



STRATEGIC POLICING AND CRIME BOARD
3rd February 2015

USE OF FORCE - UPDATE

PURPOSE OF REPORT

1. The purpose of this report is to provide information regarding particular aspects of the use of force by West Midlands Police (WMP) staff and also to describe the force's approach to deployments of officers to medical facilities.

BACKGROUND

2. A paper on the use of force was submitted to the Strategic Policing and Crime Board meeting on 2 December 2014. The issues discussed in this paper have been requested as a result of the original paper and discussion during that meeting. The points fall under 4 areas: use of Taser, deployment of WMP staff at medical facilities, information regarding the use of other firearms by WMP and governance structures covering the use of force.

USE OF TASER

Taser Deployments and Subject Ethnicity

3. Paragraph 13 of the 2 December 2014 Use of Force report stated, 'In 2013, 50.8% of Taser deployments involved white subjects and 48.1% non-white subjects. Male subjects accounted for 95% of Taser usage. For the first 6 months of 2014, 67% of deployments involved white subjects and 31.5% non-white subjects. Male subjects accounted for 88% of Taser usage.' It should be noted that a Taser deployment includes a range of action and does not necessarily include the Taser being fired. A deployment may simply involve the Taser being drawn or the red laser dot activated. In the first 6 months of 2014, Tasers were only fired in 27% of deployments.
4. Appendix 1 provides 4 charts of statistical information. Table 1 provides Taser usage data by ethnicity for 2013 and 2014 and compares this to 2011 Census data, custody numbers and Stop & Search data. Table 2 details total recorded crime information across the force by LPU. Table 3 provides a geographical

breakdown of violent crime and table 4 shows the number of Taser deployments by LPU staff and ranks the LPUs by the total figure.¹

5. A comparison of the Taser deployment data by ethnicity (table 1) to the 2011 census data indicates some disparity for certain ethnic groups. As a force average, the level of deployments against persons recorded as white in 2014 is 67.2% and is broadly similar to census data showing the white population across the force area to be 70.6%. The proportion of deployments against persons recorded as Asian is 8.56% for 2014 against census figures of 18.23%. For persons recorded as Black, the proportion of deployments is 13.24% in 2014 compared to a population percentage of 6.14%.
6. As the statistics in paragraph 5 indicate, there appears to be some disproportionality in the number of deployments for Asian and Black ethnic groups; with deployments against individuals of an Asian background being less than would be anticipated and deployments against Black individuals being higher. This pattern is somewhat different to that seen in the Stop & Search statistics which tend to show a level of higher disproportionality for both Asian and Black ethnicities, albeit the level for Asian groups is lower and closer to parity with the census information.
7. An analysis of the data provided in tables 2, 3 and 4 indicates that there is a strong correlation between the geographical spread of Taser deployments and rates of total crime and violent crime across the force area. The 4 LPUs with the highest number of Taser deployments (Birmingham East, Birmingham West and Central, Sandwell and Coventry) are also the 4 LPUs with the highest levels of total recorded crime. All but Sandwell also have the highest levels of violent crime across the force, with Sandwell ranking 5th. This link is perhaps to be expected as Taser is used in response to threats of violence and is not linked to pro-active policing as is the case with Stop & Search.
8. The correlation continues with regard to the arrest statistics in table 1, which again might be expected as arrest levels are linked to levels of recorded crime. Black suspects accounted for 15.34% of persons arrested in combined data for 2013 and 2014, and 12.76% and 13.24% of Taser deployments respectively in those years. Similarly white suspects accounted for 65.08% of arrests during the same period and 67.2% of Taser deployments in 2014.
9. The correlation between areas of high crime and higher than average Taser usage described above also links to broader patterns regarding higher levels of crime in urban areas, levels of deprivation and population patterns. It is known that inner city urban areas tend to have higher levels of deprivation, higher crime rates and also higher proportions of BME populations. A further factor affecting the statistics may also be the comparison to increasingly historic 2011 census data, which does not capture the continuing pattern of immigration into the force area over the past 4 years.

Complaints Relating to the Use of Taser

10. The number of complaints relating to the use of Taser is very low when compared to the number of deployments. The force recorded 12 complaints

¹ The figures in table 4 relate to the LPU where the officer who fired the Taser is aligned rather than the location of the deployment. In almost all cases the deployment will be on the officer's home LPU and the figures are therefore still considered suitable for a geographical comparison. In addition to the figures in table 4, there were a further 19 deployments by staff based at central departments during 2013.

relating to the use of Taser between 1 January 2014- 31 December 2014, from approximately 874 deployments.

11. Of the 12 complaints, 7 are currently being investigated, 4 have been finalised and 1 is sub judice. None of the 4 finalised complaints have been upheld.

Implications of Taser Use for Officer and Suspect Safety

12. Tasers are used in situations where there is a risk of violence from a subject. It should be emphasised that in the vast majority of cases, approximately 70%, such situations are resolved successfully without the Taser being fired. In this regard the Taser reduces the number of incidences where officers are forced to resort to physically restraining a suspect, with associated obvious risks of injury for all parties.
13. Local analytical/academic analysis is unfortunately not available regarding the comparative risk to officers and suspects from the use of Taser compared to other use of force options. However, the risk of significant injury to a suspect from Taser barbs or from the suspect falling to the ground as a result of the deployment are considered to be less than the corresponding risk of injury from the physical restraint of a violent individual, the use of baton strikes or deployment of a police dog. Taser also has a more predicable effect on a subject, which allows for a better assessment of the risk prior to deployment, and does not carry the same risk as CS spray of collaterally affecting officers or other persons in the vicinity.
14. Guidance on the ACPO website provides the following commentary regarding Taser safety, 'The medical implications associated with Taser are closely monitored by an independent panel of medical advisers who also monitor the learning from across the world. This enables ACPO to constantly review the guidance to ensure that it remains fit for purpose.'²
15. WMP Taser officers are trained to provide appropriate aftercare to persons subject of a Taser firing; including the removal of the Taser barbs when operationally necessary. Subjects do not ordinarily require additional medical treatment. The use of Taser is captured as part of the Custody Sergeant's risk assessment when persons are brought into custody and informs the individual's care requirements.

Deployment Against Individuals with Mental Health Issues

16. In line with national practice, WMP uses the Association of Chief Police Officers (ACPO) 'Taser Deployment Form v.11' to record information regarding Taser deployments. The form captures limited information on any mental health issues that a subject might have; being a tick box for characteristics that could moderate the effectiveness of a deployment. It should be noted that this is based on an assessment by the officer. The form also does not capture the specific location of the deployment, for instance if it had taken place in a medical facility.

² <http://www.acpo.police.uk/ThePoliceChiefsBlog/201410TaserBlog.aspx>

17. The force does not currently track the criminal justice outcomes of cases in which Taser was used or cases where a subject is subsequently detained under mental health legislation, and this is not a requirement of national reporting. To do so would require amendments to force computer systems and a significant amount of manual analytical work.
18. All Taser deployments are subject of a thorough debrief by a supervising officer, who assesses the deployment to ensure that it was appropriate and in line with policy. The completed Taser deployment forms are sent to the Force Taser SPOC, within the Firearms Unit, for review and any themes or issues of note are raised at the Taser Silver group meeting, chaired by the force Taser lead Superintendent Miles. The returns are also collated and submitted to the Home Office.
19. Superintendent Miles is exploring how additional data regarding a subject's mental health issues might be captured and monitored through the force Taser Silver Group. The force mental health lead, Chief Inspector Russell will also be represented in future meetings.

DEPLOYMENT OF POLICE RESOURCES TO MEDICAL FACILITIES

20. Over the last 3 years the force has sought to reduce the deployment of officers to medical facilities, in particular those caring for mental health patients. The expectation is that management of persons being treated in such locations should generally be dealt with solely by medical staff, including situations where the individual displays or threatens some violence.
21. A new operational policy has been piloted since October 2014 to provide guidance on situations where staff are requested to attend medical facilities. The guidance makes clear that officers should not ordinarily be deployed unless an individual is armed with a weapon, a hostage has been taken, there is an immediate threat to life, or where hospital staff have lost control of an area. The Duty Inspector should provide oversight of such deployments, with consultation with the Force Incident Manager where appropriate. The policy is seen as being successful and the force is working with NHS Protect to establish it across the Midlands region.
22. As noted in paragraph 16, the ACPO Taser Deployment form does not capture the exact location of the incident to allow analysis of the number of deployments made within mental health facilities. To the knowledge of the force mental health lead there have only been 3 deployments of officers carrying Taser into mental health facilities in the last 8 months and the devices were not used on any of these occasions. A new recording system is being brought into effect to record all deployments made under the new operational policy described in paragraph 21. This will record the total number of deployments and also capture those in which officers armed with Taser took part in.

INFORMATION REGARDING THE DISCHARGE OF FIREARMS BY WMP

23. In answers to questions from the Board at the last meeting on 2 December 2014 it was stated that the last discharge of a conventional firearm by the force was some years ago. It can be confirmed that this answer related to

discharges directed against persons and did not include other discharges, such as the use of firearms to immobile vehicles.

24. The last discharge of a conventional firearm at an individual by WMP was in 2002, when a firearms officer discharged his weapon at an armed robbery suspect. The suspect was one of 3 offenders involved in the robbery. During a foot chase he raised a firearm at the police officer who fired at him. The suspect was not injured and was subsequently detained by the officer. The suspect was sentenced to life imprisonment, to serve a minimum of 16 years.
25. The last incident of a WMP officer shooting an individual took place on 23 June 2000, when a white male was shot in response to him pointing a firearm at officers. The male survived his injuries and was sentenced to 5 years imprisonment.

FORCE OVERSIGHT MECHANISMS REGARDING THE USE OF FORCE

26. The force recognises the importance to public confidence of transparent and effective management of the use of force by WMP staff. The force's use of Taser, attenuated energy projectiles (AEP) and conventional firearms is managed through the Firearms Unit. The force complies with all national legislation, training and reporting requirements regarding their use.
27. The force does not statistically record incidences where other types of force are used by officers, such as open hand techniques, restraints, baton strikes or use of CS spray. Use of these tactics is documented in officers' evidential statements, pocket note books and, in the case of arrests, on the custody record.
28. Prior to 2010, the force recorded the use of these tactics on the WG 433 form. This form was considered to be overly bureaucratic and withdrawn in 2010 after consultation with relevant force departments.
29. Oversight of these tactics is delivered by line manager supervision and operational debriefs where appropriate. The number of complaints made regarding officers' use of force is also recorded. Where an individual officer accrues a number of complaints it is referred to a senior manager to review their conduct and assess whether there is a pattern of behaviour that needs to be addressed.
30. Where operational debriefs raise potential training issues regarding the use of force, this information is passed to Learning and Development to incorporate into Personal Safety Training. Any apparent safety issues regarding equipment are managed through the Health and Safety Committee in conjunction with the Uniform and Equipment Committee. The Uniform and Equipment Committee also manages the assessment of new or upgraded personal safety equipment, including batons and incapacitant spray.
31. WMP considers that these measures provide robust oversight of the use of force by WMP staff; both in regards to the actions of individuals and the identification of trends, and allows for the escalation of issues through the organisation where necessary.

FINANCIAL IMPLICATIONS

32. There are no financial implications to note at this time.

LEGAL IMPLICATIONS

33. There are no legal implications to note at this time.

RECOMMENDATIONS

34. The Board is asked to note the content of this report.

Assistant Chief Constable Cann