Police Custody Healthcare for Nurses and Paramedics

Edited By
Matthew Peel
Jennie Smith
Vanessa Webb
Margaret Bannerman

WILEY Blackwell

Police Custody Healthcare for Nurses and Paramedics

Police Custody Healthcare for Nurses and Paramedics

FIRST EDITION

Edited by

Matthew Peel
Leeds Community Healthcare NHS Trust, Leeds, UK & UK Association of Forensic Nurses and Paramedics

Jennie Smith
Mitie Care and Custody Health Ltd, London, UK & UK Association of Forensic Nurses and Paramedics

Vanessa Webb
Nurture Health and Care Ltd, Norwich, UK

Margaret Bannerman
Nurture Health and Care Ltd, Norwich, UK

WILEY Blackwell

This edition first published 2025

Registered Offices
John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, USA
John Wiley & Sons Ltd, New Era House, 8 Oldlands Way, Bognor Regis, West Sussex, PO22 9NQ, UK

For details of our global editorial offices, customer services, and more information about Wiley products visit us at www.wiley.com.

Wiley also publishes its books in a variety of electronic formats and by print-on-demand. Some content that appears in standard print versions of this book may not be available in other formats.

Library of Congress Cataloging-in-Publication Data Applied for:

Paperback ISBN: 9781394204892

Cover Design: Wiley
Cover Images: © New Africa/Adobe Stock Photos, © Wasan/Adobe Stock Photos

Set in 9.5/12pt STIXTwoText by Straive, Pondicherry, India

Contents

List of Contributors

Margaret Bannerman
Nurture Health and Care Ltd, Norwich, UK

Chris Bath
National Appropriate Adult Network, Ashford, UK

Thomas Bird
Mitie Care and Custody Health Ltd, London, UK & UK Association of Forensic Nurses and Paramedics

Roxanna Dehaghani
Cardiff University, Cardiff, Wales

Alex Guymer
Mitie Care and Custody Health Ltd, London, UK

Nick Hart
Leeds Community Healthcare NHS Trust, Leeds, UK

Samantha Holmes
Leeds Community Healthcare NHS Trust, Leeds, UK

Abdulla Kraam
North Lincolnshire CAMHS, Scunthorpe, UK

Amanda McDonough
Mitie Care and Custody Health Ltd, London, UK

Esther McPhail
Mitie Care and Custody Health Ltd, London, UK

Dipti Patel
Mountain Healthcare Ltd, Stevenage, UK

Matthew Peel
Leeds Community Healthcare NHS Trust, Leeds, UK & UK Association of Forensic Nurses and Paramedics

Nicola Sheridan
Mitie Care and Custody Health Ltd, London, UK

Nick Skinner
Leeds Community Healthcare NHS Trust, Leeds, UK

Mandy Smail
Mitie Care and Custody Health Ltd, London, UK

Jennie Smith
Mitie Care and Custody Health Ltd, London, UK & UK Association of Forensic Nurses and Paramedics

Vanessa Webb
Nurture Health and Care Ltd, Norwich, UK

Preface

As a team of editors, each with a rich and diverse background in police custody healthcare and education, we are proud to present this comprehensive text, a culmination of our collective experiences and insights.

Our journey in this field has given us a profound understanding of the complexities and challenges inherent in police custody healthcare. Matthew brings over 12 years of experience in police custody. Jennie Smith, the President of the UK Association of Forensic Nurses and Paramedics, contributes with her 17 years of dedication to this field. Dr Vanessa Webb offers a unique dual perspective with her extensive experience as both a nurse and a doctor in police custody. Margaret, with her 20 years in higher education, has been pivotal in developing advanced standards in education and training for custody healthcare professionals, including the UK's first advanced master's programme in this specialty.

This text is born from our shared desire to create a resource that we wished we had at the outset of our careers. It is designed to guide those new to the setting and to enrich the practice of our seasoned colleagues. Our collective goal has been to create a book that not only educates but also resonates with the realities of working in such a dynamic and challenging environment.

We recognise that the practices in police custody vary greatly and can be inconsistent nationally. In this book, we have endeavoured to address these variations, aiming to bring clarity and a unified approach to the field. Our combined expertise and experiences have allowed us to cover a wide range of topics, offering practical advice, and in-depth knowledge, all while highlighting the best practices and standards necessary for effective and compassionate care in custody.

We hope this book will serve as a resource for those navigating the intricate world of police custody, providing a solid foundation for both the novices and the veterans in the field. It is with great pride and anticipation that we share this work with you, our readers, as you embark on or continue your journey in this vital area of healthcare.

Matthew Peel, Jennie Smith,
Vanessa Webb, and Margaret Bannerman

Acknowledgements

I extend my heartfelt thanks to those who have mentored and guided me throughout my career. Your mentorship and guidance have been invaluable in shaping my professional journey. Equally, I am grateful to the colleagues I have had the privilege to mentor. Your probing questions and eagerness to learn have in turn deepened my own understanding and perspectives.

I express my sincere appreciation to the editorial team – Jennie, Ness, and Marg. Your dedication, hard work and attention to detail have been pivotal in the creation of this text. A special note of thanks goes to all contributors who have enriched this book with their insights, whether through reviewing chapters, contributing texts, or sharing their expertise. Your collective contributions have been immeasurable.

I am grateful to Ian Peate for his support and advice during the initial stages of this project. His insights and encouragement were crucial in transforming the initial thoughts around this text into reality.

Lastly, but most importantly, I extend a massive thank you to my partner and family. Your unwavering support, understanding and love have been the bedrock upon which this endeavour was built. Without you, none of this would have been possible.

Matthew Peel

When my best friend's father mentioned that Merseyside Police were setting up a forensic nursing team and that I should apply for the manager role, little did I know the amazing journey he would set me upon.

I could not have imagined the all of the amazing, driven, passionate, funny and quirky people I would meet. Not only work colleagues, many of whom have become lifelong friends, but also the many hundreds of patients I have assessed that have all added to the rich tapestry my nursing career has been and continues to be. To every single one of those people, I am forever grateful and indebted. You have added the colour and texture to my working life, provided knowledge and experience from which I have been able to draw upon in this work.

I have special personal thanks to my colleagues, Esther, Mandy, Mandy, Nic and Alex who agreed without question to give their time and knowledge to bring this project to life, and to all of the contributors.

Matt, to me you are a visionary and an extraordinary talent, thank you for asking me to be part of this. For Marg and Ness for tolerating my slowness and procrastination, I am always thankful.

And finally, thanks to the person who allow me to be me, and do what makes me happy even if that is work. Who has never once complained about the hours spent at my laptop, taking from the time we could spend together. My John, I couldn't do it without you.

Jennie Smith

As I reflect on my journey as an editor, my heart is filled with immense gratitude for the myriad of friends whose support has made it possible for the magic of unicorns, the sparkle of glitter and the promise of rainbows to align. At the heart of this remarkable adventure stands my family—Pete, Jack, Emma, Sam, Alice, Tommy and Arthur—whose unwavering faith in my endeavours lay the foundation of encouragement and love.

To Matt, Marg and Jennie—my esteemed editors— you have not only honed my thoughts with your profound wisdom but also enabled me to discover a harmony in our collective narrative.

There are a collection of others including Dipti that have been instrumental in weaving the fabric of this work. Thank you all for accompanying me on this journey. Your collective spirit and unwavering support have been the greatest gifts, reminding me that together, we are capable of creating something truly magical

Vannessa Webb

I thank my students over the years who have provided me with a wealth of knowledge and understanding of the challenges of working as a Forensic Healthcare practitioner within a Custody setting. You are all amazing individuals, working so hard to provide a quality service for your patients but so rarely appreciated.

However, my most sincere gratitude must go to my husband Neil, whose unwavering love and support mean the world to me. I also want to thank my family, especially my beautiful daughters; Katy and Sarah of whom I am so proud, as well as my parents, George and Betty, who shaped me into the person I am today. Thank you all for being there when I needed you.

Margaret Bannerman

Reviewed from a Scotland and Northern Ireland perspective by:

Northern Ireland
Barry Nevin
RN, BSc (Hons), NMP, DLM
Lead Nurse, Custody Healthcare, Belfast Health and Social Care Trust

Scotland
Jessica Davidson MBE
RN, RNMH, QN, FRCN
Clinical Lead, South East Healthcare & Forensic Medical Services for People in Police Care, NHS Lothian
Nurse Lead for SARCS Network
Programme Lead (Associate) – Advanced Forensic Nursing Practice, Queen Margaret University

About the Companion Website

This book is complemented by a companion website.

www.wiley.com/go/policecustodyhealthcare

The companion website provides colour images of all figures used in the book and 25 multiple-choice questions for readers to test their knowledge and understanding regarding each chapter topic. Additionally, suggested responses to each scenario within the book are provided.

Introduction to Police Custody

CHAPTER 1

Matthew Peel[1], Jennie Smith[2], Vanessa Webb[3], and Margaret Bannerman[3]

[1] Leeds Community Healthcare NHS Trust, Leeds, UK & UK Association of Forensic Nurses and Paramedics
[2] Mitie Care and Custody Health Ltd, London, UK & UK Association of Forensic Nurses and Paramedics
[3] Nurture Health and Care Ltd, Norwich, UK

AIM

The aim of this introductory chapter is to provide a foundational understanding of the multifaceted realm of police custody healthcare in the United Kingdom. This will include the current state of forensic healthcare, the role of the healthcare professional, including training and induction. A broad overview of police custody, including the purpose, standards, individuals working in custody and the relevant legislations, will be provided.

LEARNING OUTCOMES

After reading this chapter, you will be able to:

- Understand the current landscape and varying levels of consensus in forensic healthcare within the United Kingdom
- Describe the structural and operational differences in police custody across the devolved nations
- Identify the key demographics and vulnerabilities of individuals detained in police custody

SELF-ASSESSMENT

1. What are the primary roles and responsibilities of HCPs in police custody?
2. Who are the typical detained individuals in police custody and what are their common demographics and vulnerabilities?
3. What standards of care and professional conduct are expected from HCPs working in police custody?

INTRODUCTION

Forensic science is guided by Locard's principle: *'Every contact leaves a trace'* (Locard 1934). However, this ethos extends beyond physical evidence to the compassionate care that healthcare professionals (HCPs) provide to those detained, often in their most vulnerable moments. HCPs must strive to positively impact individuals through respect, dignity and hope. This approach blends assessment, examination and forensic strategy, along with advice, treatment, brief interventions and signposting, aiming to leave a beneficial impact on those they encounter.

This chapter delves into the unique challenges of police custody healthcare, where HCPs work with limited evidence-based guidance to prioritise patient safety and well-being. It addresses the diversity in practices, the absence of consensus in certain areas and the crucial role of risk assessment.

Police Custody Healthcare for Nurses and Paramedics, First Edition. Edited by Matthew Peel, Jennie Smith, Vanessa Webb, and Margaret Bannerman.
 Published 2025 by John Wiley & Sons Ltd.
Companion website: www.wiley.com/go/policecustodyhealthcare

It emphasises the need to balance healthcare needs and human rights with police procedures; this introduction sets the stage for exploring the dynamic and ethical landscape of police custody healthcare.

CONSENSUS

Within police custody, there is a scarcity of comprehensive, evidence-based guidelines, providing a unique challenge for healthcare providers to navigate this uncertain terrain with the patient's safety and best interests, as their guiding principle. This has given rise to a spectrum of practices, each supported by its own evidence, albeit limited and characterised by distinct advantages and potential risks. The variety in clinical approaches reflects not a shortcoming but rather the complex nature of forensic healthcare, where clinical judgment intertwines intricately with the dynamic interface of police procedures and healthcare provisions. These practices are informed by a multifaceted interplay of factors. Recognising these variations, this text identifies areas where there is no consensus in practice, offering a comprehensive view of the diverse methodologies currently in use. For practitioners keen on delving deeper into the development of standardised practices and understanding how to bridge professional opinions, the National Institute of Clinical Excellence (NICE) provides invaluable resources, particularly its guidelines on managing differences in professional opinion.

FORENSIC HEALTHCARE PRACTITIONERS

Forensic healthcare practitioner (FHP) is the umbrella term for HCPs working in forensic healthcare settings (police custody and sexual assault referral centres), typically doctors, nurses, paramedics and midwives. They are distinct from those working in forensic mental health settings.[1] Within this text, we will refer to FHPs as HCPs; however, both titles should be considered synonymous. In police custody, FHPs are more commonly referred to as:

- Custody healthcare practitioner or professional
- Custody nurse/paramedic
- Custody nurse/paramedic practitioner
- Forensic nurse/paramedic examiner

HCPs work at the front door of the criminal justice system, at an intersection between health, justice and forensics, with a dual patient and medico-legal responsibility. For nurses and paramedics, this involves working at an advanced practice level with a high degree of autonomy and complex decision-making (National Health Service 2017).

They have medico-legal responsibilities, such as advising on fitness to interview. In addition, they are responsible for clinically examining and treating individuals presenting with undifferentiated and undiagnosed injuries or illnesses. They also undertake forensic examinations and sampling, providing written statements and oral testimony in court.

EDUCATION AND TRAINING

While HCPs bring with them several years of post-registration clinical experience, knowledge and skills, they still require thorough induction, supervision and support. Figure 1.1 demonstrates a path from novice to expert[2] (Benner 1984). As HCPs come from a wide range of clinical backgrounds and specialities, induction training programmes should be flexible to meet individual needs.

Induction

The UK Association of Forensic Nurse and Paramedics (UKAFNP) has developed standards for induction for healthcare providers to deliver locally, see Box 1.1.

Ongoing Training

Ongoing training and development are essential following induction across all healthcare settings and forensic healthcare is no different. Ongoing training should include both in-house training and external training.

Post-graduate Education (and Exams)

Several stand-alone master's level post-graduate modules will be of interest to HCPs; these include:

- Independent prescribing
- Minor illness
- Minor injuries
- Mental health
- Substance misuse
- Human rights
- Law

Alternatively, HCPs may undertake a master's level post-graduate qualification.

Advanced forensic practice (PgCert, PgDip, MSc) An advanced forensic practice programme,[3] aligned to the UKAFNP ASET award (advanced standards in education and training), is available, including a taught and assessed clinical aspect evidenced by completing a competency document and taught and practical assessments of forensic science knowledge,

[1] Forensic mental health service provides long-term treatment, rehabilitation and aftercare for people who are mentally unwell or learning disabled and who are in the criminal justice system (courts or prisons).

[2] Expert in the sense of Benner's clinical expertise, this does not automatically confer expert witness status.

[3] Programme titles may differ.

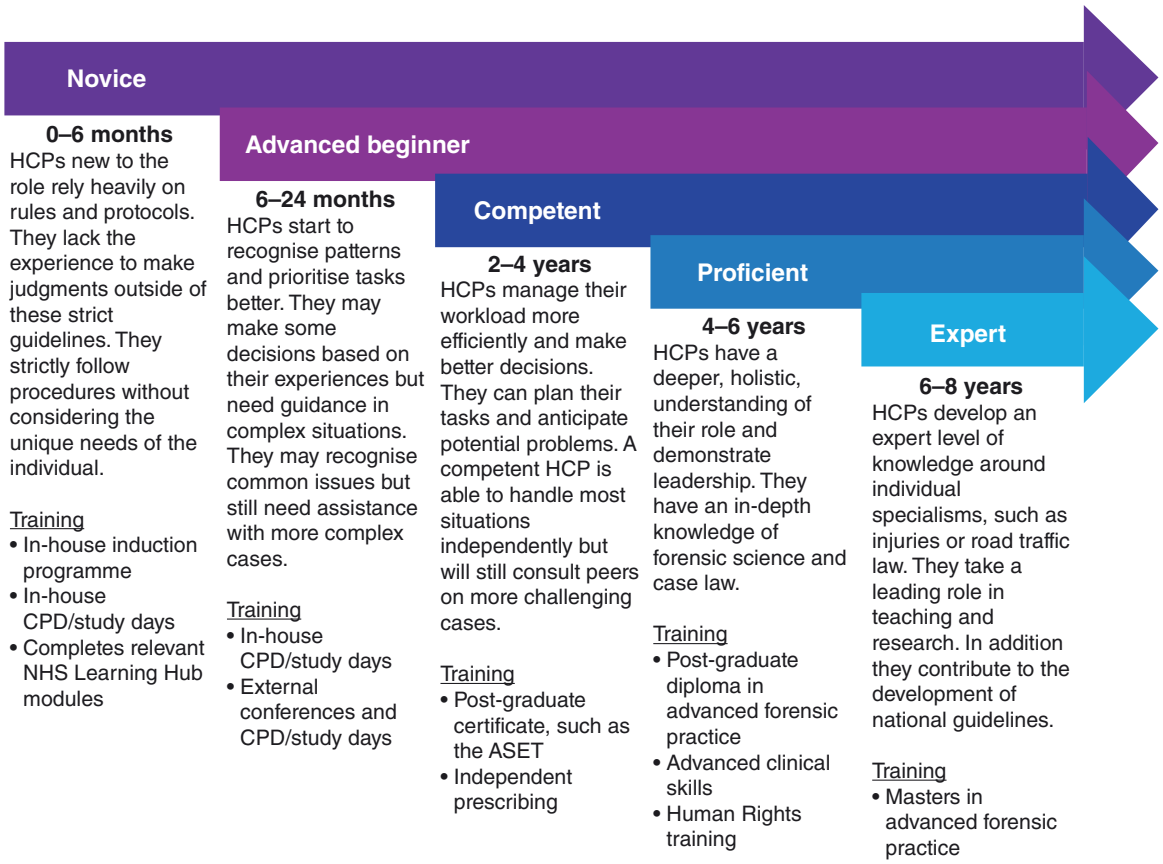

FIGURE 1.1 Novice to expert.

BOX 1.1 STANDARD FOR INDUCTION

- Overview of organisation, including local mandatory and statutory training
- Governance, patient safety, the duty of candour, reflection and equality, diversity and inclusion
- Resuscitation
- Medicines management, including patient group directions or non-medical prescribing
- Children's Act, Mental Capacity Act and consent
- Mental Health Act, mental state examinations, including risk to self and others
- Level 3 safeguarding children and adults; in addition to PREVENT and female genital mutilation
- GDPR, confidentiality and records management
- Forensic strategy, forensic sampling (including toxicology), chain of evidence
- Ongoing continuity of care

Source: Adapted from UKAFNP (2023).

practice and legal skills, including statement writing and providing oral evidence. These courses are a blend of forensics and advanced clinical practice. It is important to note that the requirements for 'advanced practice' differ across the different countries.

Advanced clinical practice (PgCert, PgDip, MSc) Most universities offer advanced clinical practice programmes. Most programmes are generic, including a taught element and practical examination.

Licentiate of the Faculty of Forensic & Legal Medicine (FFLM) The licentiate is an examination and competency assessment:

- **Part 1:** A three-hour theoretical examination of medico-legal and clinical practice, tested by a single best-answer paper
- **Part 2**: Clinical competency assessment, tested by a 14-station Objective Structured Clinical Examination (OSCE) and a short answer question paper

Completing all the elements may entitle the use of the post-nominals LFFLM.[4]

[4] Requires annual membership to use postnominals.

Diploma of Legal Medicine The Diploma of Legal Medicine (DLM) is a stand-alone examination offered by the FFLM consisting of a three-hour examination with 150 best-of-five multiple-choice questions.

ABOUT POLICE CUSTODY HEALTHCARE

The healthcare provided in custody settings is a critical welfare component, ensuring individuals have timely access to physical and mental health assessments and treatments. This care must be patient-centred, with HCPs advocating for individuals' health needs, whilst remaining objective in the participation of the criminal justice system.

Substance misuse is a prevalent issue amongst the population. Providing appropriate services and managing medicines within custody suites is a complex task that requires specialised knowledge and skills. HCPs must be adept at handling these challenges, providing necessary interventions and referring to external services when appropriate.

The safeguarding of vulnerable individuals, including those with mental health issues or those who are intoxicated, is paramount. Police custody HCPs must work closely with custody officers to ensure individuals are monitored, ensuring signs of distress or deterioration are acted upon swiftly.

The responsibility also extends to the release process, where HCPs should ensure continuity of care and facilitate connections with community health services if necessary. This transition is a critical juncture where effective communication and planning can significantly impact the ongoing well-being of the individual after release from custody.

In essence, the healthcare provision in police custody is not merely about treating illness or injury but is an integral part of the broader custodial care system. It requires a holistic approach, addressing physical, mental and social health determinants, contributing to the overall aim of the custodial system to ensure safety, security and preparation for release or transfer.

COMMISSIONING

The commissioning of police custody healthcare differs across the United Kingdom. In England and Wales, the commissioning of police custody healthcare rests with the local force and their Police and Crime Commissioner (or equivalent). However, they are supported by NHS England. Most forces outsource their healthcare to private healthcare organisations (most specialising in forensic healthcare) and some NHS Trusts. A very small number of forces deliver healthcare in-house. In Scotland, commissioning sits with NHS Scotland and in Northern Ireland, the Police Service Northern Ireland works collaboratively with the Department of Health, the Public Health Agency and the Health and Social Care Trust.

DETAINED INDIVIDUALS

Individuals detained in police custody are often referred to as a 'detained person' or reduced to 'DP'. The editors have purposefully chosen to avoid both 'detained person' and 'DP'. Such language groups all those in custody as a single homogenous group, which fails to acknowledge or appreciate their individual histories, needs and vulnerabilities. Mostly, we refer to those in custody as 'individuals'. However, other terms used are 'suspect' and 'patient', see Box 1.2.

CONDITIONS OF DETENTION

Individuals brought into police custody are forced into an environment where their freedoms are significantly restricted. Yet, it is a fundamental expectation their treatment is grounded in respect, dignity and upholding their human rights. This begins with the initial interaction and continues throughout the entire custody period. Police custody staff, including HCPs, play a pivotal role in this process.

Individuals are entitled to conditions respecting their dignity and basic human needs. Individuals should be housed alone in well-ventilated, clean and properly heated cells, with access to bedding, toilet and washing facilities. Suitable clothing must be provided if necessary. Individuals are entitled to at least three meals daily with additional drinks, time outdoors for fresh air, and specific health, hygiene and welfare provisions, such as menstrual products. Faith-related items should be made available as required. Additionally, they have the right to an uninterrupted rest period of 8 hours within a 24-hour time frame.

Individuals' diverse needs must be recognised and met. This involves a thorough risk assessment to manage any health, welfare or security concerns effectively. The assessment must be competent, and individuals must be informed of their rights and entitlements promptly and clearly (see Box 1.3). The custody environment itself must be safe and clean, and any use of force must be lawful, necessary and proportionate.

BOX 1.2 DESCRIPTIVE TERMS USED

Individual	For the most part, the text uses the term individual, recognising their own unique experiences, beliefs, vulnerabilities and needs.
Suspect	Used where a person is under investigation or arrest and, is going to be interviewed or have forensic samples taken (including road traffic procedures). Not all those detained in custody are suspects.
Patient	An individual who requires clinical attention or treatment.

BOX 1.3 SUMMARY OF RIGHTS AND ENTITLEMENTS

- Right to free legal representation
- Right to have someone informed of their arrest
- Right to see a healthcare professional
- Right to make a complaint
- Right to communicate with their consulate (foreign nationals)

SCENARIO 1.1 Conditions of detention

A 45-year-old male with known arthritis was brought into custody on a wet, chilly winter night. In the morning, he complains of not feeling well and he is booked to see the HCP, where he states he is stressed from the arrest and feels increasingly uncomfortable as the cell temperature dropped during the night. He reports he was left in wet clothing in a cold cell without a blanket overnight. He appears distressed and upset, his heart rate and blood pressure are raised and his temperature is 35.2°C.

1. *Outline your approach and clinical management of this individual*
2. *How do you respond to his complaints about detention?*
3. *What is the mechanism or structure for reporting concerns about an individual's conditions of detention?*

The expectations and conditions outlined are comprehensive and demanding. Yet, they are crucial for safeguarding the health and well-being of individuals, ensuring legal compliance, and fostering public trust in the police. HCPs working in this environment are not only caregivers but also custodians of human rights and their role is vital in upholding the standards in police custody.

THOSE WORKING IN CUSTODY

Various roles work in custody, including numerous police staff and outside agencies. Each has its own defined role and scope. There may be some regional differences.

POLICE STAFF

There are several ranks of police staff working in police custody, identifiable by the insignia on their epaulettes, see Figure 1.2.

Custody Officer (Custody Sergeant)

The Custody Officer is an officer at least a rank of Sergeant. Their role involves managing and leading the custody suite, including the care and welfare of detainees. The Custody Sergeant is responsible for authorising or refusing detention of persons presented to them and ensuring adherence to the Police and Criminal Evidence Act 1984 (PACE) Codes of Practice (or equivalent). They also direct resources to ensure safe detention and delegate tasks to assist them in the suite's safe and lawful operation. In England, Wales and Northern Ireland, a Custody Sergeant can authorise non-intimate samples.

Detention Officer

A Detention Officer, sometimes called a Civilian Detention Officer, assists Custody Sergeants in processing individuals arrested and detained. This includes undertaking regular observations and providing food and drinks. They also assist by taking fingerprints, photographs and deoxyribonucleic acid (DNA) samples. If needed, they are involved in restraints. Detention Officers are civilian employees; Police Constable Gaolers are police constables who perform the same role in custody.

Inspector

In England, Wales and Northern Ireland, before charge, Inspectors review each detention six hours post-detention and then every nine hours following to ensure detention remains necessary. Inspectors can authorise intimate samples. In England and Wales, individuals arrested and detained under Section 136 of The Mental Health Act 1983, an Inspector (or above) must authorise their detention in custody.

In Scotland, Inspectors must review the detention of any child likely to be detained over four hours. Inspectors review each detention following 6 hours of detention, then review at 12 hours and authorise (if necessary) a 12-hour investigative extension, which is then reviewed after 6 hours (or 18 hours of detention). Inspectors can authorise non-intimate samples only.

Superintendent

In PACE (and PACENI) a Superintendent has the authority to extend the maximum period a person may be detained without charge. After an initial detention period and the first review, if further detention is deemed necessary, a Superintendent can authorise an extension by up to 12 hours. The Superintendent's role is critical in ensuring the extension of detention is justified, documented and in accordance with the legal framework provided by PACE or PACENI.

APPROPRIATE ADULTS

Appropriate Adults (AA) help safeguard the rights and welfare of juveniles (under 18) and vulnerable adults detained or questioned by the police. Their duties include ensuring individuals

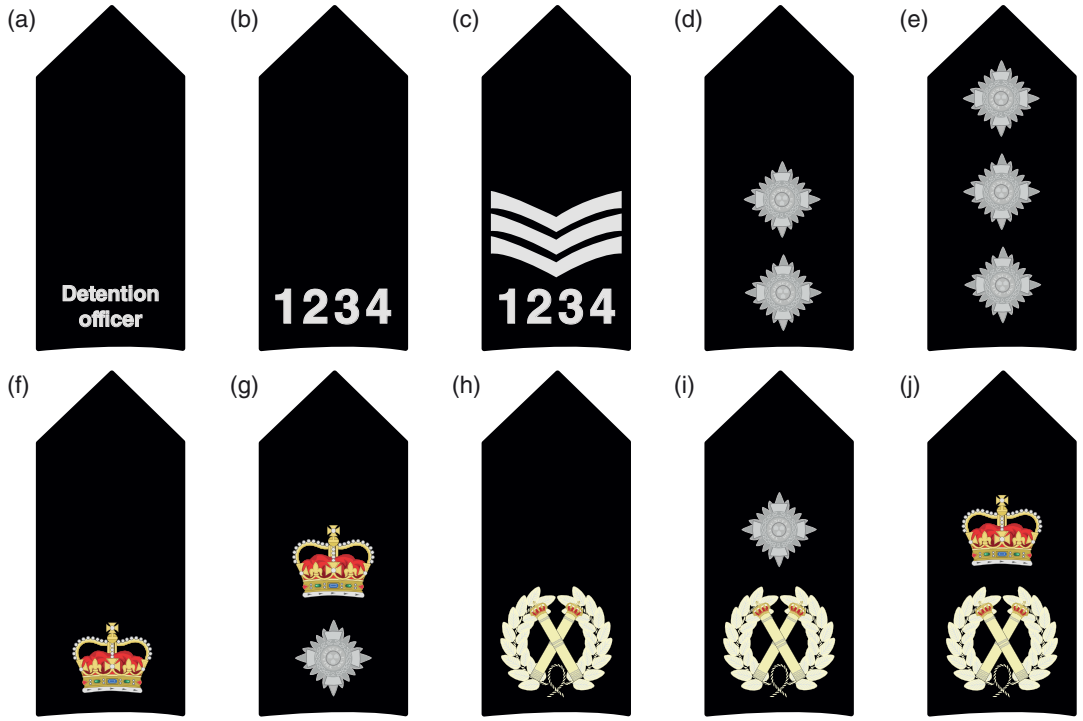

FIGURE 1.2 Police insignia. (a) Detention officer. (b) Constable. (c) Sergeant. (d) Inspector. (e) Chief inspector. (f) Superintendent. (g) Chief superintendent. (h) Assistant chief constable. (i) Deputy chief constable. (j) Chief constable (regional variations exist).

understand their rights, their reason for detention and the police. Additionally, they can ensure legal rights are exercised, such as consulting with a solicitor. For further information, see Chapter 3 – Vulnerability and Appropriate Adults.

LIAISON AND DIVERSION PRACTITIONERS

Liaison and Diversion (L&D) services differ across the United Kingdom. In Wales, it is known as the Criminal Justice Liaison Service and Northern Ireland currently has no such service. NHS Scotland has most recently introduced L&D practitioners in response to Scotland's Mental Health Strategy (2017–2027). L&D practitioners serve as a bridge between the criminal justice and mental health services. They screen for vulnerabilities, such as mental health issues, learning disabilities and substance misuse. Their role includes early intervention, diverting people to appropriate health, social care or other supportive services, reducing the likelihood of reoffending. L&D is commissioned by the NHS. L&D practitioners include registered professionals (i.e. nurses and social workers) and may include unregistered mental health professionals. It is important to be familiar with your local service and the referral mechanisms.

SOLICITOR AND LEGAL REPRESENTATIVES

A solicitor or legal representative plays a crucial role in the criminal justice process in police custody. They provide legal advice, guiding their clients and advocating for their interests. This involves explaining legal rights, the implications of different choices, such as whether to provide responses during a police interview and potential legal strategies. Across the United Kingdom, individuals detained in police custody are entitled to free, independent, legal advice at any time. This can include a named solicitor (or firm) or can be provided through the duty scheme. The scheme provides legal representation to individuals in police custody and is available 24 hours a day, 365 days a year.

DRUG INTERVENTION PROGRAMME WORKERS

Drug intervention programme (DIP) workers are a critical part of the UK's strategy to address drug abuse, particularly within the criminal justice system. The program aims to engage drug-misusing offenders by involving them in formal addiction treatment and support, thereby aiming to reduce drug-related harm and criminal behaviour. Individuals are typically identified through the criminal justice system at key points, such as after a positive drug test in police custody, and are then directed towards treatment and comprehensive support.

LEGISLATION

HCPs working within police custody must navigate a complex interplay of healthcare ethics, patient care and legal mandates. A deep understanding of relevant legislation such as PACE,

PACENI and the Criminal Justice Act (Scotland) 2016 is vital for ensuring legal compliance in their professional activities. This knowledge base assists HCPs in upholding the rights of individuals, guaranteeing those in custody receive their entitled medical care and legal representation.

Furthermore, a firm grasp of these laws underpins the ethical practice of healthcare within the custodial setting. It allows HCPs to advocate effectively for the health needs of individuals, particularly those who are most vulnerable, such as those experiencing mental health crises or substance misuse issues. By understanding the legal framework, HCPs are better equipped to manage the risks associated with custodial care, ensuring the welfare of individuals and mitigating potential harm.

Effective communication between HCPs and police is critical, and being knowledgeable with custody-related legislation facilitates clearer dialogue and understanding. For HCPs involved in forensic evidence collection, legal literacy is essential to ensure evidence is managed in a manner that maintains its integrity for potential court proceedings.

Additionally, the professional accountability of HCPs extends beyond immediate patient care. They may be called upon to provide testimony or input during legal proceedings or inquiries. In such scenarios, their insight into the legislative context is indispensable for contributing objective, accurate and authoritative information.

Lastly, HCPs with a sound understanding of the legalities surrounding police custody are well-positioned to influence policy development. They can offer informed opinions on the creation and refinement of protocols and guidelines that directly impact the health and well-being of individuals. Through this, HCPs not only fulfil their role as caregivers but also as crucial advocates for health in the justice system.

POLICE AND CRIMINAL EVIDENCE ACT 1984

The Police and Criminal Evidence Act 1984 (PACE) is a significant piece of legislation in England and Wales that sets out the powers and responsibilities of the police concerning the prevention and investigation of crimes. PACE and its accompanying Codes of Practice aim to balance the needs of the police to gather evidence with the rights and freedoms of the public. See Box 1.4 for an overview of the main provisions.

BOX 1.4 OVERVIEW OF PACE

Police powers	PACE defines the powers of the police to stop and search individuals, enter and search premises, seizing property found during searches. It also outlines the conditions under which the police can arrest and detain individuals.
Detention and treatment	PACE stipulates how long a person can be held in police custody before they are charged or released, and it sets standards for the treatment and welfare of detainees to ensure their rights are protected while in custody.
Evidence	PACE provides a framework for the gathering, handling, and admissibility of evidence. This includes rules on the conduct of searches, the seizure of items, and the handling of confessions and statements.
Codes of practice	The Act is accompanied by Codes of Practice (Codes A to H) that provide detailed guidance on various aspects of police procedures: • **Code A**: Governs the practice of stop and search • **Code B**: Deals with searching of premises and seizure of property • **Code C**: Concerns the detention, treatment, and questioning of persons by police officers • **Code D**: Relates to the identification of persons by police officers • **Code E**: Cover the audio recording of interviews with suspects • **Code F**: Cover the visual recording of interviews with suspects • **Code G**: Relates to the powers of arrest • **Code H**: Involves the detention, treatment and questioning of terrorism suspects • **Code I:** Involves the detention, treatment and questioning of persons in relation to the National Security Act 2023
Safeguards	PACE introduced several safeguards to prevent the misuse of these powers, including the requirement for the police to maintain detailed records of searches, arrests, and detentions, and the provision of legal advice and appropriate adults.
Independent oversight	The Act also established the Police Complaints Authority (which has since been replaced by the Independent Police Complaints Commission and then the Independent Office for Police Conduct) to provide independent oversight of complaints against the police.