

Task 1

In order to discuss and compare coping strategies in relation to minimising stress and resilience building I will firstly define both stress and resilience. I will move on to outlining two different strategies I employed throughout my initial 6 months, comparing, contrasting and finding similarities between the two. I will go on to explain how I employed each into my day-to-day schedule and describe how I feel they complemented each other. Finally, using Gibbs model of reflective practice I intend on illustrating how what I have adopted in the last 6 months may evolve into a more effective approach in the next utilising a learning journal and a mind mapping.

NHS website [mentalhealth.org.uk](https://www.mentalhealth.org.uk)¹ defines stress as the degree to which one feels overwhelmed or unable to cope as a result of pressures that are unmanageable.

This can be summarised further by Centre for Studies on Human Stress² as our body's response to pressures from a situation or event. The contributing factors vary widely from person to person and may differ based upon environmental, genetics, social and socio economic circumstances. The common feature tends to be experiencing something new, unexpected, or loss of control over a situation.

Stress hormones such as Cortisol, Adrenaline and Norepinephrine are produced when stress is encountered. Their short term effects, as described the Endocrine Society³ can be as wide ranging as; increased blood pressure, production of anti-inflammatories, constriction of blood vessels in order to redirect blood to major muscle groups and respiratory organs. There is a marked reduction in the body's ability to feel pain, blood sugar and fats are released from storage and flow via the bloodstream supplying energy to the parts of the body that need it.

This stress response is triggered when 'danger' is perceived. It is initially processed via sensory organs such as eyes and ears by the amygdala. A message is then sent to the hypothalamus to 'react', using the autonomic nervous system. As detailed in Harvard Health⁴, the response evolved as survival mechanism allowing an immediate response to a life threatening situation thus allowing us to fight or run from whatever has triggered this cascade of physiological, hormonal and emotional reactions.

The autonomic nervous system is split into two 'branches' sympathetic nervous system and parasympathetic nervous system. The sympathetic nervous system essentially functions as a 'go' button and controls all of hormonal & physiological functions necessary to enable the 'fight or flight' response. The parasympathetic nervous system acts as a 'stop' button, it enables the body to stop and rest once the danger has passed.

After the initial adrenaline surge in response to the 'danger', a secondary component, and the HPA axis is triggered, this prompts the release of cortisol, which allows the body to maintain this hyper alert and action ready state. Once the danger passes, the parasympathetic system kicks in and allow the cortisol levels to drop allowing us to return to a 'resting state'

This response may be appropriate to a particular situation we find ourselves in, and, as long as our 'resting state' returns once the triggering event is over there is no lasting damage.

However, long term or 'chronic' stress comes about when the HPA axis is continually 'on', albeit at a lower level, however it stops the return of the 'resting state'. As the 'default' level of stress response is already higher normal, the sympathetic nervous system may become triggered in less appropriate situations. Common examples may include an impending deadline, financial difficulties or finding yourself in a position, which you cannot control. In this situation, the physiological response to the trigger is highly inappropriate. The long-term adverse effects as described by Medical News Today⁵ may include; irritability, fatigue, insomnia, low self-esteem. If left untreated, physiological symptoms may soon emerge such as, headaches, digestive problems, more frequent infections or illnesses. This can, over time, lead to heart disease, diabetes and autoimmune disorders.

In the first six months since being attested, I found myself in a situation where everything was different. I had been an accountant for a number of years, specialising in Regulatory Reporting for the Financial Conduct Authority. I had a deep understanding of my profession and my role within it. I was confident in my skills and knowledge. Although I worked a full time contract, I was able to dictate my own hours and locations of work enabling me to balance childcare, home life and FCA role. Then, from 23rd September 2019, everything changed. I was in a different environment, with a new subject matter, within an alien organisation working dramatically different office hours. I had to quickly learn how to keep on top of work life, home life, and childcare arrangements, make time to work on physical fitness and home study and budgeting on a reduced salary. It became quickly apparent that 'spinning the plates' would, without coping mechanisms become highly stressful.

There are two paths to avoiding a chronic stress disorder. Avoid the triggers, which as a front line response officer is likely impossible, or build resilience.

Resilience is described by Psychology Today as "That ineffable quality that allows some people to be knocked by life and come back stronger."⁶

According to the American Psychological Association, there are a number of ways to build resilience. Fostering holistic wellness, both mind and body. As stress is a physical response working towards a more positive lifestyle including better sleep, nutrition, regular exercise and adequate hydration will aid in 'bouncing back' from the physical rigours of stress. Paying attention to your 'self-care regime'⁷. Positivity can increase your confidence and self-esteem; any obstacles can then be faced as challenges rather than problems.

Building connections is vital. Constructing the skills involved in forging resilience can take time and energy you must be relentless in the pursuit of your goals. Building a network of like-minded, encouraging and empathetic friends around you can act as a safety net if you feel like you are faltering and as a cheer leading squad when succeeding.

I understood what, in theory I needed to fortify myself for the coming 6 months, however, putting these theories into practice was another challenge in its self. Conscious that realistically I'd have to hit the ground running, the 'plate spinning' would start immediately my first step would focus on building a network & asking advice on the practical applications of these theories from those who have experienced these stressors, in this environment before.

On the basis each person's stress response is highly individualised, based upon their, age, gender, genetics, personality, socio-economic background I consulted with several colleagues in order to gauge as wider ranging advice as possible. I obtained numerous

pieces of advice ranging from Yoga, to CBT to knitting. Two common threads stood out, mindfulness and physical changes.

Prof Mark Williams, Director of the Oxford Mindfulness Centre defines Mindfulness as “Paying more attention to the present, to your own thoughts and feelings, to the world around you. This will improve your mental wellbeing” he goes on to explain that “This lets us stand back from our thoughts and start seeing their patterns. Gradually, we can train ourselves to notice when our thoughts are taking over and realise that these thoughts are only ‘mental events’ that do not control us.”⁸

The benefits of mindfulness are further described by Weinstein and Brown⁹. The following is taken from their study.

‘Mindful individuals orient to ongoing events and experiences in a receptive, attentive manner. The experiential mode of processing suggests implications for the perception of and response to stressful situations. Using lab based, longitudinal and diary based designs four studies examined the role of mindfulness on coping with stress. Across the studies, it was demonstrated that the more mindful individuals made more benign stress appraisals and reported less frequent use of avoidant coping strategies.

This seemed to be the goal I was aiming for. After consulting with friends who had already embraced the mindfulness concept and consulting a few mindfulness journals started embracing the basic principles, these being;

Make time, I set aside (initially) a short period of time each day in a quiet space to enable to reflection.

Consciousness, I attempted to become aware of the sensations that the environment may bring, concentrate on that feeling in that moment.

Labelling, naming thoughts and feelings as they manifest can help in recognising what can trigger them.

Although these practices provided a foundation for maintaining a stable foundation for well-being I found I was still experiencing (although to a lesser degree) some insomnia, lethargy and digestive discomfort.

In addition to the mindfulness, I attempted to work on the physical aspects of wellbeing.

Regular exercise can release endorphins, which act as natural painkillers and can aid in insomnia. It will also reduce levels of the stress hormones cortisol and adrenaline. According to Harvard Health¹⁰ Behavioural, factors may also contribute to the emotional benefit of exercise. As your waistline shrinks, your strength and stamina increase, your self-image improves. This may lead to a sense of control, of pride and self-confidence. I adopted a regular exercise routine and improved nutrition.

Over the initial period, I found a marked decrease in feeling of anxiety, tiredness and gastric discomfort. Though I expect the true test will be over the course of the next 18 months, which will involve the extra spinning plates of being a front line response officer in the midst of a global pandemic and lockdown. In order to safeguard my husband and two young children I have moved out of my family home to protect them from possible infection. This resulting in an increase of anxious feeling and depressive thoughts. Although not wholly

unexpected in this epically odd time, they were very unwelcome. Using Gibbs models of reflective thinking it became clear to me that the combination of simple mindfulness and exercise is no longer sufficient to maintain wellbeing.

I have now also adopted the practice of reflective thinking, using a journal to record any physiological or emotional responses that possibly misplaced, identifying their triggers and keeping a record of which techniques have had an effect.

The next 18 months will be a true test of how well I have managed stress and built resilience.

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Task 2

In order to provide a critical assessment of an incident where conflict management and communication skills were key I will first outline the incident and its context explaining powers relating to Mental Health Act 1983 and Mental Capacity Act 2005. I will define theories relating to verbal and nonverbal communication and describe how they applied in this particular situation. I will detail how use of NDM, knowledge of policing principle, codes of practice on use of force regulations were considered. I will go onto explain, how, using the these theories, principles and regulations the situation was resolved. Finally, using Gibbs model of reflective practice I will assess my own role in the incident and what learning points have been identified.

The incident initially was a call to assist ambulance in the conveyance of a young lady to hospital for treatment relating to her mental health. The request for assistance had been made by ambulance via the Mental Health Practitioner assigned to her care. It was reported that the young lady (who I will refer to as 'Lauren') had for three days been experiencing a deterioration in her mental health. She has a diagnosis of Bi Polar disorder, Schizophrenia, had been dependant Heroin and ad a history of self-harm and suicide attempts. Bi-Polar Disorder is defined by NHS as 'A disorder characterised by mood swings. These can range from extreme highs to extreme lows'¹ It's described as a condition of 'extremes' where the sufferer may not be aware of the cycle they're in. During an episode, the sufferer may experience auditory, visual and olfactory hallucinations. They may experience delusions and or psychosis. 'Psychosis' is described by 'Mind' as a severe break with reality. This initially starts to manifest slowly, initial symptoms may include paying less attention to personal hygiene, difficulty in communication, reduced social contact, suspicion of others, anxiety and or depression. In the latter stages, a sufferer may display incoherent or irrational thoughts processes, a delusional state, lack of awareness of their environment. As described by Dr TL Legg it is the 'Inability to recognise what is real in the world around you. It's different from what your thoughts and perceptions are telling you'²

She had, on numerous occasions been subject to S135 Mental Health Act 1983. This legislation allows for a warrant to be applied for which entitles police to enter a person place of residence and that person to a place of safety to enable a mental assessment to be undertaken. The warrant is applied for by an approved mental health practitioner and granted by magistrate's court. Its purpose is remove the person in question to a place of safety if there is reasonable grounds to believe that a person in question is being or has been ill-treated, has an uncontrolled mental disorder, and is unable to look after themselves.

Her behaviour in the week preceding the incident had suggested that the disorder was out of control and information provided by her partner confirmed that she had stopped taking her medication. On the day of the incident her partner, (referred to as 'Claire'), had woken to a banging sound and found Lauren in the living room dressed only in a dressing gown banging her head against the window and shouting the name of her deceased brother. Claire had been acting as Lauren's carer and had become increasly concerned at Laurens behaviour

¹ www.nhs.co.uk/conditions/bipolar-disorder

² *Understanding psychosis in Bipolar disorder*. Susan York Morris and Dr TJ Legg. Available at www.healthline.com/health/bipolar

and refusal to take her prescribed medication. She had spoken with Lauren's mental health practitioner the previous day and had arranged for a home visit. However, Lauren's self-harming and delusional behaviour that morning made an emergency call to both ambulance and Mental Health Practitioner necessary. Upon the arrival of the ambulance, Lauren became increasingly agitated, aggressive toward ambulance and seemingly no longer willing to listen to her partner. The ambulance crew withdrew. The Medical Practitioner had been informed and was in the process of a S135 application to a magistrate.

When I arrived, PCSO'S were already present. Lauren was clearly physically agitated, experiencing auditory hallucinations, fearful of the 'strangers' in the hallway. She was no longer trusting that her partner had her best interests at heart. She was physically harming herself with her fists and banging her head against the walls. There was broken crockery strewn across the kitchen floor and Clair was becoming increasingly fearful of her own and Lauren's physical safety. Using the National Decision Making Model (NDM) a course of action was decided upon

The NDM was introduced in 2010 in an attempt to strike the balance between operational and health and safety duties in public service with clear and consistent standards. According to the Royal College of policing, it attempts to ensure a level playing field is possible when the decision-making process and subsequent actions of an officer are being judged. It attempts to address public intolerance of error. It can negate accusations of risk aversion; reduce negative outcomes, avoid reputational risk. Provides a simple logical and evidence based approach to decision making. This should reduce the instance of risk avoidance decision maker reluctance to make a decision or to act as quickly as the situation demands.

At its core sits the code of ethics, the policing principles and standards of behaviour. The model has five stages. These are; Gather info and intelligence. Assess threat and risk, develop a working strategy. Consider powers and policies. Identify options and contingencies. Take action and review. However, in a quickly developing situation, a dynamic risk assessment will be necessary. That is a continuous assessment of risk in a rapidly changing circumstance of an operational incident in order to implement the central measure necessary to ensure an acceptable level of safety. In such an environment, it is unlikely that each stage can be dealt with in isolation, as described by the royal college of policing below.

"In a fast moving incident the police service recognises that it may not always be possible to segregate thinking or response according to each phase of the model, in such cases the main priority of the decision maker is to keep in mind their overarching mission to act with integrity and to protect and serve the public"³

On the way to the scene I began the first stage of the NDM; Information gathering. The control room provided the initial report. The source of the report was established, in this case it came via Ambulance control so the motivation of the reporting person and trustworthiness of source was not in question. Control were requested to provide information on the both residents and the flat via Niche & PNC in order to establish their history, warning markers, health issues, previous interaction with the police etc. Niche held information on Laura, which detailed a long history of mental health crises, gave specifics in terms of her diagnosis, ailments, previous interactions with Mental Health Act and Mental Capacity Act. A detailed history of self-harm was also shown for Clair. Upon arrival, information was also gathered from the Mental Health practitioner, paramedics and PCSO'S Already in

³ Royal College of policing. *National Decision Making Model*. Available at www.app.college.police.uk/app-content/national-decision-making-model/

attendance. This her current medical state, legal situation, attempts at communication and removal, her demeanour and reaction.

The second phase is; Assess threat. Identify who or what the risk is. The College of Policing defines this as 'Threat assessment is the analysis of potential or actual harm to people or property, the probability of it occurring and the consequences or impact should it occur'. In this situation, it is establishing the likelihood and severity of harm considering this particular set of circumstances. This breaks down to attempting to identify and eliminate the threat of injury to herself and her partner, risk of harm to the emergency workers present, environment dangers, in this case, the kitchen and living room was open plan, broken glass and crockery on the floor. The flat was also located on the third floor of the building; the stairs posed a further risk if / when Lauren's removal from the confines of the flat was successful.

The third phase requires an in depth knowledge of powers and policies. In assessing options in any set of circumstances an insight into, powers of entry, both common law and those laid down by PACE 1984, protections as laid down by the Human Rights Act, force policies and procedures and ACPO guidance.

The fourth stage is to identify options and contingencies. Upon arrival the flat door was closed, there was shouting coming from inside the flat from a female voice; a quieter female voice could be heard saying 'please stop, you'll hurt yourself'. To gain entry several options were considered. S135 of the Mental Health Act 1983 allows a power of entry to a residence, using force if necessary to search and remove a person suffering a mental disorder to a place of safety. However, this power can only be utilised following the granting of a warrant. The Mental Health Professional onsite had made the application but was yet to receive confirmation that it had been granted.

S136 of the Mental Health Act allows a person to be removed to a place of safety if that person is believed to be suffering from a mental disorder or in immediate need of care or control and it has been believed that it's necessary and in the interests of that person or for the protection of others. However, this power should not be exercised in a place where that person resides. The legislation is not clear in circumstances where the place of residence is temporary and not where they normally live.⁴ At this point it was not possible to establish whether the accommodation was only temporary and whether Lauren still had Clair's permission to reside there.

Mental Capacity Act 2005 relates to a person who lacks capacity, at the material time they are unable to make a decision for themselves because of impairment or disturbance in the functioning of the brain. It allows a legal basis for providing treatment to a person who lack capacity to consent to this treatment. It conveys on the officer power to contain, control and restrain this person. However, this power's primary function is in circumstances where there is an immediate physical danger or threat to life such as a refusal of treatment following a serious accident or suicide attempt. Removal to a hospital constitutes a deprivation of liberty and as such can only be allowed if providing life-sustaining treatment or prevent a serious deterioration of health. Royal College of Policing guidance states that in less life threatening situations when officers attend a mental health crisis on private premises but conclude that there is no legal justification for removal then S135 Mental Health Act must apply.⁵

⁴ College of Policing Authorised Professional Practice. *Mental Health*. Available at www.app.college.police.uk/app-content/mental-health

⁵ College of Policing Authorised Professional Practice. *Mental Capacity*. Available at www.app.college.police.uk/app-content/mental-capacity

S17 PACE allows for entry to a property for the purpose of saving life or limb or preventing serious damage to property. There is also a common law power under breach of the peace. It's defined as 'A breach of the peace is committed whenever harm is done, or is likely to be done to a person, or in his presence to his property, or whenever a person is in fear of being harmed through an assault, affray, riot or other disturbance'. The power of entry is defined as 'A police officer may enter and remain on any premises, public or private, to deal with or to prevent a Breach of the Peace The right of entry is not absolute , but must be weighed against the degree of disturbance which is threatened'

The door was slightly ajar; I pushed it open further and called out to Clair. She appeared in the hall, clearly distraught, clothes in disarray with red marks on her arms. She asked that we 'please do something' I entered the property without having to utilise S17 or Common Law. Made my way to the living room where Lauren was on her feet, a broken mug in her hand, broken crockery strewn across the floor. There were swelling to her face and cuts to her arms. She was pacing back and forth, arms gesticulating, her eyes focussing for a second before moving elsewhere. She was shouting at the TV pleading for the noise to stop. Her verbal communication was frantic, swung from high pitched to a low mumble, using a contrast stream of words and noise, some of which were no more than utterances. The speech did not seem to be directed at a presence within the room.

My first instinct was to shout at her to drop the broken mug. I was fearful; this was my first exposure to a potentially dangerous situation. The broken mug could be used as a weapon to harm herself or others. However, conscious of 'Betari's Cycle of Conflict' in that my attitude will affect my behaviour which in turn will affect her attitude and consequently her behaviour. I paused before engaging her to observe her and her environment.

From her body and demeanour is clear she was in a state of distress. Albert Mehrabian describes the reading of 'body language' or 'nonverbal behaviour' in his book 'Nonverbal communication' as "Actions distinct from speech. It thus includes facial expressions, hand and arm gestures, postures, positions and various movements of the body, legs or feet. These also include paralinguistic or vocal phenomena such as frequency and intensity range, speech error, pauses or rate and duration" ⁶

In 'Core communication skills in mental health nursing'⁷ Five skills are listed that when ingrained in practice will facilitate effective communication with a person suffering a mental health crisis.

These are described as;

Listening, the therapeutic effect of allowing the person space to talk will have a positive calming effect⁸. McCabe and Timmings 2006 describes this as 'active listening, more than just hearing but giving the person time and space to be heard'. This includes turning down any environmental distractions, giving your full attention, giving them time to explain, tuning out your own internal distraction such as 'what do I say next?'. The use of verbal and nonverbal prompts such as "Mmm, yes, I see", maintaining eye contact, head nodding; showing concern in facial expression can also show positive effects. This builds a sense of trust between the parties, can reduce feelings of isolation, and release tension.

⁶ Mehrabian, A. (1972) Nonverbal Communication. Aldine Transaction Publishing 2009, pp1-3

⁷ Core communication for mental health nursing. Available at www.colleaga.org/site/default/files/attachments/core_communication_skills

⁸ Stevenson 2008, P110

Paraphrasing, this demonstrates that the person is being listened to and can have a calming effect on the person in crisis.

Summarising, this allows the person to be reassured that they've been understood and can allow essential 'breathing space' to enable that person to order their thoughts.

Non-Verbal Communication. Egan (2010) p135 Identified the following nonverbal skills to when building trust with a person suffering mental health crisis, they can be summarised in the acronym SOLER;

- S – Face the person squarely,
- O – Adopt an open posture, arms uncrossed and open hands.
- L – Lean, at times towards the person,
- E – Maintain good eye contact without staring
- R – Relax your posture.

The fifth skill of 'questioning' relates more too nursing than policing practice.

Using the skills as described above I successfully talked Lauren out of her flat, into the ambulance and conveyed her to hospital without having to resort to physical restraints or any use of force.

On reflection, there were a number of learning points. Using Rolfe's model of reflective practice I have placed the following in my learning journal;

Mental health legislation. This incident took place in the first week of service. Although I was very familiar with both S17 PACE and Breach of the Peace powers of entry, my knowledge around Mental Health Act and Mental Capacity Act was scant. I heavily relied on my tutor whilst at scene to work the 'Powers and Policy' and 'Options and Contingencies' phase of the NDM.

Initial alarm when faced with a person in mental health crisis holding what could potentially be used as weapon. My first instinct had been to use force to remove the mug, or at the very least be verbally aggressive. Neither approach could have promised a successful outcome.

Active listening. Although giving Lauren time a space to talk, I did on a few occasions stop listening and instead started running through in my own head what I could say next to calm her and get her to the ambulance. This risked me missing something important that she was trying to communicate with me. She may have also recognised by my nonverbal communications that I was no longer actively listening, this could have damaged the trust and rapport we'd built.

The outcome was successful but could have failed because of any of the above points. All of which are being addressed through further academic study and continued exposure to these situations.

Task 3

In order to critically assess a relevant incident including social and legislative contexts and any relevant cultural, ethnicity and language issues. I will firstly describe the incident in detail. I will go on to describe, how using the National Decision making model the immediate threat was eliminated. I will define Coercive control, Domestic Abuse and Honour based violence in the context of the culture.

I will consider and reflect on my responsibilities and procedures in line with the code of ethics and victims code of practice to support victims and witnesses through the criminal justice system.

I will Illustrate how using the Policing Principles and Standards of Behaviour policing values were engaged, whilst giving due consideration culturally sensitive practice.

Finally, using Rolfe's theory of reflective practice I will critically assess my own performance and reflect on how in future this can be improved.

The incident was a 999 call, reports a female screaming, children crying followed by a banging sound which the called described as furniture being thrown about. Whilst en-route I cycled then the 'NDM'. The National Decision Making model is cyclical decision-making tool adopted by College of policing in order to provide a framework to operational officers. It was introduced in an attempt to strike a balance between operational and health and safety duties in public service. According to the Royal College of policing, it 'attempts to ensure a level playing field is possible when the decision-making process and subsequent actions of an officer are being judged'. It provides a simple logical and evidence based approach to decision making. This reduces the instance of risk avoidance and reluctance to make a decision or to act as quickly as the situation demands¹

At its core sits the code of ethics, the policing principles and standards of behaviour. The model has five stages. These are; Gather info and intelligence. Assess threat and risk, develop a working strategy. Consider powers and policies. Identify options and contingencies. Take action and review.

A Niche and PNC check revealed no warning markers on the property or its occupants and no previous police history.

Upon arrival, I approached the property. The door front door and windows were closed, however, I could still hear a muffled female voice, and although I could not make out the words, she sounded distressed and frightened. Based upon the 999 call and my own observations I surmised that there was risk of harm to the person inside. I had to gain entry to the property. In these circumstances there are two options relating to power of entry. The first is S17 PACE (1984) which allows for entry to a property for the purpose of saving life or limb or preventing serious damage to property. There is also a common law power under breach of the peace. A 'Breach of the Peace' is defined as being committed 'whenever harm is done, or is likely to be done to a person, or in his presence to his property, or whenever a person is in fear of being harmed through an assault, affray, riot or other disturbance'. The related power of entry is defined as 'A police officer may enter and remain on any premises, public or private, to deal with or to prevent a Breach of the Peace The right of entry is not absolute , but must be weighed against the degree of disturbance which is threatened'

Using either power of entry would have been justified, proportionate and lawful. The front door was closed but unlocked. I entered the property to find a female, (referred to as

¹ College of policing

'Leena') and male (referred to as 'Mo'), in the hall. Mo had his back to me, his right hand gripping Leena's throat, his left hand on her shoulder pinning her against the wall. Upon spotting a uniformed police officer, he let go and attempted to leave the property via the back door. My colleague halted his escape and removed him from the property whilst I attended to Leena. Leena had a swelling upper lip and developing bruising to the eye, despite this, she insisted she did not need medical attention. There were two young children in the property; one was five years old, the other two weeks old.

After attending to her distressed children Leena disclosed that the relationship began as an arranged marriage 4 years ago, she was born in Cardiff to a devoutly Muslim family; Mo was from Yemen and moved here for the marriage. Leena stated that it initially started as verbal abuse and controlling behaviour, this escalated to physical assaults, coercive control, emotional assaults, a total erosion of her sense of self. He controlled every aspect of her life, what she wore, her makeup, hair colour and food. He forced her to diet, called her ugly and fat and has convinced her this is truth. She allowed to interact with family, friend's neighbours or leave the house without him, if they pass a male she had to avert her gaze or just drop her head. The behaviour became so ingrained she did it without being told because she was afraid of the consequences if she did not. He had removed the internal doors so he could watch her wherever she was; she needed permission to leave a room. Permission is also required to use the toilet. He had previously made her wet herself and seemed enjoyed the humiliation this had caused. She was no longer allowed in their bedroom as the blinds are thin and he was convinced she 'showing herself' to the male neighbours. He controlled the finances she does not have any say in how the finances are spent. He had forced her to sell her car and used the funds himself. The assaults started whilst she was pregnant and continued after the birth. She believes he enjoys watching her physically suffer and will smile whilst causing her pain.

Her level of distress was so intense whilst taking the statement she was struggling to concentrate on our conversation. She was physically agitated, unable to stay still for more than a few seconds, physically shaking and struggling to construct coherent sentences, flitting back and forth on the timeline of the relationship. On several occasions, she had to stop to catch her breath and hold in the tears. She was constantly on the verge of being emotionally overwhelmed. She divulged that the abuse has been so relentless she no longer felt like she's in her own body, she was outside looking in, it's the only way she'd been able to protect herself she stated she felt just empty, like there's nothing left of herself. It seemed that his physical, emotional and mental abuse, the constant attack on her self-esteem, confidence and sense of self-worth had been so relentless that she could not remember a time when she felt safe. She was in a constant state of fear and was swaying between overwhelming guilt for not reporting earlier and fear that he will come back.

Her experiences as reported clearly met the definition of Domestic Violence and Coercive Control. The Home Office defines this as 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial or emotional'² The Offence was introduced by the Serious Crime Act 2015.

The Home Office further defines 'Controlling' and 'Coercive' as follows; 'Controlling behaviour; A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and

² Home Office 2013

regulating their everyday behaviour'. 'Coercive Behaviour; an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim'

Leena's account of the abuse suggests it had been ongoing for since the start of their marriage in 2016, however, there were no previous reports of any incidents. I was aware that although they were of the same religion, they were of different cultures; Conscious of jumping to conclusion around Honour Based Abuse I asked why she had not reported the violence before. She explained that she was from a religious point of view she was Muslim but culturally, she was Welsh. Her family had been in Cardiff since the second world war, she went to a secular mixed school, trained as a nurse and had intended on keeping the job after marriage, she had had pretty much the same freedoms as her classmate, but was expected to wear Hijab when she reached age and allow her parents to select her future husband. She had agreed to the marriage, although a little apprehensive at first she explained that her parents, aunties, uncles, cousins etc. had had arranged marriages all seemed fine. At first the control was asserted with disapproval of her friends, then her going out to socialise without him, then going out, even to shop without a chaperone, he'd started to insist she wear Niquab and have no interaction what so ever with any males. Religious, the teaching were similar in their upbringings, culturally, they were miles apart. Where Mo was born and grew up woman's role was to take of the family, they were afforded no rights and needed permission from their husband or a male relative for most things. Mo believed that Leena's upbringing had been 'lax' and she risked bringing shame to him unless he removed her westernised ways. He blamed her family for this and gradually started cutting her off from them.

The CPS and ACPO share a common definition of Honour Based Abuse as; 'An incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse), which has or may have been committed to protect or defend the honour of an individual, family and or community for alleged or perceived breaches of the family and/or community's code of behaviour.

The coercion and control then became physical assaults. She described humiliation at what was happened, fear of reporting, belief it was her own fault and fear it would bring shame to her, her husband and wider family. Although terrified by her husband she felt a deep bond to him. Patrick Carnes describes this as a 'trauma bond'; it can happen as a result of a cycle of abuse where 'A strong emotional attachment between an abused person and his / her abuser is formed as a result of a cycle of violence'³

The cycle of domestic violence (as described by Zoe Lodrick⁴) would start again, tension builds, the 'incident' would happen, they would reconciliation, a period of calm would ensue.

Leena had decided that morning to report the abuse after Mo had started shouting at the their 4 year old, fearful the cycle would continue with the child at the centre she had secretly text her mother that morning to disclose what was happening, it was after Mo had discovered this that morning's assault had happened.

After the initial disclosure I explained what a the steps in terms safeguarding her and her family and what would happen next from a criminal justice point of view. Leena was supportive of police action and agreed to make a statement after I explained what special

³ Patrick Carnes. *The Betrayal Bond; Breaking free of an exploitative relationship*. Health Communications 2010

⁴ Zoe Lodrick. *Psychological trauma*. Available at www.zoelodrick.co.uk

measures could be put in place to safeguard her. Conscious that Leena would need not only emotional but also logistical support with the children whilst making a statement and being mindful of cultural sensitivities around gender I requested a female officer attend the parents address in order to collect the mother.

I explained the proactive multi agency approach that would now be undertaken (as detailed in APP on Domestic Abuse⁵).

Aware that she had not previously reported the incidents as she was led to believe she was to blame for the abuse and any disclosure may bring shame to the family I asked whether wanted her mother present whilst going through the PPN and DASH forms. She briefly disclosed to her mother what had been happening, her mother seemed truly horrified not only at the circumstances but that Leena hadn't felt that she could divulge the abuse, and as a consequence her mother was unable to protect her. Leena was deeply humiliated by her situation and I felt this might limit the depth of disclosure if her Mother was present. I suggested her mother stay with the children in the next room whilst I documented abuse. Leena agreed.

PPN and DASH are processes undertaken in any situation where a person is at risk. 'DASH', short for Domestic Abuse, Stalking and Harassment is a risk identification, assessment and management tool. Its purpose is to identify dangerous and / or serial perpetrators. This then formulates a standardised referral tool and decides which cases receive a 'MARRAC' referral. It's based upon evidence of extensive research across multiple agencies and brings together data relating to domestic abuse, murders and near misses, both nation and international. These cases underpin this model of risk assessment

When a risk of serious harm is identified, a 'MARRAC' referral is triggered. MARRAC is Multi Agency Risk Conference whose aim is to, safeguard adult victims, and Make links with other Public Protection Agencies in relation to children, perpetrators and vulnerable adults. Information is shared between and strategic planning is undertaken by Police, Probation, Social Services, Housing, Health, Education, IDVA (independent domestic violence advisors)

Having completed the statement, PPN and DASH questions, although relatively confident of charge and remand I was conscious of the immediate physical threat to Leena if she remained the property and Mo bailed. Consideration was given to DVPN / DVPO applications. The need was immediate, as detention would not be authorised simply to complete a DVPN.

Domestic violence protection notices and Domestic violence protection orders were introduced by the Crime and Security Act 2010. Their purpose was to enable the Police to put in place protection for the victim in the immediate aftermath of a domestic violence incident. They can prevent the perpetrator from returning to a residence and from having contact with the victim for up to 28 days allowing the victim to access support via other agencies. Initially, the 'Notice' is issued. This is a police power, authorised by a Superintendent or above. A court date must then be sought within 48 hours.

The 'Authorising Officer' must have reasonable grounds for believing that the perpetrator has been violent towards or has threatened violence towards the victim on this occasion and the issue of the DVPN is necessary to protect the victim from violence or a threat of violence by the perpetrator.

⁵ College of Policing 2015

Although the application of a DVPN does not need the consent of the victim, I was conscious trust may be an issue with Leena, I was successfully building a rapport and did not want to risk this by not being totally transparent in the steps that could be taken. I explained this option to her. She consented.

The DVPN was to be submitted to a Superintendent. There would be three considerations. The decision needs to be justifiable under the ECHR: Proportionate, legal and necessary. The must be satisfied that the notice and the terms of the notice are both Necessary and Proportionate. Such as where it is not possible to safeguard the victim by alternatives which would constitute a lesser interference with the perps rights.

Whilst the DVPN is enshrined in the Crime and Security Act and so gives you the legal basis for the notice, it is important that consideration is given to the Human Rights of the perpetrator.

Authorising a DVPN will highlight a perpetrator's Article 8 Rights to "free and uninterrupted family life". However, Mo's 'right to a family life' is a 'qualified right' and, as such, would not supersede Leena's Article 3 rights of to be free from torture or in humane treatment which is an 'absolute' right.

Mo was subsequently charged and remanded.

Leena, was entitled to an enhanced level of service under the Codes of Practice for victims of crime⁶ and as an 'intimidated witness'⁷ is entitled to a referral to Victim Communication Liaison Scheme which will provide emotional and logistical support through the upcoming court case.

At the heart of any policing decision is the code of ethics. The ten standards of professional behaviour. Leena and her families welfare was placed at the core of this process. She was treated with respect, honesty and openness throughout. Due consideration to her religion and culture was given whilst trying to balance her physical and emotional needs.

On reflection, I had to rely heavily on my tutor for guidance on DVPN and DVPO's. This has been addressed by way of further academic and procedural study.

This incident happen less than a month into my service and was the first incident of domestic violence I had attended. As a parent, I did struggle not to become emotionally involved in Leena's plight and although I am certain it did not affect my action as a Police Officer I struggled not to feel her anguish. This however I am sure will take a little longer to address and will improve the more I deal with the 'wellbeing and resilience' side of my studies.

⁶ Ministry of Justice 2015

⁷ As defined by S17 Youth Justice and Criminal Evidence Act 1999.

Task 4

In order to reflect on an incident in which the NDM was utilised to assist in its resolution. I will firstly describe the incident. I will go on to explain how CPIA impacted on the investigation in relation to managing the offender and suspects and recording and retaining significant information.

The incident started with a 999 call to a residential area; there were reports of a 'intense' argument in a communal back garden. Information was scant, the initial report did not give any details of who was involved, just that the address was 'Church Road House'. Conscious that I was new to the area and did not have local knowledge.

Whilst making my way to the incident I ran through the 'NDM'. The National Decision Making model is 'cyclical decision-making tool'¹ adopted by College of policing in order to provide a decision-making framework to operational officers. It was introduced in 2010 as it was believed there was an in balance between operational and health and safety duties in public service. According to the Royal College of policing, it 'attempts to ensure a level playing field is possible when the decision-making process and subsequent actions of an officer are being judged'. Its aim is to provide a simple logical and evidence based approach to decision making, reducing the instance of risk avoidance and reluctance to make a decision or to act as quickly as the situation demands²

'The legitimacy, authority and effectiveness of the police depends on the exercise of ethical decision making. In essence, there's an expectation on the police from the public and others that they make decisions based upon a set of ethical principles and not in an arbitrary manner or according to emotional response or prejudice'³

At its core sits the code of ethics, the policing principles and standards of behaviour. The model has five stages. These are;

Gather information and intelligence,
Assess threat and risk,
Develop a working strategy,
Consider powers and policies,
Identify options and contingencies,
Take action and review.

On the way to the scene I began the first stage of the NDM; Information gathering. The control room provided the initial report. The source of the report was established; in this case, it came via a neighbour with no previous history or warning markers. Control were requested call the reporting person back in order to establish who was involved and the exact location. Contact was made; the reporting person said they were now 'fighting' the identities of those involved was provided. Control were asked to provide information on the both residents and the flats via Niche & PNC in order establish their history, warning markers, health issues, previous interaction with the police etc. The location was a block of flats run by a housing charity who helped retired military veterans in need of not just housing but also required support with physical and mental health issue. The parties involved in the argument, referred to from now on as 'Frank' and 'Kenneth' Both were retired army, both have

¹ As defined by College of Policing 2010

² College of Policing

³ Bryant, Robin and Sarah. (2020) 'Roles, responsibilities and support'. Blackstone's Handbook for Policing Students. Oxford University Press

had some previous ASB noise complaints and a few public order incidents going back 20 years that were alcohol related. Neither warning markers relating to violence or criminality, however, both had markers in relation to physical ailments, COPD, alcohol dependency, mental health issues.

The second phase is; Assess threat. Identify who or what the risk is. The College of Policing defines this as 'Threat assessment is the analysis of potential or actual harm to people or property, the probability of it occurring and the consequences or impact should it occur'. In this particular set of circumstances, the initial threat was the scant amount of information held on either party or the location. Considering their military background, the enclosed area where the incident was taking and the possible presence of elderly or vulnerable person a second unit was asked to attend. Upon arrival, both parties were still present, the 'incident' seemed to be over, Frank was at one end the communal space whilst Kenneth was at the other, both had neighbours with them. There were no obvious signs of injury, damage or distress.

The third phase requires an in depth knowledge of powers and policies. In assessing options in any set of circumstances an insight into, powers of entry, both common law and those laid down by PACE 1984, protections as laid down by the Human Rights Act, force policies and procedures and ACPO guidance, arrest option in relation to assault, criminal damage, breach of the peace.

The fourth stage is to identify options and contingencies. Power of entry was not a consideration. Both parties were outside the property in a communal space accessible by the public.

In an attempt to identify victim, witness and suspects and mindful of the 'Golden Hour' investigation. Four individuals were spoken with by four officers as at this point there was no clarity as to which party was the victim and which was the perpetrator.

Similar accounts were provided by all four parties, Kenneth and Frank who had been identifies as having has the 'fight'. Maureen and Robert who witnessed the incident. The incident was described as a row over emptying the bins that escalated into pushing and shoving. Both Robert and Kenneth accepted their part in the incident. Neither sustained any injury more serious than red marks on their wrists which was a result of grabbing. Both said they allowed tension over the household chores boil over, could remember neither who grabbed whom first, nor did seem either overly upset or frightened.

Several options were open. As both had admitted to an assault arresting both would have been legal, however, it's arguable neither proportionate nor necessary. Breach of the Peace was another option. It met the technical definition of 'A breach of the peace is committed whenever harm is done, or is likely to be done to a person, or in his presence to his property, or whenever a person is in fear of being harmed through an assault, affray, riot or other disturbance'. Either party could have been removed and bound over, again, it would have been legal, however, there was nothing in their history or demeanour upon our arrival that may have suggested that once we'd left the situation may escalate so there was no argument that it was necessary or proportionate.

Another option would have been to arrest for Affray. This is more of an umbrella offence and can be used to cover Criminal damage, assault, threats to damage etc. Affray is defined as 'A person is guilty of affray if he: uses or threatens unlawful violence towards another person and his conduct is such as would cause a person of reasonable firmness present at the

scene to fear for his personal safety present at the scene to fear for his personal safety'. Again, although it met the technical definition it seemed disproportionate. Considering their physical ailments, lack of damage or injury, unlikelihood of future occurrence Custody were unlikely to authorise detention. There was the option to require they attend voluntarily in order to be interviewed for this matter.

Final option was to look Restorative Justice (RJ)

"Restorative processes bring those harmed by crime or conflict and those responsible for the harm into communication, enabling everyone effected by a particular incident to play a part in repairing the harm and finding a positive way forward" - Restorative Justice council

The administration of RJ is governed by Offender Rehabilitation Act 2014 which dictates RJ must have the agreement of the offender and the victim. The offender must agree, admit their offence & take responsibility for the offence. There must be an apology and reparation.

It was adopted it became apparent the criminal Justice Service is entirely focussed on the offender, whereas in RJ the focus is on the victim, the person most effected had been the least involved. It attempts to provide a voice to the victim whilst making the offender accountable. Early indications suggest that it increases victim satisfaction, reduces entry into Criminal Justice Service, reduces reoffending, can increase community cohesion, reduces demand on frontline officers

It's the concept of discretion that allows an officer to deal with an incident accordingly, using their own judgement in any particular situation. Police discretion can be defined as 'Freedom (duty / obligation) of the individual officer to act according to his own judgement in any particular situation'. Lord Scarman, in 1981 described it as "At the heart of the policing function. It is undeniable that there is only one law for all; and it is right that this is so. But it is equally right well recognised that successful policing depends on the exercise of discretion and how law is enforced. Discretion is the art of the suiting action to a particular circumstance".

Discretion is a balancing act between law enforcement and the needs of society that gives rise to police discretion. It cannot exist without a professional policing context underpinned by the code of ethics. Ronald Dworkin described police discretion as 'the hole in the doughnut' It's only given meaning by the professionalism that surrounds it.

'The police should make law enforcement decisions based upon their interpretation of what is best for the public interest, it's this balancing act between law enforcement and the needs of society, this gives rise to discretion, the police are expected to use the law to maintain order, and therefore they need discretionary powers in order to use the law as effectively as possible within legal boundaries. They should not be required to enforce the law mechanically in every circumstance. In this respect, the police are accountable not only to the law but also to the people, they police.'⁴

Although the entire investigation was completed on site and the disposal method did not result in a criminal charge but in an agreement to a Restorative Justice process the whole process was still underpinned by the Criminal Procedures Investigation Act 1996 (CPIA)

⁴ Bryant, Robin and Sarah. (2020) 'Roles, responsibilities and support'. Blackstone's Handbook for Policing Students. Oxford University Press

The Act defines the role and responsibilities of an investigator as, 'any police officer or other person involved in the conduct of a criminal investigation. All investigators have a responsibility for carrying out the duties imposed on them under this code'⁵.

Criminal investigation is defined by S22 CPIA 1996 as 'an investigation conducted by Police Officers with a view to ascertaining whether a person should be charged with an offence or whether a person charged with an offence is guilty of it'. Central to this is the collection, collation, and evaluation of information.

Volume crime management model (VCMM) sets out the minimum practice standards for volume crime investigations. ACPO define Volume Crime as 'any type of crime that, by its sheer volume has a significant impact on the community or the workload of the Police'⁶

The following legislation also plays a major part in the management and recording of investigations, PACE 1984, Criminal Justice & Public Order Act 1994, Human Rights Act 1998, RIPA 2000, Serious and Organised Crime and Policing Act 2005, Investigatory Powers Act 2016.

College of Policing APP core principles whilst conducting an investigation of, honesty, integrity, confidentiality. Investigations must be conducted effectively. With proportionality, within legal parameters and transparent at all times. Conducting an investigation in this manner ensures 'a more ethical approach, thereby improving public confidence in not only the effectiveness of the investigation but also the objectiveness and fair manner in which they are undertaken' Blackstone's⁷

Upon arrival at the scene, it wasn't immediately possible to identify who the victim and who the perpetrator was. However, witnesses identified themselves to me immediately. Witness statements must be taken (if the witness consents) it is a requirement under CPIA 1996 to record an initial or 'First Account' from the witness. 'This is essential for the investigation manager to be able to determine the potential importance of the witness including in particular recording information, and retaining records of information and other material'⁸. All relevant information must be recorded in your Electronic Pocket Notebook (EPNB) 'Primary function of EPNB is to keep a record of significant information collected during an incident in order to comply with CPIA 1996'⁹

The investigation itself is conducted following not only CPIA but also ACPO guidelines. There are five principles of the investigative mind set as set out by ACPO Centrex 2005;

- Understand the source
- Planning and preparation of gathering of the material
- Examination of the account, clarification to identify and contradictions and challenge the meaning and reliability of the material
- Record and collate the records ensuring it is durable and recoverable
- Evaluate its adequacy by undertaking a 'gap' analysis.

⁵ The CPIA Code of Practice (Part II)

⁶ ACPO 2009

⁷ Bryant, Robin and Sarah. (2020) 'Criminal investigation'. Blackstone's Handbook for Policing Students. Oxford University Press

⁸ Bryant, Robin and Sarah. (2020) 'Roles, responsibilities and support'. Blackstone's Handbook for Policing Students. Oxford University Press

⁹ Bryant, Robin and Sarah. (2020) 'Criminal Investigation. Blackstone's Handbook for Policing Students. Oxford University Press

Follow the ABC's of an investigative mind-set, assume nothing, believe nothing, and Challenge everything. Each person present was spoken with and initial accounts taken in an attempt to identify who the suspect, victim and witnesses were. As detailed in VCMM, (ACPO 2009), initial investigation is set out as follows;

Table of actions in relation to VCM¹⁰

- Call handler – gather information.
- First Arriving officers take the 'first account'. PACE code A states that an officer can question any person from whom useful info may be obtained. If there's reasonable ground to suspect that person has been involved in an offence, that person must be cautioned. Conversation must be summarised via EPNB.
- Identify and preserve the scene. Identify evidence, identify any CCTV, conduct House to house enquiries. Conduct search (golden hour principle).
- Conduct an investigative evaluation.
- Identify and preserve the scene
- Other evidence, egg. Forensics, electronics, documents

Codes of practice in relation to witnesses are covered by s21. To comply with S6, the names addresses, and DOBs were recorded on EPNB. All four present were over 70 years old and had physical disabilities. Which would put each in the 'Vulnerable' witness category (physical disability as described by S16 Youth Justice and Criminal Evidence Act 1999). Their age would have them fall into the 'Intimidated' witness category (Elderly or frail, as determined by S17 Youth Justice and Criminal Evidence Act 1999). Each would have eligible for Victim Communication liaison scheme and special Measures as stipulated by the MG2 forms if the matter had progressed to court. Each person was treated in line with the Policing principles, standards of behaviours paying special attention, considering their frailties to any physical or emotional needs they may have had. Regular breaks and refreshments were offered, as were calls to any person they may have required for emotional support.

The process of evidence gathering started with the taking of first account and witness statements. These were recorded initially on EPNB and onto MG11 statement templates electronically. At this point, as it was the first steps in the investigation, it's ultimate conclusion in RJ was not foreseen. The concepts of revelation and disclosure were still relevant.

Revelation & disclosure as defined and regulated by CPIA only become relevant in terms of what can be disclosed to whom toward the end of an investigation, it' regulation creates a level playing field for both prosecution and defence. Police should act as impartial evidence gatherers and as such must search for evidence that point to both guilt and innocence. However, it must be kept at the forefront from the initial stages of the investigation, as at that point it is unknown as how the case will progress. O'Neill describes the process of conducting an investigation as 'trying to complete a jigsaw puzzle without a picture, all the pieces or the parameters.' The right to a fair trial enshrined in Art 6 HRA 1998.

Material relevant to the investigation must be kept in a reliable, durable ad retrievable form for a certain period of tome depending on whether the case continues to court, its outcome and length of any sentence. This required periods of retention are detailed in S5 CPIA Code of Practice. There is a Common law duty of confidentiality, GDPR Regulations 2018, must also be applied.

¹⁰ As detailed by Practice advise on the management of priority and volume crime. 2nd Edition. ACPO 2009

Once the initial investigative steps are taken any 'gaps' must be identified and the adequacy of the evidence must be assessed keeping in mind whether the 'package' will pass the full code / threshold test as defined by Crown Prosecution Service¹¹

There are two parts to the CPS test;

- The evidential test – have all reasonable outstanding lines of enquiry been pursued?
- The public interest test – is the prosecution in the public interest? Broken down into;
 - How serious was the offence?
What is the suspect's level of culpability?
 - What are the circumstances of the harm?
 - Is prosecution proportionate?

'All actions listed should be completed so the information can be pieced together. It is important to realise that a primary investigation is not simply a collection of information concerning the alleged crime; it is an integral part of the whole investigation and may act as a precursor to an evidential evaluation and possible secondary investigation. This may lead to a prosecution'¹²

At this point, the investigation will be 'screened'. This acts as a review before any further investigation. At this point depending on the circumstances there may be a decision relating to an alternative method of disposal, discontinue the investigation or proceed to a 'further' investigation. This process is cyclical.

In these circumstances, the case would not have passed the CPS test. It was not in the public interest nor was it proportionate.

On reflection, using 'Rolfe's reflective model' there are a number of points I've placed in my learning log;

Lack of local knowledge, I was not aware that 'Church house' was a residence for retired military in need of housing and emotional support.

No familiarity with the process of 'RJ'. I had read about the practice but did not understand the logistics sufficiently to offer this without prior discussion with my tutor.

Concept of 'discretion' I became overly conscious that the application of discretion was so subjective and that Officer may approach the interpretation and application of law in a different manner. Although the final step of the NDM is 'review'. I became overly analytical of my journey through the NDM after the incident was resolved. This will, with time and experience become a more comfortable concept.

¹¹ Code for Crown Prosecutors. *Full Code Test*. Available at www.CPS.GOV.UK/publication/code-crown-prosecutors

¹² Bryant, Robin and Sarah. (2020) 'Criminal investigation'. Blackstone's Handbook for Policing Students. Oxford University Press

As part of your reflective process, please use this table to aid you in identifying the next steps for development. (To be completed at the end of workbook completion)

Area of Development	How it will be achieved	Who can provide support	Timeline
Wellbeing and resilience	Continued reflection and study	Colleague / family	Ongoing
Mental health legislation.	Academic study and actively seeking occurrences that involve mental health issues.	Response team, Sergeant, and independent study	Before the end of probation
Domestic violence and Honour based abuse legislation	Academic study and exposure to these situations	Team and independent learning	Before probation ends
Restorative justice	Further reading around the initial trials, pro's and con's etc	Independent learning	

Task 6

Recognition and confirmation of progress on the Occupational Competency Portfolio (OCP).

By signing the section below you are acknowledging your continuing progress on O.C.P. This is recognised by the university as work that is fully supporting this module BMPP 6000D; Professional Police Practice 3 and in signing it will be equivalent to 500 words towards the 10,000 words equivalent total for this module.

Confirmation of the progress on the Occupational Competency Portfolio (OCP).

I confirm that I am progressing with the Occupational Competency Portfolio (OCP) in accordance to the regulations.

Signed: Leanne Taylor PC6535 Learner – electronic signature accepted.)

Date: 22/06/2020