

Editorial

Bridget Penhale and Ian Cummins

Welcome to this first issue of 2024. Although media coverage remains preoccupied and focused on more global issues such as war as well as global health-related concerns, in the UK we have seen continued coverage of safeguarding-related issues many of which are related to ongoing problems that individuals can experience caused by a combination of the pandemic, cost of living crisis and both the legacy and outcome(s) of over a decade of austerity measures and associated cuts to service provision, particularly in relation to social care, introduced by successive governments in the UK. As a preliminary to this issue, Associate Editor Ian Cummins has contributed the following commentary on issues concerning a recent mental health policy that is likely to have consequences in relation to safeguarding as well as to the provision of mental health services. This will be followed by an introduction to the papers appearing in this issue.

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Right Policy Right Time?

Some background information about the *Right Place, Right Time* policy relates to Lord Adebowale's (2013) inquiry that was undertaken on policing and mental health, which followed the death of Sean Rigg in police custody in London. Mr Rigg had experienced a psychotic illness. Police were called when staff at his supported accommodation were unable to cope with his disturbed behaviour. He died whilst being restrained in police custody. The Adebowale Review was established following a campaign led by Mr Rigg's family with the support of Inquest. An independent external review was commissioned by the Independent Police Complaints Commission (IPCC), and in Sept. 2023, following long delays in processes concerning investigations into police misconduct in the case, the Independent Office for Police Conduct, the police watchdog, issued an unreserved apology to the Rigg family for their failings and those of the predecessor organisation, the IPCC (Inquest, 2023a).

A recent report by Inquest (2023b) showed that Black people are seven times more likely to die than White people following the use of restraint by police. Many of these cases involved vulnerable people experiencing acute mental distress. The Adebowale review initially focused on the Sean Rigg case. However, it was then broadened to examine the whole Metropolitan Police Service (MPS) response to mental health work. Lord Adebowale highlighted some areas of good practice, including the response of individual officers to those in crisis, but identified systemic failings that were placing vulnerable people at risk. The Adebowale Review argued that these issues were so important that mental health work should be regarded as "core business."

It is now ten years since the publication of the Adebowale review. The review made twenty-eight recommendations, many of which, did not relate solely to police practice or organisational issues. The review ended with a vision of how police and mental health services might look if the recommendations were implemented. Key features included:

- that a person in a critical mental state who is found by the police in public and who needs medical care is escorted safely to hospital in an ambulance;

- that the police and NHS staff know what their respective roles are with respect to that individual and that they are treated throughout with respect and without exacerbating their condition; and
- that a person in the community who is at high risk of causing serious harm to themselves or another person on account of their mental ill-health and who comes to police notice is referred to partner agencies. If need be, a care plan is put in place for that individual through a multiagency approach in which the police participate.

It is clear these core systemic features of a service based on respect and dignity are sadly very often missing.

The Adebowale Review was published when the impact of austerity was beginning to be felt most keenly. In terms of policing, the most obvious impact was the drop in police numbers. Since the 2019 election, there has been an increase in police numbers. Austerity policies meant that other key services including NHS, community mental services and the voluntary sector faced periods of retrenchment. As well as reduced numbers, the police lost hugely experienced staff. This experience and organisational memory are vital in complex areas such as mental health work, which require individual skills as well as close inter-agency working. The impact of austerity had a broad negative effect on mental health provision and services across the wider community (Cummins, 2018).

The police face increasing demands in responding to mental health work. Even before the publication of the Adebowale Review, fundamental questions had been raised about the role of the police. In 2010, then Home Secretary, Theresa May told the police at a Police Federation conference that their role “was to cut crime no more no less” (May 2010). This not only overestimates the police impact on crime rates but overlooks the wider welfare function that the police have always conducted. The frustration of the police when facing with increased demand with diminishing resources led to further pushbacks around police involvement in mental health work. The Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) found that based on reports, data obtained from twenty-two forces on three per cent of all calls were flagged as mental health. There were 318,000 incidents and around two-thirds of these calls were related to a “concern for safety” for an individual. It is not generally an immediate emergency. About 10% of these concerns for safety calls came from other agencies. The peak time for calls to police for support with mental health-related incidents is 3 p.m. to 6 p.m., Monday to Friday. The report, for example, highlights that the five most frequent callers to the MPS made over 8,600 calls in 2017 – an average of 4.5 calls each every day [Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS), 2018].

“Policing and Mental Health; Picking up the pieces” highlighted the impact of austerity policies in this area. The title captures the frustrations of senior police managers and individual officers. The report emphasises that police officers often function as first responders. If family, carers, or members of the public are concerned that an individual’s extreme or unpredictable behaviour poses a danger to themselves and members of the public then they are likely to make a 999 call to the police.

The report’s author, Chief Constable Collins identified three areas of concern: mental health work, missing people (particularly missing children) and multi-agency child protection work. The inquiry concluded that:

A prominent theme emerging throughout this inquiry was the increasing volume of police work arising from identifying and managing various forms of vulnerability, including safeguarding vulnerable adults who cross their path, being first-on-scene during a mental health crisis, undertaking child protection work on a multi-agency basis, and dealing with repeat missing person incidents, including looked-after children.

Right Care Right Person

The period since the Adebowale Review has seen a number of initiatives that seek to improve the police response to people in mental health crises. This is clearly a laudable aim that should be supported across services and professions. Police involvement may be unavoidable in certain circumstances. It is important that is limited to as short a period as possible. The police role in mental health work raises concerns about a number of areas. If officers are not adequately prepared and trained for this work, then decision-making and the exercise of police discretion cannot be grounded in appropriate professional knowledge and practice. Police involvement could be viewed and is often experienced as criminalising. It can put vulnerable people at greater risk. For example, someone identified as having a mental health problem is particularly likely to spend longer periods in custody whilst specialist assessments take place. The past fifteen years have seen the widespread adoption of street triage schemes and the expansion of liaison and diversion alongside improved training for police officers. [Williams et al. \(2020\)](#) argued that the aims of these new models are not clear enough. It is not apparent what problems are being addressed and how success can or should be measured. One unintended consequence might be that police are more, not, less involved in mental health work.

Despite of all the initiatives mental health services are still failing people in crisis. The police remain a key part of that response. This is despite well documented frustration at an officer and organisational level that the demands of mental health work have become too great. It has moved from “core business” to placing an unsustainable call on resources. In May 2023 this year, Sir Mark Rowley, Chief Commissioner, wrote to providers of health and social care in London stating that the MPS would be introducing the *Right Care Right Person* model from October. In his letter, he clearly set out his reasons for doing so:

Every day that we permit the status quo to remain, we are collectively failing patients and are not setting officers up to succeed. In fact, we are failing Londoners twice. We are failing them first by sending police officers, not medical professionals, to those in mental health crisis, and expecting them to do their best in circumstances where they are not the right people to be dealing with a patient. We are failing Londoners a second time by taking large amounts of officer time away from preventing and solving crime as well as dealing properly with victims, in order to fill gaps for others.

To place this in context, in March 2023, MPS officers detained 573 people under Section 136 of the Mental Health. It is estimated that MPS officers spend over 10,000h a month responding to mental health-related incidents. For example, MPS officers spend on average 14.2h in A&E and 8.5h at a health-based place of safety if they respond to a person in mental health crisis, who requires emergency care.

Right Care, Right Person (RCRP) is an operational model. It was initially developed by Humberside Police and is now being rolled out across the country. RCRP does not mean that police officers will not be involved in any mental health crisis work. There will always be cases where police involvement is required to ensure the safety of individuals. The aim is to move away from the current situation where the police often become the default first responders. This situation, as outlined above, is not only an ineffective use of resources but also potentially places people at greater risk.

The key to the RCRP approach is partnership working between the police and health and social care agencies. This is something that all professionals sign up to in theory. It can be more difficult to achieve in practice – something that the history of community care demonstrates very clearly. Good partnership working is based on trust – at an organisational and personal professional level – and requires a clear recognition of roles and responsibilities. The pressures resulting from austerity have meant that these are much more challenging to achieve than at other periods.

The RCRP approach is fundamentally based on ensuring that there are clear agreements about when it will be appropriate for the police to respond to incidents. The threshold for a police response to a mental health-related incident is:

- to investigate a crime that has occurred or is occurring; or
- to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.

(www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person/national-partnership-agreement-right-care-right-person-rcrp).

It is inevitable that the RCRP model will look quite different in different areas. The threshold outlined above is a high one. As the national partnership agreement notes, local arrangements will be needed to address current police responses to incidents where the RCRP threshold is not met. This will include *cases where people are experiencing a mental health crisis, welfare checks, people missing from mental health units or walkouts from Emergency Depts*. This will be far from easy as these are the areas where it is most difficult to establish clear agreements on professional and organisational responsibilities.

In terms of some concluding comments about the policy and related issues here, it is important to note that the initial media reports about Sir Mark Rowley's letter suggested that police were going to stop attending mental health emergencies – (see for example www.theguardian.com/uk-news/2023/may/28/met-police-to-stop-attending-emergency-mental-health-calls). The current legal and policy frameworks would make such a reckless move impossible. This is because it is acknowledged as important to recognise that Police mental health work includes a range of complex situations which are not easily resolved. Police interventions will obviously not address the root causes of mental distress, but they can ensure that individuals are safe and not putting themselves (or others) at further risk. The RCRP initiative is to be welcomed. It recognises that mental health services face a crisis. The increased involvement of the police is one symptom of that crisis. In addressing this symptom, it is vitally important to recognise that the real solution is to undo the damage to wider public services and community resources that is the ongoing legacy of austerity.

We now provide brief introductions to the papers in the remainder of the issue. The first paper in this issue is a research paper by Scott Fleming, who is based in a health and social care Trust in Northern Ireland. This qualitative study explored adult protection procedures in one Trust in the region through the perspectives of professionals working as Designated Adult Protection officers in the Trust about evidence-based practice within the threshold screening process used within adult safeguarding. These professionals were interviewed, and a series of vignettes were used within the interviews to explore their professional perceptions. The themes derived from the findings provide some useful insights into the complexity and complicated nature of the Adult Protection processes that are in use and some recommendations for further development are also presented.

The following paper is also a research paper and is provided by Karl Mason of the University of London (Royal Holloway College), together with colleagues from Bournemouth University. The topic of the paper is a consideration of restorative justice systems within safeguarding adults provided through a focus on hate crime and discriminatory abuse. This is achieved through a literature review about what safeguarding responses to hate crime and discriminatory abuse might incorporate from a consideration of evidence obtained from research on restorative justice. A scoping review of four academic databases was used for this and critical appraisal undertaken of the resulting papers, employing a thematic analysis. Suggestions for practice development within adult safeguarding are outlined from the themes that were identified in the review.

The third paper in this issue is by Melanie Durowse of the University of Dundee and also reports on a research study that was undertaken as part of a PhD. The study reported was on financial harm in the context of adult protection, with a specific focus on the factors that are involved within decision-making relating to adult protection in the area of financial abuse and harm. The study used an adapted Q-sort method to identify possible relevant factors

involved and the factors identified through this method were then explored further within a number of interviews and focus groups. The findings and related observations and recommendations provide interesting reading linked to multi-agency practice within this specific area of safeguarding.

This is followed by a Viewpoint paper and Opinion piece provided by Jaime Teixeira da Silva, an independent researcher based in Japan. The topic of this piece is slightly unusual for the journal but is relevant to the world of safeguarding in several ways. The paper explores a specific question linked to potential action(s) that might be considered or taken in relation to the issue of academic publications when the principal author/researcher has subsequently been convicted of sexual abuse, with a focus on a particular case study. The author poses questions concerning whether any retrospective action(s) might be needed regarding the publication, but also in respect of others involved in either the production of the publication or indeed potentially as research participants. This may include consideration of safeguarding aspects, as well as the area of publication ethics, and the author makes some interesting observations and suggestions for ways forward concerning the issues raised by this topic.

The final contribution to this issue is a Book review that has been provided by Vernando Lamaky, of UKIM University, Indonesia. The review covers a recent book by Mullins et al on the topic of stalking awareness and domestic abuse with a particular focus on the needs young people in this area.

We hope that you will find papers in this issue of interest and use to you in your safeguarding work. Regular readers will know that we are always interested in receiving contributions to the journal and we invite readers to continue to contribute papers about adult safeguarding, including in relation to safeguarding and COVID-19, which of course is still with us. If you may be interested and want to discuss further before committing to writing and submitting a paper, do get in touch with one of the Editors as per our details on the inside cover of the journal, or on the webpage for the journal. And just a reminder that we are looking forward to the publication of a Special Issue of the journal on the work that has been undertaken and actions that have resulted from the Safeguarding Adults Review on Cawston Park Hospital in Norfolk relating to the safeguarding of adults who have learning disabilities, later in the spring. And we should also mention a current call for papers for a future Special issue likely to be published in the next volume (during 2025) on issues relating to Caregivers, abuse and safeguarding. For those who may be interested, including potential contributors, the Call appears on the Journal web page, or if contact is made with one of the journal editors, the call can be sent out on request.

Finally, we hope that everyone has been managing to stay safe and well during these continuing difficult times and look forward to providing further issues for this volume during the year.

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Further reading

National Partnership Agreement: Right Care, Right Person (RCRP) (2024), available at: www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person/national-partnership-agreement-right-care-right-person-rcrp

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