

Graduate Diploma in Professional Police Practice

LEVEL 6 - 40 Credits

**Workbook title: Competency Based Workbook 1
(DHEP)**

(SOUTH WALES POLICE, GWENT POLICE AND UWTSD)

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FACULTY OF BUSINESS AND MANAGEMENT PUBLIC SERVICE PROGRAMME

Module title: Policing in the Workplace 3 (DHEP)

Workbook Guidance

Please read these notes carefully; they provide essential information.

What is the workbook for?

The purpose of this workbook is to enable learners to demonstrate and provide evidence of how they meet the learning outcomes set by the College of Policing, for the Graduate Diploma programme. Essentially, you are being asked to outline your experiential learning based upon your theoretical understanding in a range of operational situations.

Area of Professional Practice covered, (called elements in your module descriptor):

- Wellbeing and Resilience
- Communication Skills
- Managing Conflict
- Valuing Difference and Inclusion
- Criminal Justice
- Decision making, discretion
- Conducting Investigations
- Criminal Justice (Managing offenders)
- Problem Solving
- Evidence Based Policing
- Maintaining Professional Standards
- Public Protection.

You may wish to use the same incidents as you've outlined in the Occupational Competence Portfolio.

How should the workbook be presented?

Blank electronic copies can be found on Moodle of this workbook. You must submit this document electronically therefore it is important that you save your work regularly and upload the final typed version through Turnitin on Moodle.

Word count policy can be found in chapter 7 of the Academic Quality under section 7.7 (this applies to presenting work above and under the specified word count).

(https://www.uwtsd.ac.uk/media/uwtsd-website/content-assets/documents/academic-office/agh-chapters/chapters---en/Chapter_07_Assessment-Taught_Programmes_Pages_72-79-UPDATED-05-11-2019.pdf)

Reflective practice is a core aspect for your workbooks and although there is a variety of useful resources on Moodle, there is one particular book, that is specifically based on reflective practice in policing, here is a link to one chapter from Selina Copley's Reflective Practice for Policing Students:

https://moodle.uwtsd.ac.uk/pluginfile.php/298870/mod_resource/content/1/Reflective%20Practice%20for%20Policing%20Students%20-%20Selina%20Copley%20Chapter5.pdf

How is the workbook assessed?

Advice and support about the completion of this workbook will be provided by university staff as part of your initial training day. Your tutor constable and in-force training staff will not be involved in assessing or marking your workbook after it has been submitted.

Dates of workbook submission will be made available during the initial training day and posted on Moodle.

Once submitted your workbook will be assessed and marked independently.

Confidentiality

It is important that no individual can be identified either directly or indirectly from the information in the workbook. Therefore, you must:

- adhere to guidance in the Student Handbook about unfair practice and plagiarism;
- not identify individuals including witnesses, victims or offenders by name;
- not write information that enables any individual to be identified indirectly through the description you provide. This includes references to names, colleagues, places (including hospitals, schools, town, villages, streets) specific incidents which were high profile and could be identified due to past publicity, other professionals or any other personal information including medical or other conditions;
- take personal responsibility for adhering to confidentiality rules.
- not include any dates of any incidents or anything that specifically identifies an actual incident.

NOTE

Your workbook will be submitted electronically via Turnitin on Moodle. Guidance on this is in the Student Handbook.

Remember that the workbook is YOUR responsibility you must not rely on the assessor or anyone else to pick up any confidentiality breaches as this is your work and you must accept full responsibility for confidentiality. Meeting all the confidentiality requirements is very important.

Dyslexia and other special circumstances

If you have any condition that you feel may affect your ability to deal with any part of the programme, please see the Student Handbook for further guidance. The University has a Student Services Unit that may be able to help but ***it is the learner's individual responsibility to contact them.***

Guidance:

- Your workbook must contain the items specified in the table below (clearly identified and in the order given);
- You should use this particular document to insert your text / answer within each section of this workbook;
- You should upload your completed document as a saved pdf file of this workbook; if this is not possible then a Worddoc file is acceptable. Do not send a scanned file from a photocopier, an apple.dot file or a Microsoft publisher file as Turnitin will not be able to assess them, despite you being able to upload them.

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Task 1	Wellbeing and Resilience	1500
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Task 3	Criminal Justice, Valuing difference and inclusion	2500
Task 4	Decision making and discretion, Conducting Investigations and Criminal Justice (managing offenders)	2500
	Bibliography	
Task 5	Development Plan	Equivalent to 500 words
Task 6	Recognition and confirmation of the progress of your Occupational Competency Portfolio (OCP)	Equivalent to 500 words
	Confirmation of Confidentiality and Plagiarism <i>Confirmed by submission through `Turnitin</i>	

Task 1

Relevant areas of the National Policing Curriculum: Developing Resilience

Guidance:

Focussing on your initial 6 months of learning and since being attested as a Police Constable, **discuss and compare** the coping strategies you have applied to develop resilience and minimise stress.

1500 words (+/- 10%: include your actual word count at the end of each section)

ANSWER:

The initial six months of police training is very stressful. Starting a new job is difficult at the best of times, mix that with a career like policing, the COVID-19 pandemic, and studying for a university qualification as well; stress is inevitable. Developing resilience is critical with policing. Throughout an officer's career, they will be exposed to trauma and stress which is unmatched in most other careers – healthy ways to cope with this is critical.

During my initial six months training, I was able to cope with the stress in several ways. The main way I was able to let out the stress was through the use of exercise. I find that by exercising, I can let out excess energy and focus on something for a significant period, giving myself some space to be in my own thoughts. It acts in a way similar to mindfulness, where for the hour I am training, I am “zone out” of what I'm doing and allow my mind to freely think about whatever is causing me stress or anxiety. By having this period of time to reflect, I feel significantly less anxious or stresses, let alone the benefits caused by exercise.

I try to train daily, before work, by doing this I am awake and ready to learn when I enter the training centre. Sleep inertia is the theory that for a short period after waking from sleep, it is significantly easier to fall back asleep and the difficulty to motivate yourself to remain awake is increased. I find that if I allow myself to sleep for a short period, by “snoozing” my alarm clock, I am more tired and less alert during my day. Training in the gym provides a motivation to get up, out of bed, and prepares me for the day ahead making me less likely to feel stressed on my commute to work.

Exercise in general is also linked to the release of endorphins (Harber and Sutton, 1984). Endorphins are a hormone that reduce the body's pain response and induce a feeling of general wellness and positivity, hence why they are known colloquially as the “feel-good hormone”. Exercise also provides a vital role in reducing cortisol levels. Cortisol is the hormone related to stress-response and exists in a greater amount in mornings (Burke et al., 2005). By training earlier in the day, cortisol is dissipated quicker which results in not only greater outcomes from training, but a more positive outlook on the day since stress is reduced from the point where you wake up. For me, this has been critical to achieving a positive mindset every day when I go in to work. I can feel an immediate difference on days where I don't train as I feel lethargic and less interested. As a result, this creates a negative feedback loop – since I don't feel like I want to learn, I am less effective in my learning, which makes me want to learn less. The same theory of exercise related stress

management also applies in the immediate aftermath of stressful situations. For example, after completing my two exams, I went to the gym immediately afterwards to train. The concept of “relieving stress” that people talk about is the reduction in cortisol associated with exercise and for me is a critical in managing my anxiety around work.

Another avenue of stress management I use is by volunteering my time on days off. Outside of work, I volunteer with St John Ambulance. This gives me an opportunity to spend time with like-minded individuals and socialise, which is a proven way of reducing stress. I also develop transferrable skills such as my communication ability and become more confident in my use of first aid, ready for when it needs to be utilised at incidents. The time away from work with St John is very helpful to distract me from some of the pressures of initial training, such as looming exams. However, there are also downsides of volunteering.

The role requires a significant amount of dedication meaning that I don’t have a whole lot of downtime between work and volunteering. Some days, this can have the opposite affect than what is desired by increasing my stress. The same goes when I attend tragic incidents with the Ambulance service or am involved in stressful situations such as active cardiac arrests. Whilst these do build my confidence that I can handle a medical incident as a police officer, it doesn’t always help me to relieve the stressors of work, especially considering in many aspects the two roles are very similar. Having said that, I enjoy my role with St John Ambulance and whilst at times it can be stressful, the overall enjoyment I get out of it significantly outweighs any of the negatives and I can wholeheartedly say that in my personal experience, it has been a great benefit to me. Since I was a Special Constable prior to joining initial training, working with the Ambulance service allows me to keep in touch with the operational side of the emergency services so I am more able to focus on the classroom-based learning over the initial six months.

Another concept that has always intrigued me is mindfulness. Whilst this isn’t something I’m particularly good at, I have attempted it when I’ve been at my most stressed. The theory of mindfulness is taking time to slow down and focus on one thing, trying to empty your mind and give it a chance to relax. I’ve done this during the exam seasons with the help of the Headspace app on my phone. The app provided me with guided meditation and breathing, which were extremely effective at making me feel relaxed in the short run. My issue with mindfulness, and the reason I don’t use it more frequently, is that I am a very fidgety person and the idea of sitting still for an extended period makes me uncomfortable. Likewise, the time it takes to sit and meditate could be better used for studying, and therefore makes me feel as if I haven’t been productive. I know that mental wellbeing is just as important and would likely lead to better results in the long run, but that initial internal debate is a challenging hurdle to overcome.

My final avenue of building resilience and reducing stress is by planning and preparing for tasks and deadlines. At the start of training, I wasn’t making many notes, critically I wasn’t noting down important dates and deadlines. This made it very difficult to plan my work in advance of these deadlines and keep on top of everything. By the time that I was aware of an impending deadline, it was almost too late, and I’d have to work exceptionally hard for a couple days which greatly increased how much pressure I was under and was a significant factor in causing stress.

I found that by utilising a planning tool to input all of my key dates and deadlines, as soon as I was made aware of them, I was easily able to plan my time to most effectively prepare for each. In my case, I used Microsoft Outlook since it was a tool provided by both the Police and the University. Along with using OneNote to make notes and categorise them, my revision became significantly easier. I was easily able to search the relevant lesson, see my upcoming deadlines, and develop a revision plan around work and volunteering. Having introduced this for the final three months of my training, I noticed a significant improvement in my productivity which greatly reduced my stress. There were no sudden deadlines that I wasn't aware of, and when a new key date was given to me short notice, it wasn't a concern since I knew where I stood with other commitments and could work around it. I have learnt that a big part of building resilience is by planning and preparing. Not everything can be planned for, especially in an organisation such as the police. If you prepare for everything you can, then when things change last minute, it won't be a great concern since the foundations of the work have already been completed.

[Word count: 1359]

Task 2

Relevant areas of the National Policing Curriculum: Communication Skills, Managing Conflict, Valuing Difference and Inclusion

You must choose a policing incident involving conflict in which you played a significant role with an offender/service user/victim and reflect on what happened.

Critically assess the incident including social and legislative contexts and any relevant cultural, ethnicity and language issues.

Reflect on your application of the fundamental elements of effective communication used (verbal, non-verbal, active listening skills, open and closed questions, building rapport and negotiation skills).

Describe the process for determining whether the use of force was necessary in a conflict situation (including a **critical evaluation** of any theories or models underpinning the causes of conflict within policing interventions – e.g. Betari's Box, The Drama triangle, Emotional versus rational brain) and provide a reflection on the outcome of the incident.

Your reflection must illustrate your understanding and application of core principles of ethics, equality, diversity and human rights, as well as any relevant Code of Practice considerations, culturally sensitive practice and language preference.

2500 words (+/- 10%: include your actual word count at the end of each section)

ANSWER:

An incident that particularly stands out to me was involving a male who was known to suffer with mental health difficulties, his family had called since he'd been running up and down the street trying to headbutt people and were concerned that if he did this to the wrong person, they may retaliate and seriously injure him.

On attendance, I spoke with family members who explained that the male had been diagnosed with several mental health conditions and was a habitual cocaine user. They explained that he'd not long been released from a mental health ward at hospital and had remained with them for the past 24 hours, when his behaviour started to become erratic. The family explained that to their knowledge, he hadn't taken any cocaine or other illicit substance whilst in their care and his behaviour was simply due to his mental health.

This was an important factor to consider, since if the male needed to be taken into custody, being under the influence of a substance would change how we'd have to deal with him. A person cannot be given a mental health assessment until they are sober, and he may not be fit to remain in police custody during that time if an offence was identified. In this case, it was not believed that he was under the influence of anything.

Prior to police attendance, the male had gone into a neighbour's address with their consent. This significantly limited the options open to me. I was considering the national decision-making model. The information and intelligence I had been given suggested that the male was going through a mental health crisis, that wasn't caused by an illicit substance. When assessing threat, it was clear the male was a risk to himself and others by his attempts to headbutt members of public. My powers are very limited when inside a dwelling. I could not use a S.136 Mental Health Act detention when in a dwelling (College of Policing, 2016b). If the male was outside, this would be an option. Inside an address, I could consider the use of the Mental Capacity Act and use force as necessary to bring the male to hospital, if it was deemed that he lacked capacity, and the need for treatment was immediate and in his best interest (College of Policing, 2016a).

Assessing the situation, I determined that I would need to speak with the male. This would be the best way to ascertain whether he had capacity. I would be looking for whether the male was able to retain and understand information, make a decision based on this information, and clearly communicate it to me. If he was unable to do this, I would consider conveying the male to hospital for assessment since based on the information given he was clearly in need of immediate professional intervention, whether that is due to an underlying physical condition or mental health condition.

In this situation, upon seeing police arrive in the street, the male exited the house and started walking towards us. I was immediately aware of the male's body language. He approached us head facing down with a hood up, shoulders tucked forward and back arched, the male's fists were clenched, and he was walking towards us quickly, directly into the path of my colleague. Based on the information I had been given earlier, whereby the male has tried to headbutt people, I called out to him in a friendly manner to try and distract him but also build rapport.

I am aware of Betari's Box – the theory that my attitude affects my behaviour, which affects the other persons attitude, and therefore affects their behaviour (College of Policing, 2020).

I took lead on this incident and tried to communicate with the male. Whilst I was aware the male may pose a threat to myself, my colleague, and members of the public; I had to ensure that this didn't change my attitude in a way that affected my behaviour. If the male noticed me becoming overly assertive and change to a fighting stance, he would likely mirror those behaviours.

In this instance, I called out to the male by his first name in a friendly manner. I explained who I was and that I am a police officer, and that I was only there because his family were concerned he may need some help with his mental health. I wanted to reassure the male that he wasn't in any trouble and that we were only there to help him.

The male had started to walk towards a dead-end part of the cul-de-sac. Whilst this was good as it allowed us to prevent him running off, it also induced a flight or fight response since he clearly felt trapped. The male approached me in an aggressive manner, he'd pulled his hood down and was clearly target glancing and raising his chest. These are clear signs that a person may start to fight.

I took steps back to create a wider area for the male and hopefully give him chance to calm down. The male started shouting and rambling that he was God, and that if we didn't submit

to him, he'd smite us down. It was clear to me that the male was in crisis and a danger to others. I informed my colleague of my intentions to detain him under S.136 of the Mental Health Act. My colleague was in agreement.

I explained to the male that I was concerned about him, and that we'd need to see the hospital to get him some help. To my surprise, the male agreed and stated that he wanted help but that he'd go on his own terms later. I explained that it wasn't possible and in this case we'd need to go sooner rather than later – again, I was trying to keep the situation friendly. I was aware that the male was in crisis, this behaviour was not as a result of a desire to harm police or others and as such a domineering approach would likely aggravate the situation.

I employed the five-step appeal to try and persuade the male to accompany us to hospital without the need for use of force. I asked the male to come to the police van with me, to which he shouted in an aggressive manner that he wouldn't.

I explained to the male that he would have to be detained under the mental health act and that it was in his best interest, since we could get him some help. Again, he declined.

I tried to employ a personal appeal by stating that this was very frightening for his family, but since he was in crisis, he didn't appear to comprehend what I was saying.

I used a final appeal with the words that police are taught in their training, which alerted my colleague to the fact that I would be taking action should he not comply.

The male refused to comply and both my colleague and I approached him. I was mindful of the fact that if I was to storm towards him, with an aggressive posture, he may start to lash out. Instead, I walked slowly with an open posture but still in a position where I could defend myself if needed. This appeared to work as the male remained where he was and didn't try to attack myself or my colleague.

It wasn't until I took hold of the male when he started to resist. The male tried to pull his arm away and turned towards me, leaning his head towards mine. Believing that the male was trying to assault me by headbutting me, I placed him into an entangled arm lock. This allowed my colleague to apply one handcuff. As he tried to apply the second, the male slipped his other arm and managed to grab the hand of my colleague and wouldn't let go. I applied a subclavius pressure point, just until the male released his hand, and not further. This allowed my colleague to place him in handcuffs, check for tightness, and double lock. The male was escorted to the van where I explained his detention.

Whilst technically under arrest, the best practice states that a S.136 MHA arrest should be explained to the subject as them being detained, since it causes them less distress than the concept of being under arrest. I did not need to caution him, since this is not a requirement under S.136 MHA as I am not investigating a criminal offence (College of Policing, 2016b). I searched the male under S.32 PACE for any items that he could use to harm himself or others, or as implements of escape. These were placed securely in an evidence bag to be handed over to staff at the hospital for safe keeping.

During the journey to hospital, I started to complete the relevant mental health paperwork. Part of this, I needed to establish some fact such as the male's details, his previous

involvements with mental health services, and his views of the incident. I suspected the male to be a certain person but needed him to confirm this, when he provided false details I challenged him on it. This caused the male to become aggressive. Reflecting on this, it was imperative I ascertain the details, but wasn't so important that I obtain them immediately. If I had known the male would become aggressive, this could have been a process I waited to complete until we were in assessment.

The male continued to shout, scream, and ramble during conveyance to hospital. He started to headbutt the cage, kicking it, and managed to step through the handcuffs, banging them on the plexiglass cage causing some damage.

I advised the male to stop since he was aggravating the situation, causing himself injury, and causing damage he may be liable for. This didn't work, he continued to scream and shout, tearing off his own top in the back of the cage and spitting everywhere. The male threatened to kill police as soon as the cage door was opened.

We arrived at hospital and my colleague went directly to the reception to make them aware of our arrival. There was a queue of S.136 MHA patients meaning we were unable to go inside immediately.

Whilst my colleague did this, I was considering whether the male was suffering from acute behavioural disturbance (ABD). ABD is a life threatening condition which can be invoked by substance misuse or mental health crisis, and required immediate emergency ambulance intervention (College of Policing, 2016c). The fact that the male was able to calm himself down for short periods, express his views – regardless of them being unrealistic and bizarre due to his mental health state – and then become aggressive when officers were unable to comply, this led me to believe it was not ABD as first thought.

My colleague returned and I determined the need to remove the male from the cage, control him, re-apply the handcuffs in a rear-stack formation so they can't be stepped through, and to apply leg restraints. Whilst this is a serious use of force, it was the minimal amount that I could use to ensure the safety of subject, safety of myself and my colleague and preventing damage to the police vehicle.

I explained what I proposed to do, to the male, giving him the chance to calm down instead. By doing this, the male did calm down and I was able to ask him to step out, which he complied with. Since he appeared to have calmed down, I took hold of one arm and my colleague stepped in front of him to remove a handcuff to it to be reapplied to his rear. As my colleague stepped in front, the male tried to kick my colleague to the abdomen and tried to pull away from my grip in an attempt to run.

In hindsight, by telling the male my proposed actions in the back of the cage, this gave him ample opportunity to come up with a plan to assault officers and escape. However, contrary to this, it also allowed officers to safely remove him from the van which can be a very difficult and dangerous task, placing officers at great risk of being kicked to the face. Considering use of force, this also allowed for the minimal force to be used on the subject at that given moment.

Unfortunately, due to the male's seriously aggravated behaviour, I had to increase my use of force to prevent injury to my colleague and prevent the male's escape. As such, I tackled

the male to the ground where I pinned him for a few seconds, until my colleague could regain his balance and approach me to assist.

Whilst pinned, I had to remove the male's hands from underneath him in an attempt to place the handcuffs behind him. I used tactical communication and gave commands to the male to release his grip and put his hands out in front of him. The male refused and I was unable to lever his arms out since he'd gripped his other hand. I used a mandibular angle pressure point and the male eventually gave his hands. As I did this, he tried to turn his head and bit my hand, but thankfully missed.

The male was able to be handcuffed to the rear once again. I rolled him on to his side for a short period to ensure that positional asphyxia was not a concern. As I did this, the male tried to raise his knees in an attempt to kick me. Between my colleague and I, we were able to place two leg restraints, one above the knee, and one around the ankles.

We stood the male up and had to carry him back to the van, placing him inside. As my colleague tried to hold his head to prevent it being hit on the van, the male tried biting him. I considered the application of a spit and bite guard but since we could be sat in the van with him for some time before the hospital was ready, I determined it would be inappropriate and could further aggravate the male. Not only this, sitting for an extended period inside a hot van whilst wearing a spit and bite guard wouldn't be ethical since it would be very uncomfortable and the threat posed didn't justify it.

Whilst in the van, I maintained a constant watch of the male. With the application of limb restraints and handcuffing to the rear, he was unable to move freely. Positional asphyxia was a great concern at this point. The application of these restraints was proportionate to the situation but meant that I would need to keep a close eye on his welfare.

Following this, the male was seen inside the hospital where he was kept in on a mental health hold. He remained just as violent and had to be placed into soft restraints whilst in the care of the hospital.

Reflecting on the situation, I believe I communicated in an effective way with the attempt to prevent the situation escalating by being aware of my attitude, behaviour, and body language. If there wasn't such a delay at hospital, the situation may not have been aggravated as significantly as it was but sadly this was inevitable as the delay could not be reduced.

[Word count: 2573]

Task 3

Relevant areas of the National Policing Curriculum: Criminal Justice, Valuing difference and inclusion

You must choose **a policing incident** in which you played a significant role with an offender/service user/victim and reflect on what happened

Critically assess a relevant incident including social and legislative contexts and any relevant cultural, ethnicity and language issues.

Consider and reflect on your responsibilities and procedures in line with the relevant Codes of Practice to support victims and witnesses through the criminal justice system.

Illustrate how policing values were engaged, as well as any other considerations including culturally sensitive practice and language preference.

2500 words (+/- 10%: *include your actual word count at the end of each section*)

ANSWER:

Whilst this example may not be specific to the criminal justice aspect of the National Policing Curriculum, I feel that it is a good example for valuing difference and inclusion due to the nature of the incident.

This incident relates to a call for service received by the police for a suicidal female stating she wanted to take her own life. The female had stated that she doesn't want to live anymore and won't be around in the morning, so I attended accompanied by a colleague to try and provide support for this female and help her in a time of crisis.

I attended the address of the female, knocking on the door, hoping that she would answer and let us in. Whilst on the phone to 999, the female had given this address as the location she was currently staying at. After a few short minutes of knocking on the door, knocking on the windows, and conducting enquiries on the police system to ensure I had the correct address, I decided to force entry. In these circumstances, the female had made a direct threat to her own life saying that she would kill herself and since we were not receiving a reply and believed this to be the address she was staying, a power of entry existed under S.17 PACE to save life and limb (College of Policing, 2015). I tried the door handle which opened and entered the address. Upon searching the address, I located a female lying in her bed, as I walked through the doorway she started speaking to me, telling me it was about time I turned up.

I introduced myself to the female in a friendly manner – this person hasn't committed any crimes, they're in crisis, so a blunt and direct approach wouldn't be appropriate. Instead, I wanted to build rapport with the female to establish what had happened and provide her assistance.

The female started talking to me, she was lying in her bed with her phone next to her but fully dressed. The female was slurring her speech and not particularly coherent. The female explained that she is alcohol dependant and was feeling suicidal.

My role is not to judge someone but to provide support – I asked the female how much she'd had to drink, since it was imperative that I gauged how intoxicated she was and whether this may have caused her poor mental health.

The female informed me that she had consumed nearly a whole bottle of gin and half a bottle of vodka, and that this was slightly more than she would usually consume in one evening. My thoughts at this point were that the Crisis Team would not be able to speak with the female, since she was intoxicated. I'd also likely not be able to convey her to the mental health unit of the hospital for assessment, they'd require her to be sober before conducting this (College of Policing, 2016b). Unfortunately, in this instance, the female is known alcohol dependent and lives a great portion of her life under the influence, making it difficult for her to be in a frame of mind to be open for a mental health assessment. The other difficulty being that if the female were to become sober, there is a high possibility she would undergo alcohol withdrawal and feel worse.

I asked what had happened today that had caused her to feel worse and explained that I would try and help in any way that I could. The female explained that there was no specific cause for her to feel suicidal today and that all she wanted was for me to stop her doing something to harm herself.

It is a difficult question to ask a person how they may harm themselves, but by doing so, I can gauge whether they have actively planned an attempt on their life and try to mitigate the risk caused by this. Asking the female, she replied saying she did not know. This was a good sign in many ways because it indicated that she hadn't actually considered the mechanism to harm herself. While this doesn't detract from the overall seriousness of how she's feeling, it does reduce my immediate concern for her safety.

The female kept repeating that all she wanted police to do was stop her harming herself. I explained that she'd done the right thing by calling us, since we could do that in the short-term, but we'd need to seek further support to ensure that long term safeguarding is implemented.

I explained the options we had open to us, to action this longer-term support. I offered to convey the female to hospital where she could be assessed under a voluntary mental health assessment. The female refused this option since she stated she knew people who worked at the hospital. This was understandable and I didn't want her to feel embarrassed, so offered to convey her to an alternative hospital which is outside of our BCU but able to provide the same level of help but where she wouldn't have to feel embarrassed. The female refused this option saying it was too much effort.

Unfortunately, in incidents like this, conveyance to hospital is one of our only methods of providing support. The crisis team would likely not speak to her since she was intoxicated. I explained this and the female immediately declared she wouldn't speak to the crisis team regardless, due to a previous bad experience with them.

I explained to the female that my powers to help here were limited. I have no power to remove her from the address. Powers afforded to me under legislation only allow me to detain a person for a mental health assessment if they are found in a place to which the public has access, a private dwelling does not constitute this. Nor am I able to remove her through Mental Capacity Act legislation. Although the female was intoxicated, and some may argue this impaired her capacity, she was clearly able to recall information, process it, and communicate her decision. Whilst refusal to attend hospital may not be a decision I would make she is well within her rights to state she does not wish to go.

I explained that there isn't a great amount else I can offer her, other than the chance to chat with a friendly face and hopefully make her feel a bit better about the situation. I decided to phone the Police's Mental Health Triage Team (MHT). The MHT are a team of mental health nurses based in the Police Control Room with significant experience in mental health care and access to NHS computer systems. They are able to provide immediate support, advice, create referrals, and view what services a person is open to under the NHS.

Having spoken with a nurse from MHT, she explained that the female was well known to the mental health services having previously been on a S.3 Mental Health Act hold at the local mental health ward at the hospital. The nurse explained to me that since discharge, the female was placed under the care of the Crisis Team for twelve weeks but refused to engage. As a result, community mental health nurses were sent to provide her support in person for the same amount of time. The nurse explained that the female has been assessed a number of times and all of these assessments agree that the cause of her feelings is chronic alcohol misuse and she has never acted on the feelings of suicide.

The nurse explained that the female has had significant help over a period extending more than a year but each time fails to engage by routinely missing appointments, refusing to take on advice provided by shutting down and becoming aggressive with staff, and continuing to drink the quantity of alcohol having been prescribed medication to reduce cravings. This made the incident difficult since it was clear from the nurse's explanation of the female's previous incidents, that it would be likely she refused any help I provided and wouldn't take action herself to seek treatment.

The information provided was useful intelligence to build a picture in to the incident, however, I couldn't assume that just because she had previously refused help that she would also refuse now. Neither could I say that because she's previously made threats of harm, and not carried them out, that she wouldn't now. I still didn't feel comfortable leaving the female since there was still a great risk to her.

Whilst I had no powers to remove her from the property for treatment, I do have powers under S.17 PACE to remain in the property with her to preserve life and limb. The female was still clearly a danger to herself so whilst I continued to investigate ways of providing support, I remained with her. I knew it wouldn't be feasible to stay for a great deal longer, but in the short term this was the best solution.

I spoke with the female about her alcohol use and tried to identify whether she would be willing to seek support for it. The female was adamant that she had tried previously and nobody had helped her. I provided sign-posting to the relevant alcohol misuse agencies provided by the local authority, but also helplines such as the Drug and Alcohol Network who are more impartial and she may feel give a better response (DAN 24/7, n.d.). I asked the female if she'd be willing to phone them whilst I sat with her, I phrased in such a way that it would make me feel better knowing she was speaking with someone, but again she refused.

This was becoming difficult since every suggestion I made was being refused, leaving me with little options. I was able to locate the telephone number of the female's mother from the police computer systems. I asked her if she was willing for me to call her, the female declined. Whilst under data protection, I would normally not be able to disclose an incident such as this, there are principles whereby consent can be overridden if it is in the best interest of a person and necessary for their immediate safety (Information Commissioner's Office, 2021). I decided that since I had exhausted all other options, this was the final process I could take to try and provide some safeguarding.

Speaking with the female's mother, she explained that this was a regular occurrence. The mother offered to collect her so she could visit them for the night and be monitored for her own safety. I explained that the company may do her a world of good instead of remaining inside a house on her own. The female refused. The mother offered to visit and spend a few hours with her to keep her company but the female said she'd lock the doors and wouldn't let her in.

The mother explained that when she consumes less alcohol, the two of them get on really well. She explained that when her daughter drinks, the need to be the centre of attention arises. I took this on board but didn't share that with the female since I did not want to aggravate the situation. The mother explained a "tough love" approach was the best way of dealing with her. Whilst I can comprehend how that may be of use, I also didn't want to implement it since the alcohol can make a person more impulsive and if she became agitated, may do something to harm herself as a way of rebelling from a blunt attitude by the people who have attended to help her.

I asked the mother if she'd mind phoning her daughter periodically through the evening, to make sure she is still safe and well. The mother agreed.

I phoned the MHT nurse to advise her of my update. The MHT nurse spoke with the female to try and persuade her to attend hospital but she refused. It was determined at this point that there was nothing further that could be done. All avenues had been exhausted.

I made a final request of the female that she voluntarily surrender her alcohol to me so that I can dispose of it. This may prevent her becoming more impulsive and harming herself, but she refused. I have no power to seize and dispose of it, so had no choice but to leave it in situ.

I considered the national decision-making model and verbalised my decision making process on my body worn video camera to my colleague (College of Policing, 2013). The information and intelligence I had received was that the female was alcohol dependant

which has a direct impact on her mental health. She has been given a significant amount of support but refused to engage previously.

Assessing the threat, there is a clear concern for her mental health since she states she is suicidal but when she has previously felt like this, has made no attempt to harm herself. The female has made numerous statements about ending her own life but doesn't have any active plans to do so.

My powers and policies are limited due to being in a private dwelling. The female has capacity so I am unable to remove her for treatment. Policy dictates that I contact the Mental Health Triage Team if available.

Options and contingencies are to convey the female to hospital, if this is refused, offer for a family member to remain with her. If I am unable to do this, provide safeguarding through referrals and sign-posting. However, knowing that the female has previously failed to engage in support, sign-posting may not be an effective solution.

I have attempted to take action. The female has refused all support offered. I have contacted MHT who have attempted to provide support which was declined.

My colleague was in agreement. Sadly, in this incident there was nothing further that could be done. I explained to the female that should she need immediate help to phone 999 and ask for the Ambulance, or if she was feeling suicidal and wanted to talk to someone that charities like Mind or the Samaritans were an excellent option.

I left the address and completed a public protection notice detailing all the information I had, including my actions, and submitted it as a high priority so that the female may receive some further support.

Reviewing this incident, I feel that every possible avenue was explored. There was simply nothing else that legislation or local policy provided me that I could use to help. Since this incident, there have been a number of calls of identical nature to this female and the result of the PPN is that all support that is available has already been offered.

Incidents such as these are extremely difficult since police officers are duty bound to preserve life and limb but aren't trained mental health professionals. We can provide immediate control of a person that is a danger to themselves or others, for conveyance and assessment by more experienced mental health specialists. Other than that, there is very little we are able to do. Having greatly considered this incident, I feel that the only thing I could have done differently was phone MHT immediately on arrival to gain further information before speaking to the female.

[Word count: 2562]

Task 4

Relevant areas of the National Policing Curriculum:

Decision making and discretion, Conducting Investigations and Criminal Justice (Managing offenders)

You must choose **a policing incident** in which you played a significant role with an offender/service user/victim and reflect on what happened.

Critically assess the situation including social and legislative contexts and any relevant cultural, ethnicity and language issues. **Reflect** on how you applied the National Decision Model (NDM) to assist in resolving this incident. **Evaluate** the role of discretion in the decision-making process.

Determine your responsibilities with regards to the provision of the CPIA when conducting this investigation including when managing the offender and suspects and recording and retaining significant information.

Illustrate how policing values were engaged particularly through **an assessment** of the potential impact of bias on the decision-making process.

2500 words (+/- 10%: include your actual word count at the end of each section)

ANSWER:

The police were established by Sir Robert Peel with the idea that “the police are the public and the public are the police”. This idea of policing by consent is critical to what makes British policing different to that in other parts of the world (Jackson et al., 2012). Discretion is a key part of this concept. A situation can be resolved in a number of different ways as determined by the officer. However, this decision must be recorded and open to scrutiny to ensure that a fair method of disposal is used and that it doesn’t discriminate unfairly.

Discretion can be used in a range of incidents when managing an offender. Historically, this could be “words of advice” for many offences but that isn’t as appropriate in modern times. Nowadays, police need to provide a victim-led service. This means dealing with incidents in a way that takes in to account the wishes of the victim. Police, and the Criminal Justice System, are governed by the Victim’s Code (Secretary of State for Justice, 2021). This provides the best practices for ensuring a victim-led service.

The classic concept of “words of advice” isn’t really applicable to anything more than a road traffic offence, or a victimless offence whereby the victim is the Crown. Since the Victim’s Code doesn’t apply in these circumstances, it may be more appropriate to educate an offender on how their actions have can be seen as detrimental to their safety, in the case of a road traffic offence, or the wider public, in the case of a public order offence. In many cases, a simple “telling off” is the most appropriate disposal and would stand up to public scrutiny. Society doesn’t want a police force that prosecutes for the most minor of offences but requires a police force who utilise a common-sense approach to deal with incidents in

a restorative manner when possible. These incidents should be recorded as offences on the police computer system and a full update of actions taken, along with a crime outcome code applied in accordance with Home Office Counting Rules (Secretary of State for Justice, 2021b).

When managing recorded offences which involve a victim, this doesn't mean that there aren't options of providing a disposal by means of "education", but they need to be done in a more formal manner. An older method of implementing this was through the use of Restorative Justice, whereby a victim agrees to sit down with an offender and discuss how the incident has impacted them. Conditions to the disposal can be applied, such as repainting a fence in a case of graffiti. Restorative Justice is a good option when used correctly but has been replaced in force by the Out Of Court Disposal (OCD) process.

OCD is a form of community resolution or conditional caution, whereby the offender has to attend an awareness course. These courses target specific behaviours and try to educate the offender on their actions and support them to develop in such a way that reduces recidivism.

By utilising these forms of low-level disposals, the police service are better able to dispose of low-level offences in meaningful ways without them having to go through the criminal justice process. Victims of crime are saved the aggravation of attending court and receive a quicker service. Offenders are given the opportunity to rectify their mistakes and receive support in bettering themselves.

On the other end of the spectrum, discretion also allows for incidents to be dealt with in more serious manners. If a necessity exists, a person could be arrested for what may appear on the surface as a low-level offence but the act of being arrested allows for additional investigative powers to be invoked such as additional search powers (S.18 PACE) application of bail conditions, and the ability to obtain DNA and fingerprints (College of Policing, 2020b).

It is important when discovering an offence has occurred to try and ascertain the desired outcome and work towards this. Sometimes it isn't always possible to use discretion, a victim may not want to make a complaint, but overwhelming evidence suggests an offence has been committed and therefore a victimless prosecution is used.

Regardless of what discretion is used, the important aspect to remember is that the actions taken and justification for them must be recorded on police systems since they must be transparent and open to scrutiny.

This incident relates to a report of vehicle theft made by a female. The female attended the police station to report her car had been stolen overnight by unknown persons. She claimed she had no knowledge of who had taken it or when it had been stolen, only that it had occurred some time whilst she was asleep.

With this information in mind, I obtained a S.9 Criminal Justice Act statement which detailed her knowledge of the incident and clearly stated that she wished to make a complaint of theft. A S.9 statement is legal material which could be produced as evidence when signed and that if a false statement is made, this is an offence. The female signed the statement.

I placed ACT markers on the vehicle on the police national computer, meaning that if it is sighted by police, they will stop it suspecting it to be stolen. This is exactly what happened a couple days later. The drivers were an elderly couple who were stopped using a reinforced vehicle stop method known as the tactical pursuit and containment. This method involves a number of police cars surrounding a vehicle extremely closely and forcing it to stop in a controlled manner.

The elderly couple were driving along the motorway in a neighbouring force area when a TPAC was conducted, they were understandably extremely scared by the incident, but were able to explain that they'd purchased the car from an auction the day prior and produced documents to this effect. As a result, they were not reported for theft of the vehicle, but the car was seized whilst an investigation could be conducted in to how it had made its way to an auction.

I was informed of the vehicle stop and over the course of nearly three weeks was able to speak with the auction house who provided me details for the person who'd sold the car. The details they supplied me returned a debt recovery company who I spoke with to ascertain the details of the incident.

The company explained that the car had been purchased by the female on finance and that she had failed to pay the monthly instalments. They had sent her a number of letters advising her the vehicle may be recovered if she didn't pay, but still did not receive any money. On the day of the alleged vehicle theft, the debt recovery company attended the female's home address and spoke with her asking for payment and when she refused, they recovered her car and provided her paperwork to that effect.

Knowing this, I was able to authorise the release of the vehicle to the new owners since it was clear to me it had not been stolen. Unfortunately, since the auction house failed to conduct a HPI check on the vehicle which would have shown the PNC stolen marker, the elderly couple would have to claim the costs of inconvenience caused with the auction house as a civil matter.

I intended to issue a fixed penalty notice to the female for wasting police time. It was clear to me that she had made a false police report with the intention of covering up the fact the vehicle had been recovered by a debt collection agency. Since I had not submitted the case to court, the offence of providing a false statement was not yet complete. However, an offence under the Fraud Act may have existed since the female had made a false representation. However, as the female did not benefit from this report as it was discovered to be false before she was able to, prosecution would be tenuous. This was the female's first involvement with police and as such, a lower level disposal for wasting police time was appropriate.

I tried to contact the female via telephone but after I explained that I was now aware she had made a false report, the female avoided contact with me for over a month. I attended her home address on a number of occasions and could see her in the house at one point through the window. Since the offence is summary-only, I did not have a power of entry to the property. I sent her a letter explaining that I needed to speak with her to resolve the matter and by avoiding contact with me was only making the situation worse.

I was becoming so frustrated that my feelings towards the incident changed. I no longer had interest in disposing of the offence through a fixed-penalty notice. I wanted to arrest the female and investigate her for a fraud offence as I was angry that she was wasting my time and causing me such a headache of trying to resolve this.

I did quite quickly realise that my decision-making process was becoming skewed by the frustration I was feeling when dealing with the investigation. I had to remind myself that it wasn't personal – the female clearly didn't want to own up to her mistakes and she was avoiding police in a reaction to that. At this point, I decided that a fixed penalty wasn't appropriate since I didn't believe she'd learn from paying a small fine for such a significant waste of police time. The next step I would need to take was conducting a contemporaneous interview so that I may be able to utilise another Out of Court Disposal method.

Since I was unable to contact the female, I spoke with her mother who was present when she made the initial report and explained the circumstances. The mother explained to me that the female suffered with mental health difficulties which had been exacerbated in recent months and this was a known coping strategy of hers, by burying her head in the sand. The mother assured me she would contact me the same afternoon to advise I could attend and speak with the female – which she did.

Speaking with the female, she made a full and frank admission to the offence explaining that it got to a point where she felt in so deep that it was easier to continue burying her head. The female did appear genuinely apologetic and remorseful of her actions. I explained that had she simply spoken to me when I first phoned her, she'd have been given a sub-£100 fine and that the matter would have been dealt with.

I now proposed that the female would need to attend an out of court disposal. This would cost her a similar amount to the fine and she would need to take a number of days off work to attend. It would be a greater degree of punishment in one instance, but the attendance at a targeted course would provide her support in recognising offending behaviours and how to mitigate them before it is too late.

I encountered the same female a month later whilst conducting foot patrols around the town centre and made an effort to approach her and ask how she was doing. The female responded saying that the course had opened her eyes as to how much her actions had affected others but also all the different avenues of support open to her. It was good to hear that this disposal resulted in a positive outcome and hopefully prevents further re-offending. This incident could easily have justified an arrest and charge, for it to be dealt with at court, but the use of discretion created a better outcome for everyone involved.

Due to this being a summary-only offence, I was aware that there is need to ensure that the investigation is completed swiftly since a statute of limitations exists. If I had been unable to speak with the female, it would have likely resulted in attending her place of work and arresting her there. Since it is imperative that she be spoken to about the matter, and as a summary offence doesn't include a power of entry, the only place I would likely be admitted entry is her place of work. Thankfully in this incident I didn't have to utilise this option.

My other consideration was the public interest factor. If a false report was made to police that resulted in only a few wasted moments, whilst technically an offence had been committed, it wouldn't be in the public interest to prosecute such an offence. The cost of

prosecution weighed against the cost of damages doesn't justify it. However, in this incident, the false report resulted in a number of hours of wasted time, spread over the course of a couple of months. There was also a great waste of resources for the traffic stop that had to be conducted on the allegedly stolen vehicle. It was therefore in the public interest to investigate the offence and prosecute, or in this instance deal with through an OOCD.

Reviewing this incident, if I was able to, I would try to have made contact sooner and spoken to the female's mother earlier as this would have reduced the amount of time I spent progressing the case. Ultimately, a good result was achieved, and the offender received support to prevent reoffending. Hopefully they've learnt their lesson but only time will tell. The extra time and cost of prosecution through the criminal justice system was avoided by the use of an Out of Court Disposal, an option provided by discretion.

[Word count: 2292]

Task 5

Personal Development Plan (PDP)

As part of your reflective process, please use this table to aid you in identifying the next steps for development.

This is equivalent to 500 words towards the overall wordcount, please note this is not the actual number of words used in completing the table, the count reflects the thought and research behind it.

Area of Development	How it will be achieved	Who can provide support	Timeline
Develop my ability to conduct suspect interviews and manage any aspects that arise throughout.	A hub attachment will provide me a number of opportunities to interview. Volunteering to investigate hand-on packages will provide me experience in interviewing.	Hub sgt + Shift sgt.	8 months (completion of hub attachment)
Develop my ability to assemble case files for GAP, NGAP, and Crown Court proceedings.	Completing my workload on my own, without a tutor, will give me ample opportunity for assembling case files. As will my hub attachment.	Hub sgt	8 months (completion of hub attachment)
Develop my confidence in investigating sexual offences and providing support to victims.	Research sexual offences and learn the force policy procedure. Attend a PPU / RIT attachment to learn how these offences are investigated. Learn the victim's code to ensure support is provided.	Area training officers, shift sgt, PPU / RIT sgt.	15 months (end of probationary phase)

Bibliography

The bibliography should only include sources referenced within the workbook using the Harvard referencing system. Information about referencing in written assignments and how to avoid plagiarism can be found on Moodle. It is important that you are aware of the importance of ensuring that the work submitted is your original work.

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CONFIDENTIALITY and PLAGIARISM – confirmed by submission through Turnitin

Task 6

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

By signing the section below you are acknowledging your continued progress on O.C.P., this is recognised by the university as work that is fully supporting this module. Signing it is equivalent to 500 words towards the overall wordcount.

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

Signature:

A handwritten signature in black ink, consisting of a stylized, cursive letter 'P' followed by a long, sweeping horizontal stroke that ends in a small upward flick.

Date: 04/01/2022