

Pro-Active Vulnerability Engagement Team

A Multi-agency Team currently operating in Leicestershire

Background

- * It was noticed that there was group of individuals who created a high demand on services, who were often deemed to be challenging and difficult to engage with.
- * Often single agency, approaches to addressing the needs and demands of clients can produce results but after substantial collateral contact has taken place.

Team and Funding

- * Proof of concept supported by the evaluation of the Assertive Outreach Team operating currently in Vancouver, Canada.
- * Team is funded by the Office of the Police and Crime Commissioner (OPCC) and commenced in Sept 2016.
- * Team consists of two Police Officers, two FTE mental health practitioners and 1 FTE Turning Point workers.

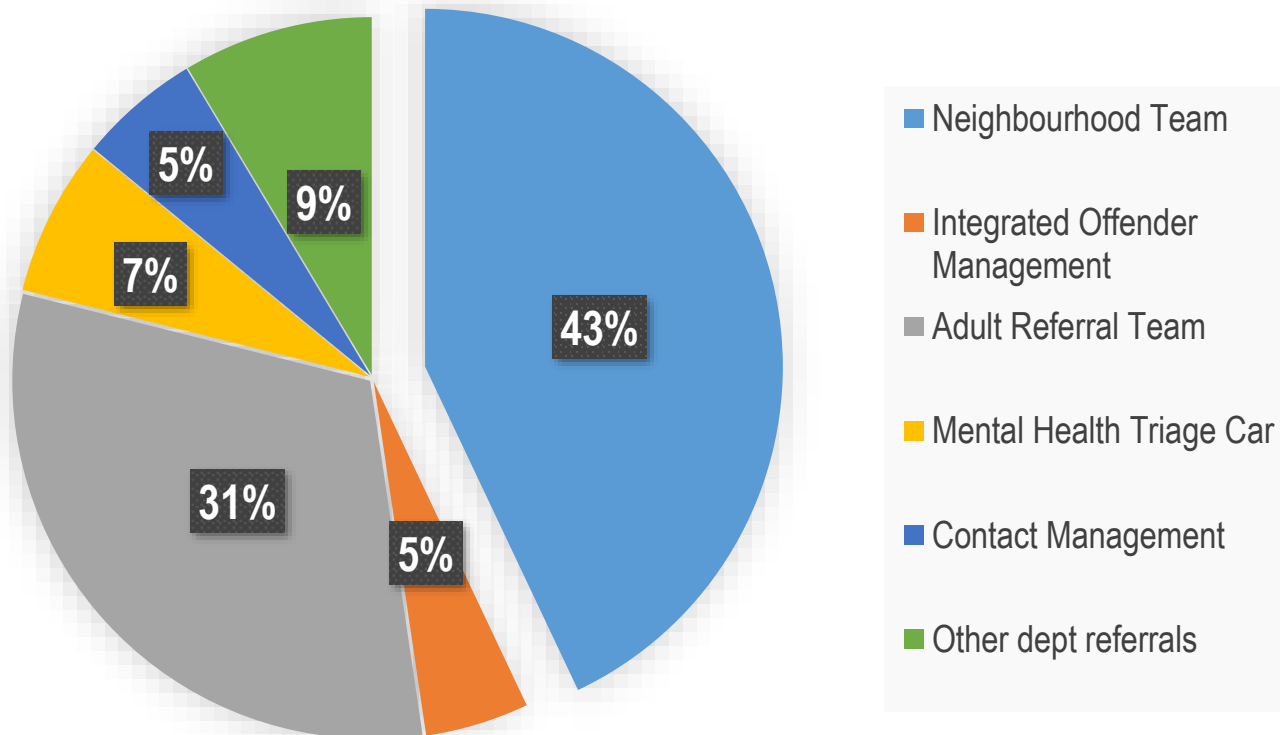
Referrals

- * Referrals are accepted from Leics Police staff and officers.
- * **PAVE** has received 256 referrals (Oct 2016- 19 Sept 2018)
- * **PAVE** have worked with 119 service users (accounts for 128 referrals), who have now been closed to the service.
- * **PAVE** work with an average number of 20-25 service users.

Initial Focus

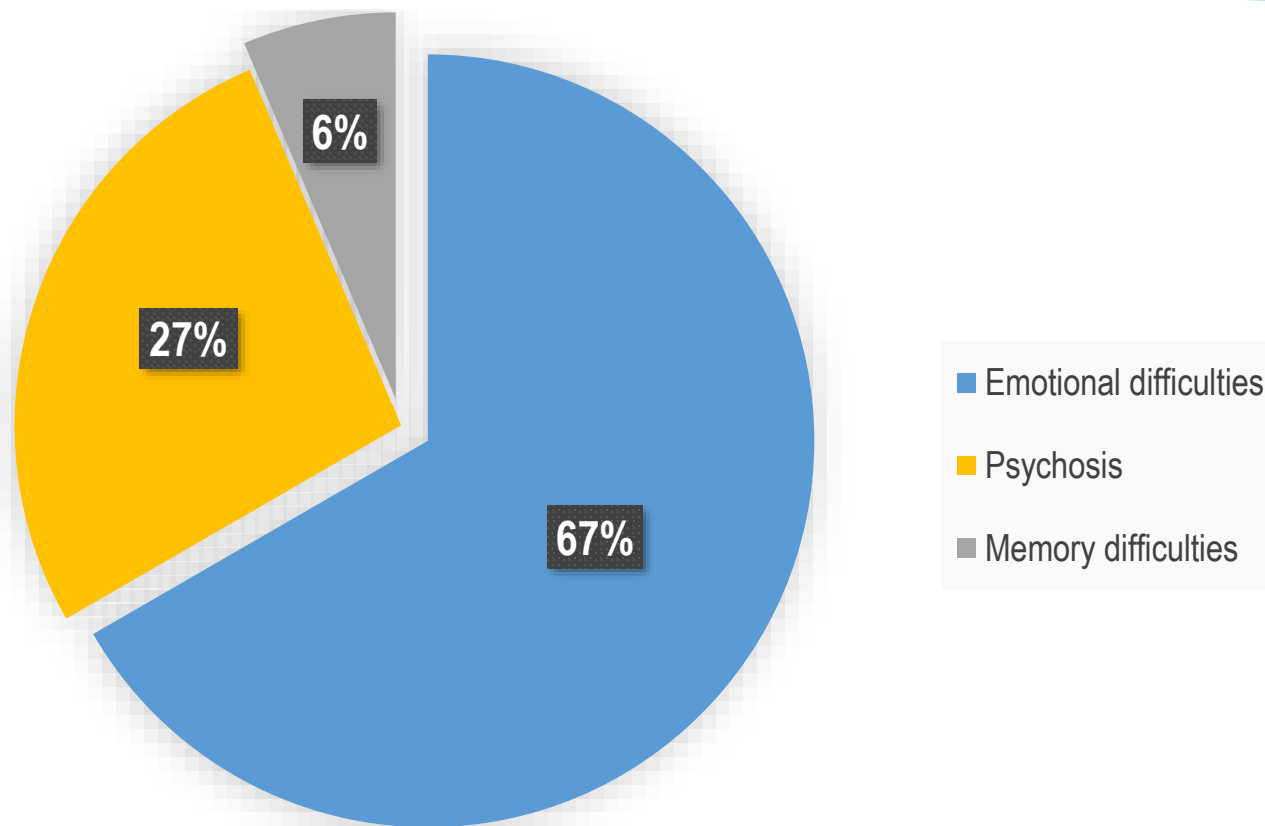
- * Initially, primary focus was to look at demand reduction.
- * Focused on '999' calls.
- * Quickly identified a 'hidden demand' that was not as easy to quantify.
- * Neighbourhood Teams were managing individuals with complex needs, in isolation and often unaware of support services available within the community.

Source of Referrals



*Service Users PAVE have worked with Sept 2016 - 19th Sept 2018

Clustering

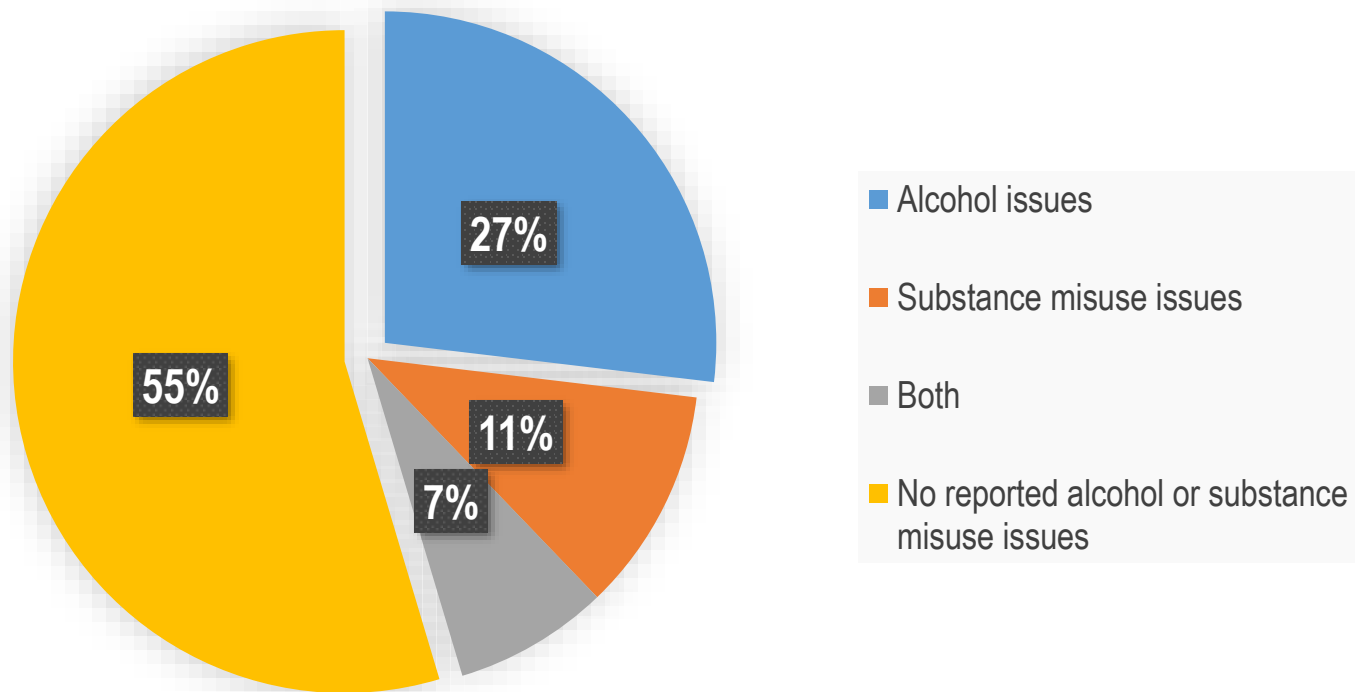


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Mental health admissions

- * **PAVE** (working collaboratively) responsible for reducing number of bed days for service users.
- * Historically service users experience lengthy admissions where risks on the wards are increased and police are contacted regarding assaults on staff and damage to wards.
- * Three month period prior to working with **PAVE** a lady we engaged with had a total of **41** bed days.
- * PAVE engagement reduced to **3** days in total for the same period of time.

Drug and alcohol



Criminal Justice/Police

- * Police Powers – where appropriate.
- * Service User Perception of Police – changing.
- * Police Perception MH + Service Users – changing.
- * Specialist History Markers.
- * Vulnerable Person Reports (VP Reports).
- * Partnership / Multi-agency understanding + co-working.

Case Study A – Police Incident

- * Male
- * 45 years old
- * Aggressive
- * Intoxicated
- * On top of building
- * Significant self harm in public place
- * Warning Markers
- * Non-engagement with emergency services at scene

Case Study A - PAVE Perspective

- * Male
- * 45 years old
- * Anxious
- * Personality Disordered
- * Alcohol Dependant
- * Homeless
- * Barred from public buildings (unable to access relevant services)
- * Protective factors removed from his care

Case Study A - Outcome

- * Improved quality of life!!!!
- * Secure Tenancy.
- * Supported in Community.
- * Dog.
- * Positive relationships.
- * Demand Reduction.
- * Cost Reduction.
- * Break cycle – revolving doors.

Case Study B – Police Perspective

- * Female.
- * 40 years old.
- * Aggressive / Swearing at members of the public.
- * Intoxicated.
- * Half naked.

Case Study B – PAVE Perspective

- * Estranged from her family .
- * Members of the public raising concerns.
- * Identified friends that she would visit.
- * Diagnosed with a serious mental illness in another country.

Case Study B - Outcome

- * Improved quality of life!!!!
- * Well again
- * Re-connected with family networks
- * Engaging fully with appropriate services
- * Positive relationships
- * Demand Reduction
- * Cost Reduction

Case Study C – Police Perspective

- * Burglary in progress...
- * Female. 40 years old.
- * Repeat caller to police.
- * Suspected alleges + doesn't answer door.
- * No warning markers.

Case Study C - PAVE Perspective

- * Genetic disorder.
- * Physically disabled – couldn't get to door.
- * No family.
- * Support in the community.

Case Study C - Outcome

- * Improved quality of life!!!!
- * Specialist Marker created:
 - * Informs Call Handler.
 - * Guides Call taker how to manage.
 - * Signposts to care team.
- * Demand Reduction (reduced deployment).
- * Cost Reduction.

Any Questions?

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