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## Police custody in the north of England: Findings from a health needs assessment in Durham and Darlington

Charlie Brooker<sup>a,\*</sup>, Karen Tocque<sup>b</sup>, Damian Mitchell<sup>c</sup>, Malcolm Pearce<sup>c</sup>

<sup>a</sup> *Mental Health and Criminal Justice, Royal Holloway, University of London, UK*

<sup>b</sup> *Health Intelligence at Glyndwr University, UK*

<sup>c</sup> *IHWUK, UK*

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### ABSTRACT

*Aims:* To report on a health needs assessment undertaken in the Durham Constabulary (England) in 2013.

*Methodology:* The health needs assessment employed a variety of methods: analysis of arrest and healthcare data over a one year period; semi-structured interviews with the police and healthcare staff; and a survey of detainees' view of healthcare.

*Main findings:* The main finding was that the healthcare provider to custody in Durham was delivering an appropriate multi-professional team of nurse, paramedics and forensic medical examiners that was responsive, trusted by the police and which gave detainee's few concerns.

*Limitations:* The main limitations are that the health needs assessment analysed retrospective data and did not examine healthcare outcomes.

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### 1. Introduction

Individuals detained in police custody may be in need of a medical examination or a health intervention for a variety of reasons including: assessing injuries sustained prior to detention, providing medication, assessing their need to be transferred to a hospital for treatment, assessment of drug/alcohol use, collection of samples (for example in sexual assault cases), assessment of competence, and assessment of whether they should be accompanied by an Appropriate Adult.<sup>1</sup> Indeed, arguably police custody provides a key point of contact with health services for individuals who may otherwise be hard-to-reach, and whose contact with health services may be inversely proportionate to their level of need.<sup>2,3</sup> In his review of people with mental health problems or learning disabilities in the criminal justice system in England, Lord Bradley described police settings as “the least developed in the offender pathway in terms of engagement with health and social care services”.<sup>3</sup>

The basic legal framework within which Custody services operate in England is provided by the Police and Criminal Evidence

Act 1984 (PACE) and the associated Codes of Practice, specifically Code C. PACE was updated significantly in 2012.<sup>4</sup> Traditionally, in England, custody sergeants complete a risk assessment with detainees to decide whether they are in need of healthcare or an Appropriate Adult and, when required, healthcare services have been provided by registered medical practitioners (often called ‘forensic medical examiners’).

The small volume of existing literature in this area highlights the wide range of health conditions that detainees experience, many of which need active support whilst in custody. For example, in a questionnaire survey of 168 detainees seeing a Forensic Medical Examiner (FME) in police custody in London, it was reported that 56% of the sample had ‘active medical conditions’ in need of management whilst in detention.<sup>5</sup> A less severe need for healthcare has been identified in a health needs assessment undertaken in Northumbrian custody suites.<sup>6</sup> In this paper, the majority of calls were made for the FME to assess fitness for detention (69%), fitness for interview (27%), the prescription of drugs (21%), injury (13%) and mental health (11%).

This issue was also identified in the Bradley Review, and in a health needs assessment of detainees in police custody in West Yorkshire. In the West Yorkshire project,<sup>7</sup> police custody records from April 2008 to March 2009 were analysed to investigate the range of physical and mental health problems reported. The most

\* Corresponding author.

E-mail address: [charlie.brooker@rhul.ac.uk](mailto:charlie.brooker@rhul.ac.uk) (C. Brooker).

frequently recorded physical health complaint was asthma, affecting 14% of detainees. The most frequently recorded mental health problems were depression (70.7%) and history of self-harm (47.8%). Overall, 38.2% of detainees had a dual diagnosis, that is, had both a mental health and a substance misuse problem. In a questionnaire survey of 168 detainees seeing a Forensic Medical Examiner in police custody in London, 56% of the sample had 'active medical conditions' in need of management whilst in detention. The authors further stated that "Mental health issues and depression predominated making up 32% of such issues, but there was a very large range of complex, mixed disease and pathology".<sup>5</sup> Of the 70 (78%) of those in custody who were on prescribed medication, 35 were not taking it regularly. Overall, detainees reported dependence on a range of substances, with 33.9% being heroin-dependent, 33.9% being dependent on crack-cocaine, 25% on alcohol, 16.6% on benzodiazepines and 63.1% on cigarettes.

There have also been several studies of new models of healthcare provision in police custody settings. The introduction of nurse-led healthcare in police custody settings in Tayside has been studied.<sup>8</sup> It was found that nurses undertook a wide range of activities with detainees — including administration of medication, offering brief alcohol interventions, injury assessments, substance withdrawal management, and mental health assessments. Such research indicates to the potential for services which include custody nurses to reduce response times and for nurses to take on some of the functions which have traditionally been provided by FMEs, thus allowing FMEs to focus on the more complex forensic cases.<sup>9</sup> The model of healthcare now explored in the Durham area corresponds most closely to this latter description by Bond and colleagues.

The greatest proportion of the research literature which has examined healthcare in custody, either in terms of presenting problems or models of care, has come from the United Kingdom.

### 1.1. An overview of Durham police force

Durham Constabulary has been in existence since December 1839 and serves a combined population of 618,800 people from County Durham and the Borough of Darlington. The Durham Constabulary employ 1380 police officers, 815 police staff and 174 PCSOs. Between 2009 and 31st March 2013, the force dealt with 87,360 detainees and 8370 voluntary attendees and between 2009 and 2012 the force responded to 75,754 recorded crimes. Durham Constabulary operates four designated custody hubs in four main locations comprising 49 custody suites.

The local NHS Acute Trust provide healthcare to the Durham Constabulary. The model operated involves initial triage, then if required, attendance by either a emergency care practitioner (ECP), usually a trained emergency nurse, or a Forensic Medical Examiner. The bulk of care provided is provided by the ECPs in custody. There are key performance indicators (KPIs) embedded in the contract, for example, attendance within a 2 h period.

## 2. Methodology

A variety of methods were used to conduct the health needs assessment.

1. Documentary information was obtained from previous Inspection reports. Minutes of meetings between the healthcare provider and the police were also examined.
2. Durham police force provided the team with records of all those detained in 2012 (n = 16,375). Other data was also gathered on 3502 custody detainees were known to have been seen by healthcare staff. The data were manipulated using MS Access for

data linkage and cleaning, then analysed using SPSS v20. Descriptive univariate statistics were produced initially and a multiple logistic regression was used to determine the odds ratio of the significant factors that predict seeing an FME whilst being held in custody.

3. Semi-structure interviews (n = 26) were undertaken with key stakeholders across the area, these included interviews with; custody sergeants; healthcare staff from alcohol, drug and mental health services; and other police staff of all grades and roles.
4. A simple questionnaire was designed to obtain feedback from detainees. This was administered in custody at the point of release. Every detainee was given the opportunity to complete a healthcare satisfaction questionnaire and these were completed by 106 detainees over a three week period.

## 3. Findings

### 3.1. Analysis of healthcare in custody

In 2012, there were around 16,400 detentions at Durham's custody suites, of these, 83% were male and 17% female. The majority of detainees (54%) lived in areas with the highest level of multiple deprivation and only 18% were from the more affluent areas. 92% were residents of County Durham or Darlington with 8% of those arrested coming from out-of-area. Overall, 60% of detainees were aged under thirty-five, with 13% aged 10–18 and just 9% aged 45+ (Fig. 1).

The age distribution of detainees did not vary greatly across command area or between sexes — although there was a slightly greater proportion of males aged 19–24 than females. The most deprived areas were more likely to have detentions of younger aged people 19–24 and 25–34 than of all older ages. However, the youngest detainees (aged 10–18) were more likely to live in the more affluent areas. Those requiring a medical investigation (ECP intervention) were more likely to be in the older age groups (25+) and those not requiring ECP were more likely to be younger (under 25). Age did vary by charge; so those arrested for:

- criminal damage, burglary and robbery were more likely to be aged under 25
- Those arrested for sexual offences and fraud were more likely to be aged over 45

Fig. 2 below shows the relationship between detainee's age and the custody risk assessment. Those aged 19–44 scored higher on most of the risk factors whilst those aged either 10–18 or 45+ tended to score lower. Although the sample with assessments

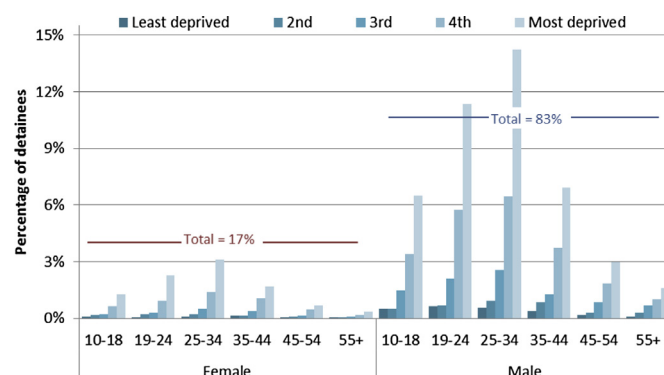


Fig. 1. Demographics of all detainees in custody suites across Durham, 2012.

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