



Swindon Domestic Abuse Forum

Friday 29th November 2024

0930-1200

Please put your name and role in the chat.

WILTSHIRE POLICE



Right Care Right Person DA Forum 29th November 2024

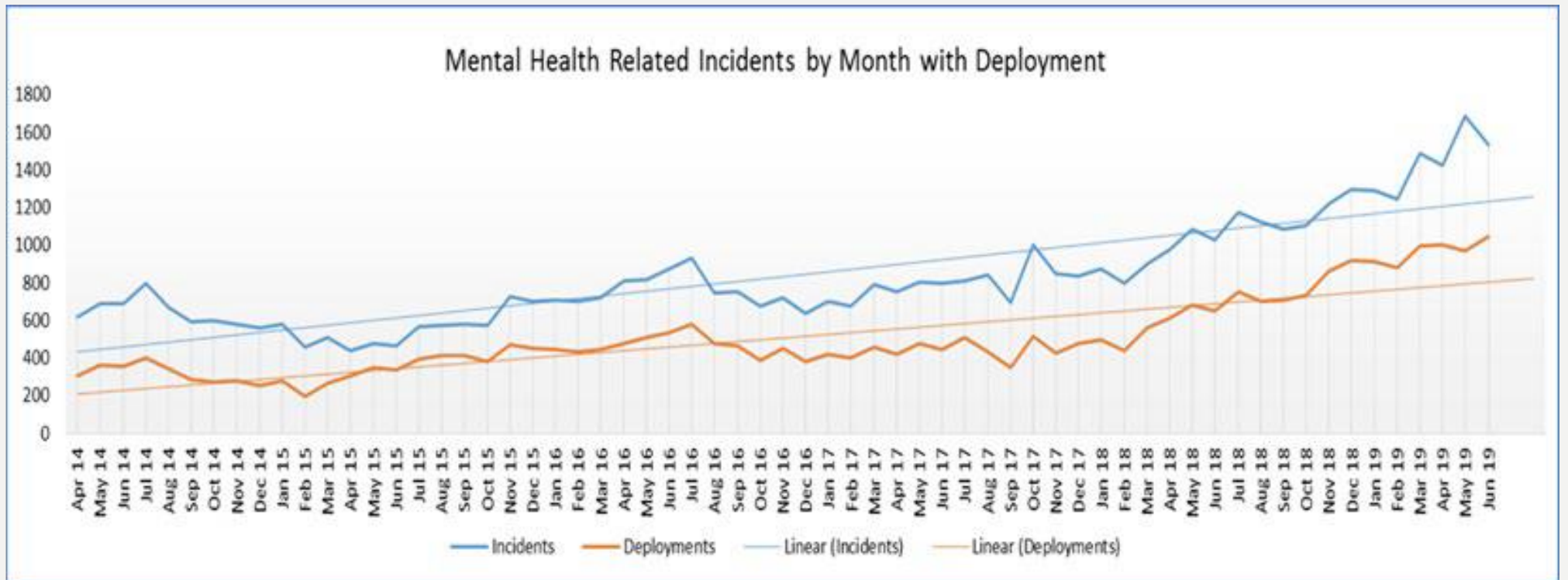


RCRP

- Background
- Humberside approach
- Partnership approach
- Children
- Legal considerations
- Case studies
- Implementation

Background

- HMICFRS report 'Picking up the Pieces' (Nov 2018)
- Mental health demand was rising exponentially with no method to reduce it.
- Welfare checks were taking up a disproportionate amount of police time and were mostly health related.
- Partner services were unable to cope with their demand and the police were filling the gaps.



Background

Police Productivity Review 15/02/23

Mental Health Demand on Policing –Sir Stephen House QPM

Key Findings



Use of the Section 136 has increased by **10%** in the last four years. Forces report spending **12 hours** with each patient.



Requests for assistance from individuals suffering from mental ill health are **increasing across all services**. End of 2021: 4.3 million referrals to NHS mental health services. (An increase from approximately 3.8 million referrals in the years 2019 and 2020)



3,000-5,000 individuals are held in police cells each year, without any legal framework, suffering from acute mental ill health and awaiting an appropriate bed in a health care setting.



Thousands of individuals are reported every year to the police as missing from mental health settings and hospitals.



800,000 officer hours a year, for calls to mental health incidents that do not involve a crime or safety risk.

Humberside Approach

- Humberside journey started in 2019
- Demand for concern for safety and welfare calls had been rising exponentially

Concern for Welfare

- Over 25k calls per year – 11% of all demand – 25% increase over 2 years

Mental Health

- Over 14k calls per year – 6% of all demand – 35% increase over 2 years
- 18% of all Concern for Welfare calls came from partners
- Top locations in terms of demand 8 out of 11 were NHS or care settings

Principles of RCRP

1. Members of the public have the right to receive the “Right Care from the Right Agency
2. The Police should concentrate on “Core Role of Policing”
3. Understanding the Police’s Legal Duty to attend
4. Partnership working
5. Ensuring staff are correctly trained and supported to make the right decisions

Core Role of Policing

Where RCRP is implemented correctly Police will be able to focus on their core role;

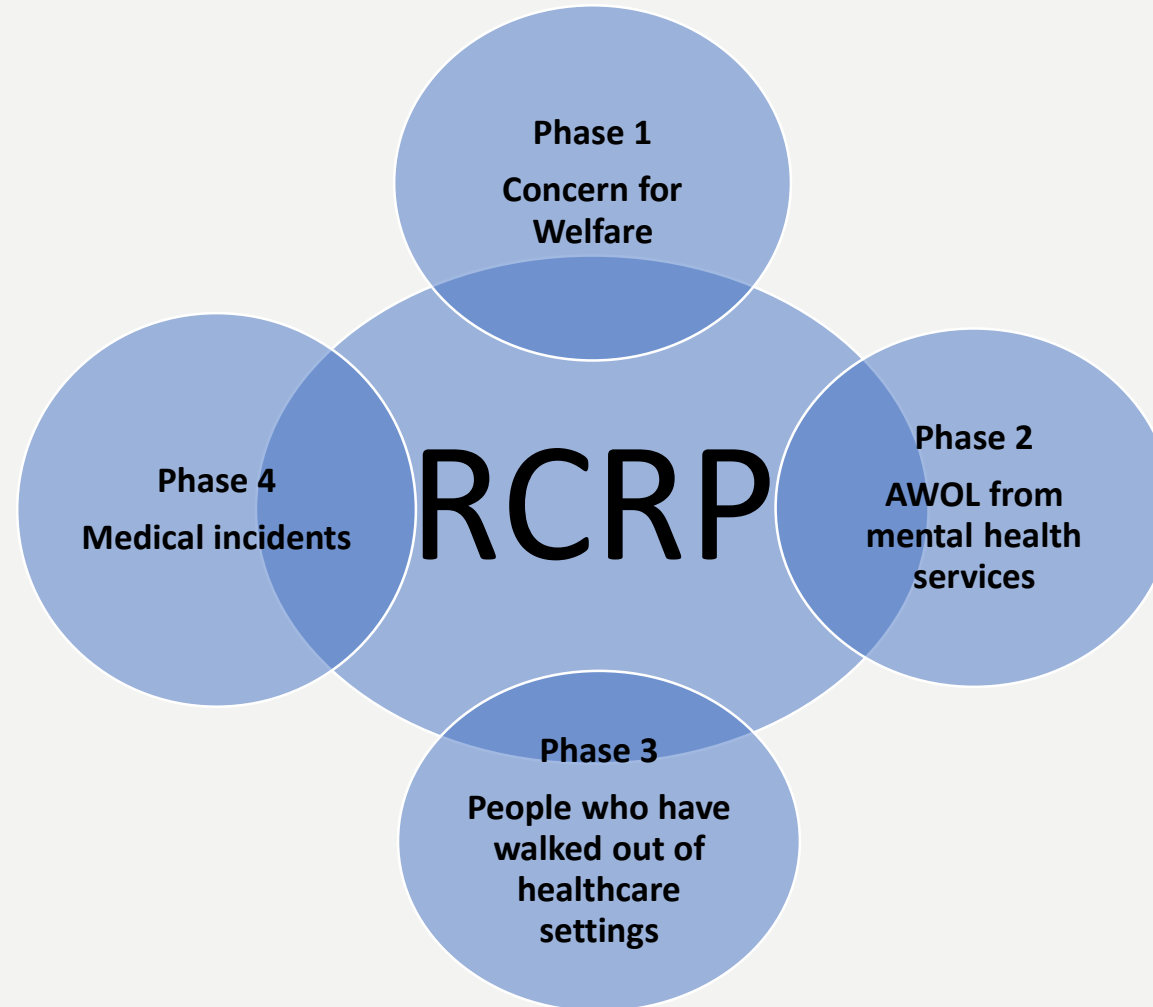
- Common Law Policing Powers
- Prevention and Investigation of crime
- To keep the King's Peace

Humberside Approach

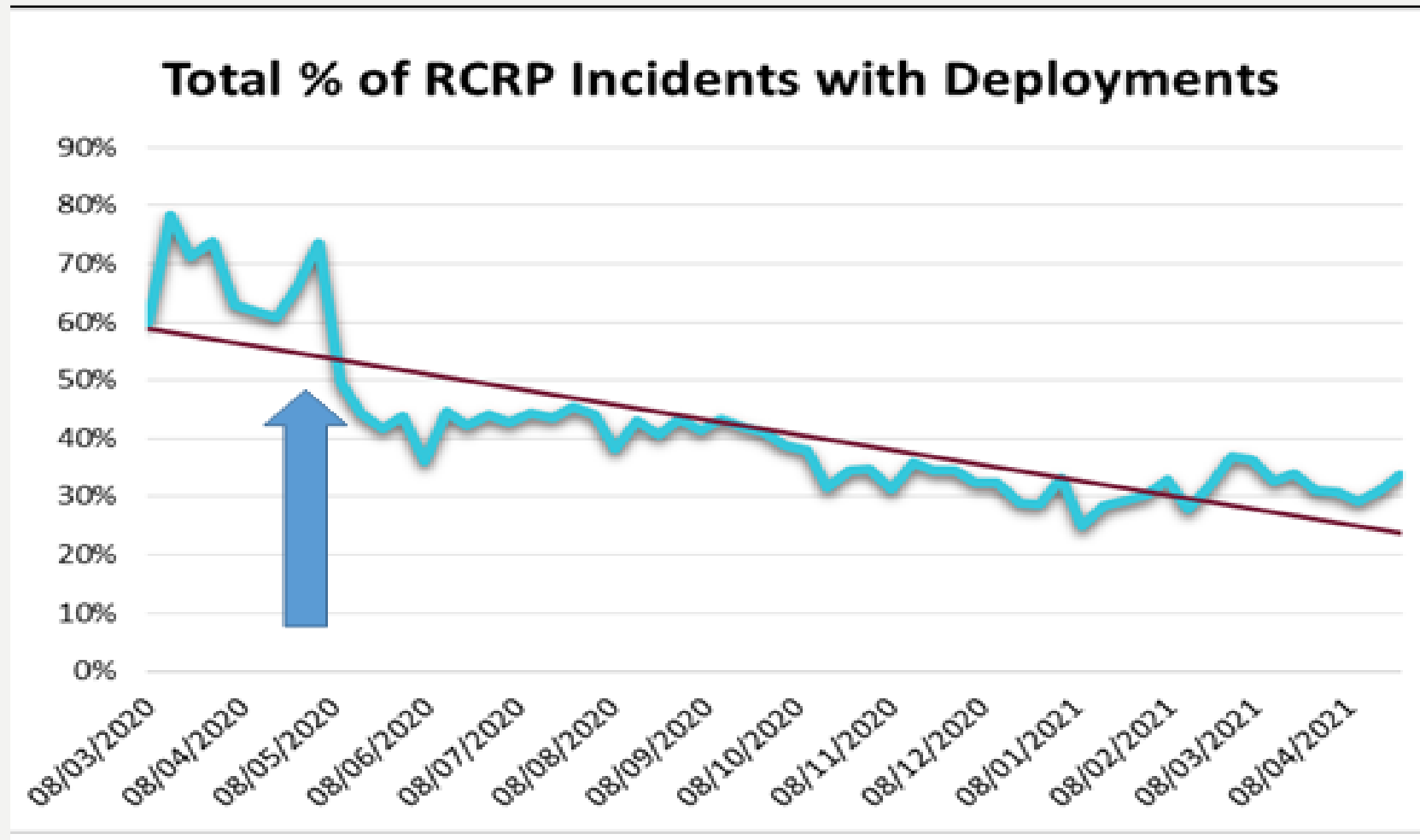
Objectives

1. Partners within Health and Social Care should conduct their own welfare checks
2. AWOL mental health patients should not be routinely reported to the Police
3. Police should not routinely be called for patients who have left Hospital emergency departments
4. Transportation for physical and mental health patients will not routinely be carried by the Police unless in exceptional circumstances
5. Police handovers at Mental Health Crisis Suites should take place within 1 hour

Phased Implementation



HumberSide Experience



National Partnership Agreement

An agreement between policing, health and other relevant partners that sets out the principles around the Right Care, Right Person approach.

This agreement is between:

- Department of Health and Social Care (DHSC)
- Home Office
- NHS England
- National Police Chiefs' Council (NPCC)
- Association of Police and Crime Commissioners (APCC)
- College of Policing

College of Policing

CoP project team has developed guidance products;

- Legal overview
- Senior Responsible Officer role
- Baseline and evaluation criteria
- Comms plan consideration
- Policy considerations
- Principles for application of incidents involving children
- Force control room implementation guidance
- E- learning

Also an RCRP National Group on the Knowledge Hub to share best practice

RCRP 5 Principles for Incidents Involving Children

- 1. Working with safeguarding partners**
- 2. Child safeguarding at the centre of decision making**
- 3. Ensure the best interests of the child**
- 4. Treat children as vulnerable**
- 5. The focus must remain on children receiving the right care from the right person**

Legal Considerations

Legal duties to act arise in the following circumstances

- A **real and immediate** threat to life: Duty under Article 2 ECHR
- A **real and immediate** threat of really serious harm/torture/inhumane or other conduct within Article 3 ECHR
- **Common law** duties of care – when we assume responsibility

Common Law

The police do not generally owe a duty of care under common law to protect individuals from harm – either harm caused by themselves or others. Where the police do not act, it is unlikely that they will be held to have breached a duty of care. The police may owe a duty of care to protect persons from harm where they have either:

- assumed responsibility to care for them
- created (directly or indirectly) the risk of harm

Police Response

Police may not-

- check on the welfare of a person who has missed a planned health appointment or who has disengaged from services
- check on a person who is absent from a place that they should be, or are expected to be, but who is not considered to be missing
- check with a person as to whether they have taken their medication
- check on a person whose location is not known or confirmed
- monitor a person due to the unavailability of staff – for example, at the weekend
- check on the mental wellbeing of a person

Recent examples

- Call from Ambulance female has self-harmed with a razor blade whilst on the phone to them and is struggling to speak. Female is refusing to put the razor blade down and is threatening to harm paramedics, Ambulance would like back up on entering the address. Police intel previous for concealing knives in trouser waistband
- Community worker requesting welfare check on a mum unable to look after her young children aged 1,2,3 due to medical reasons. Mum at risk of falling asleep and can't use the kitchen Dad currently in hospital unknown for how long.
- Phone call from member of public who has just walked past a male and heard him say he was going to jump off a car park. Reporting person is in the car park male walking up the stairs.
- Call from hospital emergency department female seen to leave hospital in company of her male partner had attempted suicide by cutting her hand. Left hospital before medical assessment was completed.

Implementation

- Go live 8th April Phase 1 + 2 + 3
- Go live phase 4, 14th October
- Expected all 4 phases within 4-6 months
- Multi-agency task and finish group established
- New policies in place, alongside Equality Impact Assessment
- Decision making application developed for control room staff.
- Baseline data captured and RCRP incident types from 8th April
- College Learn e-learning package (30mins) for all front line staff.
- Face to face training for control room staff completed
- Comms plan established internal and external.
- Scrutiny panel to be established



Questions ?

Update on Sixteen Days of Action

Jo-Ann Smith

you



Swindon Paragon Integrated Domestic Abuse Services (spidas)

Tonia Redvers – Director Paragon, Young Lives and YOU Counselling Centres
Jayne Hardy – Assistant Director, Paragon



PARAGON
TOGETHER EMPOWERING CHANGE

About YOU



- YOU has been working in Health & Social Care since 1985
- We work across Portsmouth, Hampshire, Dorset, Somerset, IOW, and Sussex



- We promote services for:
 - Women, Men & Children experiencing domestic violence
 - People who are homeless or at risk of homelessness
 - People with severe and enduring mental ill health
 - People with disabilities
 - Young people
 - Advice Centres
 - Counselling Services



PARAGON
TOGETHER EMPOWERING CHANGE



Swindon Model

Interventions

- ✓ Outreach
- ✓ Refuge
- ✓ SPOC
- ✓ IDVA
- ✓ Children
- ✓ PCH
- ✓ Resettlement
- ✓ Networks/Groups

- ✓ Links with dispersed accommodation – Stonewater
- ✓ Links with SWA
- ✓ Links with complex needs accommodation – Nelson Trust
- ✓ Support for people with NRPF



PARAGON
TOGETHER EMPOWERING CHANGE



Swindon Model

And.....

- MARAC
- DA & VAWG Board
- DHR's
- Safeguarding Adult Review (SAR's)
- Child Safeguarding Practice Reviews (CSPR's)



Other sources of support

Depending on your situation, the following agencies and organisations may be able to provide additional support.

The National DV Helpline	0808 2000 247
The Survivors Trust	0808 801 0818
Rape Crisis Helpline	0808 802 9999
Respect Perpetrators	0808 802 4040
Respect Men's Advice	0808 801 0327
Galop LGBT Domestic Abuse	0800 999 5428

IN AN EMERGENCY DIAL 999



<https://paragonteam.org.uk/>

How can I contact PARAGON?

Please contact us on:

Dorset	0800 032 5204
Hampshire	0800 916 9878
Isle of Wight	0800 234 6266
Somerset	0800 694 9999
Sussex	01403 229 017
Swindon	0800 917 8565



YOU: a charity, creatively empowering people to thrive in their communities.

Registered Address:
The YOU Trust
Delme 1, Delme Place
Cams Hall Estate
Fareham, Hants PO16 8UX

www.theyoutrust.org.uk

The YOU Trust is registered in England no. 1898188 and is a registered charity no. 291489



PARAGON
TOGETHER EMPOWERING CHANGE

Support for all adults and children who are living with domestic abuse, sexual violence or stalking



PARAGON
TOGETHER EMPOWERING CHANGE

www.paragonteam.org.uk



you



Time for a break
Back at...

Male Victims of Domestic Abuse

Marilyn Selwood





HM Prison &
Probation Service

Gwasanaeth
Prawf



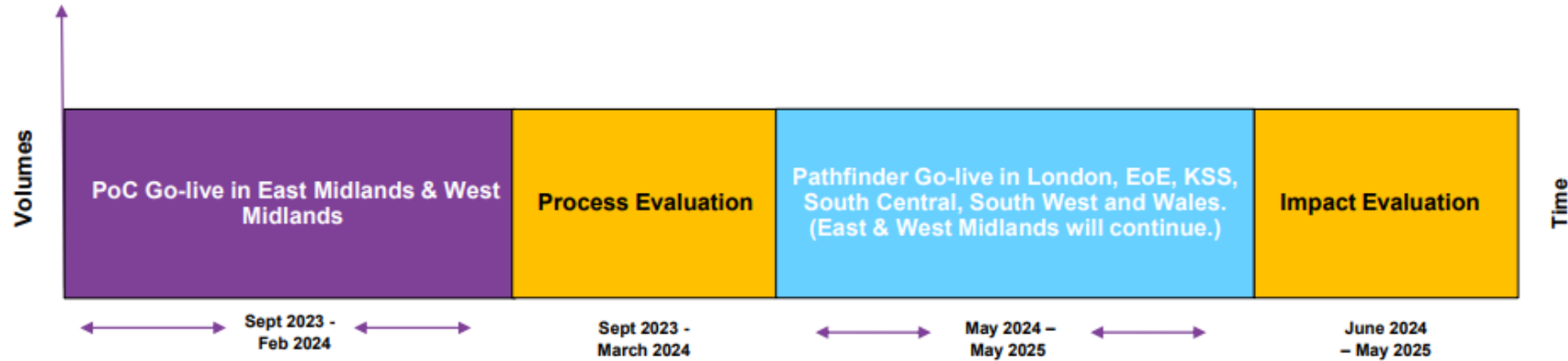
South-West Electronic Monitoring

Domestic Abuse Perpetrator On Licence (DAPOL)

John Cort

SW Electronic Monitoring

DAPOL - part of the wider Electronic Monitoring (EM) Expansion Programme, within His Majesty's Prison and Probation Service (HMPPS) Portfolio.



The DAPOL project intends to:

- Introduce discretionary, at point-of-release, electronic monitoring licence conditions on persons on probation **who are at risk of committing domestic abuse**
- Test the use EM on licence for domestic abuse (DA) perpetrators to see whether EM can help to reduce reoffending, enhance public protection and help to provide protection for previous and potential future victims of DA.
- Test the uptake of EM by Probation Practitioners as a licence condition (s) for persons on probation considered to be at a risk of committing domestic abuse

DAPOL Eligibility Criteria



- Must be 18 years or over.
- Released (or re-released) subject to a Standard Determinate Sentence (not PSS).
- Domestic abuse risk does not have to be linked to the offence for the sentence(s)** being served. But domestic abuse must be a factor in the offence and/or information that indicates they are at risk of perpetrating domestic abuse.
- Risk** must be relevant to **past, present or future victims at the point of release.**
- EM additional licence conditions must be imposed for **a minimum of 30 days.** The **maximum should not exceed 12 months,** and a review must be carried out every 3 months to ensure that the condition remains **necessary and proportionate.**

DAPOL.....In Scope

- **Must have suitable accommodation for monitoring purposes** (includes Approved Premises and CAS2/ CAS3 accommodation)and have **informed consent from the main home occupier** to install equipment.
- Domestic Abuse & Safeguarding enquiries must be made for EM Curfew to consider risk of harm to others at the address
- **Can be one or any combination of EM** to monitor: curfew, exclusion zones, monitored attendance and/ or trail monitoring.
- **HDC cases can have additional EM conditions** as part of standard service provision nationally. However, DAPOL conditions can exceed the HDC period if applied for at the point of release or re-release.
- Alcohol monitoring on licence (AML) conditions can be applied alongside EM DAPOL conditions.
- Can be released or re-released from any of Prisons across England and Wales. However, **must be managed by an in-scope Probation region**.
- Transfers of supervision to outside of the in-scope areas, will become ineligible for the project and the tag and licence condition(s) must be removed.
- **Foreign National Offenders** are in scope.

Exclusions

- If the criteria is met for the **Acquisitive Crime (AC) project**, then the person must be subject to the AC conditions opposed to DAPOL.
- EM DAPOL **conditions cannot be applied as a licence variation**. They can be added if missed in error at the point of release (and would have met criteria at point of release).
- If there is any **physical impairment** that prevents the person from wearing a tag or **mental health/ learning difficulties** that may be exacerbated or affect the person's ability to understand/ comply with the EM condition(s).
- The person is released as **no fixed abode**. Permanent fixed address is required to install a home monitoring unit (HMU).

How can GPS monitoring be used?

EM is not a replacement for other risk management measures and is a retrospective service.

EMS will report any breaches to the Probation Practitioner on the same day if confirmed by 3pm, or by 10am the following day if confirmed after 3pm. These response timescales are not designed to provide an immediate response. Timings are best endeavours not SLA's

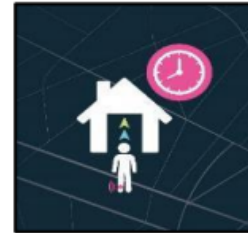
Monitoring of the tag wearers compliance with other conditions.



Exclusion where tag wearers cannot enter a specific location or address as identified on a map



Attendance at appointment: where tag wearers are required to attend a programme, employment or education



Curfew as a condition alongside location monitoring

Monitoring of the tag wearers whereabouts

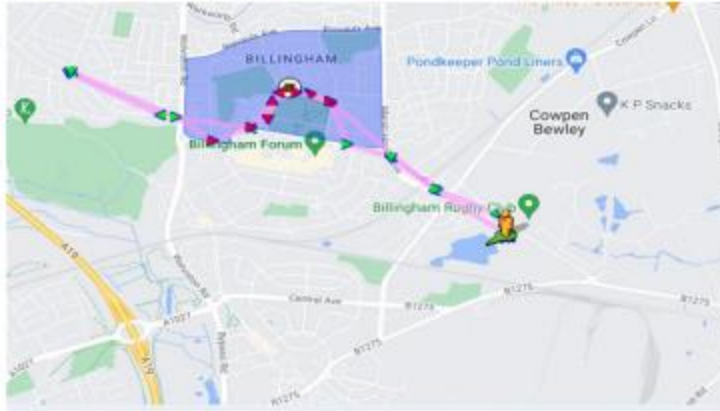


Trail Monitoring where a tag wearers whereabouts is tracked.

If proportionate and necessary, a **combination of the above** may be the most effective way to recommend the use of EM. This includes a combination of the different requirements as well as combining multiple types of the one requirement (i.e., multiple curfews or multiple zones).

Exclusion and Monitored Attendance Zones

Exclusion and Monitored Attendance Zones



Exclusion Zone breach:

- Map will show 30mins before and after an exclusion breach as green arrows.
- Map will show movement within exclusion zone as red arrows.



Monitored Attendance breach (e.g., monitoring attendance at appointment):

- The opposite applies, as the expectation is the tag wearer is within a specific boundary during a set time period/ date.
- Red arrows show the breach, when the tag wearer is not within the boundary.
- Green arrows show when the person was within the boundary during the time/ dates directed.

Alcohol Monitoring

When a Person on Probation is subject to alcohol monitoring condition, EMS will install the monitoring system (pictured below).

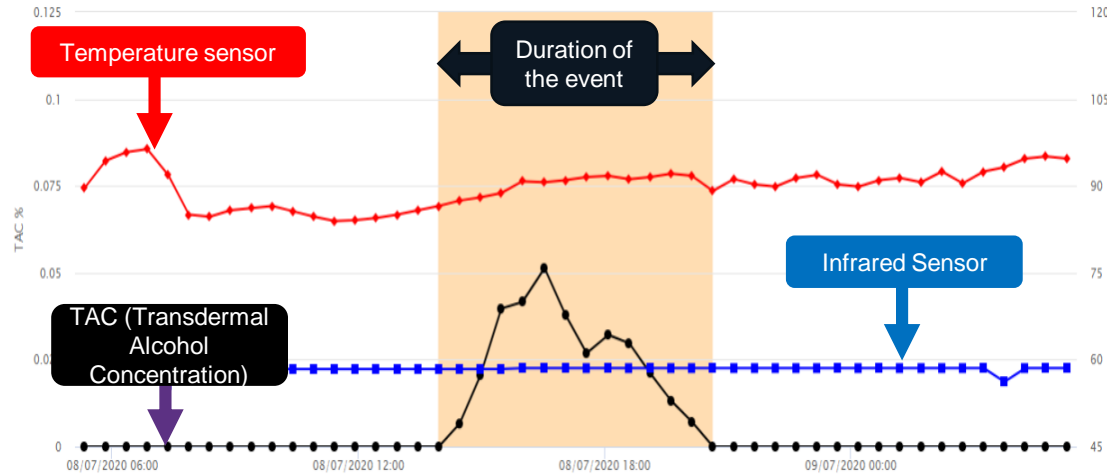
The **EMS officer will install:**

- SCRAM CAM Tag
- Wireless Base Station
- The Person on Probation has to wear the **tag around their ankle** and arrange to be **within 10 metres** of the Base Station at an agreed time for information to be uploaded.
- The tag automatically monitors alcohol consumption by collecting, sampling, and testing the sweat between the Person on Probation's skin and the tag. This takes place **once every 30 minutes, 24 hours a day** (48 times a day).
- The battery life of the tag is **90 days**. If a Person on Probation is on AML for longer than 90 days, EMS will be automatically notified and arrange a visit with the Person on Probation to replace the battery.
- The monitoring data can be stored on the tag for **up to 30 days**. This means if the Person on Probation misses an upload time, the data will be stored and uploaded when they are next within 10 metres of the base station.



What does a drinking alert look like?

This chart highlights a confirmed drinking event. The black line represents the level of alcohol in the Person on Probation's system. **The gradual increase and decrease in the black line shows how much alcohol had been consumed and how long the drinking event lasted.**



Drinking Event Classification	Peak TAC of Event	Typical Peak BAC (mg alcohol per 100 mL of blood)	Typical Number of Alcohol Units Consumed
Low Level	0.020 – 0.050	20 – 50	1 – 4
Medium Level	0.050 – 0.080	50 – 80	5 – 7
High Level	0.080+	80+	8 or more

Transdermal Alcohol Concentration (TAC) - black line. This represents the level of alcohol in the Person on Probation's system.

Infrared (IR) voltage - blue line. Shifts in the IR sensor indicate something being placed between the tag and the ankle.

Temperature - red line. Temperature readings are used alongside IR readings to determine if a breach has occurred.

Typically, the readings will fluctuate in line with body temperature.

If the tag is removed, the temperature tends to continuously sit at room temperature.

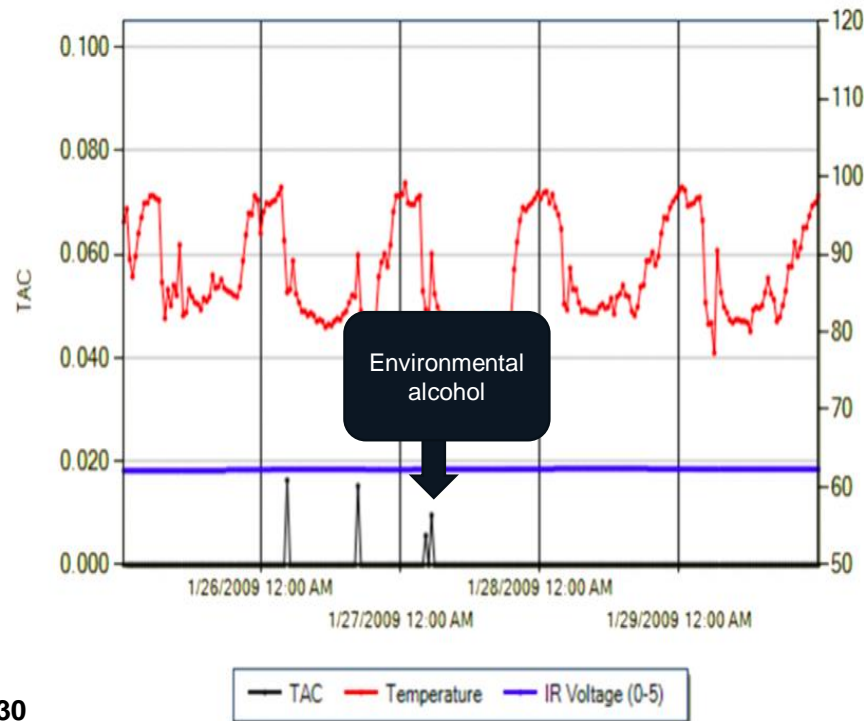
This table can be used as a reference point to understand the level of alcohol consumed based on the TAC reading (black line).

A good reference point is a **TAC reading of 0.055 = the drink driving limit.**

Any level of alcohol consumption is deemed a non-compliance of the requirement.

What does an environmental alert look like?

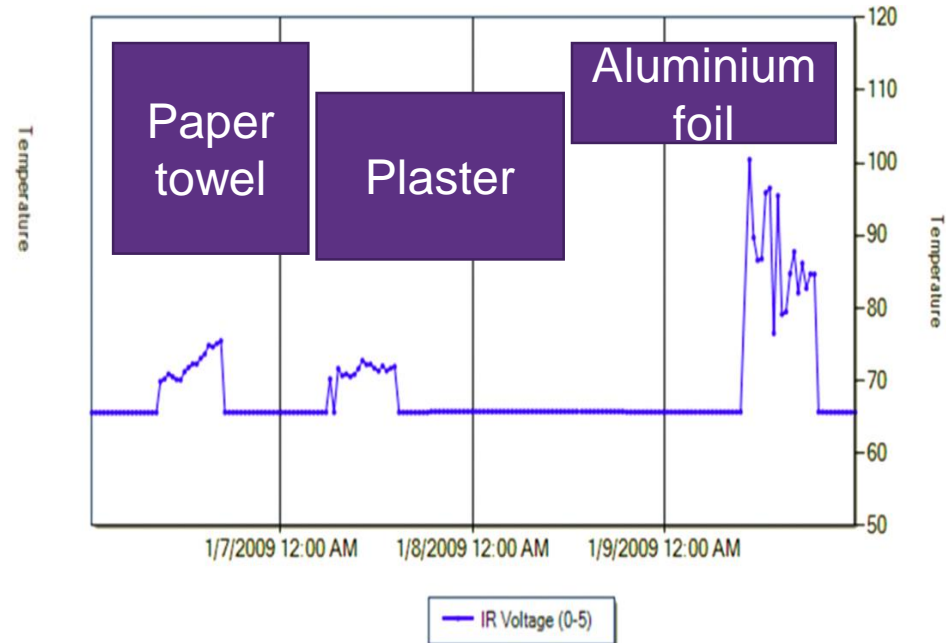
SCRAMnet will also be able to distinguish between consumed alcohol and environmental alcohol. In the event of an environmental alcohol alert, **the black line will show a sharp spike as highlighted below**. This line is clearly distinguishable to an alcohol consumption event which shows a more gradual, and much higher, increase.



30

What does an obstruction alert look like?

An obstruction to the tag, will trigger a shift in the Infrared (IR) Voltage sensor. The IR reading clearly displays the temperature fluctuation across the duration of the obstruction event. The examples below show that although the readings may differ, there is a clear pattern to identify an obstruction event.



Victims and Disclosure

What process should be followed for the Victims?

- If a victim has engaged with the Probation Service Victim Contact Scheme, their assigned Victim Liaison Officer should be fully involved in the process of considering appropriate licence conditions so that the victim's concerns can be considered.
- If the disclosure of information regarding the perpetrator's use of domestic abuse would increase the risk of harm to the victim, then the Probation Practitioner may assess adding a DAPOL licence condition would not be appropriate.

Thank you

SWPS.ElectronicMonitoring@justice.gov.uk

Any Questions?



Information Share

Please give us your feedback

Evaluation form link :

<https://forms.office.com/e/XFwtHV9GXs>



Swindon Safeguarding and Community Safety Partnership Resources

Please see our local resources:

- NFS [Non fatal strangulation - March 2023 - Swindon Safeguarding Partnership](#)
- Coercive control [Coercive control - Swindon Safeguarding Partnership](#)
- DASH MARAC [SSP practice brief - DASH risk identification checklist and MARAC - Swindon Safeguarding Partnership](#)
- DA tech webinar [Video archive - Swindon Safeguarding Partnership](#)
- FGM webinar [Video archive - Swindon Safeguarding Partnership](#)
- Serious and Organised Crime [Video archive - Swindon Safeguarding Partnership](#)
- DA webpage [Domestic abuse - Swindon Safeguarding Partnership](#)
- [Exploitation of adults - Swindon Safeguarding Partnership](#)
- [Hate crime - Swindon Safeguarding Partnership](#)
- [Domestic Homicide Review \(DHR\) - Swindon Safeguarding Partnership](#)
- Swindon Multi-agency Domestic Abuse strategy:
https://www.swindon.gov.uk/downloads/download/1821/swindon_multi-agency_domestic_abuse_strategy