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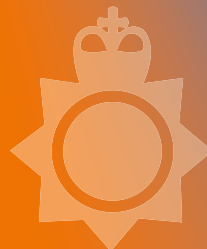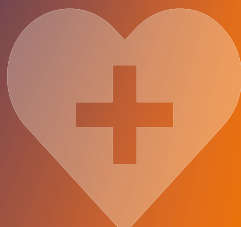
Early Action
Together

Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme

Understanding non-emergency and non-deployed demand to North Wales Police:

An observational study of the Joint Communications Centre

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Authors

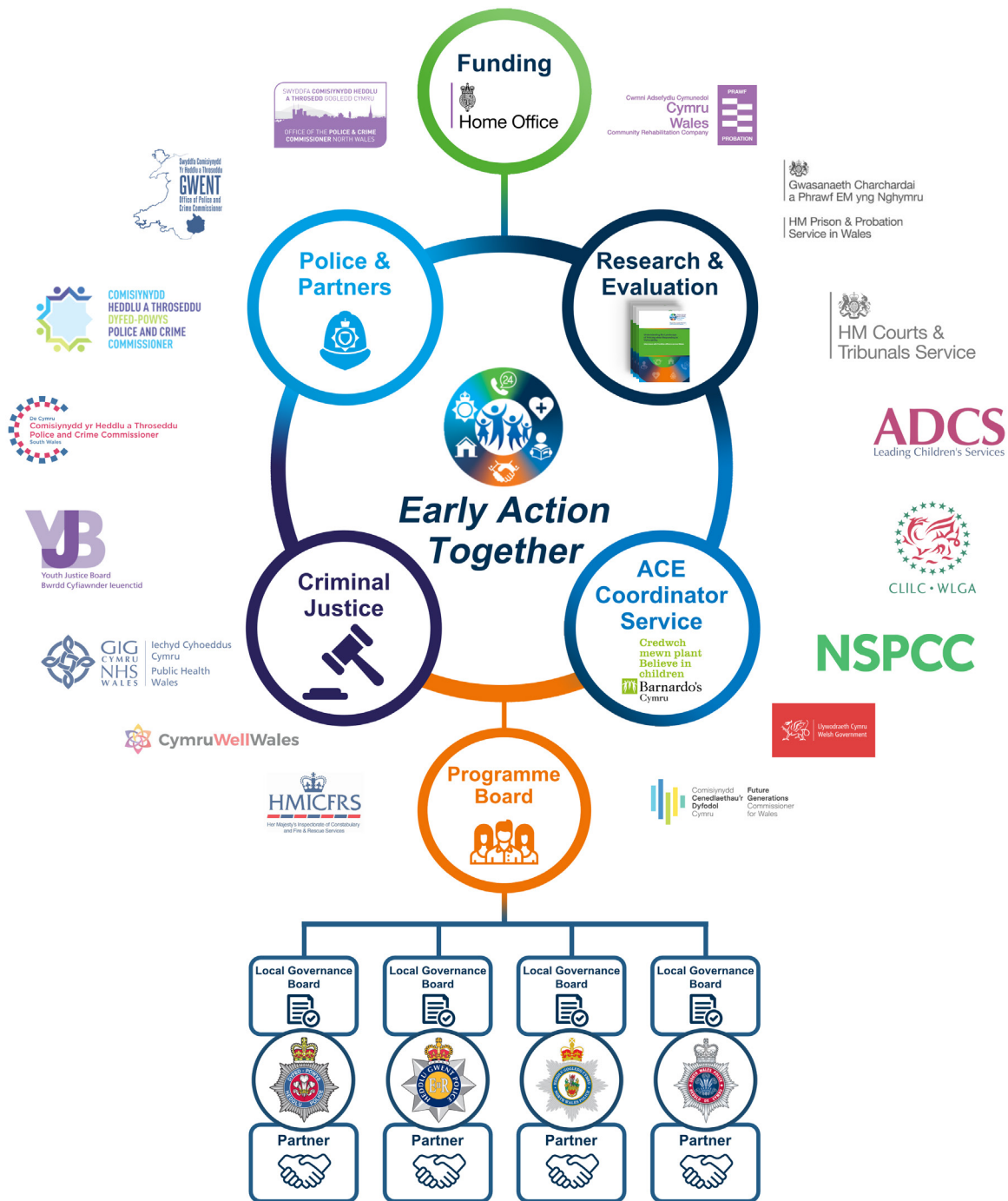Dr Hayley Janssen and Gabriela Ramos Rodriguez.

Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being

Early Action Together Programme Structure

Overall Programme Aims

To transform police and partner responses to vulnerability, to deliver a multi-agency whole systems approach to enable early intervention and preventative activity when Adverse Childhood Experiences (ACEs) and trauma are evident and families are at risk of poor outcomes.

Overall Programme Objectives

A competent and confident workforce to respond more effectively to vulnerability using an ACE informed approach in both fast and slow time policing.

Organisational capacity and capability, which proactively meets changing demands.

A 24/7 single integrated 'front door' for vulnerability that signposts, supports and safeguards encompassing 'blue light', welfare and health services.

A whole system response to vulnerability by implementing ACE informed approaches for operational policing and key partners.

The National Adverse Childhood Experiences Approach to Policing Vulnerability:

Early Action Together (E.A.T) programme

Camau Cynnar gyda'n Gilydd

Early Action Together

Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme

Funded by the Home Office to deliver a national programme of change across Wales (2018-2020), the E.A.T programme is a unique collaboration between Public Health Wales (PHW), the four Welsh Police Forces and Police and Crime Commissioners, in partnership with Criminal Justice, Youth Justice, and third sector organisations.

The programme sets out to address the increasing demand of vulnerability on services to transform how police and partner agencies work together to respond to vulnerability beyond statutory safeguarding. Recognising the importance of early intervention and preventative action, the programme will develop a whole systems response to vulnerability to ensure pathways for support are available for the police when vulnerability falls below thresholds for statutory support. Building into current systems, this work will utilise existing community assets to develop a bank of resources for police and partners to draw upon when supporting people in their communities.

This report is one of a series of research publications that will enable us to understand and evidence the impact of the E.A.T programme:

- Transitioning from police innovation to a national programme of transformation: an overview of the upscaling of Adverse Childhood Experience (ACE) and trauma-informed training and evaluation

- Understanding the landscape of policing when responding to vulnerability: interviews with frontline officers across Wales

- An evaluation of the Adverse Childhood Experience Trauma Informed Multi-agency Early Action Together (ACE TIME) training: national roll out to police and partners

- Enabling early intervention and prevention in the policing of vulnerability: an evaluation of the role of police in multi-agency integrated service delivery

- Police perspectives on the impact of the Adverse Childhood Experience Trauma-Informed Multi-Agency Early Action Together (ACE TIME) training across Wales.

This programme of research investigates the impact of an early intervention and prevention response to vulnerability in policing and the criminal justice system. Research and evaluation is being completed around the ACE TIME training, and how it has been embedded; in addition to the evaluation of the wellbeing of police and partners.

For more information about the E.A.T programme please visit the website: www.aces.me.uk

Foreword

North Wales Police (NWP) is committed to continuous development and improvement across all areas of our Force to ensure that we provide the best possible service for the people of North Wales. Demand to our Joint Communications Centre (JCC) is a key part of that. Our participation in the Early Action Together (E.A.T) programme enabled us to engage in novel research with Public Health Wales. We welcome the publication of this report as it highlights what works well, and areas that we could consider with partners to enhance our response to changing demand. We have already made changes that build on existing practices, particularly drawing attention to early intervention and prevention to support vulnerable individuals.

North Wales
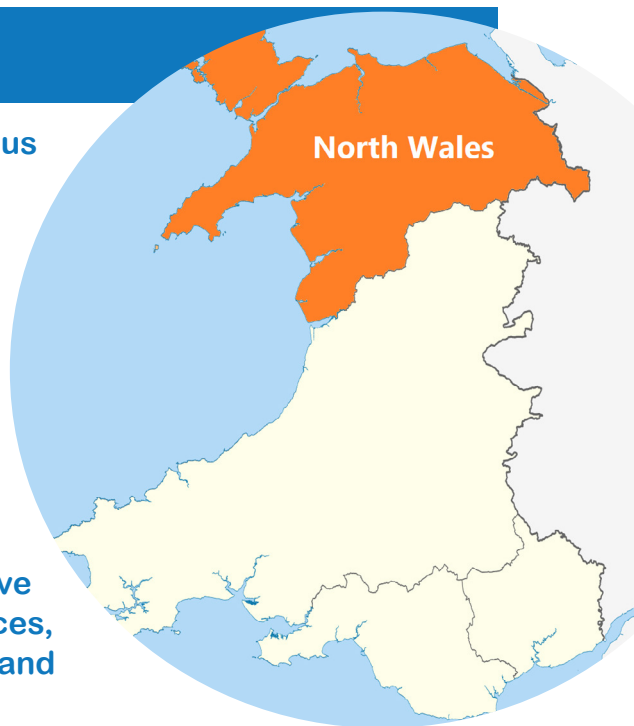
This research presents a number of thought-provoking findings, which we welcome and will consider. The findings, drawn from observations by an independent research team, also complement a series of previous reviews that have taken place separately in NWP[1] including a peer review by Avon and Somerset Constabulary[2] of our JCC operating practice, demand and management of vulnerability (January 2020). The peer review was overall very positive, mirroring that of Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) inspection results[3], and concluded that *"North Wales police control room was one of a committed control room team wanting to deliver an excellent service to the public"*. In light of these reviews, we want to highlight some recent practices that NWP have developed which demonstrate considerable progress towards mitigating any areas for improvement. These include the implementation of our mental health triage team and a bespoke mental health training package for communications operatives, currently being rolled out to all new JCC recruits and existing staff. We are also excited to launch our Single Online Home which will include both a local and national media campaign to push demand from public contact towards digital, whilst working with partners to ensure that those that need it are able to access the right support from the most appropriate service at the right time.

We acknowledge that the JCC demand has increased and changed over several years and this is replicated in every police control room across the country. Therefore, we hope that all those with an interest in reviewing and enhancing their police service will benefit from the research findings, and that all police and partner agencies will be similarly proactive to identify the steps they can take to provide every caller with the best service possible.
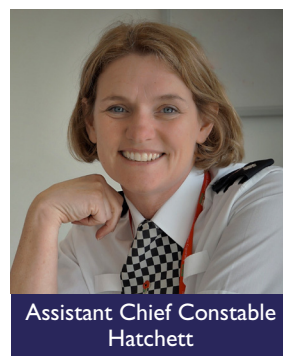
Assistant Chief Constable
Hatchett

HEDDLU GOGLEDD CYMRU
Gogledd Cymru **diogelach**

NORTH WALES POLICE
A **safer** North Wales

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1   A series of internal reviews have been completed on NWP efficiency, the Managed Response Unit, demand and capability and the National Contact Centre Steering Group of demand in control rooms.
2   Avon & Somerset were identified as 'outstanding' by HMICFRS in terms of their efficiency [27].
3   NWP were identified as 'good' by HMICFRS in terms of identifying and assessing vulnerability and risk [16].

Contents

Acronyms used in the report

ACE	Adverse Childhood Experience
ACE TIME	Adverse Childhood Experience Trauma Informed Multi-agency Early Action Together
ASB	Anti-social behaviour
E.A.T	Early Action Together
HMICFRS	Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services
ICAD	Intergraph Computer Assisted Dispatch
JCC	Joint Communications Centre
MECC	Making Every Contact Count
MRU	Managed Response Unit
NFA	No further action
NHS	National Health Service
NPCC	National Police Chiefs' Council
NSPCC	The National Society for the Prevention of Cruelty to Children
NWF&RS	North Wales Fire and Rescue Service
NWP	North Wales Police
PEEL	Police effectiveness, efficiency and legitimacy
PHW	Public Health Wales
PNC	Police National Computer
RMS	Record Management System
SOH	Single Online Home
THRIVE	Threat, harm, risk, investigation, vulnerability and engagement
UK	United Kingdom

Executive Summary

Background

Modern policing is faced with evolving and complex challenges of demand and resource. Political or social changes such as austerity measures or response to national emergencies (e.g. the Covid-19 pandemic) not only increase calls to the police, but can also change the role of frontline officers. The police are often viewed as the 'service of last resort', but are dealing not just with crime, but many non-emergencies including public safety, welfare concerns and vulnerability. In light of these challenges, trained call handlers are increasingly dealing with calls over the phone (via 101), instead of sending a response officer (non-deployed demand). Whilst evidence demonstrates that the level of non-crime demand is high, the complexity of vulnerability is poorly captured within UK police data, often limited by the ad hoc use of 'flags' on police record management systems (RMS), which poorly represent the true extent of the level of vulnerability responded to. With call handlers the first line of response in most incidents, the opportunity may arise to record this unknown level of demand. However, to our understanding, there has never been a formal assessment of such calls to a UK police force control room.

As part of the E.A.T programme, North Wales Police (NWP) pursued the opportunity to design a research study with the E.A.T research team, to gather initial evidence on non-emergency and non-deployed calls, to further inform decisions on how best to address these calls to support vulnerable individuals through multi-agency working arrangements. To the best of our knowledge, this is the first study to provide an understanding of the non-emergency and non-deployed demand from calls to a force control room in the UK, specifically the types of calls, their appropriateness and the response provided. This study was a priority for NWP to outline evidence-based areas for consideration; to help shape recommendations for early intervention targeting vulnerable callers and reduce future demand.

Methods

Eight live listening observations of 101 (non-emergency) calls were completed in the control room (referred to as the Joint Communications Centre; JCC[4]) in NWP during February 2020. During the four-hour observations, researchers assessed the time and duration of the call, type of call (including demographics of the individual/s and vulnerabilities), and the response provided by the call handler. Observations were summarised using descriptive statistics, including frequencies and averages.

Observations were supplemented by face-to-face interviews, creating a mixed methods design, to ensure that study findings were grounded in participants' experiences and to better understand any contradictions between results. Eight NWP JCC staff (six call handlers and two supervisors) were interviewed to explore their perspectives on a number of themes including; types of non-emergency calls, appropriateness of calls (101 and 999), response provided by call handlers, multi-agency working, vulnerability, and training received and required.

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4   The JCC co-locates NWP & North Wales Fire and Rescue Service (NWF&RS).

Findings

	Observations	Interviews
Call types	The main types of 101 calls observed in the JCC included updates on pre-existing cases, suspicious circumstances, traffic incidents and anti-social behaviour (ASB).	JCC staff felt most of their calls involved mental health, ASB, concerns for safety, parking issues, or calls for advice but also acknowledged the wide variety of calls received.
Process	The response provided by JCC staff varied dependent on type of call and experience of the call handler. Generally, calls were logged on the Intergraph Computer Assisted Dispatch (ICAD[5]) system, and threat, harm, risk, investigation, vulnerability and engagement (THRIVE[6]) applied.	Some call handlers wanted more responsibility to deal with calls on the point of receipt and reduce demand on frontline officers. The MANAGED RESPONSE UNIT (MRU[7]) was said to be alleviating some of this pressure. Yet, it was suggested that more training was needed to upskill call handlers to minimise inappropriate calls being sent to the MRU.
Vulnerability	Vulnerabilities were identified in almost half of all calls, and an even greater proportion of non-deployed calls, suggesting there is scope for early intervention.	JCC staff spoke about the challenges of vulnerability calls due to their complexity and most reported that calls involving mental health were difficult to respond to.
Signposting and diverting calls	The potential for signposting was recognised in almost half of all calls, with additional agencies including NSPCC, Citizen's Advice and Women's Aid identified by the research team. There was some evidence of signposting being used by call handlers, which usually involved supplying the caller with the name of an alternative agency/organisation.	Despite views that some calls were 'not a police matter', most call handlers said they often directed the caller to what they perceived to be the correct service. Additionally, whilst diverting calls was seen by some as a positive approach to reducing demand on the police, staff felt its effectiveness was constrained by other agencies not being available 24/7 and accepting less responsibility for supporting callers.
Mental health	The recently integrated mental health triage team based within the JCC is a new partnership approach. None of the observed non-emergency calls utilised the triage team.	Mental health triage, which offers additional support to call handlers dealing with mental health calls, was highly regarded within the JCC and staff felt a further input on their role would be valuable.
Partnership working	There was some evidence of partnership working observed in the JCC between call handlers and other agencies; this mainly involved liaising with highways, social services and ambulance for assistance.	Some JCC staff felt as though they fill the gap for other agencies due to their accountability and availability 24/7. They also suggested that that they may benefit from various partner agencies visiting the JCC to deliver inputs on their service and encourage shared learning.

5   ICAD is a digital command and control system used for recording events for NWP [25].

6   THRIVE helps to determine the appropriate initial police response based on a judgement of relative risk.

7   The MRU is a team of police officers that aims to respond to calls within 48 hours (from time of event creation) that require further decision making or investigation prior to deployment or no further action.

Conclusion and areas for consideration

Calls to NWP JCC via 101 (non-emergency phone line) are numerous and diverse, with a large proportion (69%) related to non-crime incidents such suspicious circumstances and traffic incidents, and many (34%) resulting in no further action (NFA; herein referred to as non-deployed demand). Experienced researchers[8] suggested that a high number of non-emergency calls were considered suitable for NWP to respond to; either via deployment of a frontline police officer or signposting to a more appropriate source of support or guidance, given the current public awareness of pathways to support. However, a number of non-emergency calls may not be appropriate for police. Rather, they relate more to limited public awareness of other agencies available to call for help, and also public perception of who best to call which may be influenced by popular understanding of the police being available 24/7, unlike other agencies that may only be available during office hours (e.g. 9am-5pm Monday-Friday). Therefore, the current pathway to support, with the police acting as an initial screen to calls, may not always be most conducive to getting the right support by the right service at the right time, particularly for those who are vulnerable with complex needs. This highlights the potential need for a more streamlined whole systems and 24/7 approach to support, such as Single Online Home[9] (SOH).

Vulnerabilities including child under 18 and mental health were identified in almost half of all calls, and an even greater proportion of non-deployed calls. This suggests there may be scope for early intervention in the JCC, such as diverting calls to an appropriate source of support. Signposting was observed in some cases and prioritised for the non-deployed calls. However, the list of agencies recommended was not as exhaustive as those identified by the researchers. Therefore, it could be valuable to review the content of the Lifex tagging system, currently used by call handlers in NWP to record signposting to callers not recorded on ICAD, to validate findings and provide insight into agencies recommended during other calls. In addition, findings indicate that there could be benefit in raising further awareness with call handler staff of signposting to the support services available at a local level. This is in line with feedback from some interviewees that they would value agencies providing an input on their service to improve their knowledge and understanding and encourage shared learning. Additionally, call handlers reported some difficulty when responding to mental health calls, suggesting that continued support to increase understanding of mental health, mental wellbeing and distress may be beneficial, and that the recent integration of the mental health triage is a worthwhile initiative to upskill call handlers and aid the response given.

A number of areas for consideration are proposed from the findings (see Box 1). These discussion points are intended for an expert panel and have been developed to ensure that any future recommendations are fit for purpose and appropriate for operational policing. Furthermore, any changes in process or practice should be evidence-based and appropriately evaluated in a multi-agency forum.

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8   With policing-relevant experience; see Appendix 1 data analysis on page 31 for further detail.

9   Single Online Home is a national, digital counter service offering over 40 policing services to the public online, including a free non-emergency crime reporting service [17]; see Box 4 on page 24 for further detail.

Box 1: Proposed areas for consideration for police and multi-agency partners:

To advance the functioning of the non-emergency (101) phone line:

- Consider increasing public engagement to raise awareness of police powers and differences between emergency (999) and non-emergency (101) services, including alternative ways to report non-emergency incidents such as the national SOH.

To improve the experience of callers and call handlers:

- Consider raising call handler awareness of the roles and responsibilities of a diverse range of multi-agency partners to support signposting and possible diversion to alternative sources of support;

- Consider supporting call handlers to increase signposting and outline the recommended level of information for callers (such as including name of agency, their role and contact details), in an effort to standardise response procedures, referring to online resources such as Dewis Cymru[10] if necessary;

- Consider increasing call handler awareness of mental health including its complexities and impact on demand, to improve their understanding and confidence when responding to mental health-related calls[11].

To facilitate multi-agency working:

- Consider increasing awareness of the role and responsibilities of the mental health triage team within the JCC and encourage its use to help upskill call handlers when responding to mental health calls;

- Review opportunities for inputs in the JCC from various outside agencies, such as the NSPCC, Women's Aid, Citizen's Advice, among others, including face-to-face visits to encourage shared learning on duties and responsibilities and provide networking opportunities;

- Consider opportunities to work with partner agencies to develop and trial a system for diverting[12] calls from the JCC, with agreement on appropriate calls for diversion and extended hours of availability from alternative agencies.

Future direction and research:

- Consider a review of the content of Lifex; the tagging system used by call handlers to capture signposting provided to callers not logged on ICAD;

- Understand the signposting by MRU and response officers to help map the support provided to vulnerable callers at all stages of contact.

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10 Dewis Cymru is an online tool to access a directory of local and national support available for wellbeing across Wales [28].

11 See Foreword by NWP on the current delivery of a bespoke mental health awareness training package to all new JCC recruits and existing call handlers.

12 Diverting calls can only take place for non-emergency calls and with the consent of a caller.

1. Introduction

1.1 The policing context

Modern policing is faced with evolving and complex challenges of demand and resource. Political or social changes such as austerity measures or response to national emergencies (e.g. the Covid-19 pandemic) not only increase calls to the police, but can also change the role of frontline officers. In 2017, the National Police Chiefs' Council (NPCC) commissioned a project to better understand demand on the Police Service, stating that the role of policing had changed dramatically over the years, in part due to reduced funding in other parts of the public sector [1]. It was concluded that the police are increasingly viewed as the 'service of last resort', but are dealing not just with crime, but public safety, welfare concerns and vulnerability [1]. Lack of resources, such as ambulance availability or mental health services, is identified as a major challenge of multi-agency working in Wales, often resulting in increasing demands on police [2]. In light of these challenges, trained call handlers – the first point of contact when phoning the police - are increasingly dealing with calls over the phone, instead of sending a response officer [3].

1.2 Roles and responsibilities of the call handler

Police staff[13] working in a force control room (herein referred to as call handlers) often initiate the investigation process [6]. Following initial report by members of the public, professionals or other agencies, call handlers must decide the appropriate level of response to an incident and whether it requires deployment of a response unit, referral to an alternative source, or should be logged as requiring no further action (NFA) [7]. In North Wales Police (NWP), wherever feasible, all calls (999 emergency[14] and 101 non-emergency) to the control room (referred to as the Joint Communications Centre; JCC[15]) are dealt with at point of contact, and are then referred to an appropriate internal resource such as the Managed Response Unit (MRU; see Box 2) or transferred to the relevant external agency or service provider, without requiring a police response [8]. During a call, the call handler has the opportunity to collect initial evidence, identify any vulnerability or safeguarding concerns, and assign the priority level of the call [3]. Call handlers working in force control rooms require a set of technical and emotional skills to deal with the variety of calls for emergency, welfare concerns and requests for information, as well as nuisance ('prank') calls [3]. Processes in the control room encourage staff to consider threat, harm, risk, investigation, vulnerability and engagement (THRIVE) as part of a risk assessment [9] when recording events into the Intergraph Computer Assisted Dispatch (ICAD) system[16]. The THRIVE model helps to determine the appropriate initial police response based on a judgement of relative risk, placing the individual needs of the service user at the centre of the decision [10].

Box 2: Managed Response Unit (MRU)

If immediate deployment is not necessary, appropriately skilled officers and staff in the MRU will have an extended discussion with each caller [4]. In NWP, the MRU has resulted in a more efficient use of police resources to conduct desk-based investigations and reduce deployment [5]. The HMICFRS highlighted this as an efficient approach to manage police demand and rated NWP 'good' in this area [4] resulting in other forces (including South Wales and Dyfed Powys) visiting the JCC to adopt the same model [5].

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13 Since the 1980s, civilians have been employed to perform functions including call handling and dispatch [3] and by 2009, approximately 85% of force control rooms in England and Wales were staffed by civilians [29].

14 There is a national requirement for all emergency (999) calls to be recorded as an ICAD event regardless of the outcome of the call.

15 The JCC co-locates NWP & North Wales Fire and Rescue Service (NWF&RS).

16 ICAD is a digital command and control system used for recording events reported by members of the public and members of staff for NWP [30].

1.3 Non-crime demand, vulnerability and safeguarding

A government report on the financial sustainability of police forces in England and Wales [11] suggested that forces needed to understand and manage the demand for their services to transform their operations effectively. Whilst crime statistics indicate that traditional crime rates have fallen since 2010-11, demand appears to be continuous, suggesting that non-crime related calls are increasing [11]; partly as a result of reduced funding to other agencies [5]. The College of Policing reports that 83% of command and control calls are related to non-criminal activity and that incidents relating to "public safety and welfare" are increasing [12]. In 2018, data from police forces on the breakdown of their command and control calls showed that, on average, a crime report was produced for only 14% of calls and 24% of incidents [13], suggesting a gap in recording of non-crime demand. Safeguarding a vulnerable person was flagged in 3% of cases and 1% were flagged as involving a mental health issue [13]. Yet, the method of capturing vulnerability by UK police forces, beyond safeguarding referrals, is often limited by the ad hoc use of 'flags' on police record management systems (RMS), which poorly represent the true extent of the level of vulnerability responded to [2]. Research suggests that in reality, incidents of mental health may be as high as 12% of all calls to police [14], with an even greater level of safeguarding demand evidenced through police referrals. These findings from previous research imply the need to record demand beyond crime to provide the most effective and productive policing service.

Police come into contact with vulnerable individuals on a daily basis [15]. These include those with mental health and substance misuse problems, victims of domestic abuse, children at risk of sexual exploitation and missing persons. Supporting vulnerable individuals demands more time and a different skill set than previously required of police staff; including an ability to carry out risk assessments, knowledge and experience identifying vulnerability indicators, as well as rigorous and frequent intelligence storage [3]. From the police effectiveness, efficiency and legitimacy (PEEL) inspection (2018/2019) and National Child Protection inspection (2019), HMICFRS identified NWP control room as being 'good' in identifying vulnerability, in the use of warning markers and flags for dealing with vulnerable persons, managing risk associated with vulnerable people and providing a good service to the public [16,17].

In an attempt to further improve practice, the embedding of mental health practitioners within police has occurred across the UK within force control rooms to ensure that the police have access to timely information and advice, and are providing a more effective response to increasing vulnerability demand through partnership working (see Box 3). Alternatively, Lancashire Police has trialled an early intervention with frequent callers using individual vulnerability assessment and multi-agency responses tailored to need, which reduced the number of calls by 26% and police deployments by 6% [18].

Box 3: Mental health triage

In 2018, there were 21 forces in England and Wales with approved mental health professionals, psychiatric nurses or representatives of the mental health charity Mind working in force control rooms alongside call handlers [19]. The Mental Health Triage Team in Gwent was the first service in Wales of its kind to offer standby assistance with cases involving those who are or have become mentally unwell [20]. For those forces that had mental health practitioners supporting control room staff, many were identifying incidents involving those with mental health conditions and thus tagging these on the system [19]. In January 2020, a mental health triage team (6.5 clinical staff contracted under Betsi Cadwaladr University Health Board) went live in NWP JCC to support call handlers with mental health calls.

The NPCC has highlighted that the Police Service needs to be viewed holistically with public, private and voluntary sectors working together as a whole to deliver public safety as opposed to within their own silos [1]. When first introduced, the 101 system was a multi-agency facility shared with local services.

However, due to reduced funding, other agencies withdrew from the service and thereafter it was the responsibility of the police to manage and respond to non-police related demand [5]. Therefore interventions such as increasing signposting to divert individuals from calling the emergency phone line and reduce the likelihood of individuals reaching crisis point may reduce demand on police, and on other services such as local authorities and health. As other agencies do not provide a 24/7 facility, and much of police demand is in the evening and at weekends, this type of intervention will require support and flexibility from other agencies [5].

Additionally, whilst some calls may be classed as nuisance or not requiring a response, these may represent missed opportunities for early intervention as their immediate reason for contacting the police might not have been their primary need. Therefore, to tailor such early interventions, preliminary data on demand is required, which may also help to inform appropriate collaborative working, whilst meeting tight budget constraints. To the best of our knowledge, there has never been a formal assessment of non-emergency and non-deployed demand (calls that are dealt with by call handlers over the phone) to force control rooms in the UK. Therefore, call handlers, being first in line in most incidents, provide a window of opportunity to record this unknown level of demand.

1.4 Aims and objectives

The current study aims to develop an understanding of non-emergency and non-deployed police demand in NWP and provide areas for consideration which could inform future suitable recommendations for early intervention. The research study has the following objectives:

1. To develop an understanding of non-emergency calls received by NWP in the JCC, specifically those that are not recorded on the ICAD system and are dealt with over the phone (non-deployed demand).

2. To assess the appropriateness of calls to the JCC, focusing on vulnerability and potential opportunity of diversion to another source.

3. To explore the prospective suitability of multi-agency collaborative working arrangements within the JCC to address vulnerability call demand.

2. Methods

Public Health Wales (PHW) was commissioned to carry out an independent study of the non-emergency and non-deployed police demand to NWP JCC and to provide areas for consideration. The research utilised a mixed methods design capturing both quantitative and qualitative data in the form of observations through live listening exercises in the JCC and face-to-face interviews with call handlers and supervisors (see Appendix 1 for full methodology). Observations were supplemented by interviews to ensure that study findings were grounded in participants' experiences and to understand any contradictions between results. The study was approved by Health and Care Research Wales and PHW Research and Development (IRAS ref: 2535898).

Observations of live call handling

Eight live listening observations of 101 (non-emergency) calls were carried out in NWP JCC in February 2020. Call handlers were told to conduct their job as they usually would. During the four-hour observations, researchers assessed the time and duration of the call, type of call (including demographics of the individual/s and vulnerabilities), and the response provided by the call handler (e.g. logged on ICAD, NFA, signposting, etc.). Observations were summarised using descriptive statistics, including frequencies and averages.

Call handler interviews

In addition, eight JCC staff (six call handlers and two supervisors) were interviewed one-to-one, from February-March 2020. Researchers designed a structured interview schedule to explore perspectives on a number of themes including; types of non-emergency calls, appropriateness of calls (101 and 999), response provided to callers, support required by call handlers, multi-agency working, vulnerability calls, and training received and required. All interviews were audio-recorded and transcribed prior to conducting a narrative analysis.

3. Findings

Key findings from the study are summarised in the following subsections below.

CALL 101 Results from all non-emergency calls can be identified by the blue 'call 101' icon.

The subset of results for non-deployed calls (i.e. not recorded on the ICAD system and dealt with over the phone) are identified by the blue and orange 'call handler' icon;

Word clouds have been included for vulnerabilities identified, and for observed and potential signposting, following standard word cloud formatting where size of the word reflects frequency of occurrence.

Where appropriate, attitudes and perceptions of JCC staff are presented alongside the relevant quantitative findings from observation data relating to that same topic. Throughout this section, times when call handlers' and supervisors' feedback directly supported observational data are highlighted (blue narrative boxes), along with incidences when the two data sources were contradictory (yellow narrative boxes).

3.1 Call characteristics

115 calls
were observed in the JCC

Average call management time was

9 minutes
Longest – 41 minutes
Shortest – 30 seconds
(There is currently no time limit)

Characteristics of calls and callers

Gender of callers:
63% Female
37% Male

OTHER PUBLIC SERVICE
8 calls
including fire, children's homes and mountain rescue (7%)

PERSONAL
68 calls
on behalf of themselves, family, friend or neighbour (62%)

SCHOOL
6 calls
including administraion staff and student services (6%)

BUSINESS
10 calls
from employees or owners of business such as retail (9%)

HEALTH
5 calls
including hospital staff, ambulance and community mental health (5%)

SOCIAL SERVICES
8 calls
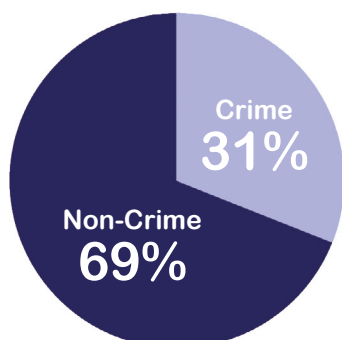from adult or children's services (7%)

OTHER POLICE FORCE
4 calls
including Greater Manchester Police and West Midlands Police (4%)

3.2 Types of 101 calls

Over two thirds of the 115 calls observed in the JCC were non-crime related. The four most common 101 call types are displayed below; a full breakdown of call types can be found in Appendix figure 1.

Crime
31%

Non-Crime
69%

Update on incident
19%
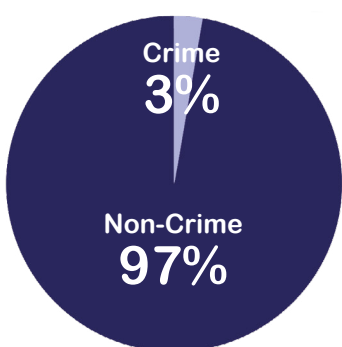
Suspicious circumstances
10%

Anti-social behaviour
9%

Traffic incident
9%

A total of 39 calls (34%; see 3.4) were NFA on the point of receipt[17] and were therefore regarded as non-deployed calls to the JCC. Almost all non-deployed calls were non-crime related[18]. The four most common non-deployed call types are displayed below; a full breakdown can be found in Appendix figure 2.

Crime
3%

Non-Crime
97%

Update on incident
26%

Other agency
13%

Suspicious circumstances
8%

Wrong force area
8%

What JCC staff said about call types:

The majority of JCC staff stated that most calls were non-crime related. They described the main types of calls as involving mental health, anti-social behaviour, concerns for safety, parking issues, or calls for advice, which is similar to the observational results. Seasonality was said to affect the frequency of some call types: *"it kind of depends on the time of year as well, like obviously over the holidays you get a lot of anti-social behaviour"*. Most interviewees acknowledged the wide variety of calls: *"we get calls for everything and anything"*. When discussing non-deployed calls, one call handler said that callers would often be seeking advice: *"maybe they want advice and it could be linked to the police but not what the police would deal with"*.
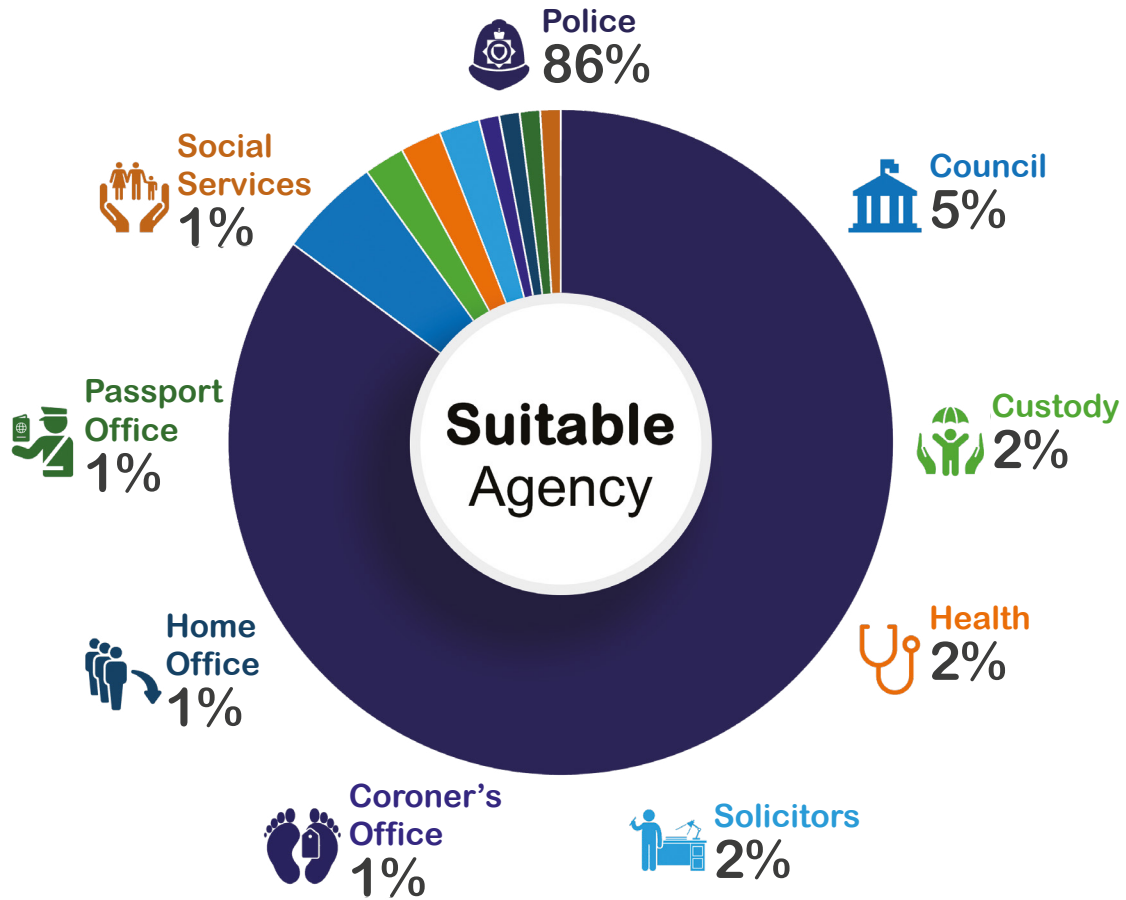
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17   Two calls were NFA after recording in the ICAD system and are therefore, not included in this data.
18   One call involving a historic sexual offence was NFA due to the caller reading out an email to the call handler and the call handler asking for the caller to send the email for full details, before logging on ICAD.

3.3 Appropriateness of calls

Researchers[19] determined that the majority of observed calls were suitable for the police given the complex nature of calls and limited public awareness of alternative agencies. A small proportion of calls may have been initially better addressed to other agencies[20].

Police 86%

Council 5%

Social Services 1%

Custody 2%

Passport Office 1%

Health 2%

Home Office 1%

Coroner's Office 1%

Solicitors 2%

Suitable Agency

Of the non-deployed 101 calls (n=39), 72% were deemed suitable for police, often to de-escalate and advise; full breakdown available in Appendix figure 3.

What JCC staff said about appropriateness of calls:

Most JCC staff said they thought that the public call the police for advice, due to being unaware of the right agency to call or missing contact details, *"people phone in 101 because they're not sure where to turn"* and due to the police providing a 24/7 service, unlike other agencies which may only be available 9am-5pm Monday-Friday. However, there were conflicting perceptions about the appropriateness of calls: from feeling that they are appropriate *"the majority are police related but you get the odd one or two that aren't police related"*; to many not being appropriate *"if we're not deploying it […], if we're not creating a job, then it's nothing at all to do with the police"*. The JCC staff also suggested that there was a frequent misuse of 999 due to a lack of public awareness of 101, waiting on the 101 line for long periods of time, not having credit or accidental pocket dials. Therefore, a proportion of inappropriate calls end up on the emergency line (not reflected in the observed calls).
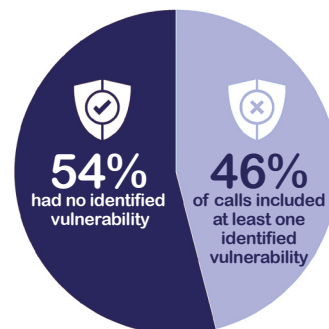
19 With policing-relevant experience (see Appendix 1 data analysis for further detail).

20 Some calls dealt with by police but intended for another agency, not accessible by the public, such as Highways, were also grouped with police as suitable agency.

3.4   Vulnerabilities identified

CALL 101 Researchers identified vulnerabilities (of the caller/and or people they were calling about) in almost half of all calls. Of the calls with an identified vulnerability (n=49), 55% included multiple vulnerabilities (often identified through checking tags on the RMS). The most common vulnerability was child aged under 18 years, followed by mental health[21] and risk from others; see word cloud below for all vulnerabilities. A full breakdown of vulnerability frequency can be found in Appendix table 2.

54% had no identified vulnerability

46% of calls included at least one identified vulnerability

Risk to others

Risk from others

Missing child   Domestic abuse

Learning disability

Physical illness   Disabled   Victim

Drugs

Mental health

Alcohol

Child sexual exploitation

Child   Elderly

Self harm

Emotional

Of the non-deployed 101 calls (n=39), researchers determined that the majority of calls included at least one vulnerability, a greater proportion than seen in the overall non-emergency calls.

32% had no identified vulnerability

68% of calls included at least one identified vulnerability
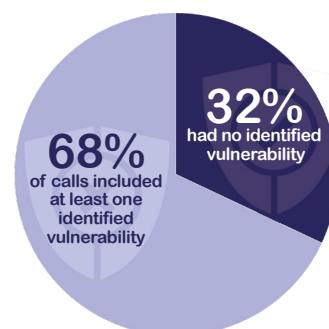
What JCC staff said about vulnerability:

Interviewees suggested that the call handler role was to recognise vulnerabilities present during a call and to risk assess whilst logging into the ICAD system: *"once we do our THRIVE and we sort of look at the vulnerability side of things, I would expect that call handler to be able to have escalated or to signpost, depending on the risk assessment"*. However, for calls that were not recorded, vulnerabilities may be missed and thus support not always provided. Call handlers spoke about the challenges of vulnerability calls due to their complexity: *"It's very hard to know what to say"*. The most challenging calls to respond to were reported as mental health, emotional calls and domestic incidents, due to the difficulty in obtaining sufficient information: *"when someone's hysterically crying and it's really hard to get any information from them"*. In addition, some interviewees felt that further knowledge and awareness to deal with mental health would be valuable to deal with the rise in mental health-related calls.

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21 Mental health in this instance may not only include those with a diagnosed mental illness, but also other aspects such as mental wellbeing issues and distress.

3.5 Response to calls

The response provided by call handlers varied dependent on their experience and the type of call. Generally, calls were logged on the ICAD system and THRIVE applied. Logged calls were often sent over to the Managed Response Unit[22] (MRU) for further decision making or investigation, sometimes resulting in NFA. Calls not recorded on the ICAD system and dealt with over the phone were classed as NFA (referred to as 'non-deployed demand'). Updates on the RMS enquiry log were often to record an email sent to the overseeing officer to contact the caller about an existing incident.

42%	34%	17%	7%
Logged on ICAD	**No Further Action**	**Updated ICAD**	**Updated RMS Enquiry log**
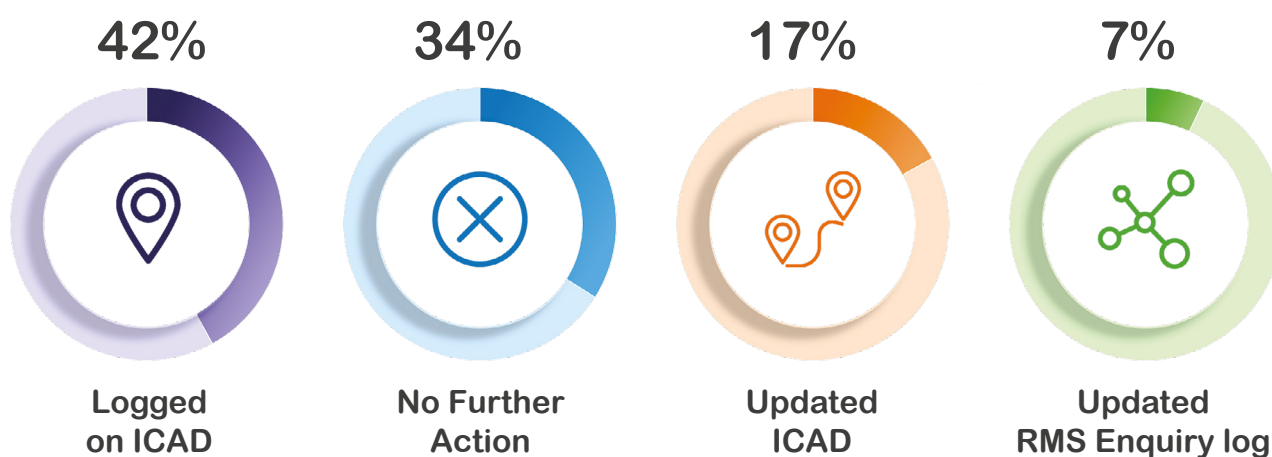
What JCC staff said about response to calls:

Consistent with observations, most interviewees agreed that calls were predominantly logged onto the ICAD system: *"it's not that often but there are occasions where we wouldn't even bother touching the screen"*. One interviewee wanted more responsibility during calls to help reduce demand on officers: *"I would like more […] responsibility to be able to deal with things over the phone, first contact instead of having officers to be deployed"*. The MRU was generally regarded as a useful division within the JCC, whereby experienced officers could make further decisions on calls and act as an intermediary between call handlers and deployed officers, thereby reducing deployed demand: *"to deal with a large volume of crime and non-crime events that would possibly have gone out to officers in the past"*. Nevertheless, it was also reported that some inappropriate calls were being sent to the MRU.

All call handlers reported being confident responding to most calls: *"The easy ones are normally on 101, and they're quite often advice"*. For non-deployed calls (those resulting in NFA), most call handlers said they would signpost, often to council or health, or search on Google for a suitable agency: *"usually if it's a 101, if it's for another agency we won't even create a job, because there's no point in creating a job"*. It was also reported that staff try to tag signposting[23] on non-deployed calls *"I'll admit I sometimes forget but I do try to tag them as much as I can"*, yet this was not observed by the researchers.

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22 The MRU is a team of police officers that aim to respond to calls within 48 hours (from time of event creation) that require further decision making or investigation prior to deployment or NFA.
23 Lifex is the tagging system employed by NWP to capture signposting on calls that result in NFA.

3.6 Observed signposting

Signposting varied between observations, occurred in under a quarter of all non-emergency calls, and when actioned typically involved supplying the caller with the name of an alternative agency. However, for calls recorded on the ICAD system, additional support provided at a later stage was not observed as this was outside the scope of this study. In the flowchart below, the agencies provided by the call handler are listed under each signposting type.

No signposting
78%

Signposting
22%

Providing name of alternative agency
12%

Bank, British Transport Police, Council, Health, Home Office, Legal, Met Police, Mental health, Social Services, School Liaison Officer, Shopwatch, Victim Support.

Providing name and number of alternative agency
6%

Coucil, Dyfed Powys Police, Garage, Health, Mental health, Social Services.

Immediate transfer to alternative agency
4%

Ambulance, Custody, Highways, Merseyside Police, Solicitor.

The main agencies suggested by police call handlers were council, health, mental health and social services, as shown in the word cloud:

For the non-deployed 101 calls (n=39; i.e. closed at point of contact), the rate of signposting was almost double the rate seen for overall non-emergency calls (42% versus 22%) and involved: 22% providing name of alternative agency, 14% providing name and number of alternative agency, and 6% immediately diverting the caller to the appropriate agency. Further detail of the agencies recommended are in the overall signposting flowchart (page 19).

Observed non-deployed signposting

No
58%

Yes
42%

What JCC staff said about signposting and diverting calls:

Interviewees described a range of agencies that they would signpost to *"Council, RSPCA – very popular one, Citizen's Advice Bureau, I suppose they're the three biggies"* yet, this was not consistent with the signposting observed. Staff from the JCC identified that there was a level of inconsistency between different call handlers' signposting: *"there's a feeling in the room that we are inconsistent at times with the signposting that we do, especially around mental health which is difficult"* and *"we signpost a lot but that's a lot to do with the individual operator".*

Some call handlers said they occasionally diverted (i.e. transferred live) calls to other agencies such as ambulance, fire, council, custody, and to other police forces: *"if it's something that needs to go to the council, like an abandoned vehicle, the council will deal with that so it's fine to transfer them [the public] through as long as they know that is what's going to happen".* Some interviewees were in favour of diverting calls: *"it is beneficial. But I think a lot of other agencies rely on us as well more than we rely on them".* However, interviewees highlighted a number of challenges of diverting calls, including lack of agency availability 24/7, waiting on the 101 line for an agency to answer, and agencies diverting calls back to police. Therefore, signposting was preferred by call handlers: *"I would rather give them the telephone number and just signpost them basically, 'give this number a ring'".* In addition, it was thought that the complexity of calls made it difficult to decide the relevant agency to transfer to, suggesting that further support on when and where to divert calls could be advantageous.

3.7 Researcher identified opportunities for signposting

Researchers[24] identified potential opportunities for signposting during observations. In particular, it was identified that signposting may have been appropriate for almost half of all calls, which was 25% higher than the observed figure (22%; see 3.5). The observed difference between the call handler signposting and researchers' suggested potential signposting was only relevant to calls recorded on the ICAD system and subsequent support and signposting was not observed as this was outside the scope of this study. For the remaining 53% of observed calls, researchers determined that signposting was not appropriate.

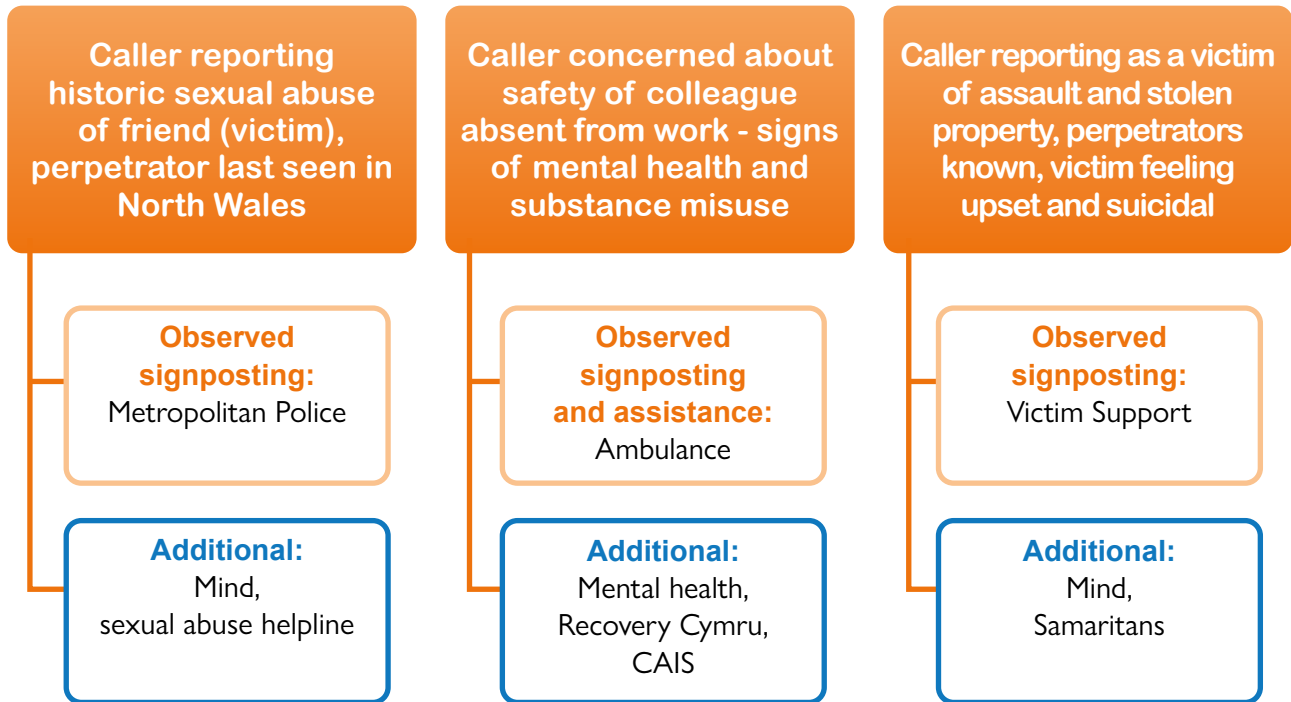| Signposting not appropriate	Signposting appropriate
53%	**47%**

Researchers also determined a number of complementary or alternative agencies that could have been suitable to signpost the observed callers to, and may in some instances have been more appropriate[25]. The main agencies identified by researchers were Neighbourhood Watch, council and NSPCC.

Below are examples of a diverse range of calls received in NWP JCC, the observed call handler signposting and additional (or alternative) signposting opportunities identified by the researchers. There were varying numbers of agencies suggested by call handlers whilst signposting; with some recommending multiple agencies for one call (e.g. civil law, health and social services) and others recommending a single agency, dependent on the complexity of the call.

Caller reporting historic sexual abuse of friend (victim), perpetrator last seen in North Wales	Caller concerned about safety of colleague absent from work - signs of mental health and substance misuse	Caller reporting as a victim of assault and stolen property, perpetrators known, victim feeling upset and suicidal
Observed signposting: Metropolitan Police	**Observed signposting and assistance:** Ambulance	**Observed signposting:** Victim Support
Additional: Mind, sexual abuse helpline	**Additional:** Mental health, Recovery Cymru, CAIS	**Additional:** Mind, Samaritans

Of the non-deployed 101 calls (n=39); researchers determined the potential for signposting in 42%, consistent with the level of signposting provided by observed call handlers. Nevertheless, the research team identified additional agencies that may have been able to provide appropriate support to callers including Citizen's Advice, NSPCC, Neighbourhood Watch and Women's Aid.

Potential non-deployed signposting

No
58%

Yes
42%

3.8 Current partnership working

North Wales Fire and Rescue Service are currently co-located in the JCC alongside NWP. There was some evidence of partnership working observed in the JCC between call handlers and other agencies; this mainly involved liaising with Highways, social services, ambulance and Mountain Rescue for assistance.

What JCC staff said about partnership working:

The current co-location of North Wales Fire and Rescue Service was valued by some interviewees: *"we're just lucky in a sense that the fire are already here, so if needed you could just walk down to them and speak to them"*. Call handlers reported mainly receiving support from mental health, ambulance or social services, *"social services we spend a lot of time speaking to them"*; which is similar to the observation results. Some JCC staff identified barriers to collaborative working, such as feeling that police were more likely to respond than other agencies due to their accountability and availability 24/7 and partner agencies accepting less responsibility. However, interviewees suggested that they would like to increase partnership working with certain agencies including ambulance and social services due to the types of calls received: *"I took a call with a domestic, female, and she was running away from the guy, he was after her and then once she was safe she said, 'And my water's broken,' I thought, I don't know what to do with that"*. Interviewees also suggested that that they would value more input from partner agencies: *"have a mental health person in to speak about things"* and *"let's find out what other agencies can offer us, rather than just getting an email – […] let's bring them in"*.

Mental health triage, which offers additional support to call handlers dealing with mental health calls, is a newly established initiative in the JCC in NWP, enabling a partnership approach to support. Of the non-emergency calls observed, the call handlers did not make use of the mental health triage team, which indicates there may be an opportunity to promote the role and support the triage can offer to call handlers in addition to frontline staff.

What JCC staff said about mental health triage:

Most interviewees were in favour of the recent integration of mental health triage in the JCC due to the support available: *"They are there on the end of the phone to advise, they've got access to the system on the screen, so they know every job that's going on, they can put their own inputs in"*. Yet, some call handlers reported not fully understanding their role: *"I don't really know what we can ask them to do"*. Many call handlers wanted to know if they could transfer calls directly to mental health triage: *"I've had a couple of incidents where it would have been handy if they did"*. However, this was not the intended purpose, which was to facilitate call handler learning on how to best respond to mental health calls: *"we have to now use this opportunity while they're here to really build our knowledge and create that umbrella that we are safe within our own practice of handling those calls"*.

4. Summary

Calls to NWP JCC via 101 are numerous and diverse. During this study, a large proportion of observed non-emergency calls were non-crime related (69%), which is lower than previously reported across England and Wales (83%) [10]. Of the calls that were non-deployed (34% of all calls) the majority were non-crime related including updates on incidents, for another agency, suspicious circumstances and wrong force area, respectively (Appendix figure 2). This suggests that a proportion of calls were not appropriate for police but relate more to limited public awareness of other agencies available to call for help. This may also be impacted by the 24/7 availability of the police, unlike other agencies that may only be available 9am-5pm Monday-Friday.

A high number of non-emergency calls were considered suitable for NWP to respond to; either via deployment of a frontline police officer or signposting to a more appropriate source of support or guidance, given the current limited public awareness of pathways to support. Nevertheless, the current pathway to support, with the police acting as an initial screen to calls, may not be most conducive to getting the right support by the right service at the right time, particularly for those who are vulnerable with complex needs. In addition, increasing demands on police from calls that are best suited to an alternative agency take up time and resources, which could be spent responding to more appropriate calls that require police involvement. This highlights the potential need for a more streamlined whole systems and 24/7 approach to support, such as Single Online Home (see Box 4). Although the observation of 999 calls was not in the remit of this study, interviewees did discuss the frequent misuse of the emergency (999) phone line, suggesting a need to increase public awareness of the 101 service.

Box 4: Single Online Home

Single Online Home (SOH) is a national, digital counter service offering over 40 policing services to the public online, including a free non-emergency crime reporting service [21]. Online reports are then directed to the appropriate person or agency to respond. The web platform, funded through the Home Office, is available to all of the 43 forces across England and Wales and was operating in 20 forces in April 2020 [22]. SOH was planned to go live in NWP in April 2020 but has been delayed due to the Covid-19 response.

Vulnerabilities were identified in almost half of all calls (46%), and an even greater proportion of non-deployed calls (68%). A number of calls related to multiple vulnerabilities, which suggests that callers may have a multitude of complex needs, and their immediate reason for contacting the police might not have been their primary need. This suggests that there may be scope for early intervention in the JCC, such as diverting calls to an appropriate source of support, particularly for calls that are dealt with solely by call handlers; contributing to a joined up approach similar to Making Every Contact Count (MECC)[26]. Currently, rates of diversion to another source were low (4% of all non-emergency calls and 6% of non-deployed calls) and given the number of signposting opportunities identified by researchers could be increased to ease pressure on police. However, there were mixed views from interviewees on diverting calls; whilst it was seen as a positive approach to reducing demand on the police, JCC staff felt its effectiveness was constrained by other agencies not being available 24/7 and accepting less responsibility for supporting callers. Hence, such interventions require partnership working for agreed protocols and practice, supplemented by further training and supervisory support for call handlers to facilitate new processes.

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26   MECC is an evidence-based approach to improving people's health and wellbeing through behaviour change across the NHS [31].

Signposting varied between call handlers but was prioritised for non-deployed calls. The observed signposting provided by call handlers was 50% less than the opportunities for signposting identified by researchers (22% versus 47%). The discrepancy was mainly identified for calls recorded on the ICAD system (often involving a crime) and thus may be due to further follow up from police officers, either in person (deployed calls) or on the phone (from the MRU); providing the opportunity to deliver signposting at a later stage (see Box 5). Nevertheless, this study did not capture signposting after initial call handler response and it may be an area of interest for further evaluation.

Observed signposting by call handlers for non-deployed demand matched the potential signposting identified by researchers; both at a rate of 42%. However, it was identified that the level of signposting information provided by call handlers (mainly agency/organisation name only) could be supplemented by further information such as a phone number. Although call handlers positively signposted a number of non-deployed calls, the list of agencies recommended was not as exhaustive as those identified by the researchers. Therefore, it could be valuable to review the content of the Lifex tagging system, used by call handlers in NWP to record signposting to callers not recorded on ICAD, to validate findings and provide insight into the agencies recommended during other calls. In addition, there may be opportunities to improve call handlers' awareness of different agencies available and potentially the most appropriate agency to respond.

The findings indicate there could be opportunity for further awareness raising on vulnerability, signposting and agencies available for support at a local level (localised pathways) to upskill call handlers to determine the root cause of the call and signpost to the most appropriate agency. The original ambition in NWP was to provide the E.A.T programme's Adverse Childhood Experience Trauma Informed Multi-agency Early Action Together (ACE TIME) training[27] to JCC call handlers [23] to upskill, increase knowledge and understanding of early help pathways and wider support provisions, which are areas covered extensively at the training. However, due to operational restrictions there were a number of barriers including the inability to release staff.

Box 5: Early Help pathways to support provisions in NWP

In line with previous research by PHW [24] and preceding the E.A.T programme, NWP officers largely relied on the Safeguarding referral as the only mechanism to identify and record vulnerability (regardless of risk or complexity) to be shared for support and intervention. However, the evidence showed that a large proportion of these did not meet thresholds for Social Care intervention and were logged and closed with no support. As a result of regional partnership working in North Wales, Early Help pathways and support provisions were scoped for each of the respective six County Areas to inform and enhance the operational tools for officers to use when responding to vulnerability in their communities. Following the ACE TIME training [23] officers now have the autonomy to make an assessment of the concerns, vulnerabilities and risks presented and firstly decide if a safeguarding referral is required. Where this is not necessary, but early help needs or vulnerabilities are identified, they are supported, through the training they have received, to actively seek, to problem solve, to intervene early, and offer either advice and signposting support to agencies and provisions local to their area, or they can complete an Early Help referral form to the appropriate service.

Mental health was a vulnerability identified in 17% of all calls and in 37% of calls with an identified vulnerability. Interviewees reported that calls involving mental health were most difficult; suggesting that call handlers could benefit from further support with mental health calls and that the mental health triage is a worthwhile initiative to aid the response given. When observed, use of the mental health triage team

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27   As part of the E.A.T programme, the ACE TIME training is a one-day package delivered to frontline police officers and staff, and multi-agency partners, with the aim of providing awareness of ACEs and the impact of trauma, in order to develop tactical skills to enable a more informed response to vulnerable individuals [23].

was absent. However, this may be due to the calls not requiring support rather than highlighting a missed opportunity. In addition, the mental health team had only recently been integrated into the JCC (January 2020) and therefore JCC staff knowledge of their role and routine use of the team appeared limited. Call handlers proposed that it would be helpful to be able to pass calls onto mental health triage. However, a concern would be that all mental health related calls would be diverted to the triage instead of call handlers learning how to manage calls with assistance, and in turn upskilling staff. In addition, the term mental health appeared to be used broadly in the JCC and may have referred to a number of scenarios. Therefore, further training for staff to increase understanding of mental health, mental wellbeing and distress may be beneficial, to ensure that the mental health triage team is used appropriately.

Overall, call handlers welcomed and valued partnership working and explained that it could be strengthened by agencies visiting the JCC to deliver inputs (e.g. training and awareness raising on services), to encourage shared learning and provide networking opportunities.

5. Limitations

To the authors' best understanding, this study was the first of its kind to assess non-emergency and non-deployed demand in a UK police force. A number of limitations need to be considered in the interpretation of the findings presented. Most notably, this study was conducted in one Welsh police force (NWP) and thus may not be representative of other forces, particularly those beyond Wales. Additionally, having researchers present in the JCC may have led to changes in practices and biases from JCC staff observed. However, call handlers were told to conduct their job as they usually would and the interviews were used to discuss usual practice.

The number of observations (n=8) and their seasonality (captured only during February 2020) may not provide a true representation of all non-emergency calls to NWP. However, all efforts were made to conduct the research during different day and night shifts to capture any variance. Lastly, the interviewee sample was relatively small (n=8) and interviewees were selected by members of management; therefore, this may also not be a true representation of call handlers and call centre supervisors across Wales.

6. Areas for consideration

As the current study was exploratory and involved a small sample of observations in one force area, a number of areas for consideration have been identified for review (see Box 6). These points are intended for an expert panel and have been developed to ensure that any future recommendations are fit for purpose and appropriate for operational policing. Furthermore, any changes in process or practice should be evidence-based and appropriately evaluated in a multi-agency forum.

Box 6: Proposed areas for consideration for police and multi-agency partners:

To advance the functioning of the non-emergency (101) phone line:

- Consider increasing public engagement to raise awareness of police powers and differences between emergency (999) and non-emergency (101) services, including alternative ways to report non-emergency incidents such as the national SOH.

To improve the experience of callers and call handlers:

- Consider raising call handler awareness of the roles and responsibilities of a diverse range of multi-agency partners to support signposting and possible diversion to alternative sources of support;

- Consider supporting call handlers to increase signposting and outline the recommended level of information for callers (such as including name of agency, their role and contact details), in an effort to standardise response procedures, referring to online resources such as Dewis Cymru[28] if necessary;

- Consider increasing call handler awareness of mental health including its complexities and impact on demand, to improve their understanding and confidence when responding to mental health-related calls[29].

To facilitate multi-agency working:

- Consider increasing awareness of the role and responsibilities of the mental health triage team within the JCC and encourage its use to help upskill call handlers when responding to mental health calls;

- Review the opportunities for inputs in the JCC from various outside agencies, such as the NSPCC, Women's Aid, Citizen's Advice, among others, including face-to-face visits to encourage shared learning on duties and responsibilities and provide networking opportunities;

- Consider the opportunities to work with partner agencies to develop and trial a system for diverting[30] calls from the JCC, with agreement on appropriate calls for diversion and extended hours of availability from alternative agencies.

Future direction and research:

- Consider a review of the content of Lifex; the tagging system used by call handlers to capture signposting provided to callers not logged on ICAD;

- Understand the signposting by MRU and response officers to help map the support provided to vulnerable callers at all stages of contact.

28 Dewis Cymru is an online tool to access a directory of local and national support available for well-being across Wales [28].
29 See Foreword by NWP on the current delivery of a bespoke mental health awareness training package to all new JCC recruits and existing call handlers.
30 Diverting calls can only take place for non-emergency calls and with the consent of a caller.

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Appendix 1 – Full methodology

Ethics
The study was approved by Health and Care Research Wales and Public Health Wales Research and Development (IRAS ref: 2535898). The police lead, a Detective Chief Inspector positioned within North Wales Police (NWP), also approved the study protocol and research questions.

Observation participants
Eight call handlers (also known as 'communications operatives') with a range of experience levels working within NWP were selected by management and invited to participate in one-to-one observations of 101 calls. All call handlers were provided with a participant information sheet outlining the research and a consent form to complete prior to participating in an observation. A debrief sheet outlining details of the study, contact information and additional information on mental health and wellbeing resources was provided at the end of the observation.

Observation materials and procedure
A pilot observation of the calls in the control room (referred to as the Joint Communications Centre[31] by NWP; JCC) was conducted to inform the development of a suitable data collection tool. The data collection tool included sections relating to day, time, shift (e.g. morning; 9:00-13:00), the time and type of call, demographics of the caller (e.g. gender and age), detail on vulnerabilities (e.g. mental health, alcohol, child at risk of child sexual exploitation) and process (where the calls go or do not go). Prompts were designed to gather further information regarding the calls and processes in place including their threat, harm, risk, investigation, vulnerability and engagement [THRIVE] rating, the priority, if further checks were completed such as Record Management System [RMS] or police national computer (PNC).

A total of eight observations (live listening exercises of 101 non-emergency calls in the JCC) were conducted in February 2020. Experienced researchers within a policing research programme (E.A.T) carried out each four-hour observation across several different shifts on week days and weekends, and covered morning shifts (09:00-13:00), day shifts (11:00-15:00, 12:00-16:00 or 13:00-17:00), evening shifts (17:00-21:00 or 18:00-22:00) and night shifts (21:00-01:00) to capture a representation of the week. An additional headset was plugged into the call handlers' computer to enable the researcher to hear both caller and call handler. Callers were not made aware of the researcher observing but all callers were told calls may be monitored and recorded (as is standard practice for all calls to NWP).

Interview participants
A further eight participants (six call handlers and two supervisors) with a range of experience levels working for NWP in the JCC were selected by management and invited to participate in face-to-face interviews with a researcher. Interview participants were provided with a participant information sheet outlining the research and a consent form to complete prior to taking part.

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31   The JCC co-locates NWP & North Wales Fire and Rescue Service (NWF&RS).

Interview materials and procedure

A structured interview schedule was developed to capture the perspectives of staff (call handlers and supervisors) from the JCC on a number of themes including; types of non-emergency calls, appropriateness of calls (101 and 999), support provided to callers, support required by call handlers, multi-agency working, vulnerability calls, and training received and required.

Eight face-to-face interviews were completed with call handlers and supervisors from the JCC during normal working hours, in a private space at their place of work. Prior to interview the researcher explained: the research study and that participation was voluntary; that all data were anonymised and stored securely by Public Health Wales; and that the participant could withdraw from the study at any time. The participant also: received a printed copy of the information sheet to read and keep; was given time to ask questions; and was asked to provide written consent. A demographics sheet captured age, gender, years' experience in the JCC and in the police. Interviews lasted on average 56 minutes, with the shortest lasting 34 minutes and the longest lasting 1 hour and 12 minutes. At the end of each interview, participants were debriefed and given the opportunity to ask any further questions. Interviews were audio-recorded and transcribed for later analysis.

Data analysis

Experienced researchers discussed all calls and collectively decided on the most appropriate agency to respond, vulnerabilities present, signposting opportunities and agency suggestions. Furthermore, expert involvement from a JCC supervisor was provided to quality assure the researchers' decision making. Observational data was analysed using IBM SPSS statistics (version 24). All data were cleaned and crimes were grouped into categories (Appendix table 1) [25] prior to producing descriptive statistics. Wordle TM (2014) software was used to generate word cloud visualisations of text in which the more frequently recorded vulnerabilities and signposting were highlighted by occupying more prominence in the representation [26]. Interviews were audio-recorded and transcribed before narrative analysis was completed. A narrative analysis was selected as the most appropriate method, to explore and interpret the stories described by participants [22] and to supplement the findings from the quantitative analysis. Illustrative quotes are presented to emphasise key findings.

Appendix table 1: Crime categories

| Major class	Definition	Minor classes included
Burglary	Burglary is the theft, or attempted theft, from a premises where access is not authorised. Damage to a premises that appears to have been caused by a person attempting to enter to commit a burglary, is also counted as burglary. Residential and commercial burglaries are distinguished by the function of the building.	Burglary in a dwelling Burglary in other buildings
Criminal Damage	Where property is intentionally destroyed or damaged, not necessarily to gain entry to premises or a vehicle.	Criminal damage to dwelling Criminal damage to motor vehicle Criminal damage to other building Other criminal damage
Drugs	Possession, consumption, supply of or the intent to supply illegal drugs.	Drug trafficking Other drugs Possession of drugs
Fraud & Forgery	Fraud is an intentional deception in most occasions for monetary gain; whereas forgery is the action of creating an exact replica of an object with the intention of deception.	Other fraud and forgery
Other Notifiable Offences	This is a broad category containing offences that are notifiable to the Home Office.	Going equipped Other notifiable
Robbery	Theft with the use of force or a threat of force. Both personal and commercial robbery are included. Snatch theft is not included.	Business property Personal property
Sexual Offences	A broad category of sexual offences, including Indecent Assault and Unlawful (under age) Sexual Intercourse.	Other sexual Rape
Theft & Handling	Theft from a person, motor vehicle, bikes, residential or non-residential property and more. Plus the storage, transport or attempted resale of property after a theft has occurred.	Handling stolen goods Motor vehicle interference and tampering Other theft Theft from motor vehicle Theft from shops Theft person Theft/taking of motor vehicle Theft/taking of pedal cycle

|		
Violence Against The Person	Includes a range of offences from minor offences such as harassment and common assault, to serious offences such as murder, actual bodily harm and grievous bodily harm [GBH].	Assault with injury
		Common assault
		Harassment
		Murder (homicide)
		Offensive weapon
		Other violence
		Wounding/GBH
Additional Crime Types	This is a broad category of types not covered in other categories. They range from weapon-related crimes to hate crimes and robbery.	Gun crime
		Motor vehicle crime
		Domestic crime
		Racist and religious hate crime
		Homophobic crime
		Anti-semitic crime
		Islamophobic crime
		Most Serious violence
		ASB
		MOPAC7
		Robbery of mobile phone
		VWI
		LBW discharges
		Knife crime
		KIV

Appendix 2 – Supplementary findings

Appendix figure 1: Types of 101 calls observed in NWP JCC (n = 115)
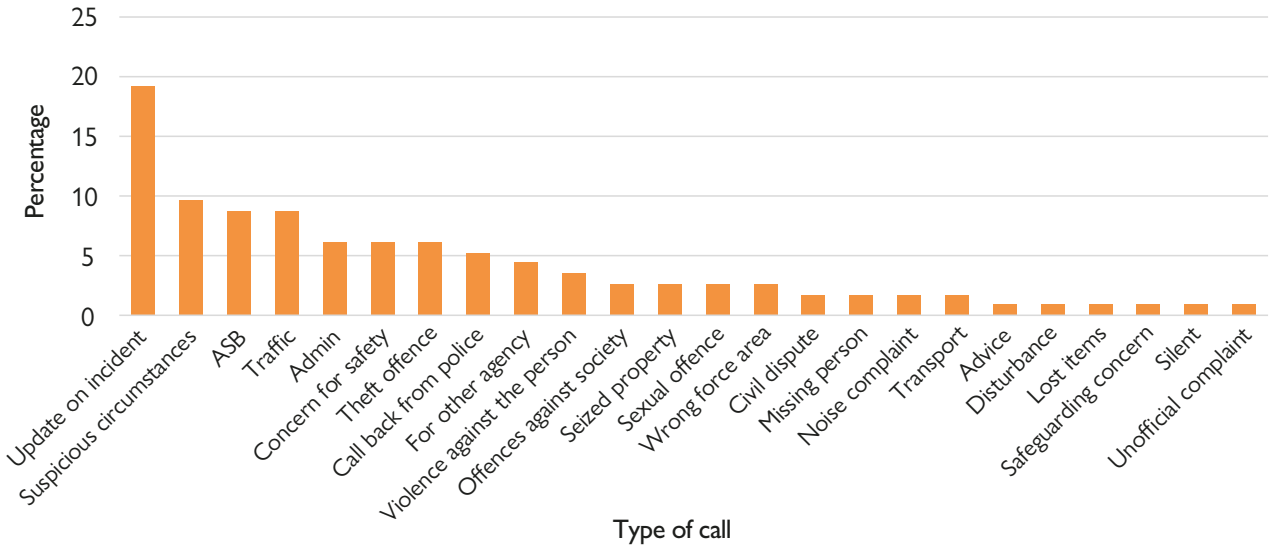
Appendix figure 2: Types of non-deployed calls observed in NWP JCC (n = 39)
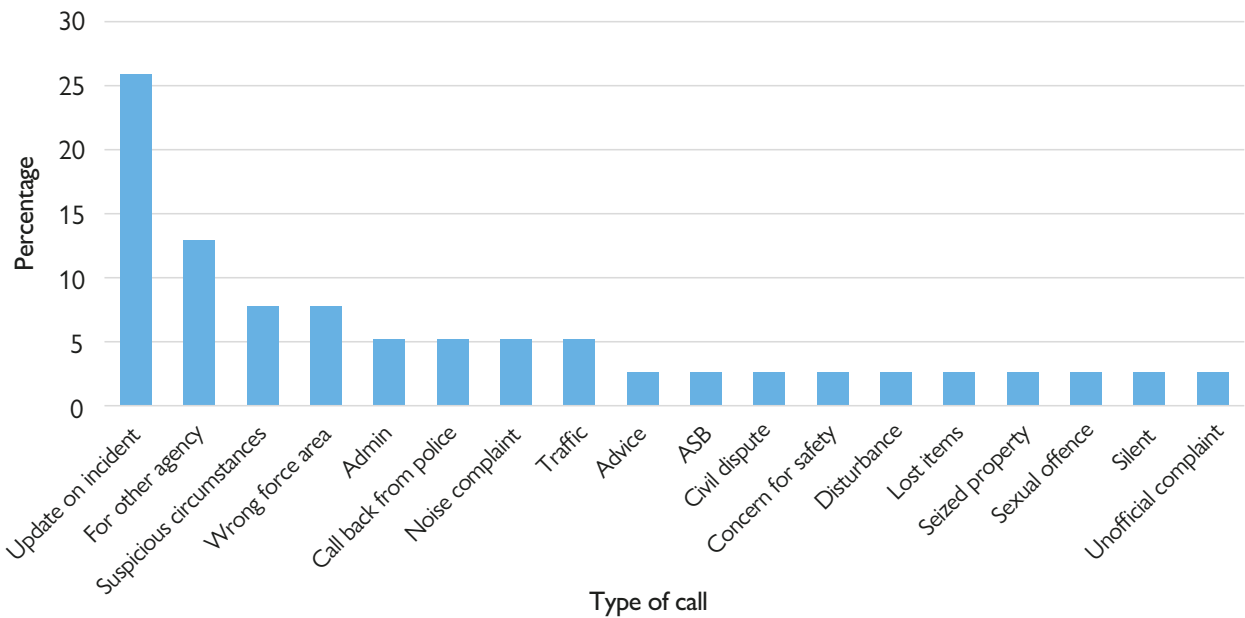
Appendix figure 3: Suitable agency for non-deployed calls observed in NWP JCC (n = 36[32])
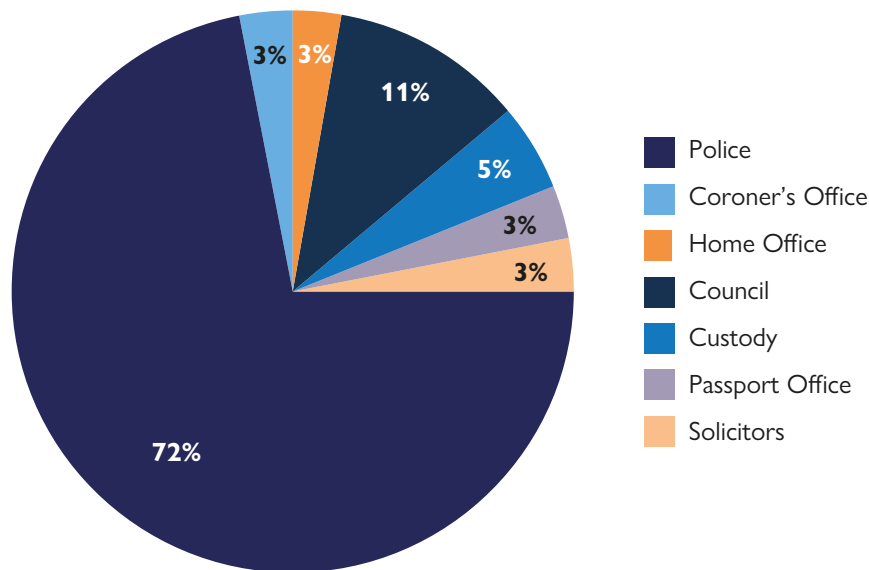
Appendix table 2: Frequency of vulnerabilities

Vulnerability	Count within calls with an identified vulnerability (n = 49)	Percentage of vulnerability within calls with identified vulnerability (n = 49)	Percentage of vulnerability within all calls (n = 109[33])
Child under 18 years	21	43	19
Mental health	18	37	17
Risk from others	10	20	9
Drugs	7	14	6
Emotional state including 'feels unsafe', 'grieving' and 'distress'	7	14	6
Self-harm	6	12	6
Child sexual exploitation risk	6	12	6
Alcohol	5	10	5
Victim of crime	5	10	5
Risk to others	3	6	3
Learning disability	3	6	3
Domestic abuse	2	4	2
Child missing from home	2	4	2
Physical illness	2	4	2
Elderly	1	2	1
Disabled	1	2	1

32 Two calls were returned calls from police and one was a silent call, therefore, suitable agency was not applicable.
33 Six calls were returned calls from police and, therefore, vulnerability was not counted.

Camau Cynnar
gyda'n Gilydd

**Early Action
Together**

Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme

Early Action Together is a partnership between Public Health Wales,
the four Wales Police Forces and Police and Crime Commissioners,
Barnardo's, HM Prison and Probation Service Wales,
Community Rehabilitation Company Wales and Youth Justice Board Wales.

Contact information

If you have any questions or require any further information,
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