

INTRODUCTION + OBJECTIVES

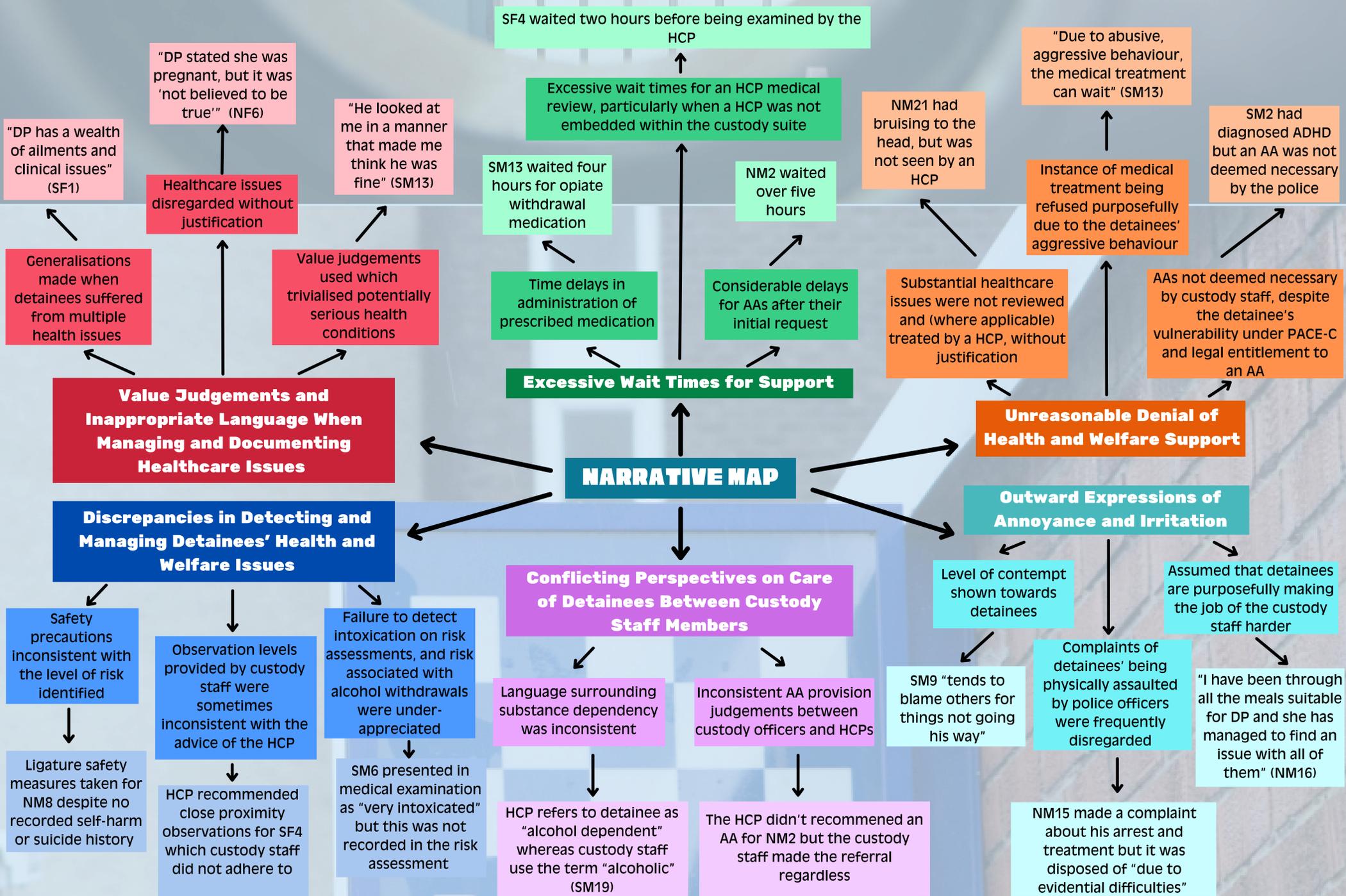
Extensive research has shown an excess of health morbidity among people incarcerated in long-term custodial settings, encompassing communicable diseases, chronic disorders, mental illness, and suicide risk (Fazel and Baillargeon, 2011). However, there is limited research regarding physical health care in short-term custodial settings (Wardrop et al., 2021). Of the limited research that does exist, high rates of physical and mental health disorders among police detainees within police custody have been observed (McKinnon et al., 2016).

- Identify how health issues are managed and documented in custody in line with Police and Criminal Evidence Act (PACE) 1984.
- Consider the role of value judgements when assessing detainees' health needs.

METHODS

- 3,230 custody risk assessments (RAs) were gathered from 2022, evenly distributed between "Northton" and "Southland" police forces.
- Anonymised custody records were requested from each force based on guidance from the advisory panel. 34 and 32 cases were sampled from each police force respectively. Selected cases covered a wide range of physical and mental health conditions and instances of non-compliance with the RA process. Due to an underrepresentation in the detainee population, females were oversampled.
- The research team abridged each custody log and its associated RA into short narratives of each detained person's (DP) stay in custody. These were further categorised into the context of the arrest, health/welfare concerns such as Appropriate Adult (AA) provision and how these were managed by Health Care Professionals (HCPs), language used by custody staff and the outcome for each detainee.
- A narrative analysis was conducted to uncover the underlying themes relating to the identification and management of healthcare across detainees' journey through the custody suite.

RESULTS



CONCLUSION

Negative attitudes towards detainees in police custody suites are reflected in the documentation and treatment of healthcare and welfare issues. This could have a detrimental impact on detainees, as minimisation of healthcare issues may result in missed identification and treatment of substantial acute health issues thus potentially increasing mortality risk. Custody staff should be supported in cultivating positive interactions with detainees to promote a safe and respectful environment in custody suites. These findings also have implications for the Criminal Justice System, as any evidence gathered for vulnerable detainees without an AA present (contrary to PACE Code C) may be inadmissible in Court. Future research should develop and evaluate a standardised, accurate health screening process for police custody staff to implement, alongside appropriate and timely interventions.

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