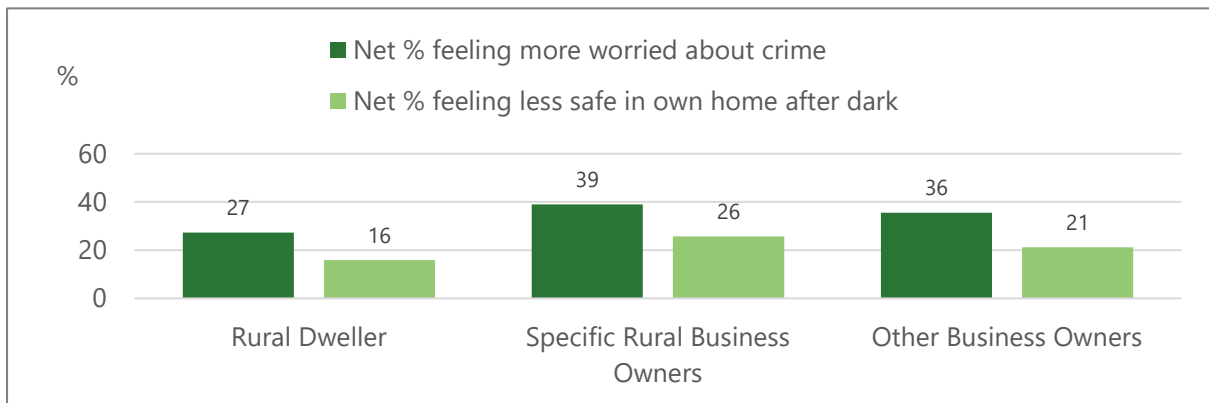
Question: How worried are you about becoming a victim of crime in the area where you live? How does this compare to 5 years ago? Net of % worried minus % less worried

How safe do you feel in your own home after dark? How does this compare to 5 years ago? Net of % worried minus % less worried

Base: All rural dwellers; n=11,292

A Broader View of Rural Crime and Disorder

This section takes a wider look at crime and disorder in rural areas of the country. The findings in this section are based on the views of everyone who participated in the survey and it looks beyond personal crime and personal ASB, bringing to our attention those crimes and behaviours that impact everyone: 'crimes against society'. These are the crimes that people see evidence of all around them as they go about their daily lives in rural areas or when they visit rural areas.

By the end of this section you will have a good understanding of what the 'Big' concerns are.

Types of Crimes

We asked what 'crimes against society' people have witnessed or seen evidence of in rural areas in the last 12 months. Around three quarters of survey participants mentioned a crime or behaviour in this section of the survey. This rose to 80%+ amongst 'Specific Rural Businesses', 30-54 year olds, families and higher socio-economic groups.

Figure 39 below shows how fly tipping and speeding dominate the list of concerns, particularly amongst non-business owners. Many 'Specific Rural Businesses' also mention theft, hare coursing, poaching trespass, livestock worrying and illegal off-roading. Again we see just how much of an issue fly tipping is for this particular group.

From a demographic perspective, older people are much more likely to mention fly tipping and speeding (60% and 40% respectively). Younger people and families are more likely to talk about drugs, theft and ASB (6%, 12% and 8%). That said, fly tipping, speeding and other vehicle related issues dominate concerns.

Figure 39. Crimes seen evidence of in rural areas in the last 12 months

Column n / Column %	Rural Dweller 7,452	Rural Visitor 3,323	Specific Rural Business Owners 1,184	Other Business Owners 1,437	Total 13,396
Fly Tipping	58	53	65	55	57
Speeding	36	29	14	27	32
Theft	9	8	21	14	11
Criminal Damage/Vandalism/Arson	9	12	8	10	10
Burglary/Break ins	10	8	6	11	9
ASB	7	9	2	7	7
Hare Coursing	4	2	22	6	6
Car and van theft/break ins	5	5	4	7	5
Drug Dealing/taking	4	7	1	7	5
Dangerous/anti social driving	4	6	3	4	4
Poaching	3	3	13	5	4
Illegal hunting	3	4	3	5	4
Littering	3	3	2	3	3
Using phone while driving	3	3	1	2	3
Wildlife crime	2	3	2	2	2
Illegal/dangerous parking	2	2	1	1	2
Violence	2	3	1	3	2
Illegal off roading by bikes and 4x4s	1	2	3	1	2
Trespass	1	1	7	3	2
Vehicle nuisance	1	1	1	1	1
Livestock worrying	1	1	5	1	1
Abusive/aggressive behaviour	1	2	1	2	1
Theft of fuel	1	0	2	1	1
Cold callers/fraud/scams	1	1	1	2	1
Drink driving	1	1	1	2	1
Rustling	1	0	2	1	1
Shoplifting	0	1	0	2	1
Other	9	9	9	10	9

Question: Have you witnessed or seen evidence of this sort of crime in rural areas in the last 12 months? Please give us a description of these crimes and how often they have happened in the last year?
Base: All who have seen evidence of crime in a rural area in the last 12 months; n=13,396

Compared to 2015 the proportion of people mentioning fly tipping has risen 6% and the proportion who mentioned speeding is down 21% from 53%.

Vehicle Related Nuisance

The fall in speeding as a concern is corroborated by another question we asked around vehicle related nuisance. Figure 40 below shows how the proportion of people saying that speeding cars and speeding motorbikes are a fairly or very big problem in the area where they live has fallen since 2015 by 8% and 10% respectively. This perhaps underlines that some progress has been made on this issue in the last 3 years although they are still the 2 'biggest' vehicle related issues.

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Figure 40. Proportion of rural dwellers who think these vehicle related issues are a fairly or very big problem in the area where they live

	2015	2018
Speeding cars	75	67
Speeding motorcycles	53	43
HGVs using inappropriate routes	50	42
Inappropriate use of vehicles on private land, public footpaths, rights of way or green lanes	21	29
Loud or anti-social vehicles	26	27
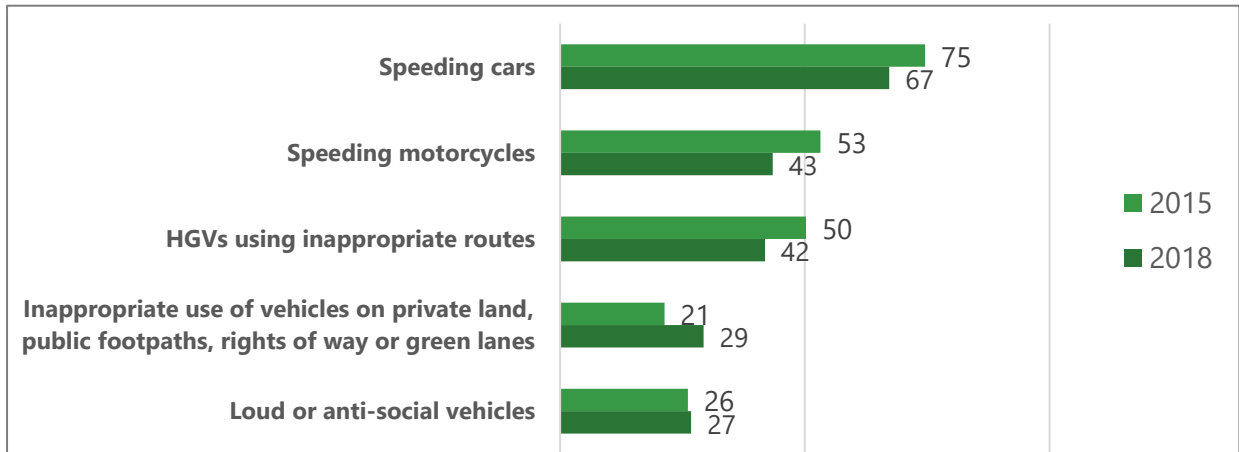
Question: So far as you are aware, how much of a problem do you think each of the following are in the area where you live?
Base: All those living in a rural area; n=11,372

Figure 41 below shows that whilst the patterns of vehicle nuisance are similar, the scale of different types of vehicle related nuisance experienced by people in rural areas varies by the type of rural area. Speeding cars and loud or anti-social vehicles are a bigger problem in rural town and fringe areas , whereas speeding motorcycles are more of a problem in sparse areas of the country – perhaps the weekend 'ride outs' enjoyed by groups of motor cyclists. Problems with HGVs are greater in less sparse areas, particularly villages.

Figure 41. Proportion of rural dwellers who think these vehicle related issues are a fairly or very big problem in the area where they live by rural geography

Column %	Rural town and fringe (less sparse)	Rural village (less sparse)	Rural hamlets and isolated dwellings (less sparse)	Rural town and fringe (sparse)	Rural village (sparse)	Rural hamlets and isolated dwellings (sparse)
Speeding cars	71	69	64	61	60	55
Speeding motorcycles	45	43	41	51	51	40
HGVs using inappropriate routes	41	44	42	29	37	36
Inappropriate use of vehicles on private land, public footpaths, rights of way or green lanes	29	28	33	29	27	29
Loud or anti-social vehicles	31	26	24	28	23	22

Base: All those living in a rural area; n=11,372

Fly Tipping

As we saw earlier when we looked at crimes against people, fly tipping was a big issue for 'Specific Rural Businesses' such as farmers. Fly tipping has been a notifiable crime for some

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time now, however, we know anecdotally that the recording of it as a crime is patchy and this is partly down to the fact that responsibility falls somewhere between the local authority and the Police.

We asked the survey participants to give their view on whether fly tipping was rising and, as our comparison with 2015 confirmed, the overall perception is that it is certainly on the rise – over three quarters of survey participants took this view.

We also asked who they believed was responsible for dealing with fly tipping. Figure 42 below shows how most people believe it is a council matter and around a third believe the Police also have a part to play. 'Specific Rural Business Owners' are the most likely to believe that the Police have a role in this issue.

Figure 42. Perceptions of who is responsible for dealing with fly tipping by sample group

Column n Column %	Rural Dweller 10,098	Rural Visitor 4,914	Specific Rural Business Owners 1,434	Other Business Owners 1,805	Total 18,251
Police	34	33	40	35	35
Council	92	91	89	90	91
Other	7	7	12	9	8
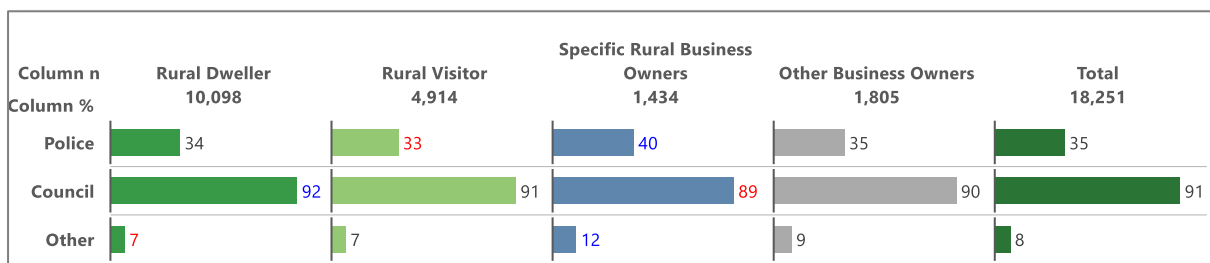
Question: Which organisation or organisations do you think are responsible for dealing with the problem of Fly Tipping? Multiple answers allowed
Base: All respondents answering question; n=18,251

The level of concern about this issue is clear to see and if we were to recommend one crime type/issue that should be pushed up the agenda then it would be this. This crime (and it is a crime) is a huge and serious issue for farmers/land owners. Perpetrators in many cases will be acting alone but in many other cases this crime is far more organised and, in a few cases,, of industrial scale.

Perceptions of Policing in Rural Areas

This section focuses on perceptions of how the police are dealing with crime in rural areas. There are some overarching measures of how well the police are doing in 2018 compared to 2015. As well as these it looks at people's direct experiences of the police as victims of crime and ASB as well as their perceptions of how well the police are dealing with some of the big issues raised in this report.

What this section does not do is paint a picture of a rural population who are happy and engaged with their local police force.

Overall Perceptions

The numbers shown in the charts below do not portray a good picture for police forces. In summary, we found that:

- The proportion of people who think their local police do a good job is **11% points lower** than in 2015.
- The proportion who would rate their local police as being good or excellent at crime prevention & reduction is **11% points lower** than in 2015.
- The proportion who would rate their local police as being good or excellent at solving crime when it happens is **7% points lower** than in 2015.
- The proportion who agree that the police in their local area can be relied upon to be their when needed is **11% points lower** than in 2015.
- The proportion who agree that the police in their local area are dealing with the things that matter to the people in your community **7% points lower** than in 2015.

Figure 43. Overall perceptions of local police by sample group

Column n Column %	Rural Dweller 8,632	Specific Rural Business Owners 1,054	Other Business Owners 1,225	Total 10,911
Excellent	4	3	3	4
Good	23	21	19	22
Fair	44	46	40	44
Poor	21	20	25	21
Very poor	9	9	13	9
Net Poor	29	30	38	30
Net Good/Excellent	27	25	21	26
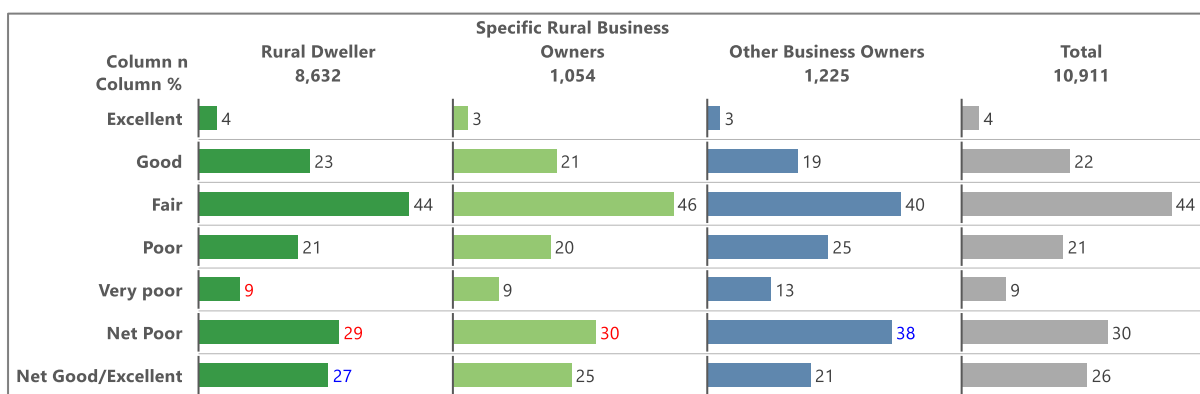
Question: Taking everything into account, what kind of job do you think the police in your area are doing?

Base: All those living in a rural area; n=10,911

Figure 43 above demonstrates the level of unhappiness with local policing amongst our survey sample, particularly 'Other Business Owners' who perhaps feel that their concerns are more overlooked than others when it comes to rural crime. Our self-selecting sample may be biased towards those who are most disgruntled, however, the numbers are none-the-less a stark reflection of the level of frustration and anger that is out there. Most important to note is the large drop in ratings since 2015, a survey that was conducted in the same way and with broadly the same types of people. For context, the proportion rating the police in their area as good or excellent as measured by the CSEW year ending March 2017 (urban and rural combined) was 62%.

If we look at perceptions of rural dwellers (excluding business owners) then the people most likely to perceive the police to be doing a poor job in their area are families and 34-54 year olds (net poor scores of 32% and 35% respectively). However, it has to be said that the level of poor ratings are significant across all types of people.

There is more variation in perceptions when we consider the type of rural area lived in. Figure 44 below shows how perceptions of the job done by the local police in sparse areas of the country are actually on balance better than in less sparse. Perhaps due to the impact of crime not being so great in these areas. Where perceptions are worst are in rural towns.

Figure 44. Overall perceptions of local police by rural area classification

Column n Column %	Rural town and fringe (less sparse) 3,272	Rural village (less sparse) 3,946	Rural hamlets and isolated dwellings (less sparse) 2,649	Rural town and fringe (sparse) 268	Rural village (sparse) 391	Rural hamlets and isolated dwellings (sparse) 385
Excellent	4	3	3	4	6	5
Good	21	24	21	24	32	24
Fair	42	43	46	34	42	49
Poor	23	22	20	19	12	17
Very poor	11	7	10	19	8	4
Net Poor	33	29	30	38	20	21
Net Good/Excellent	25	27	24	28	38	30

Base: All those living in a rural area; n=10,911

Figures from the other police rating questions paint the same overall picture.

Figure 45. Overall perceptions of local police for crime prevention and reduction

Column n	Rural Dweller 8,628	Specific Rural Business Owners 1,053	Other Business Owners 1,225	Total 10,906
Net Good or Excellent	20	19	14	19
Net Poor	38	38	48	39
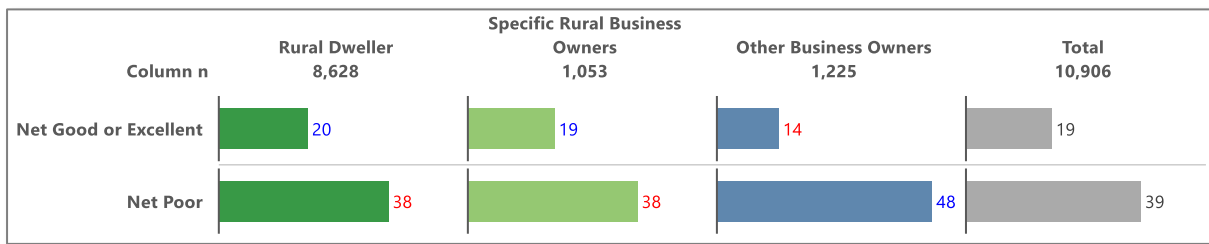
Question: How would you rate the Police in your area on the following issues? Crime prevention/reduction

Base: All those living in a rural area; n=10,906

Figure 46. Overall perceptions of local police for crime prevention and reduction

Column n	Rural Dweller 8,629	Specific Rural Business Owners 1,054	Other Business Owners 1,225	Total 10,908
Net Good or Excellent	17	13	13	16
Net Poor	40	51	51	42
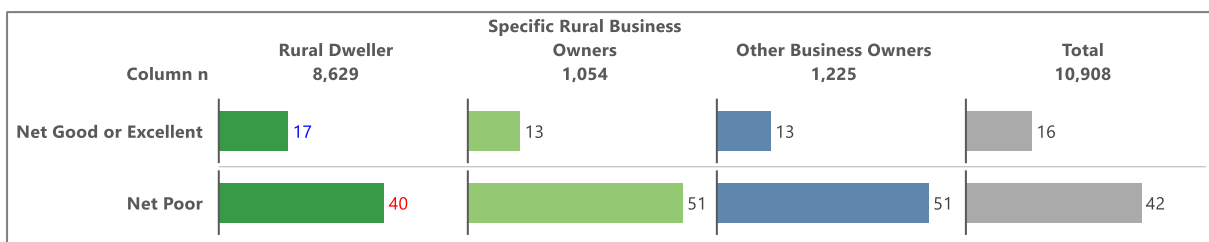
Question: How would you rate the Police in your area on the following issues? Solving crime when it happens

Base: All those living in a rural area; n=10,908

Figure 47. Overall perceptions of local police for dealing with organised crime

Column n	Rural Dweller 8,630	Specific Rural Business Owners 1,055	Other Business Owners 1,225	Total 10,910
Net Good or Excellent	24	21	20	24
Net Poor	27	38	37	29
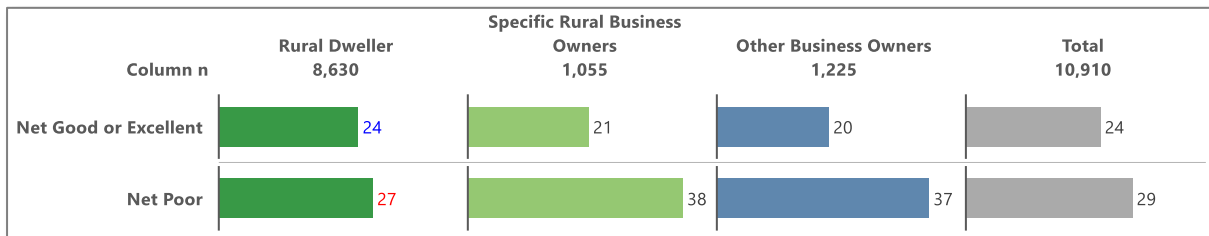
Question: How would you rate the Police in your area on the following issues? Dealing with organised crime

Base: All those living in a rural area; n=10,910

Figure 48. Proportion who agree that the police in their area can....by sample group

Column n / Column %	Rural Dweller 8,666	Specific Rural Business Owners 1,060	Other Business Owners 1,232	Total 10,958
Agree they can be relied on to be there when you need them	29	29	25	29
Agree they are dealing with the things that matter	28	28	23	27
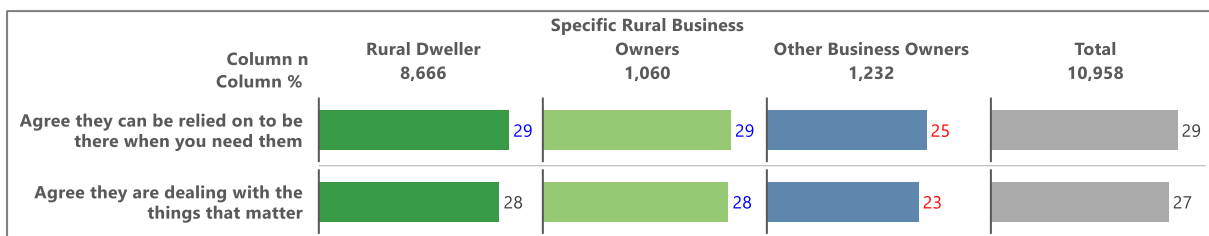
Question: How much you agree or disagree with each of the following statements about the police in your local area?

Base: All those living in a rural area; n=10,958

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Whilst we see some marginal differences in the way people perceive the job done by the police in their local area by rural classification and demographic, we actually see much bigger differences when we look at police force areas (PFAs). This remit of this report is not to focus on different police force areas and the sampling approach does not make comparisons fair. However, Figure 49 below shows how the scale of change in perceptions of the police in rural areas since 2015 varies significantly by PFA (PFA identities hidden).

Figure 49. Percentage point change in proportion who think the police in their area do a good or excellent job by PFA
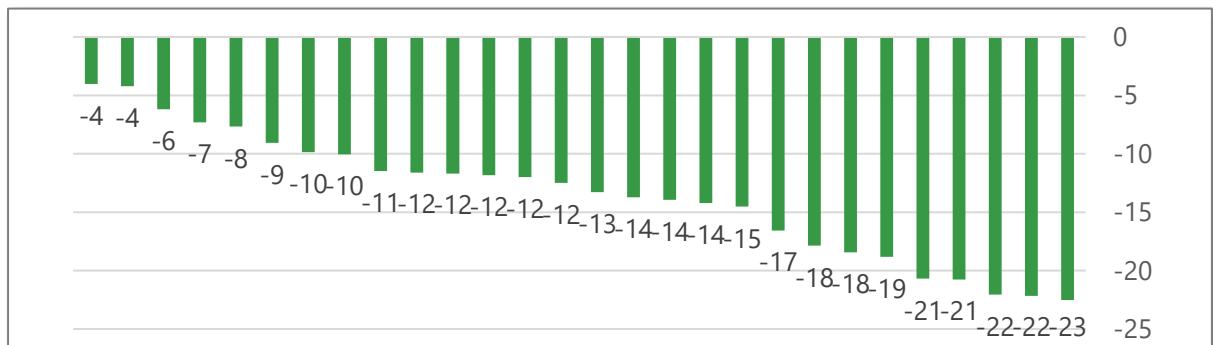
Base: All those living in a rural area; n=10,958

So why is the perception of the police in rural areas so poor at the moment? People's perceptions of the Police in their local area are based on a range of sources and signals not least their own direct experiences with the police or the experience of their friends and family members. As we have covered already, people see evidence of criminal activity all over the countryside. There is frustration, anger and disgust (particularly amongst farmers) that the Police are unable to (or choose not to) deal with and prevent certain crimes such as fly tipping. Nationally, there is an ongoing narrative of lack of resource and under funding for 'everyday' crime.

Direct experience plays a big part in forming perceptions of policing.

Service satisfaction

Figure 50 below shows the levels of satisfaction experienced by victims of crime from this survey. Almost half of all victims participating in the survey were dissatisfied with how the police dealt with their case. The highest rates of dissatisfaction were for violent crime (58%), Wildlife crime /hare coursing (52%), theft of agricultural machinery (48%) and Harassment (48%).

Figure 50. Satisfaction with the response received from the police by crime type

Column n Column %	Domestic 956	Business 460
Completely satisfied	11	6
Very satisfied	12	9
Fairly satisfied	18	17
Neither satisfied nor dissatisfied	17	19
Fairly dissatisfied	14	17
Very dissatisfied	10	11
Completely dissatisfied	19	21
Net dissatisfaction	42	49
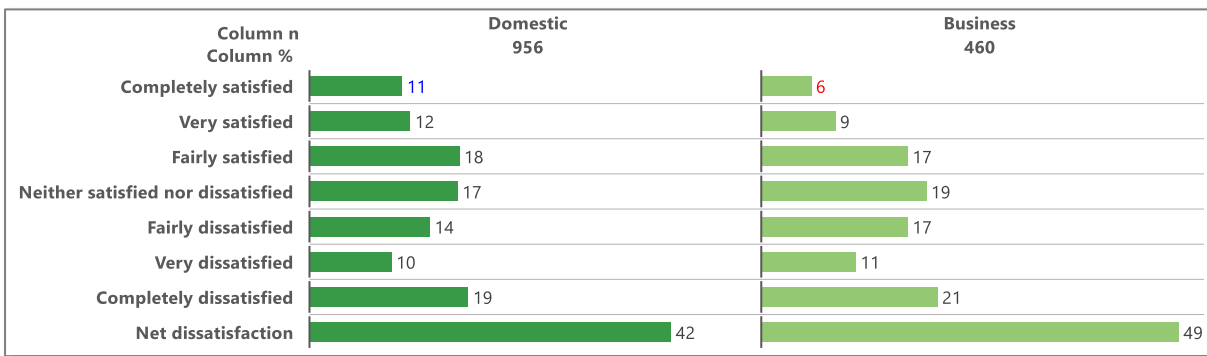
Question: Overall how satisfied were you with the response you received from the Police?

Base: All victims of crime in a rural area; n=1,416

The emotional response (see Figure 51 below) to the way in which the police responded gives clues as to why satisfaction is so low and restates that feeling that we have picked up throughout this survey – frustration. The fact that 10% chose disgust to describe the way they felt is also a big concern.

Figure 51. Emotional response of victims to the way the Police dealt with their crime by crime type
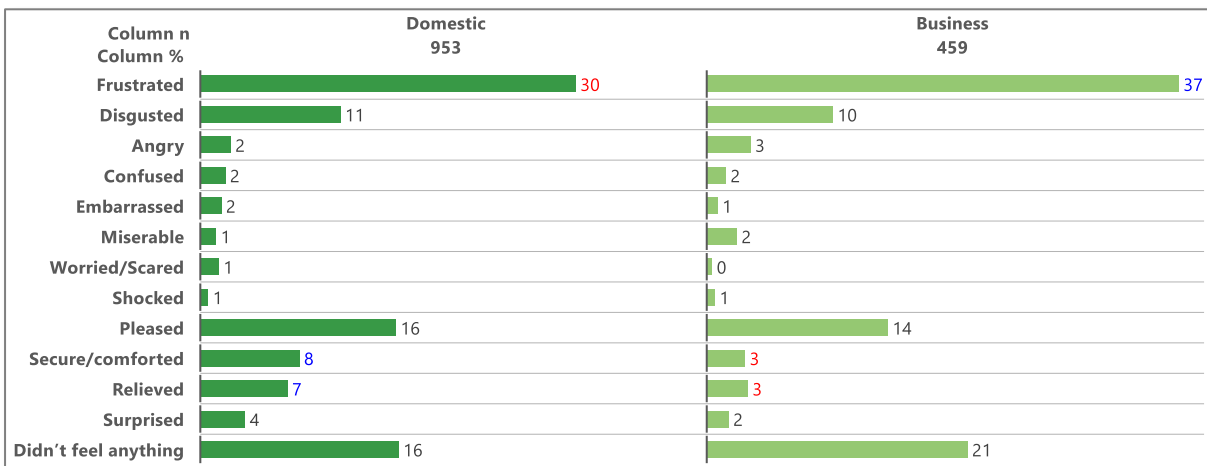
Column n Column %	Domestic 953	Business 459
Frustrated	30	37
Disgusted	11	10
Angry	2	3
Confused	2	2
Embarrassed	2	1
Miserable	1	2
Worried/Scared	1	0
Shocked	1	1
Pleased	16	14
Secure/comforted	8	3
Relieved	7	3
Surprised	4	2
Didn't feel anything	16	21

Question: Which of these words best describes how you felt about the response you received from the Police?

Base: All victims of crime in a rural area; n=1,412

This pattern of emotional response was observed across all demographics and rural geographies. The emotional response is even more negative when we look at how people feel about the response of the police to ASB.

Figure 52. Emotional response of victims to the way the Police dealt with their ASB incident
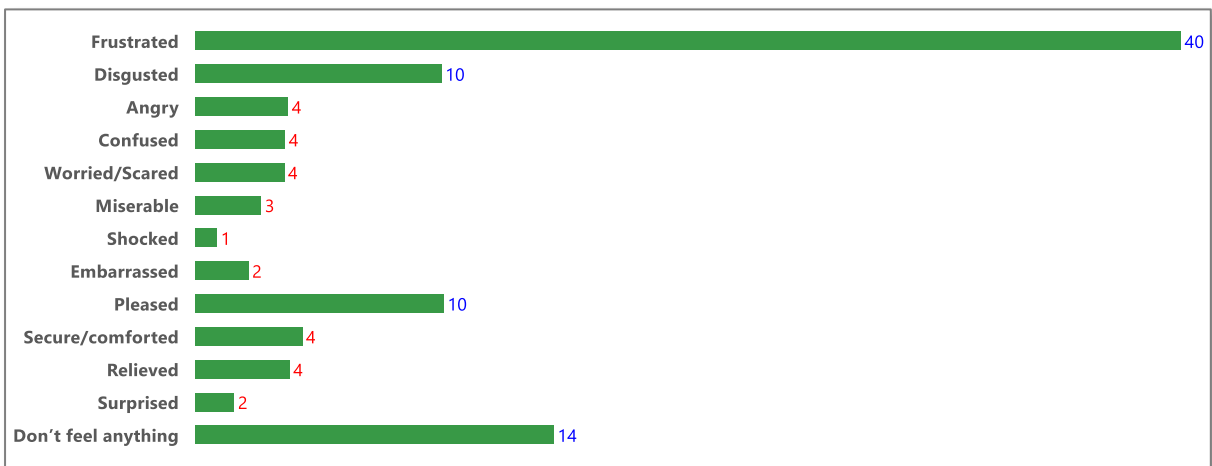
Response	Value
Frustrated	40
Disgusted	10
Angry	4
Confused	4
Worried/Scared	4
Miserable	3
Shocked	1
Embarrassed	2
Pleased	10
Secure/comforted	4
Relieved	4
Surprised	2
Don't feel anything	14

Question: Which of these words best describes how you felt about the response you received from the Police?

Base: All victims of ASB in a rural area; n=3,329

The rating of the police on some of those key 'crimes against society' discussed earlier is also not good, particularly fly tipping and speeding where around three quarters believe the police response to be poor.

Figure 53. Rating of police in dealing with key rural issues (% poor or very poor)

Issue	Value
Fly Tipping	74
Speeding	76
Theft	66
Criminal Damage/Vandalism/Arson	68
Burglary/Break ins	61
Hare Coursing	45
Poaching	56
Trespass	68
Livestock worrying	54

%

Question: How would you rate the way in which the Police in your area are dealing with this issue?

Base: Those mentioning each of the above crimes

Awareness of policing initiatives to tackle rural crime

A number of police forces have specific initiatives to tackle rural crime, but are the public aware of them? Figure 54 below suggests there is a lack of knowledge about these initiatives although 'Specific Rural Businesses' tend to be more aware than most.

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Figure 54. Awareness of initiatives to tackle rural crime

Column n	Rural Dweller 9,754	Specific Rural Business Owners 1,222	Other Business Owners 1,402	Total 12,378
Awareness of police or Local Authority initiatives to tackle rural crime in your area?	30	46	27	31
Awareness of a rural crime team	30	51	29	32
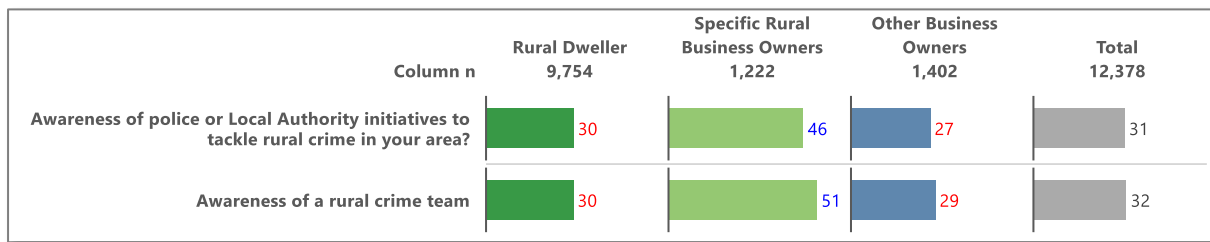
Question: Are you aware of any specific Police or Local Authority initiatives to tackle rural crime in your area? Some police forces have a dedicated rural crime team, comprising dedicated, expert rural officers and specialist resources. Are you aware of any such specific initiatives to tackle rural crime in your area?
Base: All those living in a rural area; n=12,378

Does this awareness impact perceptions of the police? We find that those who are aware of initiatives to tackle rural crime are more likely to rate the police in their area as good or excellent (**39%**) versus those who aren't aware (**21%**). This supports the theory that those who are engaged with the police will tend to be more supportive of the police which ultimately leads to better policing, higher feelings of security and lower fear of crime. Good policing depends upon strong police / public co-operation and engagement. Working with communities to deliver effective policing.

As we will see in the next section, one thing that rurality offers is the ability to 'belong' to a community. The physical boundary of living in a smaller town or village has traditionally seen an emphasis on local community and self-starter initiatives, involvement and engagement / participation.

Community Cohesion

In this section we look at the communities themselves to understand how strong they are and whether they are getting stronger or weaker. We will see that rural communities are strong and see how this strength manifests itself in increased feelings of security. We do however need to be mindful that a significant proportion of people don't feel that sense of belonging and don't have meaningful contact with their neighbours. This is often where we find some of the most vulnerable members of society.

Figures 55, 56 and 57 below suggest that community cohesion is very strong within rural communities albeit there are a significant proportion of people who exist on the fringe of society. They also show that this strength of cohesion has not been diminished over the past 3 years in spite of everything we have seen in terms of anger and frustration from these people.

Figure 55. Strength of belonging
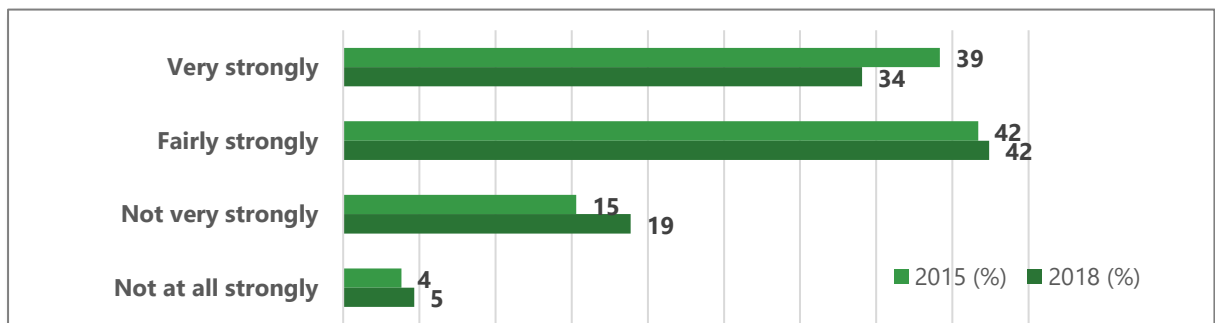
Question: How strongly do you feel you belong to your immediate neighbourhood?
Base: All rural dwellers; n=11,292

Figure 56. Amount talk to neighbours
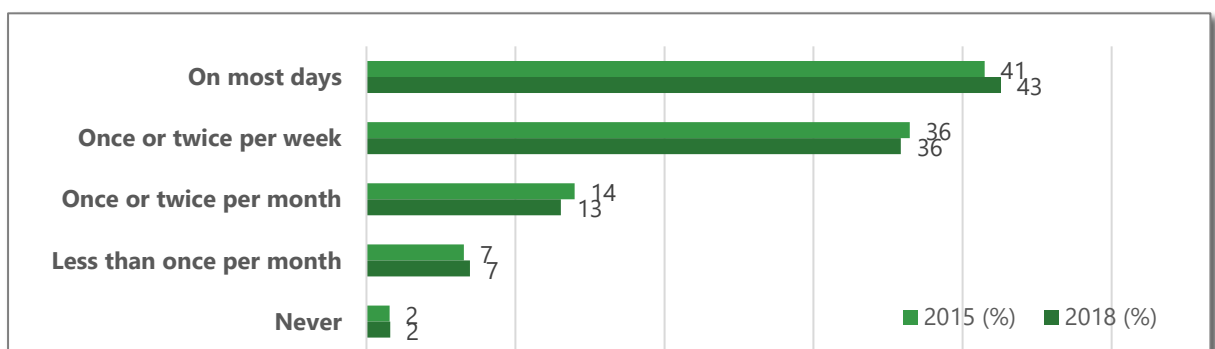
Question: How often do you chat to any of your neighbours, more than to say hello?
Base: All rural dwellers with neighbours; n=10,966

Figure 57. Agreement that people pull together to improve their community
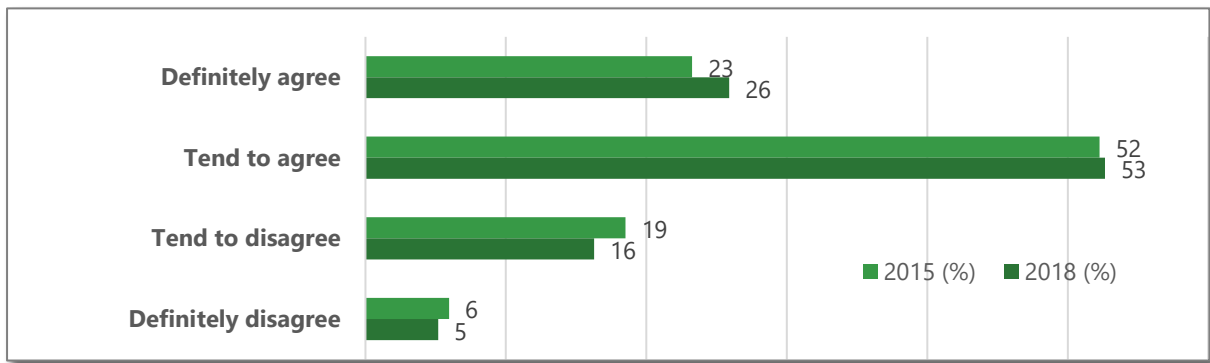
Question: To what extent would you agree or disagree that people in your neighbourhood pull together to improve the neighbourhood?
Base: All rural dwellers who believe neighbourhood could be improved; n=10,717

As we found in 2015, stronger communities feel safer, or to be more precise, people who feel their community is strong, feel safer. Figure 58 below shows how perceptions of community strength relate to feelings of safety.

Figure 58a. Proportion who feel unsafe at home after dark by agreement that people pull together to improve their community
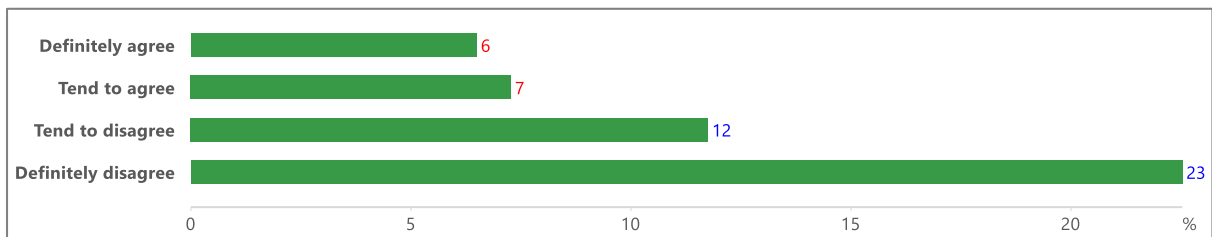
Base: All rural dwellers who believe neighbourhood could be improved; n=10,717

We also asked survey participants how they felt their communities had changed with regards to the three measures of cohesion and, although our key measures of cohesion shown above haven't changed between 2015 and 2018, people do on balance feel that communities are strengthening (see Figure 58b below). This more positive sentiment does at least provide a foundation for engaging better with our rural communities.

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Figure 58b. Perceived change in community cohesion
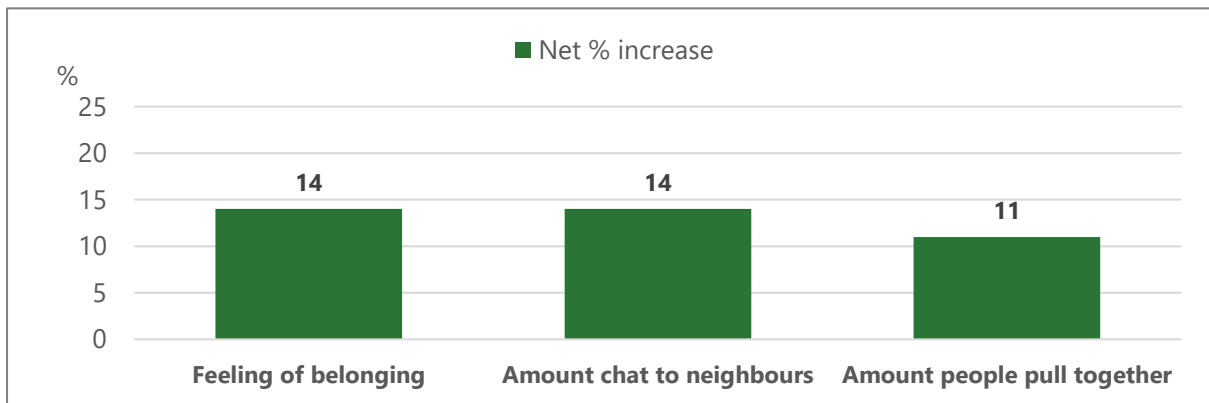
Question: Has this feeling of belonging increased, decreased or stayed the same in the last 5 years? Net of % increased minus % decreased

Has the amount you chat to your neighbours (more than to say hello) changed in the last 5 years? Net of % increased minus % decreased

Has the amount the people in your neighbourhood pull together changed in the last 5 years? Net of % increased minus % decreased

Base: All rural dwellers; n=11,292

A Review of Security Measures

We've already see that rural hamlets and isolated dwellings close to more populous areas are vulnerable to crime. Ensuring that rural dwellers and rural business owners understand the range of security measures available and ensuring that they are taking at the very least the basic security measures is hugely important in tackling crime. This section looks at a range of security measures to see which people already take and which they believe are effective in preventing or reducing the risk of being a victim of crime.

We will see that many people do not bother to take some of the simplest of steps either because they haven't got around to it or because they do not appreciate the risks. We will also see that for some security measures there remains a level of scepticism about their efficacy.

Domestic Security

Figure 59 below plots the proportion of people who have taken a range of security measures against the proportion who believe the measures to be effective deterrents to criminals. There are clearly some basic measures that most people take and believe are effective, these being using door and window locks, locking vehicles and securing keys, using security lighting and locking away personal items. CCTV, burglar alarms and keeping gates secure are believed by the majority to be effective, however uptake is lower for these more expensive measures.

Figure 59. Proportion of people (non-business owners) who believe different security measure to be effective versus proportion who have taken that security measure
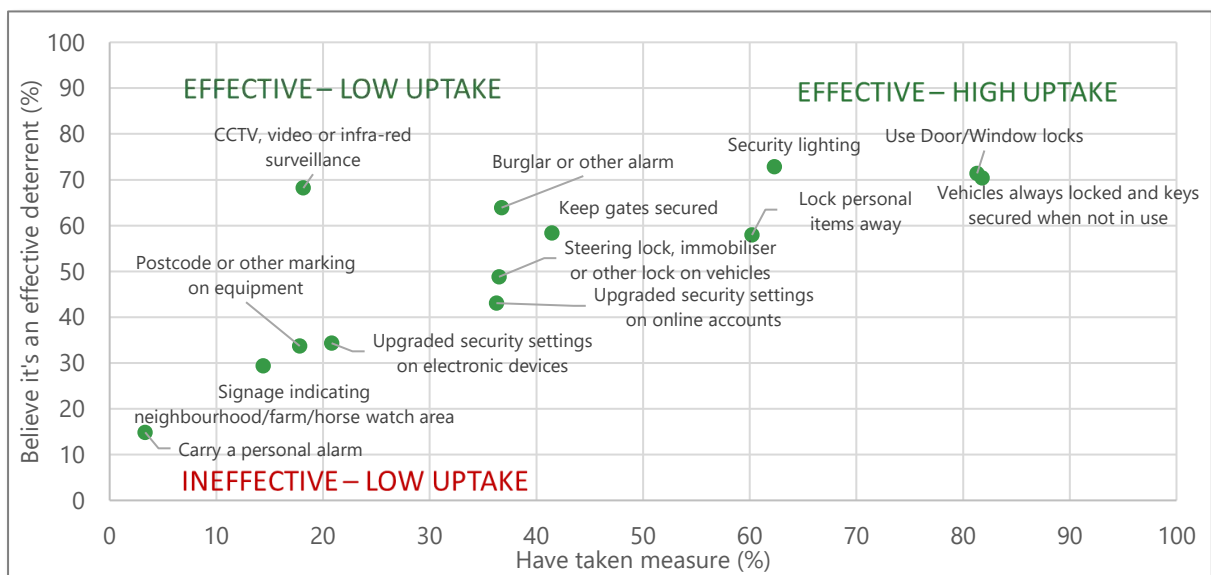
Base: All non-business respondents; n=14,820

Notable is the low uptake and belief in the effectiveness of upgrading security settings on online accounts and devices - particularly device security settings. This survey would suggest that there isn't a problem with the awareness of cyber-crime, but clearly the messaging around the effectiveness of keeping your device and online security up to date isn't getting through to everyone.

Younger people are more likely to stay on top of security settings on their devices (**25%**). Despite this younger people don't widely believe that such cyber security acts as a deterrent to criminals. That said, staying on top of cyber security is not the norm for any demographic. CCTV has only recently become cheap enough to be a viable security option and is being used by many instead of a burglar alarm. More people actually see CCTV as being effective than they do burglar alarms. Uptake is currently low although is highest amongst 35-54 year olds (**25%**). Postcode marking and neighbourhood watch signage are widely thought to be ineffective deterrents to criminals.

Vehicle Security

We have looked at vehicle security separately, particularly working vehicles. Figure 60 below shows that there are a couple of measures that people believe are not effective deterrents – forensic marking and photographing serial numbers. Although that's not to say that they don't believe it will help re-unite stolen vehicles with their owners. Whilst most of the other measures are often thought to be effective, use of them is not widespread. This may mean that more education is required around their effectiveness.

Figure 60. Proportion of working vehicle owners (quad bikes, trailers, horse boxes) who believe different security measure to be effective versus proportion who have taken that security measure
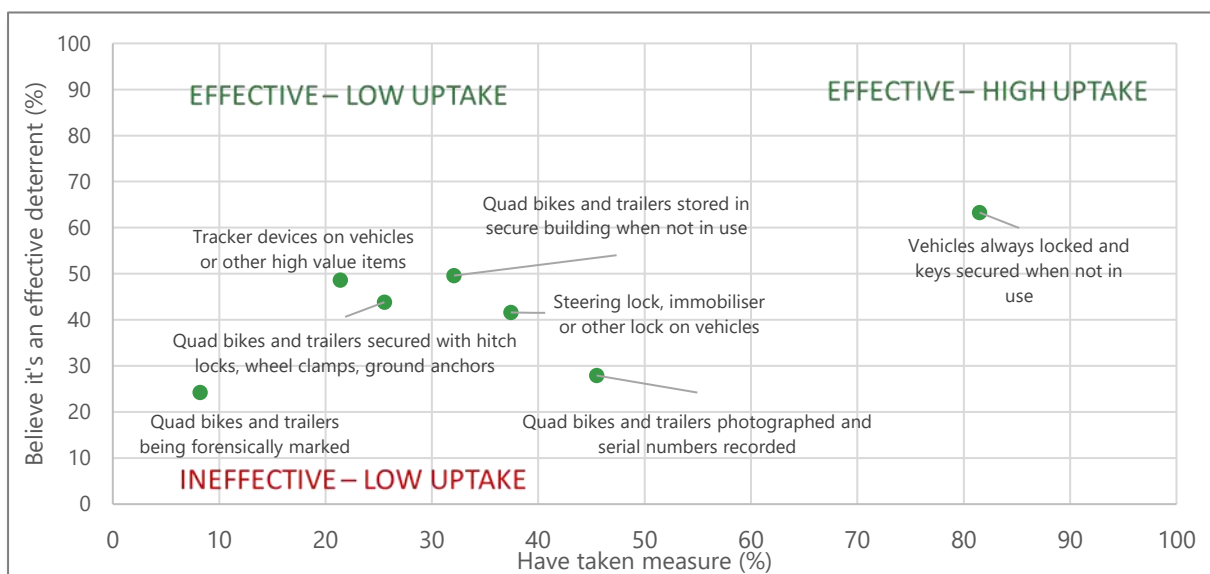
Base: All working vehicle owners; n=3732

Business Security

When we look at business owners in Figure 61 below, we see a similar pattern of belief in and uptake of security measures. The measures believed to be effective deterrents and with high uptake are all the physical/visible security measures. Where uptake and belief in effectiveness as a deterrent is lowest is for the 'marking' measures (traditional and modern ones). The suggestion from this is that while marking might help in re-uniting owners with property or help with the detection of crime, people don't believe that marking of property is deterring the criminals.

Figure 61. Proportion of business owners who believe different security measure to be effective versus proportion who have taken that security measure
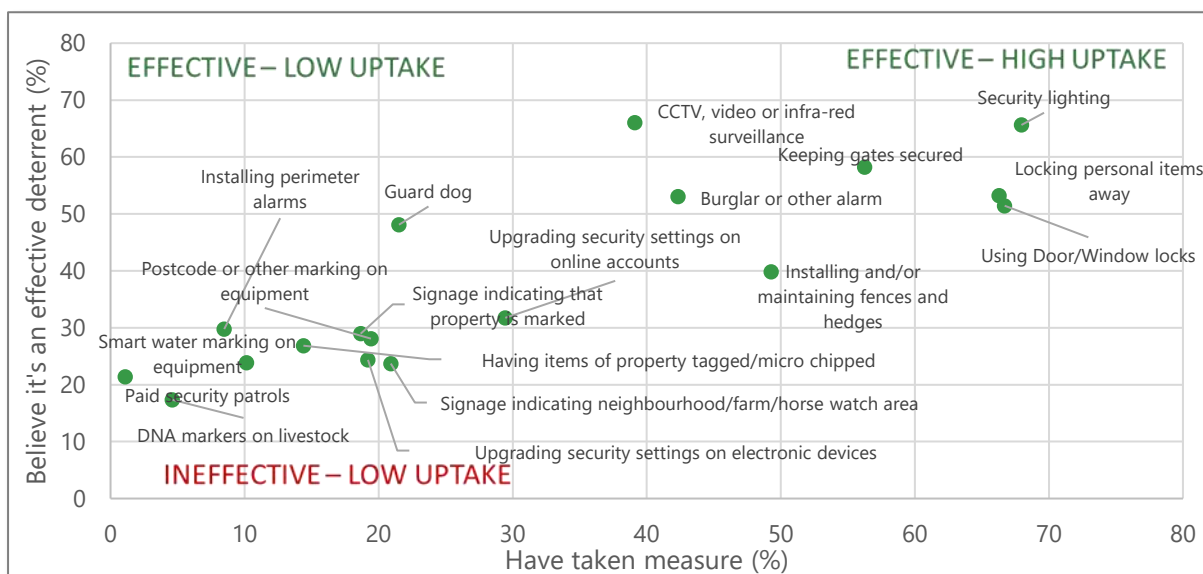
Base: All business owners; n=3585 (note: livestock figures based on livestock owners only)

Other Business Related Issues

Business owners were also asked a set of questions around what causes them concern on a day to day basis when running their business. We focused on 3 crime related issues and benchmarked these issues against another well know rural business issue: broadband quality.

Figure 62. Issues causing business owners concern

Column n Column %	Retail 167	Hospitality 186	Construction 161	Manufacturing 74	Professional services 443	Specific Rural Businesses 1,238
The response I would get from police should I need them	60	59	61	69	54	65
Broadband quality	46	48	47	54	64	58
Becoming a victim of crime	46	38	42	42	25	52
Feeling vulnerable due to being located in a rural area	28	27	19	26	15	38
None of the above	16	16	11	8	13	7

Question: As an owner of a business in a rural area, do any of the following cause you concern in the day to day running of your business?

On balance, more business owners are concerned about the response they will get from the police than broadband speeds. This underlines the level of concern about rural policing amongst business owners. Where broadband speeds are of most concern are amongst professional services businesses but clearly many businesses have concerns, particularly 'Specific Rural Businesses'.

Over half of 'Specific Rural Businesses' feel vulnerable to crime and worry about the response they will get from the Police. Again, this highlights the vulnerability of this group.

National Rural Crime Survey 2018

Appendix

Appendix A – Classifying Rural Areas

Our respondents to the survey were classified using the ONS Postcode Directory which is built on Output Area classifications. An overview of how urban and rural areas are classified is provided here:

Classification of Urban and Rural areas courtesy of Government Statistical Service.

- Urban areas are the connected **built up areas** identified by Ordnance Survey mapping **that have resident populations above 10,000 people** (2011 Census).

- **Rural areas are those areas that are not urban**, i.e. consisting of settlements below 10,000 people or are open countryside.

- For the 2011 Census, England was divided into 171,372 Census **Output Areas** (OAs) which on average have a resident population of 309 people. OAs are the smallest geographic unit for which Census data are available. Their geographical size will vary depending on the population density.

- **Each OA is assigned as urban or rural** based on whether its (population-weighted) centre is within or outside a built up area of greater than 10,000 people. The rural and urban labels can then be used to analyse Census or other data, to allow comparisons between rural and urban areas.

- A simple rural / urban statistical split may not be sufficient to reflect the diversity of rural and urban areas.

- By looking at dwelling densities for every 100m x 100m square and the density in squares at varying distances around each square, and then comparing these 'density profiles' for different types of settlement, the settlement form across the country can be mapped and this allows **every OA to be assigned a settlement type**. For the first time this has been done to provide a typology of urban areas (previously only classed as 'urban').

- As well as settlement form, the wider **context of each settlement** can be determined by looking at dwelling densities at greater distances, up to 30km beyond, to identify sparsely populated areas and thus **settlements in a sparse setting**.

- The **Rural-Urban Classification of Output Areas** (shown below) consists of six rural and four urban settlement / context combinations.

The Rural-Urban Classification of Output Areas

Appendix B – Other Data Sources

The following table gives details of external data sources used in our analysis and reporting.

Source	Data	Use
www.geoportal.statistics.gov.uk	Postcode Directory Output Area look up files	Assigning survey responses to specific rural areas, Police Force areas and other regional entities.
Crime Survey of England & Wales (CSEW) 2016-2018	Perceptions of Police	Comparison of survey data with CSEW data.
www.gov.uk/government/organisations/department-for-environment-food-rural-affairs	Explanatory notes	Reference for Rural-Urban Classifications.

Appendix C – Questionnaire

SECTION A INTRODUCTION AND SCREENING

Thank you for your interest in our survey.

First we would like to get some details about you and your relationship to the countryside.

OE POSTCODE BOX

A1   Please enter your home postcode in the box below.

We need your postcode so that we can identify which part of the country you live in, which Police Force serves your area, who your Local Authority is and (if applicable) the type of rural area you live in.

NOT SHOWN

A2   Rural urban classification

Urban, not sparse, major conurbation........................... 1
Urban, not sparse, minor conurbation 2
Urban, not sparse, city & town...................................... 3
Urban, sparse, city & town 4
Rural, not sparse, town & fringe.................................... 5
Rural, not sparse, villages 6
Rural, not sparse, hamlets and isolated dwellings 7
Rural, sparse, town & fringe 8
Rural, sparse, villages.. 9
Rural, sparse, hamlets and isolated dwellings............. 10

The next set of questions are about your relationship with the countryside.

SC
A3a   Do you live in a rural area?

Yes.. 1
No... 2

SC
A3b   Do you own a business in a rural area?

Yes.. 1
No... 2

ASK IF NO AT A3a AND A3b

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A3c Do you regularly visit rural areas (at least once per week) as part of your job or for leisure?

Yes... 1
No.. 2

SC
A3d How often do you visit rural areas as part of your job, leisure or recreation activities?

Every day... 1
Most days.. 2
2-3 times per week.. 3
About once per week... 4
Less often.. 5

IF NO AT A3c OR CODE 5 AT A3d THEN SHOW MESSAGE

Thank you for your interest in the survey. Unfortunately, this survey requires you to live in, work in or regularly visit the countryside to take part. Please feel free to leave any comments you wish to make about crime in rural areas of England & Wales.

SHOW IF WORK OR OWN BUSINESS IN RURAL AREA AT A3a (CODES 2 OR 3)
OE TWO BOXES
A4 Please enter the postcode of your business in the boxes below

ASK IF BUSINESS OWNER AT A3 (CODE 2)
SC
A5 Which of these best describes the business that you own?

Retail 1
Hospitality (e.g. pub, restaurant, hotel)......................... 2
Construction... 3
Manufacturing... 4
Professional and administrative services 5
Farming/Agriculture.. 6
Other (please specify).. 7

ASK IF BUSINESS OWNER AT A3 (CODE 2)
SC
A6 How many people are employed in your business?

Just me.. 1
1-4.. 2
5-9.. 3
10-49 4

50-249 5

250+ 6

SC
A7   How long have you lived in this area?

Less than 1 year 1

1–2 years.. 2

3-5 years 3

6-10 years 4

More than 10 years 5

A8   How long have you owned a business in this area?

Less than 1 year 1

1–2 years.. 2

3-5 years 3

6-10 years 4

More than 10 years 5

COLLECT ACTUAL AGE AND CODE
OE + SC
A9   Please could you tell us your age?

Under 16... 1

16-24 2

25-34 3

35-44 4

45-54 5

55-64 6

65-74 7

75+.. 8

Prefer not to say 9

SC
A10   What is your gender?

Male.. 1

Female 2

I identify in another way..................................... 3

Prefer not to say 4

SC

A11a Which Police Force looks after the area where you live?

Don't Know 1
Other.. 2

A11b Which Police Force looks after the area where you own a business?

Don't Know 1
Other.. 2

A11c Which Police Force looks after the rural area that you visit most often?

Don't Know 1
Other.. 2

SECTION B EXPERIENCE OF CRIME

This next section is all about your experience of crime over the past 12 months in the area where you live or other rural areas. We are interested in any crimes that have been committed against you, including ones that were not reported to the Police. Towards the end of the section we will also ask you about crimes that you have witnessed or have seen evidence of in the area where you live or other rural areas.

Please note that this section is specifically about crime and that there is a section later in the survey that focuses on your experiences of anti-social behaviour (ASB).

If you have moved to the area more recently 12 months ago then only tell us about experiences of crime since you moved.

This next section is all about your experience of crime in rural areas over the past 12 months. We are interested in any crimes that have been committed against you whilst you have been visiting rural areas, including ones that were not reported to the Police.

B1a Have you had any crimes committed against you either in the area where you live or another rural area in the last 12 months?

B1b Have you had any crimes committed against you when visiting a rural area for work or leisure pursuits, in the last 12 months?

We want to know about any crimes committed against you in the last 12 months and not just those that were reported to the Police.

To help you remember, here's a list of different crimes. If you can't find a description that fits then please write your own description in one of the boxes provided.

Please note we are just focusing on crimes where you are the victim at the moment. We will be talking about more general crimes against society later in the survey as well as your experiences of anti-social behaviour (ASB).

Please select all that apply to you

No I haven't had a crime committed against me in the last 12 months	1	SKIP TO B13b
Burglary (having your house/business broken in to)	2	
Robbery (having something forcefully taken from you (your person)	3	
Theft of possessions from your person – without using force (e.g. from your bag, pockets or hands)		
Theft of your car	4	
Theft from your car	5	
Theft of your bike	6	
Theft of personal possessions you have left in a public place (e.g. the office, a cloakroom)	7	
Theft of agricultural machinery or equipment	8	
Theft of livestock	8	
Theft of fuel	9	
Theft of agricultural materials (e.g. fertilizer)	10	
Theft from an outbuilding	11	
Theft of horse tack/equipment	12	
Shoplifting	13	
Other type of theft (please specify)	14	
Domestic abuse (any controlling, coercive, threatening or violent behaviour, including sexual violence, between partners or ex-partners)		
Crime of a sexual nature	15	
Other Violent crime (being physically assaulted)	16	
Harassment (repetitive threatening behaviour causing you distress e.g. unwanted phone calls, letters, visits to your home, stalking) excluding domestic abuse (see above)	19	
Online Harassment (as above but on the internet or via email)	20	
Criminal damage, Vandalism/ Arson or damage of your property or possessions	16	

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Fly tipping on your land	17
Wildlife crime or hare coursing on **your** land	18
Being deceived out of money or property	21
Being deceived out of money or property online or by email	22
Other (please specify)	23

SHOW CRIMES CODED AT B1
MC
B2   And which of these was the most recent?

Burglary (having your house/business broken in to)	2
Robbery (having something forcefully taken from you (your person)	3
Theft of possessions from your person – without using force (e.g. from your bag, pockets or hands)	
Theft of your car	4
Theft from your car	5
Theft of your bike	6
Theft of personal possessions you have left in a public place (e.g. the office, a cloakroom)	
Theft of agricultural machinery or equipment	7
Theft of livestock	8
Theft of fuel	9
Theft of agricultural materials (e.g. fertilizer)	10
Theft from an outbuilding	11
Theft of horse tack/equipment	12
Shoplifting	13
Other type of theft (please specify)	14
Domestic abuse (any controlling, coercive, threatening or violent behaviour, including sexual violence, between partners or ex-partners)	
Crime of a sexual nature	15
Other Violent crime (being physically assaulted)	16
Harassment (repetitive threatening behaviour causing you distress e.g. unwanted phone calls, letters, visits to your home, stalking) excluding domestic abuse (see above)	19
Online Harassment (as above but on the internet or via email)	20
Criminal damage, Vandalism/ Arson or damage of your property or possessions	16
Fly tipping on your land	17
Wildlife crime or hare coursing on **your** land	18

Being deceived out of money or property	21
Being deceived out of money or property online or by email	22
Other (please specify)	23

B3a   Please confirm that the crime happened in a rural area

Yes, in a rural area 1
No, in an urban area 2

DROPDOWN OF FORCES IN SURVEY+ OTHER AND DON'Y KNOW OPTION
SC
B3b   Please confirm which police force area the crime happened in

Don't Know 1
Derbyshire.. 2
Devon & Cornwall.. 3
Dorset 4
Durham 5
Hampshire 6
Lancashire 7
Lincolnshire 8
North Yorkshire 9
Nottinghamshire 10
Staffordshire.. 11
Sussex 12
Other...

ASK IF RESIDENT AND BUSINESS OWNER AT A3
B4   Would you say the crime was more to do with you as a resident or as the owner of a business?

Resident.. 1
Business 2
Both.. 3

DROP DOWN
B5   In which month and year did this crime happen?

An approximation is fine

SC
B6   Was this crime reported to the Police by you or any other person?

Yes, by me 1
Yes, by someone else... 2
No, although Police already knew about it e.g. were present at the scene   3
No (so far as I know) it was never reported as a crime   4

MC/OE
RANDOMISE

B7a   Why didn't you report the crime to the Police?

I /We dealt with matter myself/ourselves..................... 1
Previous bad experience with the Police/Criminal Justice System 2
General dislike/fear of the Police 3
Police couldn't have done anything 4
Fear of reprisals.. 5
Too trivial/not worth reporting 6
Waste of time/would be no point................................... 7
I **felt** intimidated 8
I **was** threatened/intimidated... 9
I reported it to another authority (e.g. council)........ 10
It was only an attempted crime and no damage was done   11
Other (please specify)... 12

SHOW IF DEALT WITH T THEMSELVES AT B7a
OE
B7b   What did you do to deal with the matter yourself?

ASK IF BURGLARY, THEFT OR FRAUD AT B2
SC
B7c   Do you think (or know if) the perpetrator was local or from outside the area?

Local 1
From outside the area 2
I don't know 3

ASK IF BURGLARY, THEFT OR FRAUD AT B2
SC
B7d   Do you think (or know if) they were working alone or were they part of an organised group?

Working alone... 1
Part of an organised group 2
I don't know 3

ASK IF BURGLARY, THEFT OR FRAUD AT B2

B7e   Do you think the crime was opportunistic or were you specifically targeted?

Opportunistic.. 1
Targeted.. 2

B8a   Many people have emotional reactions after incidents in which they are victims of crime. Looking at this list, which of these reactions did you PERSONALLY have?

Select all that apply

Anger 1
Shock 2
Fear 3
Depression 4
Anxiety/panic attacks 5
Loss of confidence/feeling vulnerable 6
Difficulty sleeping 7
Crying/tears 8
Annoyance 9
Tempted to make matters into my own hands 10
Relieved my experience hadn't been worse................ 11
It made me determined to protect my property/myself better in future   12
It made me determined to take a more active role in my community to help prevent crime 13
None of the above 13

B8b   Overall, how much were you affected by [INSERT EMOTION]

Very much   1
Quite alot.. 2
A little 3

B9a   Overall how satisfied were you with the response you received from the Police?

Completely satisfied... 1
Very satisfied... 2
Fairly satisfied.. 3
Neither satisfied nor dissatisfies..................................... 4

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Fairly dissatisfied.. 5
Very dissatisfied... 6
Completely dissatisfied 7

SC
B9b   Which of these words best describes **how you felt about the response** you received from the Police?

Pleased.. 1
Secure/comforted... 2
Relieved.. 3
Surprised.. 4
Embarrassed... 5
Confused.. 6
Worried/Scared 7
Miserable.. 8
Angry 9
Frustrated 10
Shocked.. 11
Disgusted 12
Didn't feel anything... 15

SC/OE
B10   Which of these words best describes **how you feel now** about what happened?
RANDOMISE

Pleased.. 1
Secure/comforted... 2
Relieved.. 3
Surprised.. 4
Embarrassed... 5
Confused.. 6
Worried/Scared 7
Miserable.. 8
Angry 9
Frustrated 10
Shocked.. 11
Disgusted 12
Don't feel anything 15

MC
B11a   Looking at this list what, if any, of these things happened to you as a result of this incident?

Select all that apply

Financial loss (including loss of earnings)
Time off work
Loss of employment/ability to make a living
Relationship breakdown
Avoided social situations
Inconvenience
Moved house
Took additional security precautions (e.g. installing a burglar alarm)
Loss of trust in other people/the public
Time off from school/college/university
Impact on health
Effect on personal confidence
No impact

ASK IF B11a IS NOT 'NO IMPACT'
B11b   What if any financial costs did you incur as a result of this crime?

Knowing this will help us calculate the true financial cost of crime in rural areas

	Enter your best estimate in pounds
None	
Replacement value of property	
Repair of damage	
Loss of earnings	
Buying/installing security equipment (e.g. cameras)	
Other costs	
Total	CREATE SUM

SC
B12   Did you make an insurance claim?

Yes 1
No 2

ASK IF CODE 1 AT B12
OE
B13   How much did you receive from your insurance claim?

Please give your best estimate in pounds

SC
B13b   How many times have you had a crime committed against you in the last 12 months?

Please count ones that were reported to the Police as well as ones that were not

None 1

Once 2

Twice 3

Three times.. 4

Four times 5

Five or more times... 6

We would now like you to think about other crimes that you might have witnessed or seen evidence of in rural areas. We are talking about crimes that are not specifically targeted at you but that are more general crimes against society. These might include speeding, fly tipping, poaching, illegal hunting or other wildlife crime.

B14   Have you witnessed or seen evidence of this sort of crime in rural areas in the last 12 months?

Yes... 1

No 2

B15   Please give us a description of these crimes and how often they have happened in the last year?

Please write in one issue per box

Description of crime	Has the situation improved, got worse or stayed the same in the last 3 years? DROPDOWN	How often happened in last year

B16   How would you rate the way in which the Police in your area are dealing with the issues you have mentioned?

Excellent... 1

Good.. 2

Fair.. 3

Poor 4

Very Poor 5

B17 Are you aware of any specific Police or Local Authority initiatives to tackle rural crime in your area?

No 1
Yes (Please describe below)... 2

B18

Some police forces have a dedicated rural crime team, comprising dedicated, expert rural officers and specialist resources. Are you aware of any such specific initiatives to tackle rural crime in your area?

Yes.. 1
No 2

B19 Thinking about Fly Tipping only. Do you think the problem of Fly Tipping is increasing, decreasing or staying about the same?

Increasing 1
Staying about the same.. 2
Decreasing... 3

B20 Which organisation or organisations do you think are responsible for dealing with the problem of Fly Tipping?

Please select all that apply

Police 1
Council 2
Other... 3

B22 The next few questions are about security; either for your home or your business.

Which of the following do you own/lease or have at home/your place of business?

Livestock.. 1
Working vehicles such as a quad bike, trailer, horse box or tractor   2
Stored fuel (oil or diesel).. 3
Horse(s) 4
None of the above 5

B22a   Here's a list of different security measures and crime prevention activities.

Please tick all the crime prevention activities you take part in and all the security measures you have taken for your home or business?

B22b   Here's a list of the security measures that you have already taken.

Please tick the ones that you believe are effective deterrents against crime for people living or owning a business, in a rural area?

B22c   Here's a list of the security measures that you haven't yet taken.

Please tick the ones that you believe are effective deterrents against crime for people living or owning a business, in a rural area?

	LIST DICTATED BY B22
Burglar or other alarm	
Use Door/Window locks	
Guard dog	
CCTV, video or infra-red surveillance	
Security lighting	
Paid security patrols	
Tracker devices on vehicles or other high value items	
Steering lock, immobiliser or other lock on vehicles	
Smart water marking on equipment	
Postcode or other marking on equipment	
DNA markers on livestock	
Signage indicating that property is marked	
Signage indicating neighbourhood/farm/horse watch area	

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Regular police patrols	
Attended community meetings/local events about crime prevention	
Become part of a neighbourhood watch scheme	
Carry a personal alarm	
Had items of property tagged/micro chipped	
Installed and/or maintained fences and hedges	
Installed perimeter alarms	
Keep gates secured	
Lock personal items away	
Researched crime prevention methods	
Started a neighbourhood watch scheme	
Upgraded security settings on electronic devices	
Upgraded security settings on online accounts	
Vehicles always locked and keys secured when not in use	
Quad bikes and trailers are stored in secure building when not in use	
Quad bikes and trailers are forensically marked	
Quad bikes and trailers photographed and serial numbers recorded	
Quad bikes and trailers secured with hitch locks, wheel clamps, ground anchors	

OE

B23   Are there any other security measures that you have successfully taken to protect yourself and your property?

Please describe in the box.

SC
B24   What do you think has happened to crime in the COUNTRY AS A WHOLE over the past few years?

Gone up a lot.. 1

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Gone up a little 2

Stayed about the same 3

Gone down a little 4

Gone down a lot 5

SC

B25 How much of a problem do you think crime is in the COUNTRY AS A WHOLE?

A very big problem 1

A fairly big problem 2

Not a very big problem 3

Not a problem at all 4

SC

B26 And what do you think has happened to crime in YOUR LOCAL AREA over the past few years?

If you haven't lived in this area for 5 years then please think about the time since you moved in.

Gone up a lot 1

Gone up a little 2

Stayed about the same 3

Gone down a little 4

Gone down a lot 5

SC

B27 How much of a problem do you think crime is in the AREA WHERE YOU LIVE?

A very big problem 1

A fairly big problem 2

Not a very big problem 3

Not a problem at all 4

SECTION C EXPERIENCE OF ASB

This next section is all about your experiences of Anti-Social Behaviour. Anti-Social behaviour can range from litter and dog fouling through to noisy neighbours, rowdy and intimidating behaviour and vehicle related disturbance and disorder.
NEXT PAGE

SC
C2   Have you been affected by Anti-Social Behaviour in the last 12 months?

Yes.. 1
No 2

ASK IF YES AT C2
OE
C3   How many times have you been affected by Anti-Social Behaviour in the last 12 months?

ASK IF YES AT C2
OE
C4   Please briefly describe the types of ASB that have personally affected you in the last 12 months.

ASK IF YES AT C2
MC
RANDOMISE
C5   Please tick the issues below that best describe the types of ASB you just mentioned

Young people hanging about 1
Drunken or rowdy behaviour in the streets................. 2
Nuisance neighbours.. 3
Environmental noise (including loud music, vehicle noise, dogs barking)   4
Environmental (including fly tipping, litter, dog fouling, burning rubbish)   5
Drug taking or dealing 6
Prostitution 7
Vandalism.. 8
Harassment/Intimidation... 9
None of the above 10

ASK IF YES AT C2
SC
C6   Were any of these incidents reported to the Police by you or any other person?

Yes.. 1
No... 2

SC/OE

C7   Which of these words best describes how you feel about the response of the Police to Anti-Social Behaviour in your area?

RANDOMISE

Pleased	1
Secure/comforted	2
Relieved	3
Surprised	4
Embarrassed	5
Confused	6
Worried/Scared	7
Miserable	8
Angry	9
Frustrated	10
Shocked	11
Disgusted	12
Don't feel anything	15

We would now like you to think about some specific vehicle related issues.

C1 So far as you are aware, how much of a problem do you think each of the following are in the area where you live?

We would like you to select an answer based on your perception of each issue.

Speeding cars
Speeding motorcycles
Inappropriate use of vehicles on private land, public footpaths, rights of way or green lanes
Loud or anti-social vehicles
HGVs using inappropriate routes

A very big problem.. 1
A fairly big problem 2
Not a very big problem 3
Not a problem at all 4

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SECTION D COMMUNITY

This section is all about your community. This can mean different things to different people, it could be your neighbourhood, your village, or the general area that you feel you are part of.

NEXT PAGE

SC

D1   How safe do you feel in your own home after dark?

Very safe 1
Fairly safe 2
A bit unsafe 3
Very unsafe 4

SHOW ON SAME PAGE SCREEN AS ABOVE
SC

D2   How does this compare to 5 years ago?

If you haven't lived in this area for 5 years then please think about the time since you moved in.

I feel a lot safer now 1
I feel a little safer now 2
Stayed the same...3
I feel a little less safe now...........................4
I feel a lot less safe now 5

SC
D3   How safe do you feel walking in the area where you live after dark?

Very safe 1
Fairly safe 2
A bit unsafe 3
Very unsafe 4

SHOW ON SAME PAGE SCREEN AS ABOVE
SC
D4   How does this compare to 5 years ago?

If you haven't lived in this area for 5 years then please think about the time since you moved in.

I feel a lot safer now 1
I feel a little safer now 2

Stayed the same..3

I feel a little less safe now 4

I feel a lot less safe now 5

D5   How worried are you about becoming a victim of crime in the area where you live?

Very worried 1

Fairly worried 2

Not very worried...3

Not at all worried 4

SHOW ON SAME PAGE SCREEN AS ABOVE
SC
D6   How does this compare to 5 years ago?

If you haven't lived in this area for 5 years then please think about the time since you moved in.

I am a lot less worried now 1

I am a little less worried now 2

Stayed the same...3

I am a little more worried now 4

I am a lot more worried now 5

SLIDER 1-10
D13   How much is YOUR OWN quality of life affected by crime on a scale from 1 to 10, where 1 is no effect and 10 is a total effect on your quality of life?

SLIDER 1-10
D14   How much is YOUR OWN quality of life affected by fear of crime on a scale from 1 to 10, where 1 is no effect and 10 is a total effect on your quality of life??

SC
D7   How strongly do you feel you belong to your immediate neighbourhood?

Very strongly 1

Fairly strongly..2

Not very strongly...3

Not at all strongly.......................................4

SHOW ON SAME PAGE SCREEN AS ABOVE
SC
D8   Has this feeling of belonging increased, decreased or stayed the same in the last 5 years?

If you haven't lived in this area for 5 years then please think about the time since you moved in.

Increased a lot 1
Increased a little 2
Stayed the same 3
Decreased a little 4
Decreased a lot 5

D9   How often do you chat to any of your neighbours, more than to say hello?

On most days 1
Once or twice per week 2
Once or twice per month 3
Less than once per month 4
Never 5
Don't have any neighbours 6

SHOW ON SAME PAGE SCREEN AS ABOVE
SC
D10   Has the amount you chat to your neighbours (more than to say hello) changed in the last 5 years?

If you haven't lived in this area for 5 years then please think about the time since you moved in.

Increased a lot 1
Increased a little 2
Stayed the same 3
Decreased a little 4
Decreased a lot 5
I don't have any/I don't talk to my neighbours 6

SC
D11   To what extent would you agree or disagree that people in your neighbourhood pull together to improve the neighbourhood?

Definitely agree 1
Tend to agree 2
Tend to disagree 3
Definitely disagree 4
Neighbourhood doesn't need improving 5

SHOW ON SAME PAGE SCREEN AS ABOVE
SC
D12   Has the amount the people in your neighbourhood pull together changed in the last 5 years?

If you haven't lived in this area for 5 years then please think about the time since you moved in.

Increased a lot 1

Increased a little 2

Stayed the same 3

Decreased a little 4

Decreased a lot 5

I don't have any/I don't talk to my neighbours 6

D15   As an owner of a business in a rural area, do any of the following cause you concern in the day to day running of your business?

The response I would get from police should I need them   1

Feeling vulnerable due to being located in a rural area 2

Broadband quality 3

Becoming a victim of crime 4

None of the above 5

D16   To what extent do each of these cause you concern?

	Very much	Quite a lot	A little
The response I would get from police should I need them			
Feeling vulnerable due to being located in a rural area			
Broad band connection/and or speed			
Becoming a victim of crime			

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SECTION E PERCEPTIONS OF THE POLICE
ASK SECTION TO THOSE WHO LIVE OR OWN A BUSINESS IN A RURAL AREA AT A3 ONLY

This section is all about your thoughts on the job that the Police do in the area where you live.

IF S1 = 2 THEN ADD

If you are answering this survey as someone who owns a business in a rural area then please think about the area where your business is located.

NEXT PAGE

SC

E1   How much you agree or disagree with each of the following statements about the police in your local area?

You do not need to have had contact with the Police, we are interested in your opinion based upon what you know or believe to be the case.

	Strongly disagree	Tend to disagree	Neither agree nor disagree	Tend to agree	Strongly agree
They can be relied on to be there when you need them	1	2	3	4	5
They are dealing with the things that matter to the people in your community	1	2	3	4	5

SC

E2   How would you rate the Police in your area on the following issues?

You do not need to have had contact with the Police, we are interested in your opinion based upon what you know or believe to be the case.

	Very poor	Poor	Fair	Good	Excellent
Crime prevention/reduction	1	2	3	4	5
Solving crime when it happens	1	2	3	4	5
Dealing with organised crime	1	2	3	4	5

SC

E3   Taking everything into account, what kind of job do you think the police in your area are doing?

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You do not need to have had contact with the Police, we are interested in your opinion based upon what you know or believe to be the case.

Excellent.. 1
Good.. 2
Fair... 3
Poor 4
Very poor 5

SECTION F FURTHER PROFILING

And finally, a few questions about you and your household to help us get a picture of the people taking part in the survey.

OE
F1   **Including yourself** how many people live in your home?

MC
F2   Do you have children living with you?

Select all that apply

No	1	SC ONLY
Yes, over 17	2	
Yes, 12-17	3	
Yes, 5-11	4	
Yes, under 5	5	

SC
F3   Which of these descriptions best represents the type of occupation of the main income earner in your household?

If you can't find a group that fits then please tick other and write in details of the main income earner's occupation.

If the main income earner is retired with a pension other than the state pension then please use the occupation prior to retirement.

- Semi or unskilled manual worker Semi or unskilled manual worker (e.g. Manual workers, agricultural workers. labourer, all apprentices to be skilled trades, Caretaker, Park keeper, non-HGV driver, shop assistant)
- Skilled manual worker Skilled manual worker (e.g. Skilled Bricklayer, Carpenter, Plumber, Painter, Bus/ Ambulance Driver, HGV driver, AA patrolman, pub/bar worker, etc.)
- Supervisory or clerical/ junior managerial/ professional/ administrative Supervisory or clerical/ junior managerial/ professional/ administrative (e.g. Office worker, Student Doctor, Foreman with 25+ employees, salesperson, etc.)
- Intermediate managerial/ professional/ administrative Intermediate managerial/ professional/ administrative (e.g. Newly qualified (under 3 years) doctor, Solicitor, Board director small organisation, middle manager in large organisation, principal officer in civil service/local government)

- Higher managerial/ professional/ administrative Higher managerial/ professional/ administrative (e.g. Established doctor, Solicitor, Land owner, Board Director in a large organisation (200+ employees, top level civil servant/public service employee))
- Student
- Casual worker – not in permanent employment
- Housewife/Househusband/Homemaker
- Retired and living on state pension
- Unemployed or not working due to long-term sickness
- Full-time carer of other household member
- Other (please specify?
- Prefer not to say

F4   Which of these best reflects your total household income?

Less than £10,000 1
£10,000 - £15,000 2
£15,001 - £20,000 3
£20,001 - £30,000 4
£30,001 - £40,000 5
£40,001 - £50,000 6
£50,001 - £75,000 7
£75,001 - £100,000 8
£100,001 -£125,000 9
£125,001-£150,000 10
More than- £150,000 11
Prefer not to say 12

That's the end of the survey. Thank you very much for your time.

F5   If you would like to give us feedback on the survey you have just completed then please do so below.

F6   This survey was previously run in 2015. Would you be interested in taking part in this survey next time it is run? If so then enter your email details in the boxes below.

Thanks again for completing this survey, if you have remembered something that you now think would like to report to the Police then you can call them on 101.

If you would prefer to report a crime anonymously then you can call Crimestoppers. [INSERT CS DETAILS/LOGO]

If you have been a victim of crime and would like some practical or emotional support then you can contact victim support. You don't have to have reported the crime to the Police to get this support. [INSERT VS DETAILS/LOGO]

DYFED-POWYS POLICE AND CRIME PANEL
15/02/19

IOPC ADVICE NOTE TO POLICE AND CRIME PANELS REGARDING COMPLAINTS AND CONDUCT MATTERS
Recommendations / key decisions required: To note the advice received from the Independent Office of Police Conduct (IOPC).
Reasons: Police and Crime Panels have a statutory role in relation to complaints and conduct matters relating to Police and Crime Commissioners.

Report Author: Robert Edgecombe	Designation: Lead officer	Tel No. 01267 224018 E Mail Address: rjedgeco@carmarthenshire.gov.uk

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EXECUTIVE SUMMARY
DYFED – POWYS POLICE AND CRIME PANEL
15/02/19

IOPC ADVICE NOTE TO POLICE AND CRIME PANELS REGARDING COMPLAINTS AND CONDUCT MATTERS

The Police Reform and Social Responsibility Act 2011 ('the 2011 Act') places statutory duties upon Police and Crime Panels in relation to complaints and conduct matters relating to Police and Crime Commissioners.

The Independent Office for Police Conduct has published an advice note to police and crime panels to assist them in handling such matters.

The note covers a variety of points including:

1. The relevant office holders to which it applies
2. The steps to be taken upon receipt of a complaint
3. The steps to be taken upon becoming aware of a conduct matter
4. Preservation of evidence
5. When matters should be referred to the IOPC
6. The information to be provided by Panels to the IOPC
7. Disapplication of the Part 4 (informal resolution process) to complaints
8. Withdrawal of complaints
9. Investigations by the IOPC
10. Discontinuance of investigations by the IOPC
11. Actions following an IOPC investigation
12. Record keeping

The note does not change the effect of the relevant legislation in any way.

DETAILED REPORT ATTACHED?	YES

Section 100D Local Government Act, 1972 – Access to Information

List of Background Papers used in the preparation of this report:

THESE ARE DETAILED BELOW

Title of Document	File Ref No.	Locations that the papers are available for public inspection
Host Authority File	LS-0511/41	County Hall Carmarthen

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OPERATIONAL ADVICE NOTE TO POLICE AND CRIME PANELS

This note will help police and crime panels to handle complaints or conduct matters recorded against police and crime commissioners. It is not formal guidance issued under the Elected Local Policing Bodies (Complaints and Misconduct) Regulations 2012 ("ELPB").[1]

1. Relevant office holders

1.1. 'Relevant office holders' means:

- any police and crime commissioner (PCC). The mayor of Greater Manchester combined authority is regarded as a PCC for Greater Manchester for the purposes of all police and crime commissioner legislation.[2]

- any deputy police and crime commissioner

- in London, the occupant of the Mayor's Office for Policing and Crime (MOPAC). Under normal circumstances, this will be the mayor of London

- in London, any deputy mayor for policing and crime who may be appointed

- The deputy mayor for policing and crime for Greater Manchester combined authority.[3]

2. Receipt of a complaint

2.1 Where the complaint is about a relevant office holder, the police and crime panel must decide whether it is the correct panel to deal with the complaint[4]. If it is not, it must tell the correct panel of the complaint[5].

---

[1] All footnotes refer to the Elected Local Policing Bodies (Complaints and Misconduct) Regulations 2012 unless otherwise stated

[2] Article 3(1) of The Greater Manchester Combined Authority (Transfer of Police and Crime Commissioner Functions to the Mayor) Order 2017 ("2017 Order").

[3] Modifications made by Para 52(2)(c) of Schedule 1 to the 2017 Order to the Elected Local Policing Bodies (Complaints and Misconduct) Regulations 2012.

[4] Regulation 2 defines police and crime panel to mean – "(a) in relation to a police and crime commissioner or deputy police and crime commissioner for a police area listed in Schedule 1 to the Police Act 1996, the police and crime panel established for that police area under section 28(1) of the 2011 Act; (b) in relation to the Mayor's Office for Policing and Crime or the Deputy Mayor for Policing and Crime, the committee established under section 32 of the 2011 Act

[5] Regulation 9(2)

2.2   Where a complaint is made directly to a relevant office holder about his or her own conduct, the relevant office holder must tell the panel of the complaint.[6]

2.3   Where a complaint is made to a chief officer about the conduct of a relevant office holder, the chief officer must tell the panel of the complaint.[7]

2.4   If the panel, relevant office holder or chief officer decides not to tell the correct panel about a complaint, they must tell the complainant about the decision to take no action and the grounds on which the decision was made.[8]

2.5   When a complaint is received by the correct panel, the panel must record the complaint.[9] However, the complaint does not have to be recorded if:

- the complaint has been, or is already being, dealt with by criminal proceedings against the person whose conduct it was

- the complaint was withdrawn in accordance with regulation 16.[10]

2.6   'Recording' means that a record is made of the complaint (for example, in a complaints database). This means that it has to be formally handled in accordance with legislation and under the provisions set out in this guidance. Complaints should be recorded in some form of register which can be readily accessed and examined by the IOPC, if required. This will allow the panel to track progress of the complaint and report on complaints data.

2.7   The panel must provide a copy of the record made of the complaint to the complainant.[11]

2.8   The panel must give a copy of the recorded complaint to the relevant office holder who is subject of the complaint. This must be done unless the panel believes that doing so might prejudice any criminal investigation or pending proceedings, or it would otherwise be contrary to the public interest. If the panel decides not to give a copy of the complaint to the relevant office holder, this decision must be regularly reviewed. If a copy of the complaint is given to the relevant office holder, the identity of the complainant or any other person may be kept anonymous.[12]

2.9   If the panel decides not to record a complaint, it must tell the complainant in writing of the decision to take no action and the grounds for making the decision.[13] The notification should explain the reasons for this decision.

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[6] Regulation 9(4)
[7] Regulation 9(3)
[8] Regulation 10(2)
[9] Regulation 9(5)
[10] Regulation 9(6)
[11] Regulation 31(1)(a)
[12] Regulation 31
[13] Regulation 10(2)

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3. Conduct matters

3.1 For the purposes of the regulations, a conduct matter is where there is an indication (whether from the circumstances or otherwise) that the relevant office holder may have committed a criminal offence.[14]

3.2 A conduct matter must be recorded where either:

- the police and crime panel is told that civil proceedings against the relevant office holder have been or are likely to be brought by a member of the public and which appear to involve or would involve a conduct matter[15]

- a conduct matter comes to the panel's attention in any other case[16]

3.3 However, if either of the following exceptions apply, it is not necessary to record a conduct matter:

- the matter has already been recorded as a complaint under regulation 9(5) of the regulations

- the matter has been, or is already being, dealt with by means of criminal proceedings against the relevant office holder[17]

3.4 'Recording' means that a record is made of the conduct matter (for example, in a conduct matter database). This means that it has to be formally handled in accordance with the legislation (the ELPB and Police Reform and Social Responsibility Act 2011 (PRSRA)). Conduct matters should be recorded in some form of register which can be readily accessed and examined by the IOPC, if required. This will allow the panel to track progress of the conduct matter and report on data.

3.5 If the IOPC becomes aware of a conduct matter which has not been recorded by the panel, the IOPC may direct the panel to record the matter and the panel must do so.[18]

4. Preservation of evidence

4.1 Where a police and crime panel becomes aware of a complaint or conduct matter about the conduct of a relevant office holder, the panel must take all appropriate steps to obtain and preserve evidence about the conduct in question. The IOPC may give the panel directions for obtaining and preserving evidence. The panel must comply with any such directions.[19]

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[14] Police Reform and Social Responsibility Act 2011, Section 31(1)(b)
[15] Regulation 11
[16] Regulation 12
[17] Regulations 11(4) and 12(2)
[18] Regulations 12(3)
[19] Regulations 8(1) and (5)

4.2   Where a relevant office holder becomes aware of a complaint or conduct matter about his or her own conduct, the relevant office holder must take all appropriate steps to obtain and preserve evidence about the conduct in question. The IOPC or the panel may give directions to the relevant office holder to take steps to obtain or preserve evidence. The relevant office holder must comply with any such directions.[20]

5.   Referrals to the IOPC

5.1   The police and crime panel must refer the following to the IOPC:

> i. all recorded conduct matters
>
> ii. all serious complaints (i.e. a complaint which constitutes or involves, or appears to constitute or involve, the commission of a criminal offence)
>
> iii. any serious complaint or conduct matter where the IOPC has told the panel that it requires the matter to be referred[21]

5.2   In terms of complaints, the panel should make an initial assessment of the complaint (before making a referral to the IOPC) to decide whether or not it meets the definition of a "serious complaint".[22] Any information and evidence that is readily available should be obtained to help with the assessment. This initial assessment, and the information and evidence considered in that assessment, should be included in the referral papers. Only complaints that are assessed as "serious complaints" should be referred to the IOPC.

5.3   The panel should complete IOPC referral form 7.1 with the details of the complaint or conduct matter it wants to refer. The completed form should then be sent by secure email to nat_referrals_inbox@policeconduct.gov.uk. It should also include its reasons as to why the matter is a serious complaint, and any supporting documentation. All information stored and handled by the IOPC is treated in line with government security classifications.

5.4   The referral form should be sent to the IOPC at the earliest opportunity. The regulations say that this must be as soon as is practicable. However, a referral must be made no later than the end of the day following the day on which it first becomes clear to the panel either that the complaint or conduct matter must be referred, or the IOPC tells the panel that it requires the matter to be referred to it.[23]

5.5   What information does the IOPC need from the PCP?

5.5.1   A referral should always be sent on the IOPC referral form 7.1 to make sure that all of the basic information is provided. Where a complaint has been made, confirmation that the complaint has been recorded (including the

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[20] Regulations 8(2), (4) and (6)
[21] Regulations 13(1) and (2)
[22] Regulation 2
[23] Regulations 13(3) and (4)

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reference numbers) should be provided alongside the PCP's assessment of that complaint and why it meets the serious criteria.

5.5.2 Where supporting documents are readily available, these should always be sent with the referral form to allow the IOPC to make a reasonable assessment of the level of investigation required. When submitting a referral to the IOPC, the following information should be supplied where available:

- the name of the referring authority
- the nature of the serious complaint or conduct matter being referred
- the location of the incident that is the subject of the referral
- the date and time of the incident
- the name and address of the complainant
- the date of birth of the complainant
- the nature and number of allegations, if any
- the number of police witnesses, if any
- the number of independent witnesses
- the ethnic origin of the complainant
- complaint details form
- incident logs (if applicable)
- custody records (if applicable)

5.5.3 This is not an exhaustive list. The PCP should supply all relevant available information that is likely to assist the IOPC when making its decision, along with the 7.1 referral form. Where further information has been sought but is not available at the time of referral, this should be referred to on the 7.1 referral form alongside timescales (if known) as to when the information may become available. Once it is clear that the matter does require referral, the referral should not be delayed (where all of the basic information is available) while further information is sought.

5.5.4 The panel must tell the complainant (if there is one) of the referral to the IOPC. The panel must also tell the relevant office holder concerned of the referral, unless the panel considers that to do so might prejudice a possible future investigation of the complaint or conduct matter.[24] These notifications should be made in writing.

5.5.5 If the panel wishes to make an urgent referral to the IOPC outside office hours, this may be done by calling 020 7166 3033. If there is no response, you can leave a message with the caller's name and number, the fact that he or she is calling on behalf of the panel, and to which force area the referral relates. If this number is unobtainable or there is no response within 10 minutes, the alternative number is 020 7166 3031. Both of these numbers will allow direct contact with the IOPC on-call team.

Processing the referral

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[24] Regulation 13(6)

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5.5.6 The IOPC will decide whether or not it is necessary for the complaint or conduct matter to be investigated.[25] It will tell the panel in writing of its decision. If the IOPC decides that an investigation is necessary, it will decide whether it should be a managed investigation or an independent investigation.

5.5.7 If the IOPC decides that a complaint does not need to be investigated, it will refer the complaint back to the panel to be dealt with in accordance with Part 4 of the regulations.[26] The IOPC will tell the complainant and the relevant office holder complained against of this decision.[27]

5.5.8 If the IOPC decides a conduct matter does not need to be investigated, it will refer the conduct matter back to the panel to be dealt with in such a manner, if any, as the panel thinks fit.[28] The IOPC will tell the relevant office holder of this decision.[29]

6. Disapplication

6.1 Disapplication of the requirements of the regulations applies to a recorded complaint the police and crime panel decides should not be resolved under Part 4 of the regulations or that no action should be taken in relation to it and where there is an applicable ground for disapplication (see para 6.3 below). The panel may instead handle a recorded complaint in whatever manner (if any) it thinks fit.

6.2 Disapplication applies to recorded complaints (not conduct matters) unless the complaint has been, or must be, referred to the IOPC and has not been referred back to the panel.[30]

6.3 *Grounds for disapplication[31]*

6.3.1 The complaint is concerned entirely with the conduct of the relevant office holder about a person who was working in their capacity as a member of the relevant office holder's staff at the time when the conduct was supposed to have taken place.

6.3.2 More than 12 months have elapsed between the incident, or the latest incident, giving rise to the complaint and the making of the complaint and either:

- no good reason for the delay has been shown

- injustice would be likely to be caused by the delay

6.3.3 The matter is already subject of a complaint.

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[25] Regulation 14(1)
[26] Regulation 14(2)(a)
[27] Regulation 14(3)
[28] Regulation 14(2)(b)
[29] Regulation 14(3)
[30] Regulation 15(1)
[31] Regulation 15(3)

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6.3.4 The complaint gives neither the name and address of the complainant, nor that of any other interested person, and it is not reasonably practicable to find out a name or address.

6.3.5 The complaint is vexatious, oppressive or otherwise an abuse of the procedures for dealing with complaints.

6.3.6 The complaint is repetitious.

6.4 If the panel decides to disapply the requirements of the regulations, it must tell the complainant that it has decided to handle the complaint in this way.[32]

7. Withdrawal of complaints

7.1 If the police and crime panel receives signed written notification from a complainant or a person acting on his or her behalf that he or she withdraws the complaint or does not want any further action to be taken in relation to the complaint, then the panel must record the withdrawal.[33]

7.2 If the complaint in question has been referred to the IOPC and has not been referred back to the panel (i.e. it is either still under consideration by the IOPC or the IOPC has decided a managed or independent investigation should take place) the panel must tell the IOPC of the withdrawal of the complaint.[34] The IOPC will then decide whether the withdrawn complaint should be treated as a conduct matter and will tell the panel of the decision.[35]

7.3 In any other case, the panel must consider whether the withdrawn complaint relates to conduct which should be treated as a conduct matter (i.e. it constitutes or involves, or appears to constitute or involve, the commission of a criminal offence).[36] If so, it must then be recorded and treated as a conduct matter.[37] If not, no further action needs to be taken under the regulations in relation to the complaint.

7.4 If a complainant has indicated that he or she wishes to withdraw a complaint but does not provide signed written notification, the panel must write to the complainant to find out whether he or she wishes to withdraw the complaint. If the complainant responds and indicates that he or she does wish to withdraw the complaint, or if there is no response within 21 days, the complaint should be treated as if a signed written notification of withdrawal had been received. If the complainant responds that he or she does not wish to withdraw the complaint, the complaint must continue to be dealt with under the regulations.[38]

7.5 The panel must tell the relevant office holder complained against if:

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[32] Regulation 15(5)
[33] Regulation 16(1)
[34] Regulation 16(3)
[35] Regulation 16(5)
[36] Regulation 16(4)
[37] Regulation 16(6)
[38] Regulations 16(7) and (8)

- the panel records the withdrawal of a complaint or the fact that the complainant does not want any further action to be taken in relation to his or her complaint

- the panel decides that a complaint should be treated as a conduct matter

- the IOPC decides that a complaint should be treated as a conduct matter

- the complaint will no longer be dealt with under the regulations due to the withdrawal[39]

7.6   However, if the panel previously decided not to tell the relevant office holder complained against of the complaint because it believed it may prejudice any criminal investigation, pending proceedings or would not be in the public interest, the panel does not need to tell the relevant office holder of the withdrawal.

8.   Investigations

8.1   When a complaint or conduct matter has been referred to the IOPC, the IOPC will decide whether it is necessary for an investigation to take place. If the IOPC decides that an investigation is necessary, it will decide whether it should be a managed investigation or an independent investigation.[40] The IOPC will tell the police and crime panel of its decision.[41]

8.2   An independent investigation is an investigation which is carried out by the IOPC. In independent investigations, IOPC investigators have the powers of a police constable.

8.3   A managed investigation is an investigation which is carried out by a police force under the direction and control of the IOPC.

8.4   Upon notification that a managed investigation will be taking place, the chief officer of the selected police force must, if they have not already done so, appoint a person serving with the police to investigate the matter.[42] The IOPC may require that no appointment is made by the chief officer unless the IOPC has given notice that it approves of the proposed investigator. Alternatively, the IOPC may require the chief officer to appoint another investigator if the IOPC is not satisfied with the original selected investigator. This subsequent appointment may only happen if the IOPC has approved the appointment of the new investigator.

8.5   Every panel, every relevant office holder and every chief officer has a duty to provide the IOPC, or in a managed investigation the person appointed to

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[39] Regulation 16(9)
[40] Regulation 18
[41] Regulation 18(8)
[42] Regulation 19(2)

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investigate, with any assistance and co-operation that is reasonably required to carry out an investigation under the regulations.

9. Discontinuance

9.1 In certain circumstances, the IOPC may decide that an investigation should stop. This may be either because of an application from a chief officer involved in the investigation or as a result of a decision by the IOPC itself.[43]

9.2 If a chief officer believes that an investigation should be discontinued, they must make a written application to the IOPC including a copy of the complaint (where applicable) and a memorandum containing a summary of the investigation so far and the reasons for the application. This application must be sent to the complainant (where there is a complainant) on the same day as it is sent to the IOPC.[44]

9.3 The police and crime panel will not have a role in the decision-making about the discontinuance – this decision is for the IOPC. Where the IOPC decides an investigation should be discontinued, it will tell the panel.[45]

9.4 When an investigation is discontinued, the IOPC may make certain directions to the panel. Any direction made will be set out in a letter to the panel. The directions which the IOPC may make to the panel are:

- to require the chief officer to produce an investigation report on the discontinued investigation and take any other subsequent steps

- if the investigation related to a complaint, requires the panel to disapply the requirements of the regulations, as regards that complaint

- if the investigation relates to a complaint, requires the panel to handle the complaint by way of resolution as set out in Part 4 of the regulations

- to require the panel to handle the matter in whatever manner the panel thinks fit[46]

9.5 The panel must comply with any directions given to it.[47]

10. Action in response to an investigation report

10.1 When the IOPC receives an investigation report (either from the investigating police officer in a managed investigation, or its own investigator in an independent investigation) it will decide whether the report should be referred to the Crown Prosecution Service (CPS).[48]

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[43] Regulation 24(1)
[44] Regulations 24(3) and (4)
[45] Regulation 24(7)(a)
[46] Regulation24(9)
[47] Regulation 24(11)
[48] Regulation 26

10.2 If the report is referred to the CPS, the IOPC will tell the police and crime panel and any other person entitled to be kept informed of the referral. It will also be the duty of the IOPC to tell the panel and any other person entitled to be kept informed if the CPS decides to bring criminal proceedings in respect of any matters dealt with in the report.[49]

10.3 The IOPC will publish its investigation report and send a copy of the report in relation to the relevant office holder to the appropriate panel. The harm test will be applied to the investigation report before publication and disclosure.[50] The IOPC may delay sending or publishing a report, or withhold any part of a report from sending or publication, if the IOPC considers that it is necessary to do so, for the purposes mentioned in regulation 33(1)(a) or (b).[51]

11. Delegation of powers and duties

11.1 The ELPB and the Police and Crime Panels (Application of Local Authority Enactments) Regulations 2012 enable a police and crime panel to delegate certain powers and duties.[52] Wherever any power or duty is delegated, there should be a clear record of that delegation. The record should set out to whom the delegation has been made, when it was made, its basis and any limitations.

12. Duty to provide information to the IOPC

12.1 It is the duty of every police and crime panel, every relevant office holder, and every chief officer to provide the IOPC with any information, documents, or evidence required by the IOPC for it to carry out its functions.[53]

12.2 Anything which is provided as a result of this duty must be provided in the form, manner and timescale set out by the IOPC.[54] However, the regulations recognise that in some cases it may not be possible to provide the required information within the set timescale (in which case it must be provided at the earliest time practicable) and in some cases it may never be practicable to provide the information.[55]

12.3 In these situations, the person to whom the request is made must inform the IOPC whether and why there may be a delay or that it is not practicable to provide this information. Information or documents which are required to be

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[49] Regulations 26(2)(c) and (6)
[50] Regulations 26(7) and (8)
[51] These purposes are where the non-disclosure of information is necessary for the purpose of-
  (a) preventing the premature or inappropriate disclosure of information that is relevant to, or may be used in, any actual or prospective criminal proceedings
  (b) preventing the disclosure of information in any circumstances in which its non-disclosure –
  (i) is in the interests of national security
  (ii) is for the purposes of the prevention or detection of crime, or the apprehension or prosecution of offenders
  (iii) is required on proportionality grounds
  (iv) is otherwise necessary in the public interest
[52] Regulation 7
[53] Regulation 35(1)
[54] Regulation 35(2)
[55] Regulation 35(3)

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provided may be provided electronically, where authorised or required by the IOPC.[56]

13   Access to premises

13.1   A police and crime panel, relevant office holder and chief officer must allow a person nominated by the IOPC access to any premises occupied for the purposes of the panel, relevant office holder or chief officer's functions (and documents or other things on those premises) for the following purposes:

- any investigation carried out by the IOPC or under its management under the regulations; or,

- any examination by the IOPC of the efficiency and effectiveness of the systems put in place to handle complaints and conduct matters concerning the relevant office holder.[57]

13.2   Where the IOPC's requirement for access is for the second purpose stated above, it will give the panel, relevant office holder or chief officer at least 48 hours notice of the request for access. If there are reasonable grounds for not allowing the IOPC access at the time requested, access should instead be allowed at the earliest practicable time after those grounds cease to exist.[58] The person to whom the request is made must inform the IOPC of the reasons why access cannot be granted to the IOPC at the time it requested.

14.   Keeping of records

14.1   The police and crime panel must keep a record of:

- every complaint made to it, regardless of whether the complaint is recorded under regulation 9 of the regulations;

- every conduct matter that it records;

- every exercise of a power or performance of a duty under the regulations.[59]

14.2   Panels would also assist the IOPC if they adhered to the guidance set out in the IOPC's statutory guidance on data collection and monitoring in respect of matters dealt with under the regulations.

15.   General duties

15.1   The police and crime panel has a general duty to ensure that it is kept informed about complaints and conduct matters against a relevant office holder for the panel's police area and what is done under the regulations to

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[56] Regulation 35(4)
[57] Regulation 36(1) and (2)
[58] Regulation 36(3) and (4)
[59] Regulation 34

deal with them. The panel must also ensure that it is kept informed about any obligations to act (or not act) that have arisen under the regulations and have either not yet been complied with or have been contravened.[60]

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[60] Regulation 6(1) and (2)

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