

Pre-release Risk Assessments: Pilot Study of a Novel Tool in One Police Station in the North East of England

Alicia Lyall*, Helena Austin[†], Ross Alder [‡], Georgina Wild [‡], Keith Reid ^{†,§} and Iain McKinnon ^{†,‡}

Abstract Research in police custody risk assessment and health screening has historically been focused on detainees arrival in custody with much less emphasis on pre-release risk assessment (PRRA). This research aimed to evaluate a modified PRRA piloted in one police station in the North East of England for two weeks in March/April 2019 against College of Policing's Authorised Professional Practice (APP) guidance. A controlled before and after study design was conducted. During the intervention phase, custody suite (A) piloted the modified PRRA whilst control custody suite (B) continued to use standard PRRA. Randomised, anonymised custody records were analysed; 300 records were taken from each suite during the intervention phase, and a further 300 from each suite during the period preceding intervention. PRRA records were scored against criteria derived from the College of Policing's APP guidance. Improvements were seen in seven outcomes with greatest effects observed in recording risks associated with mental health, physical health and substance misuse.

Background

The health and welfare of detainees who come into police custody has become the focus of academic attention in recent years (Rekrut-Lapa and Lapa, 2014; Noga *et al.*, 2015; Lepresle *et al.*, 2017; Heide *et al.*, 2018; Mergaerts and Dehaghani, 2020). A unique feature of UK police custody practice is screening carried out by police custody officers, either statutorily or due to national policies. This

screening is referred to as 'risk assessment' by the police and it includes assessment of detainees' mental, physical, and social wellbeing to offer intervention for any issues arising (Stoneman *et al.*, 2019). The risk assessment also allows police custody officers to ascertain an individual's risk of harm to themselves or others. In addition, custody officers must determine whether the detainee is 'mentally vulnerable'. Despite a legal framework

*Children and Young People Services, Cumbria Northumberland Tyne and Wear NHS Foundation Trust, Prudhoe, Northumberland, UK. E-mail: iain.mckinnon@newcastle.ac.uk

†Secure Services, Cumbria Northumberland Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, UK

‡Population Health Sciences Institute, Academic Psychiatry, Wolfson Research Centre, Newcastle University, UK

§Faculty of Health & Life Sciences, Northumbria University, Newcastle upon Tyne, UK

for the management of vulnerable detainees in England and Wales (Police and Criminal Evidence Act, 1984), the definition of who is and who is not a vulnerable detainee has undergone, and continues to undergo, considerable amount of debate (McKinnon and Finch, 2018; Dehaghani and Bath, 2019).

It is now well established that there are substantial physical and mental health concerns among detainees in police custody (McKinnon *et al.*, 2016; Forrester *et al.*, 2017; Brooker *et al.*, 2018). Studies of custody risk assessments on arrival in custody reveal problems with the identification of key health problems, inconsistencies in approach across police forces, and barriers to the flow of data between criminal justice and health services (Stoneman *et al.*, 2019; Rees, 2020). However, risk assessment screening 'prior to release' from custody has received much less focus from an evaluative perspective, although there has been an increasing focus on deaths following contact with the police. In England and Wales for the period 1 April 2018–31 March 2019, 14 deaths occurred within police custody and 2 shortly following release from physical health issues not identified when the detainees were in custody. Ten out of these 16 individuals had mental health concerns and 13 had links to drug and alcohol misuse. Within the outlined period, 63 apparent suicides eventuated within 2 days following release from police custody; 75% of these individuals had known problems with their mental health. Furthermore, there appears to have been an increasing trend of suicides following contact with the police between 2004 and 2019 (Independent Office for Police Conduct, 2019). Integrated Criminal Justice Liaison and Diversion (CJLD) Services serve to provide more specialist assessment of mental health and associated problems within custody or at the court stage. However, issues arising from deaths or harm following police custody attract the scrutiny of the coroners' courts/procurators fiscal, inspectorates of custody, and the media. Therefore, there is an emphasis on

effective risk assessment screening at the point of release from custody. These risk assessments are known as pre-release risk assessments (PRRA).

The College of Policing's Authorised Professional Practice (APP) (College of Policing, 2013) contains published guidance on the content of PRRA but there is as yet no empirical evaluation of how routinely used PRRAs perform against this guidance or any other established criteria. This study aimed to evaluate a new PRRA by identifying how well it met APP guidance.

Pre-existing PRRA of one police force in the NE of England

Like the reception risk assessment screens mentioned above, there is substantial variation across police forces with respect to the PRRA employed, depending to some extent on the individual force's own operational processes and IT systems (personal correspondence). One police force in the North East of England has been using its current standard PRRA within their custody IT environment since the mid-2000s. Prior to that it was part of a handwritten custody log. These PRRA questions are described in Fig. 1. Based on the responses given by detainees and the judgement of the releasing custody officer, it is incumbent on that officer to formulate a plan to attempt to mitigate any identified risks. However, the effectiveness of this PRRA had not previously been evaluated and concerns were raised both by officers overseeing custody and following HMICFRS inspections about the adequacy of this risk assessment.

Development of a new PRRA

From August 2018 to January 2019, the police force in conjunction with the local NHS Mental Health Trust's CJLD Team (K.R. and H.A.) developed a new PRRA during a series of meetings between police officers and mental health clinicians (Fig. 2). This was conducted as part of wider IT developments within the force and followed a

- 1 Has the detainee been involved in an adverse incident whilst in custody? _____
- 2 Does the detainee appear subdued or feeling depressed or suicidal? _____
- 3 Has the detainee confirmed he/she is fit for release? _____
- 4 Is the detainee being released into the care of anyone? _____
- 5 How is the detainee getting home? _____

I have identified the following risks:

In accordance with the detainee risk assessment procedure the following control measures have been put in place:

Figure 1: Police force's existing PRRA

- 1
 - a. What risks or health issues were identified during the reception risk assessment screen?
 - b. Have any further risks or health issues come to light whilst in custody? Please detail.
 - c. Was the detainee arrested for an offence that could have life changing consequences? Please detail.
 - d. Have any risks to others been identified and what action has been taken? Please detail.
- 2
 - a. Where a risk of self-harm or mental disorder/learning disability has been identified has an assessment been carried out by Liaison and Diversion, or another health professional?
 - b. Assessment Summary: _____
 - c. Advice given: _____
- 3 Describe action to mitigate the risks identified above: _____
- 4 Have any other issues arisen from face to face discussion with the detainee or intelligence from police systems?
- 5
 - a. What advice or options have been offered to the detainee? Consider "aftercare leaflets" related to identified risks.
 - b. Are you satisfied that they are aware of the release information, and have reasonable adjustments been made if there are difficulties in understanding?

Figure 2: Modified PRRA co-produced between the police force and the MH Trust CLD team

review of custody procedures prior to a proposed IT systems migration due in 2021, alongside the concerns about the PRRA's performance discussed above. In the absence of any specific evidence based on PRRAs, the new PRRA was designed with a view to addressing College of Policing's Authorised Professional Practice (APP) guidance on risk assessment (College of Policing, 2013) with questions specifically tailored to ensure custody staff were asking the level of detail set out in these standards. It was also reportedly designed to be pragmatic in a time-constrained setting to attempt to better meet the APP guidance.

The police then requested an independent evaluation of the new PRRA by the research team

(A.L. and I.M.). This paper describes the results of that evaluation.

Methods

The research evaluation team (A.L. and I.M.) was approached to undertake an independent evaluation of the new PRRA following a pilot carried out by the police force. One of the police force's three busiest custody suites (A) had been selected for the pilot. The modified PRRA had been piloted there for 2 weeks between 25 March and 8 April 2019.

Following discussion with the police and their data teams, the only feasible and practicable

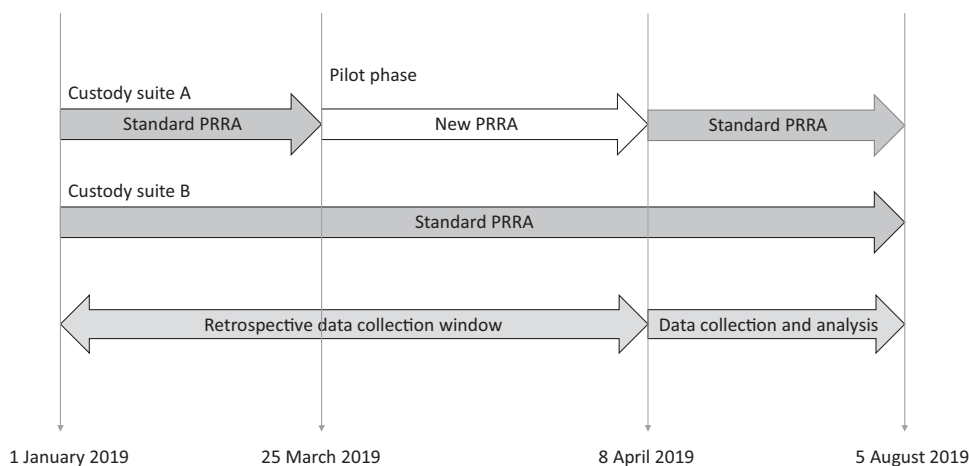


Figure 3: Timescales of the pilot

approach was to carry out a controlled before and after (CBA) design for data analysis (Grimshaw *et al.*, 2000). Consequently, a second police station (B) of similar detainee throughput was selected to obtain control data; here, the standard PRRA had continued to be used during the same period. ‘Before’ data were also obtained from suites A and B for the period 1 January to 24 March 2019. Both custody suites had a high turnover of detainees (1,140/month at suite A and 684/month at suite B) which meant that there would be ample data to randomize a large number of cases. See Fig. 3 for a flow chart.

Design of the evaluation schedules

Based on the College of Policing’s APP guidance on risk assessment, an evaluation schedule (Table 1) was developed by A.L. and I.M. against which to judge four random samples of PRRAs; these were from the two custody suites (A and B) in each of the two time-periods (pre-pilot and pilot phases). Using the APP guidance, five face validity criteria and four content validity criteria were independently devised against which to judge the PRRAs.

The ‘face validity criteria’ were designed to ascertain whether or not the sampled PRRAs contained the information required by the relevant

APP guidance. Data were obtained from a police data analyst in an encrypted spreadsheet and each of the cases were scored by A.L. and I.M. as to whether the relevant criteria were met.

The ‘content validity criteria’ were designed to assess whether the information in sampled PRRAs reflected what actually happened while the detainee was in custody. In order to judge the content validity criteria, the analyst provided the research team with coded summary information from the custody logs of the sampled cases, again on an encrypted spreadsheet. Criterion 9 entailed an appraisal of whether the PRRA acknowledged situations where a detainee was on an ‘enhanced level’ of observation at any time during the time in custody. This was obtained by appraising the observation level score over the period of detention; this would be scored as greater than 1, up to a maximum score of 4, if such enhanced observations were used at any time. The greater the score, the greater the risk/period of risk during that detainee’s time in custody.

A.L. and I.M. drew up the evaluation schedule based on APP without sight of the contents the new PRRA and without knowing whether it would be possible to make adequate judgements based on the police dataset.

Table 1: Evaluation criteria—five face validity and four content validity criteria

Face validity criteria:

1. PRRA referred to the reception risk assessment information.
2. PRRA evidenced that custody officer has personally spoken to the detainee prior to release.
3. PRRA documented what action, if any, is appropriate to support a vulnerable detainee on release.
4. PRRA identified whether (or not) there is any risk to others and what mitigating measures are required.
5. PRRA documented a decision on the best course of action for a detainee who presents with a risk of suicide or self-harm on release in order to 'protect the life of that individual'.

Content validity criteria—compared with contents of the custody log

6. Any mental health visits and plans were documented on PRRA.
 7. Any medical visits and plans were documented on PRRA.
 8. An identified substance dependence issue has been addressed in the PRRA.
 9. Where the risk level is above one at any time (i.e. on enhanced observations at any time) this is acknowledged in the PRRA.
-

Sampling

During the pilot period (25 March–8 April 2019), a total of 575 detainees attended custody suite A and 351 attended custody suite B. A random sample of 300 new PRRAs from suite A and 300 random treatments as usual PRRAs were obtained from suite B. In addition, 600 randomly selected standard PRRAs were selected from the two custody suites (300 from A and 300 from B) from a sampling period prior to the pilot period (1 January 2019–24 March 2019). During this control period, 3,144 detainees attended custody suite A and 1,835 custody suite B. Overall therefore, 1,200 PRRAs were obtained for the evaluation. Random records were obtained by using a random number generator (www.random.org) to select cases from the encrypted spreadsheets obtained from the police data team. Anonymized data were transferred from the police force to the research team on encrypted MS Excel spreadsheets.

Each set of PRRA data was then scored against the agreed face and content validity criteria described above. Given the standard and modified

PRRAs were so visually different, blinding was not feasible. Demographics including mean age, gender, and ethnicity of individuals in custody were collected. Ratings were carried out by A.L. and I.M.; it was planned to co-rate 25% of the sample for an inter-rater reliability exercise.

A favourable ethical opinion was obtained from Newcastle University Research Ethics Committee in July 2019 (ref 1702/10128/2019).

Results

Description of the sample

The populations studied at police stations A and B were broadly similar although there were some notable differences (see [Table 2](#)). The sample from Station A was younger than the sample Station B although the ratio of male-to-female detainees was the same. The sample from police station A was also ethnically more diverse.

Face validity criteria

The results of the performance of the PRRAs against face validity criteria are depicted in [Table 3](#). All of the new PRRAs at Station A during the pilot phase made reference to the reception (booking in) risk assessment screen. None of the standard PRRAs specifically referenced the reception screen; this was unsurprising, as the standard PRRAs did not contain a space in which to record such information. The documentation of detainees being physically spoken to prior to release improved using the new PRRA during the pilot. There was a significant albeit disappointingly small improvement in the documentation of risk to others using the new PRRA from a low baseline. There was a small and almost significant worsening in the rate of documented action for vulnerable detainees. Unfortunately, the data supplied to the research team revealed that neither the existing PRRA nor the new PRRA generated information of a sufficient quality to determine

Table 2: Demographics

	Station A		Station B		
	Pre-pilot	Pilot phase	Pre-pilot	Pilot phase	
Mean age	31.6	30.7	32.7	33.2	
Median age	29	29	32	32	<i>Kruskal-Wallis H</i> : 11.542, <i>P</i> = 0.009
Female	48 (16%)	49 (16%)	50 (17%)	52 (17%)	<i>Chi</i> ² (3 df): 0.181, <i>P</i> = 0.981 (Female versus male)
Male	246 (82%)	249 (83%)	247 (82%)	246 (82%)	
Gender unknown	6 (2%)	2 (1%)	3 (1%)	2 (1%)	
White British	252 (85%)	259 (87%)	286 (96%)	284 (96%)	<i>Chi</i> ² (3 df): 35.363, <i>P</i> < 0.001 (White British versus non-WB)
White Other	4 (1%)	14 (5%)	2 (1%)	4 (1%)	
Asian	12 (4%)	10 (3%)	3 (1%)	5 (3%)	
Black	16 (5%)	6 (2%)	2 (<1%)	4 (1%)	
Chinese	3 (1%)	1 (<1%)	0	0	
Mixed	0	4 (1%)	1 (<1%)	0	
Not stated/missing data	13 (5%)	6 (2%)	6 (2%)	3 (1%)	

Table 3: Face validity criteria results

Criterion	Station A (intervention)		ChiSq	Station B (control)		ChiSq
	Pre-pilot	Pilot		Pre-pilot	Pilot	
1. PRRA refers to reception risk assessment	0/300 (0%)	300/300 (100%)	600 <i>P</i> < 0.001	0/300 (0%)	0/300 (0%)	n.d.
2. Documentation that officer has spoken to detainee	120/300 (40%)	184/300 (61%)	27.31 <i>P</i> < 0.001	105/300 (35%)	107/300 (36%)	0.03 <i>P</i> = 0.862
3. Documented action for vulnerable detainee	230/300 (77%)	209/300 (70%)	3.74 <i>P</i> = 0.053	226/300 (75%)	222/300 (74%)	0.14 <i>P</i> = 0.708
4. Risk to others	1/300 (<1%)	19/300 (6%)	16.76 <i>P</i> < 0.001	2/300 (<1%)	2/300 (<1%)	n.d.
5. Plan for risk of suicide/self-harm			Available data not suitable for analysis.			

whether there was a plan for risk of suicide/self-harm. This will be addressed in more detail in the “Discussion”.

Content validity criteria

The results of the content validity criteria are shown in Table 4. The results here describe where a criterion of interest, which was mentioned within the custody log, was positively addressed within the PRRA. The new PRRA showed promise with a significant improvement in the documentation of

cases where there had been mental health consultations, medical visits for physical health issues, and where substance dependence was recorded within the custody log. Where the detainee had been subject to enhanced observations at some point during their stay in custody (a risk level of above one on the police data provided to us), there was also a significant improvement in its documentation using the new PRRA compared with the standard PRRA.

At Station B, there were no significant differences between the pre and pilot periods where the

Table 4: Content validly criteria

Criterion	Station A (intervention)		ChiSq	Station B (control)		ChiSq
	Pre-pilot	Pilot		Pre-pilot	Pilot	
6. Reference to mental health visits and plans documented	17/31 (55%)	36/41 (88%)	8.25 P = 0.004	8/37 (22%)	13/41 (32%)	0.56 <i>P</i> = 0.454
7. Medical visits and plans documented	11/113 (10%)	34/79 (43%)	28.74 P < 0.001	13/83 (16%)	3/84 (4%)	7.05 P = 0.008
8. An identified substance dependence issue has been acknowledged in the PRRA	8/46 (17%)	33/40 (83%)	36.36 P < 0.001	3/43 (7%)	4/37 (11%)	Fishers <i>P</i> = 0.698
9. PRRA reflects where risk level has been						
1–2	15/122 (12%)	82/110 (75%)	92.13 P < 0.001	16/140 (11%)	22/134 (16%)	1.43 <i>P</i> = 0.230
2–3	25/52 (48%)	42/49 (86%)	16 P < 0.001	4/12 (33%)	5/11 (45%)	Fishers <i>P</i> = 0.680
3–4	2/6 (33%)	6/6 (100%)	Fishers <i>P</i> = 0.06	4/4 (100%)	0/1 (0%)	Fishers <i>P</i> = 0.200

standard PRRA continued to be used, except for a worsening of the documentation of medical visits and their management plans.

Inter-rater reliability check

In total, 342 cases (28.5%) were selected from the PRRA data to ensure inter-rater reliability. Cases were selected from those where ‘mental health visits’ were mentioned in the custody log from Stations A and B (150) and those that mentioned ‘medical visits’ in the log from Station A (192). These cases were independently analysed by A.L. and I.M. who judged whether or not the PRRAs made reference to the mental health or medical visit. Agreement between A.L. and I.M. was excellent: Cohen’s Kappa = 0.961, *P* < 0.001.

Discussion

This paper describes the initial evaluation of an updated PRRA used to assess risks among detainees about to be released from police custody in one police force in the NE of England. The results of this evaluation show that it is possible to make some improvements to the documentation of risks

that are set out in the College of Policing’s APP. There were, however, some areas in which the new PRRA did not perform as intended or indeed performed worse than the standard risk assessment.

The areas in which the new PRRA performed particularly well compared with the existing PRRA were in the documentation of mental health conditions and risks, physical health concerns, and substance misuse issues. There was evidence of better documentation on the new PRRA forms where a detainee had been subject to ‘enhanced observations’ during their time in custody due to elevated identified risk. It is possible that by asking sergeants to consider this phenomenon focused them on the potential for greater risk documentation elsewhere in the PRRA questionnaire. This would require a *post hoc* evaluation of internal consistency. This could be evaluated using a measure of internal consistency, such as Cronbach’s alpha, to assess the extent to which documentation of key health and risk indicators is present at key stages in custody; these should include reception risk assessment, during routine reviews, when seen by health professionals and at the point of release.

Although not statistically significant at $P=0.053$, there was a deterioration in the documentation of action to support vulnerable detainees, suggesting further changes are required prior to any proposed implementation. This was specifically related to the old PRRA asking details of how the detainee was getting home, a question missing from the new PRRA. Another area that did not improve as much as had been anticipated was the documentation of risks to other persons upon release.

When the evaluation criteria were developed, it was hoped that we could assess the quality of documentation of plans to address risk of suicide or self-harm risk prior to release (criterion five). This is especially important as mental distress and risk of suicidal ideation on release are of such significant concern following contact with the police. However, the data supplied contained insufficient detail for it to be analysed for this criterion for either the new or the existing PRRAs. One hypothesis is detainees at risk of suicide typically see a mental health worker in custody and it has already been shown documentation of this greatly improved with the new PRRA, by the time the detainee left custody they were likely deemed low risk of self-harm or suicide, perhaps negating the need to detail any further specific plans. It would have been more appropriate to consider those cases where the risk of suicide or self-harm had been previously identified in the reception risk assessment or custody log, that is as part of one of the content validity criteria.

As with many pilots of this nature, the new questionnaire that custody officers were requested to complete was longer with a more structured format. Although not described in detail in this paper, a small number of custody sergeants attended a focus group following the pilot for qualitative feedback; while some favoured the structure of the new PRRA, they also found it repetitive and time-consuming. This therefore introduces the potential for fields within the questionnaire to be left blank thus reducing its effectiveness. The format of the pilot was also felt to be cumbersome and difficult to

operationalize; custody sergeants were asked to leave their usual custody software system and complete the new PRRAs on a fillable PDF form, which was then stored on a separate system. Ideally, any new PRRA should be integrated into, and be able to pull information from, the electronic custody record which should in turn have a positive impact on the perception of how streamlined the PRRA is.

At the time of this pilot, and since July 2016, this police force's custody record has incorporated an evidence based 'reception' risk assessment health screen (McKinnon and Grubin, 2014). With a more integrated system, it is possible that much of the relevant information from the reception risk assessment and the custody log could be automatically populated within the PRRA therefore reducing duplication and avoiding user error when completing the PRRA as is possible with the pilot system. This could include data from the 'reception' risk assessment, custody log entries, and entries made by any health care professionals involved during the person's time in custody. This would therefore obviate the need to search for the data in the custody log or rely on information from officer shift handover to populate the PRRA.

Questions also remain as to what happens to the information recorded within the PRRA. This evaluation cannot comment on what happened to individuals following release nor whether any advice or interventions offered had an effect on the outcome for the detainee. This would require a larger prospective study. Furthermore, this approach was developed by one individual police force and it is not clear whether it would be translatable to other police forces or settings; this would require a multi-centre study.

The CBA approach to evaluation is fraught with difficulties with the potential for the introduction of observer bias and Hawthorne effects (Grimshaw *et al.*, 2000). The most effective approach would be a randomized trial of the new PRRA with a cluster design. However, as the pilot had already taken place prior to the evaluation being requested, the CBA method was deemed the most appropriate.

We would recommend that a more formalized approach to screen development be taken in any future iterations of these risk assessments.

The samples studied between the intervention and control police station were different in their age and ethnic makeup. Scrutiny of the 2011 census data for the two local authorities shows that this is broadly representative with median ages of 33 years in the intervention station (A) area and 41 years in control station (B) area, and a more diverse population in terms of ethnicities in area A compared with area B. Use of a control station helped to support the theory that there should be no difference in PRRA between the prepilot and pilot periods at station B that might be driven by other factors. Nevertheless, both locales were predominantly White British in their ethnic makeup, with small numbers of individual BAME categories. This made analysis of differences between BAME categories difficult due to small numbers, but this may be more feasible if such a study was repeated in a more ethnically diverse setting, or with larger numbers in the sample.

Conclusion

Overall, this paper demonstrates that risk assessments within police custody can be improved by tailoring them to specific outcomes. The new PRRA developed by the police force and CJLD service appears to result in a greater acknowledgement of what has happened in custody, with particular reference to mental health problems and drug/alcohol issues. Additionally, the new PRRA shows that a releasing officer has considered detainees' risk levels while in custody and takes into account information that arises during the period of detention.

It is recommended that any future changes to risk assessment or screening assessments used in police custody undergo a rigorous process of development and evaluation taking into account the views of the end users (officers, detainees, and

relevant clinicians), robust quantitative evaluation against a gold standard validated tool, and that such tools are fully integrated into police custody software systems (Stoneman *et al.*, 2019). The early engagement of police force and clinical academics to work collaboratively in the design and evaluation process is key.

References

- Brooker, C., Tocque, K., Mitchell, D., and Pearce, M. (2018). 'Police Custody in the North of England: Findings from a Health Needs Assessment in Durham and Darlington.' *Journal of Forensic and Legal Medicine* 57: 91–95.
- College of Policing. (2013). 'Authorised Professional Practice—Detention and Custody.' Retrieved 1 November 2013. Available from <http://www.app.college.police.uk/app-content/detention-and-custody-2/?s=>.
- Dehaghani, R. and Bath, C. (2019). 'Vulnerability and the Appropriate Adult Safeguard: Examining the Definitional and Threshold Changes within PACE Code C.' *Criminal Law Review* 3: 213–232.
- Forrester, A., Samele, C., Slade, K., Craig, T., and Valmaggia, L. (2017). 'Demographic and Clinical Characteristics of 1092 Consecutive Police Custody Mental Health Referrals.' *Journal of Forensic Psychiatry & Psychology* 28(3): 295–312.
- Grimshaw, J., Campbell, M., Eccles, M., and Steen, N. (2000). 'Experimental and Quasi-Experimental Designs for Evaluating Guideline Implementation Strategies.' *Family Practice* 17(Suppl. 1): S11–16.
- Heide, S., Chariot, P., Green, P., Fabian, J., and Payne-James, J. (2018). 'Healthcare and Forensic Medical Aspects of Police Detainees, Suspects and Complainants in Europe.' *Journal of Forensic and Legal Medicine* 57: 58–65.
- Independent Office for Police Conduct. (2019). *Deaths during or following Police Contact: Statistics for England and Wales 2018/19*. London, UK: Independent Office for Police Conduct.
- Lepresle, A., Vidal, C., Mairesse, E., and Chariot, P. (2017). 'Unfitness for Detention among Arrestees with Suspected Mental Disorders in Paris, France.' *Journal of Forensic Science* 62(3): 715–721.
- McKinnon, I. and Finch, T. (2018). 'Contextualising Health Screening Risk Assessments in Police Custody Suites—Qualitative Evaluation from the HELP-PC Study in London, UK.' *BMC Public Health* 18(1): 393.
- McKinnon, I. and Grubin, D. (2014). 'Evidence-Based Risk Assessment Screening in Police Custody: The

- HELP-PC Study in London, UK.' *Policing: A Journal of Policy and Practice* **8**(2): 174–182.
- McKinnon, I. G., Thomas, S. D., Noga, H. L., and Senior, J. (2016). 'Police Custody Health Care: A Review of Health Morbidity, Models of Care and Innovations within Police Custody in the UK, with International Comparisons.' *Risk Management and Healthcare Policy* **9**: 213–226.
- Mergaerts, L. and Dehaghani, R. (2020). 'Protecting Vulnerable Suspects in Police Investigations in Europe: Lessons Learned from England and Wales and Belgium.' *New Journal of European Criminal Law* **11**(3): 313–334.
- Noga, H. L., Walsh, E. C. L., Shaw, J. J., and Senior, J. (2015). 'The Development of a Mental Health Screening Tool and Referral Pathway for Police Custody.' *European Journal of Public Health* **25**(2): 237–242.
- Rees, G. (2020). 'Getting the Sergeants on Your Side: The Importance of Interpersonal Relationships and Cultural Interoperability for Generating Interagency Collaboration between Nurses and the Police in Custody Suites.' *Sociology of Health and Illness* **42**(1): 111–125.
- Rekrut-Lapa, T. and Lapa, A. (2014). 'Health Needs of Detainees in Police Custody in England and Wales. Literature Review.' *Journal of Forensic and Legal Medicine* **27**: 69–75.
- Stoneman, M., Jackson, L., Dunnett, S., and Cooke, L. (2019). 'Variation in Detainee Risk Assessment within Police Custody across England and Wales.' *Policing and Society* **29**(8): 951–967.