N8 POLICING RESEARCH PARTNERSHIP

SiPR | Scottish Institute for Policing Research

POLICING INNOVATION FORUM 2026

Policing, People & Health

16 June | Newcastle University

Welcome and Introduction

Professor Layla Skinns and

Dr Andrew Wooff

N8 POLICING RESEARCH PARTNERSHIP

Champion, enable and support policing research and its impact on policy and practice.

N8 universities + 11 police forces

Durham University
Lancaster University
University of Liverpool
Manchester 1824
Newcastle University
The University Of Sheffield.
University of York
University of Leeds

What we do

Our strategy to increase and improve collaborative working between police and academics

N8 PRP brings together…

…the skills, structures, and independence of academic research…

…with the knowledge, experience, and data of police.

Police Research Priorities

Research

Funding for N8 academics for innovative, impact-focused, collaborative policing research

Knowledge Exchange

Conferences, Webinars, Website and the Policing Innovation Forum

CPD

NRiPN - PGR and ECR support to cultivate excellence in policing research

N8 PRP Policing Research Priorities

2025-2026

1. Investigations and Outcomes
2. VAWG and Domestic Abuse: Demand and Victimisation
3. Workforce: Managing Workloads Effectively
4. Neighbourhood & Hotspot Policing
5. Health and Policing

Where to find us

Website

Learn more about N8 PRP and stay up to date with new events, research, annual reports and funding opportunities at www.n8prp.org.uk

Your organisational lead

Each N8 PRP partner university and police force has a SPOC or Lead – find your local contact on the People page of the N8 PRP website

Social Media

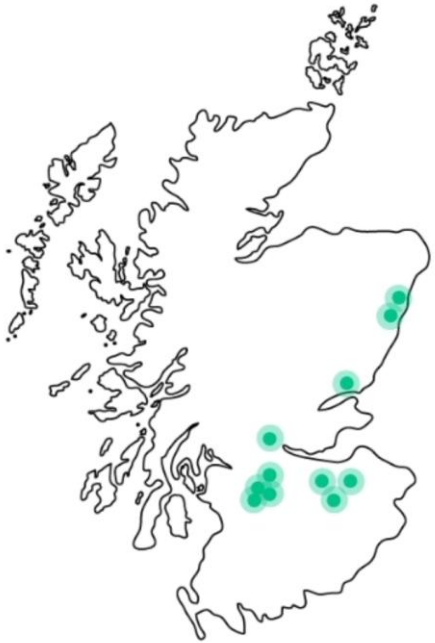
Bluesky – @n8prp.bsky.social

Twitter – @N8PRP

LinkedIn – N8 Policing Research Partnership

SiPR

Our mission is to support internationally excellent, multi-disciplinary research to enable evidence informed



Edinburgh Napier University

Abertay University

GCU Glasgow Caledonian University

Heriot Watt University

Queen Margaret University Edinburgh

Robert Gordon University Aberdeen

University of Aberdeen

The University of Edinburgh

University of Glasgow

University of Stirling

University of Strathclyde Glasgow

University of the West of Scotland UWS

University of St Andrews

Scottish Police Authority

Police Scotland Keeping people safe

Ùghdarras Poilis na h-Alba

Poileas Alba

What do we aim to do?

OUR AIMS

1. RESEARCH	2. KNOWLEDGE EXCHANGE	3. LEARNING AND INNOVATION	4. PARTNERSHIPS
Facilitating internationally excellent, independent research of relevance to policing.	Engaging in a range of knowledge exchange activities to strengthen the evidence base on which policy and practice are improved & developed nationally and internationally.	Nurturing a culture of learning & innovation.	Promoting the development of national & international partnerships with researcher, practitioner and policing communities.

3 YEAR PLAN OBJECTIVES: Within these four aims we will strive to achieve the following:

• Supporting internationally excellent policing research under three strategic research themes in order to shape strategic focus and respond to external drivers. • Enhance excellence of SIPR policing research through improvements to quality assurance processes.	• Facilitate events and enhance knowledge exchange tools with international reach. • Support evidence to practice routes and develop pathways to enable and document impact.	• Nurture learning and innovation in policing organisations and universities, supporting the postgraduate community and the next generation of researchers and practitioners. • Foster links between higher education and policing organisations and partners to support training, education, leadership, and innovation.	• Facilitate networking and collaboration between academics, practitioners, and policy makers nationally and internationally. • Develop strategic links with new and existing partners.

SIPR Research Networks

- **Digital Policing & Technological Harms** – cyber-enabled crime, AI ethics, surveillance technologies, online harm prevention.
- **Police–Community Network** – legitimacy, community trust, partnership working, responses to social harms.
- **Evidence, Investigation & Forensic Practice** – forensic science, intelligence-led investigations, evidential quality, specialist skills.
- **Organisational Development Network** – leadership, organisational culture, workforce capability, training and CPD.

SIPR Knowledge Exchange 2025/26 - £25,000

Scottish International Policing Conference – 26th of June 2026

Pathways to impact

SIPR is leading on work with policing partners and academics to maximise and document the impact of the research we support.

Impact Awards

Formal recognition of individuals/ teams, whose research has made a significant contribution to policing, policy, and or/ practice.

* **£500** per award

Dissemination opportunities

- Reports/ briefing papers
- Social Media/ website
- Newsletters
- Seminars/ webinars

SIPR Funding Opportunities 2025/26 - £88,000

Main Grant
Digital harms and ethics

SIPR is providing **£40,000** to fund research in 2025/26.
Maximum of **£20,000** per project

Think Big' Leverage Fund

SIPR has allocated **£8,000** to support the generation of external research funding.

- **£2,000** per application can be used for a variety of purposes
- Rolling deadline – applications accepted throughout the year.

KE and Dissemination Fund

£10,000 allocated to support member HEIs in running KE events, travel, and dissemination.

- Formally launched October 2025
- Rolling deadline – applications accepted all year
- ~5k awarded

Responsive Research Fund

SIPR has allocated **£30,000** for research which explores subjects requested by, or co-developed with, Policing Partners.

Chosen Topics:
From Community Tension Towards Safer Communities
Modelling staffing (focus tbc)

Other research support

Provide letters of support for external funding applications (including outlining SIPR's contribution to KE).

Identification of research expertise (e.g. in response to policing partners needs or to develop bids/ respond to requests for submissions of evidence etc.)

SPACE

SCOTTISH POLICING
ACADEMIC CENTRE OF EXCELLENCE

Safety, Prevention, Analytics, Confidence and Ethics (SPACE) is a UKRI funded Centre of Excellence which builds on the Scottish Institute for Policing Research model. It is led by Edinburgh Napier University, the University of St Andrews, Glasgow Caledonian University, and the University of Edinburgh.

Safety

Expertise on organisational development, mitigate risk and trauma in police, online harms, org culture

Prevention

Builds on public health approach to policing, preventing violence, terrorism, and extremism, GBV and security

Analytics

Enhance prevention and safety, improve operation practices and training, ethical use of data and AI, building public confidence

Confidence and Ethics

SPACE Opportunities accessed for SIPR HEIs

- £300,000 allocated to support research and knowledge exchange activities over three years
- Between 6 – 15 research projects to be funded over the 3-year project (worth between £20,000 and £50,000 each)

N8 POLICING RESEARCH PARTNERSHIP

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POLICING INNOVATION FORUM 2026

Policing, People & Health

16 June | Newcastle University

Policing Innovation Forum

The annual N8 PRP Policing Innovation Forum brings together police, academics, and wider stakeholders for a day of knowledge exchange, innovation, and collaboration.

10 Forums since 2015
Sharing ideas and experience
Inspiring action
Enabling collaboration

Past Topics

Neurodiversity
The Race Action Plan
VAWG in Public Places
Police Partnerships
Knife Crime
Mental Health
Early Intervention in DA
Vulnerability
Cybercrime

The focus of the PIF in 2025-26

- **Opportunity for collaboration between the N8 PRP and SIPR – networking and sharing practice and research**
- **Expertise in SIPR and the N8 PRP on this topic**
- **Examine critical points where police and health interact within the CJS**
- **Consider the impact on people and organisations**
- **Discuss multiagency approaches to policing and health**
- **Hear about innovation in action from researchers and practitioners**

Our hosts: the University of Newcastle

- **Reputation and track record of expertise in the CJ and Healthcare space, including >£4M in funding in recent years**
- **Interdisciplinary and cross-institutional working on CJ and health, and linked to other organisations and networks e.g. NPCC, Faculty of Forensic Medicine.**
- **Collegiality – colleagues at Newcastle are keen to build new connections**

Policing Innovation Forum 2026

Morning Session

09:45 Keynote | Why Sharing is Caring for Sustainable Collaboration Gary Ritchie

10:30 Panel | Community Wellbeing: Preventative and Harm Reduction Approaches in Practice
Dr Andrew Wooff (Chair), Professor Fiona Measham, Professor Liz Aston, Professor Mark Monaghan

11:20 Coffee break

11:40 Panel | Interagency Working in Custody
Prof Layla Skinns (Chair), Dr Gethin Rees, Dr Iain McKinnon, Dr Karen Goodall, Dr Steph Scott

12:30 Lunch and NRiPN Poster Exhibition

Policing Innovation Forum 2026

Afternoon Session

13:30 Prize | NRiPN Poster Exhibition
Gary Ritchie

13:45 Stakeholder Roundtable
Dr Inga Heyman (Chair), Claire Danskin, Stacey Day, Jason Kew, Heather McIntyre

14:30 Coffee break

14:45 Innovation in Action Roundtables

Suicide Prevention | Emma Tuschick
Autism in Custody | Dr Laura Naegler
Transfer of Care | Dr Martha Canfield
Custody for Young People | Dr Shelley Walker

15:45 Roundtables Feedback
Prof Layla Skinns

16:00 Wrap-Up
Prof Layla Skinns

Policing Innovation Forum 2026

Quiet Room

Lecture Theatre 3 is the 'Quiet Room' for the conference.

Please use this room if you want to take a minute away from the networking and forum spaces.

Routledge

Routledge
Taylor & Francis Group

20% Book Discount

Ideas & Actions

Shared flipchart for delegates

- Capture key ideas
- Share your thoughts
- Say what you'll do as a result of the discussions

N8 POLICING RESEARCH PARTNERSHIP

SiPR Scottish Institute for Policing Research

Keynote

Gary Ritchie

Policing, People and Health: Why Sharing is Caring for Sustainable Collaboration

Gary Ritchie
Visiting Professor
Former Assistant Chief Constable

Sharing is Caring

Policing, People and Health: Why Sharing is Caring for Sustainable Collaboration

Gary Ritchie KPM

A Sharing Continuum

1. Share Moral Responsibility and Problem Definition
2. Share the Narrative and Own the Risk Collectively
3. Share Analysis of the Problem
4. Share Data — With Purpose
5. Share Goals and Actionable Targets
6. Share Tasking and Resources
7. Share Learning (and the influence that comes from it)
8. Share credit (when it goes well) … and Accountability (when it doesn't!!)
9. The harder it gets, the harder you try!!

N8 POLICING RESEARCH PARTNERSHIP

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Panel

Community Wellbeing: Considering Preventative and Harm Reduction Approaches in Practice

Chair: Dr Andrew Wooff

Policing, Public Health & Drugs in Scotland: What's the police's role in relation to community wellbeing?

N8, June 2026

Prof Liz Aston

Professor of Criminology, University Head of Research Impact,

Director of the Scottish Policing Academic Centre of Excellence

l.aston@napier.ac.uk

Scottish Policy context: drugs & policing

Scottish Government: Justice? Health?

- Drugs Strategy –Rights, Respect & Recovery (2018), Preventing Harm Promoting Recovery 2026-35
- 'The main purpose of policing is to improve the safety and well-being of persons, localities and communities in Scotland' Section 32: Police & Fire Reform Scotland Act (2012)
- UK legislative context (Misuse of Drugs Act 1971) -Iatrogenic

Policy versus practice?

- Drug related death epidemic, Drug Deaths Task Force, National Mission
- Police Scotland Drug Strategy *but* Stop & Search

➢Shifts (e.g. extension of Recorded Police Warnings 2021)

Fotopoulou & Aston (2022) ‘Policing of Drugs in Scotland’

- ❑Macro-level policy context & legislation (prohibition), police shape risk environment within which drugs are consumed
- ❑Leeway afforded by meso and micro-level policy and policing practices limit or enable harm reduction policing
- ❑Policing practices: stop&search 77-82% for drugs, 64% no item found (2020), drugs found 80% class B/C *[2025-26 69% for drugs, 72% no item found, drugs found 68% B/C]*
- ❑Recorded Police Warnings; diversion from prosecution, POP, VOW

- ✓Language of policy context signals a progressive approach
- ❑But gap between policy and practice

Fotopoulou, M. and Aston, E. (2022) ‘Policing of Drugs in Scotland: Moving beyond the stalemate to redesigning the chess board’ in Bacon and Spicer (eds.) *Drug law enforcement, policing and harm reduction*. Routledge.

Police Carriage of Naloxone in Scotland

- Police Scotland naloxone pilot -administered at 51 suspected overdoses –(now 1,078+)
- Mixed methods implementation evaluation of training etc. – questionnaires, interviews, focus groups (police, PWUD, family, support workers, senior stakeholders)
- Positive experiences, preserving life
- Challenges and barriers, stigma
- Recommended national roll-out –all officers now trained and equipped as part of first aid kit
- Must be part of broader package of interventions that impact DRDs & provide sustained support for PWUD

Hillen, P., Speakman, E., Dougall, N., Heyman, I., Murray, J., Jamieson, M., Aston, E., & McAuley, A. (2022). *Naloxone In Police Scotland: Pilot evaluation*. Edinburgh: Drug Deaths Taskforce, Scottish Government. https://www.sipr.ac.uk/wp-content/uploads/2022/04/Naloxone-in-Police-Scotland_Final_9.2.22.pdf

Hillen, P. et al. (2024). Police officer knowledge of and attitudes to opioid overdose and naloxone administration: an evaluation of police training in Scotland. *Policing and Society*, 1–16. https://doi.org/10.1080/10439463.2024.2367142

Speakman et al. (2023) 'I'm not going to leave someone to die': carriage of naloxone by police in Scotland within a public health framework: a qualitative study of acceptability and experiences (springer.com) *Harm Reduction Journal* Open Access

Edinburgh Napier UNIVERSITY

Policing and Drug Checking

The Scottish Drug Checking Project

1: S&S, heavy patrol, criminalisation of personal possession significant barriers to the engagement of PWUD with HR.

2. Extension of RPW (personal possession up to threshold amount)? not in the public interest to charge people in the vicinity of HR services w possession & presumption in favour of diversion away from the CJS?

3. Support for drug checking, PH approaches, protecting life (support at risk) - (re)conceptualise role & function of policing of drug possession?

4. **National strategic guidance to provide local officers with support and protection** (at minimum not grounds for S&S)?

5. Discretion & need for awareness raising and training on how policing practices counterproductive to public health goals

6. Build on best policing practices around Injecting Equipment Providers

7. Need for assurance PWUD can use services without being criminalised –guidance to reduce fears

Falzon, D., Aston, E.V., Carver, H. *et al.* (2022). Challenges for drug checking services in Scotland: a qualitative exploration of police perceptions. *Harm Reduction Journal* 19, 105. https://doi.org/10.1186/s12954-022-00686-6

Falzon, Aston, Carver and Parkes (2022b). Research briefing on the policing and legal challenges of the proposed drug checking services in Scotland.

Street policing can make or break effectiveness of public health measures

- Police role tied to creation & shaping of risk environment
  - Needle & Syringe Programmes (IEPs)
  - Safer Drug Consumption Facilities (The Thistle 2025)
  - Potential Drug Checking facilities
- Police officers as agents of change *OR* contributors to structural violence which diminish access to health services & safer drug use
- HMICS (2025) recommendations (policy & guidance?)
- RPWs, Diversion from Prosecution, Arrest Referral, Police led diversion?

Figure 3: Recorded police warnings issued by fiscal year

Policing, Public Health & Drugs in Scotland

What's the police's role in relation to community wellbeing?

Emerging policing findings from the CSO Health-Justice Nexus Project

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Dr Ruth Friskney
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Funded by the Chief Scientist Office (CSO) — supporting high-quality quality health research in Scotland. Partners include the Centre for Health for Health Policy, SCCJR, and SIPR.

Public Health & Policing: Scoping Review

Our scoping review asked: **Where and how have police services been intentionally changed to contribute to community wellbeing or improved health outcomes — and what were the results?**

We identified 49 studies across five key domains, predominantly from high-income Western nations.

Mental Health Crisis Response

Police encounters with individuals in acute mental health crisis and co-responder models.

Substance Use & Diversion

Diversion away from the criminal justice system system toward health and support services.

Naloxone & Overdose Prevention

Police carrying and administering naloxone to prevent drug-related deaths.

Violence Reduction

Health-informed approaches to reducing violence in communities.

Cross-Cutting Partnerships

Multi-agency collaborations bridging policing, health, and social care.

Studies were largely concentrated in Australia, Canada, Denmark, New Zealand, the UK and US, with a smaller number from Latin America (Mexico and Brazil). The review Brazil). The review examined the forms initiatives take, what motivated them, how impacts were assessed, and whose voices were represented in the evidence. evidence.

Scoping Review: Key Findings

The review surfaces important patterns — and significant gaps — in how police-led wellbeing initiatives are designed, evaluated, and understood internationally.

Initiatives Are Concentrated & Crisis-Crisis-Driven

Most initiatives motivated by recognition police routinely routinely encounter people in crisis — or dealing with with problems unlikely to be resolved via the criminal criminal justice system — prompting shifts from enforcement toward diversion, harm reduction, and and multi-agency support.

Evidence of Impact Is Mixed & Narrowly Narrowly Measured

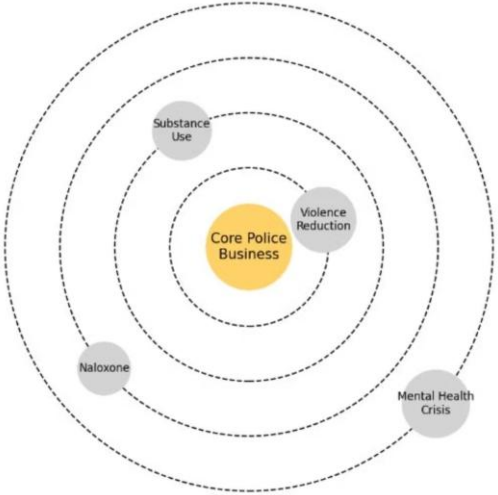
Evaluations commonly focus on reductions in police police demand, arrests, or violence. Robust measures of measures of long-term health and wellbeing outcomes outcomes remain limited, making it difficult to assess assess longer term value from a prevention or public public health perspective.

Implementation Depends on Culture & Culture & Partnerships

Success depends heavily on partnerships, resources, and organisational culture — strongly shaped by how well changes align with police identity and leadership priorities.

Community Perspectives are Largely Absent

Evidence base rarely includes the perspectives of people with lived experience in the communities most affected by these initiatives — significant gap in learning, which we hope to help address.



Early Insights on Scotland’s Policing Principles

> **Section 32, Police & Fire Reform (Scotland) Act 2012:** "The main purpose of policing is to improve the safety and well-being of persons, localities and communities in Scotland."

Our central research question examines **how and why this section — particularly the principle of 'well-being' — was formulated**, and how Police Scotland has interpreted and operationalised it in the years since. This legislative mandate places Scotland in a distinctive position internationally.

19 Interviews Conducted

11 historical interviews with key figures involved in the Act's development, and 8 with current stakeholders across policing and health.

Witness Seminar — February 2026

A structured oral history event with 34 participants, including 8 expert panellists panellists drawn from strategic policing, health, and policy roles — past and present. and present. The full transcript is being prepared for publication in June 2026. 2026.

Emerging Findings: Section 32 & Wellbeing-Focused Policing

Four distinct narratives have emerged from interviews and the Witness Seminar about the origins and intent of Section 32 — with significant implications for how we for how we understand its ambition and its implementation.

1

Codifying Existing Practice

Section 32 simply formalised partnership approaches already embedded in Scottish policing Scottish policing — suggesting limited ambition for transformational change.

2

Wider Public Service Reform

It reflected the broader Christie Commission agenda for preventative, person-centred public services — signalling major systemic change.

3

Fiscal Pressures & Demand Reduction

Prevention was framed as a means of reducing future demand on police and public services public services — a pragmatic rather than purely principled motivation.

4

A Distinctively Scottish Approach

For some, it symbolised a values-led, Scottish model of policing distinct from the rest of the the rest of the UK — an expression of national identity and purpose.

⚠ Early implementation was **constrained by police reform and organisational upheaval**. The creation of Police Scotland reduced attention to partnership working in the partnership working in the early years. Progress toward preventative, wellbeing-focused policing remains ongoing but uneven — with **structural barriers** including **barriers** including funding pressures, governance complexity, and performance frameworks continuing to limit consistent delivery.

Witness Seminar: Emerging Findings on Drugs

The Witness Seminar surfaced a candid picture of the tensions between strategic ambitions and frontline realities when it comes to drug-related policing in Scotland.
Scotland.

> "It's difficult for a cop on the ground to understand what to do with someone with five wraps of heroin in their pocket — **whether it's a public health approach or it's a criminal a criminal justice or it's a bit of both. So, be clear on your messaging, be clear on your decision making around that** is where we need to see more activity." — *HMICS reflection*

Leadership Shapes Prioritisation

The prominence of the Drug Strategy Board depends heavily on who occupies leadership positions — creating inconsistency and vulnerability to change.

Enforcement Increases Risk for People Who Use Drugs

Partners noted that enforcement activity can inadvertently increase risk for people who use drugs (PWUD), and that Recorded Police Warnings (RPWs) lack data on geographic variation in impact.

Strategy vs. Frontline Reality

Vision and values are supportive of a public health approach at the strategic level strategic level — but implementation on the frontline is inconsistent. Partnership Partnership referrals can occur alongside intrusive enforcement activity.

Lack of Services Is a Barrier to Diversion

Police acknowledge more must be done around diversionary activities, but identify a critical barrier: the absence of adequately resourced services that can effectively respond to drug harms after referral.

Next Steps: Building the Evidence Base

The research programme now moves into its primary data collection phase, focusing on how wellbeing and public health approaches to policing are operationalised at the local level across Scotland.

1

June 2026

Two focus groups with frontline officers across two policing divisions, divisions, exploring day-to-day practice and attitudes toward health-informed health-informed approaches.

2

Local Documentary Analysis

Analysis of local-level policy documents, guidance, and operational materials to understand how strategic intent translates into practice.

3

36 Key Informant Interviews

Interviews with police officers, health professionals, and support service staff in three in three areas —focusing on local operationalisation of wellbeing approaches. approaches.

4

Follow-Up Focus Groups

A second round of focus groups ten months after the first, enabling longitudinal exploration of change and continuity in frontline practice. practice.

A particular focus will be placed on **police diversion pathways** — including arrest referral, drug-related death response, and non-fatal overdose referrals examining where referrals occur, which services people are directed to, and what happens next. Findings will be shared with policymakers and emerge.

University of Strathclyde Glasgow

Edinburgh Napier University

University of Glasgow

Chief Scientist Office

CONCLUDING THOUGHTS

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Funded by the Chief Scientist Office (CSO) — supporting high-quality health research in Scotland. Partners include the Centre for Health Policy, SCCJR, and SIPR.

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&

UK government drugs advisor since 2008

&

Co-founder of The Loop (UK 2012-, AU 2018-)

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Understanding Police Led Drug Diversion for People Caught in Possession of Controlled Drugs: A Realist Programme Theory Based on a Large, Mixed Methods Evaluation in England

N8 PRP Policing Innovation Forum

Newcastle University

16th June 2026

Prof Mark Monaghan on behalf of PDD Team

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PROJECT PARTNERS

University of Kent

College of Policing

NPCC National Police Chiefs' Council

Office for Health Improvement & Disparities

Thames Valley Police

Durham Constabulary

USERVOICE

University of York

The University Of Sheffield.

Loughborough University

a.r.u. Anglia Ruskin University

Bradford Institute for Health Research

Making Research Real

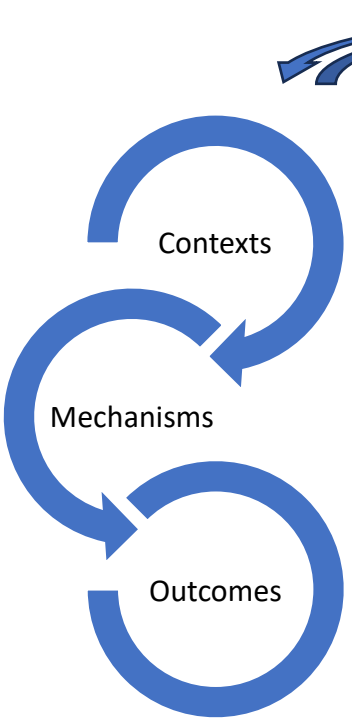
THE PDD PROJECT

- A realist evaluation of police-led drug diversion schemes in England
- Funded by the Cabinet Office evaluation accelerator
- Mixed methods:
  - Quantitative impact evaluation
  - Qualitative process evaluation
  - Cost-consequence evaluation
  - Equity evaluation
  - Realist synthesis of findings – based on the EMMIE framework
- Will be used at the basis for new evidence-based guidelines

https://www.college.police.uk/guidance/drug-crimes-evidence-briefing/police-led-diversion

Realism, EMMIE & WPs

In Police-Led Drug Diversion Schemes, what works, for whom, in what circumstances and why?



Effect – Does PDD Work?

Mechanism – how does it work?

Moderators – where and for whom does it works?

Implementation – how should it work?

Economic how much does it cost?

WP 1

WP2

WP3

WP4

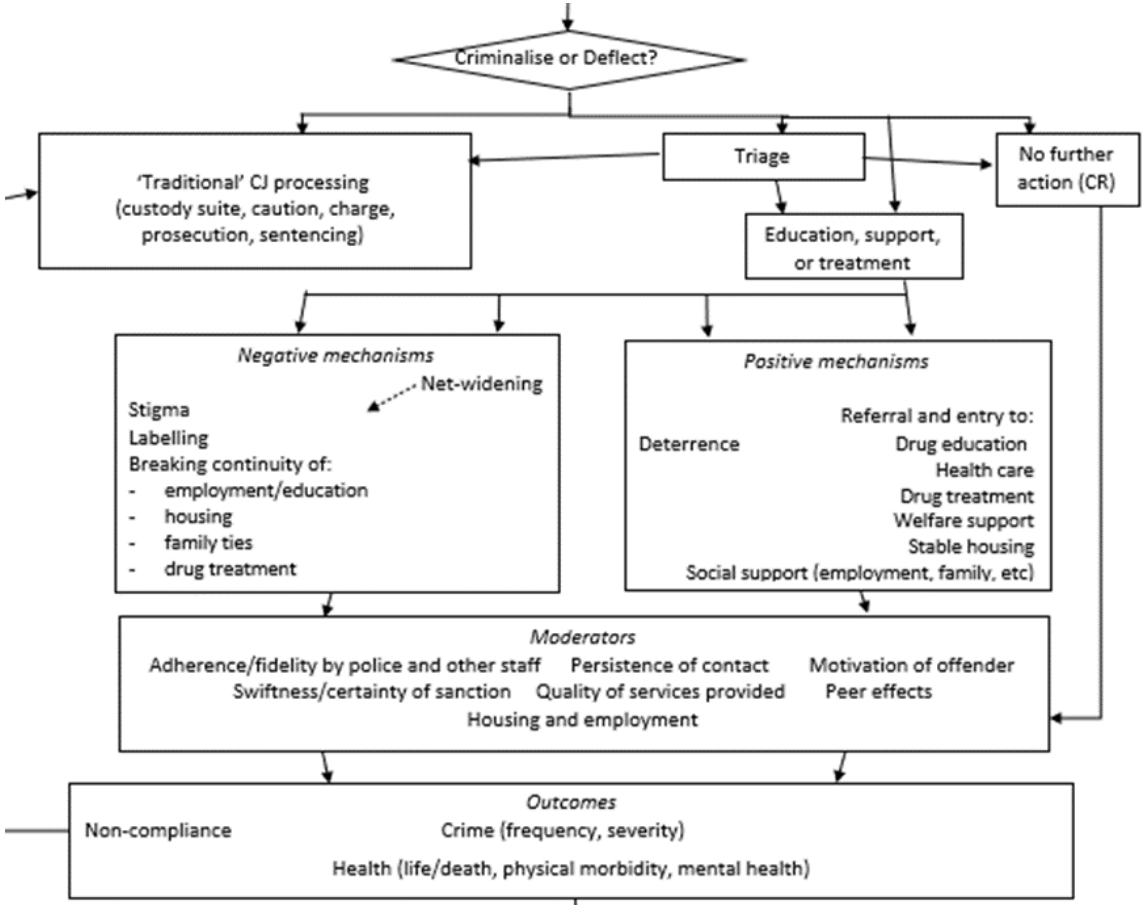
WP5

Retroduction

POLICE DRUG DIVERSION (PDD)

- Diversion:
  - Away from usual criminal justice processing
  - Towards an educative or therapeutic intervention
- Targeted at low-level drug-related adult suspects:
  - **Group 1: simple possession offences (all drugs)**
  - Group 2: other eligible offences (e.g. theft, assault, criminal damage) but where the suspect has drugs marker
- Different types of PDD scheme:
  - **Type 1: group drug awareness course**
  - Type 2: individual tailored support

The Initial Theory of Change (Stevens, et al 2022)

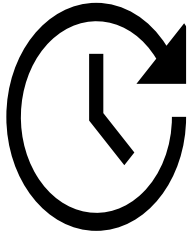


The **Main** Effects (Outcomes)

- This is a large study of police diversion with <30,000 participants and >30,000 incidents ~ to 33% of all eligible incidents in England
- The sample: 88% were male, the median age was 28.2 (IQR 22.2-37.0), 67% were of white ethnicities, and 71% were suspected of possessing cannabis.
- For people caught in possession of drugs, diversion reduces the risk of reoffending by 12%
- We did not find evidence that diversion affects the likelihood a suspect will access drug or alcohol treatment (but it might)
- The big effect sizes when looking at diversion at an individual level likely reflects the risk profiles of people offered diversion (lower reoffending, low substance treatment)

Mechanisms (Volitions)

- **Consequence of apprehension (labelling, stigma)**
- **Turning Points and Teachable Moments**



- **Curbing Future Freedoms**
- **Impacting Future Life chances**

A Chance to Understand (substance use)

Activating Latent Readiness

- **Hearts and Minds**
- No Wrong Door
- Meeting Needs

Moderators

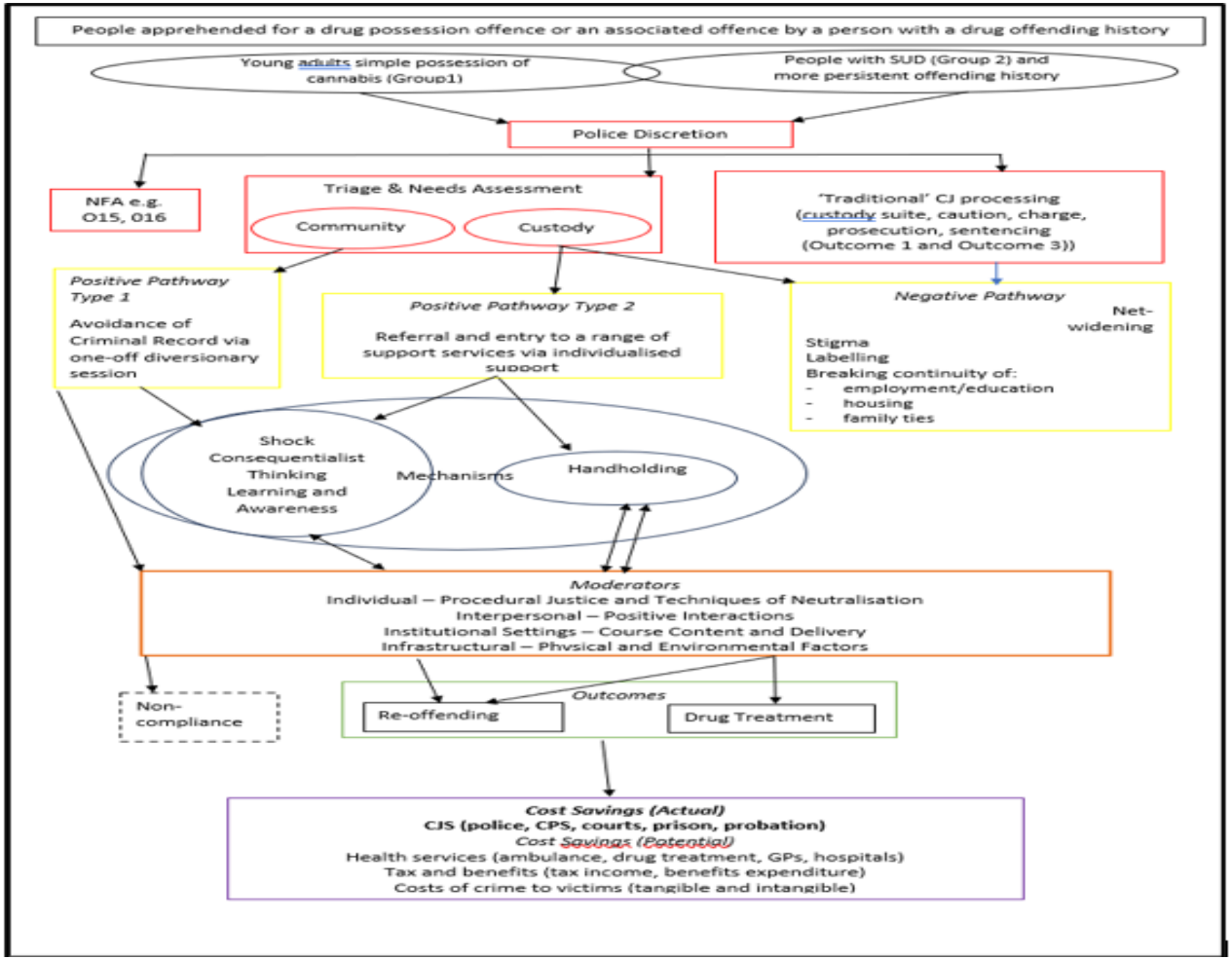
- Online or offline
- Setting of interactions

- Course Content
- Course Delivery

- Therapeutic Alliance (Quality of Interactions)

- Procedural Justice
- Techniques of neutralisation
- Extrinsic & Intrinsic Motivation

A Revised Realist Theory of Change



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Coffee Break

11:20 – 11:40

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Panel

Interagency Working in Custody

Chair: Prof Layla Skinns

Interagency Collaboration in Police Custody: The good, the bad and the ugly

Gethin Rees

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https://research.ncl.ac.uk/equivalence-in-custody-healthcare/

UKRI Economic and Social Research Council

Newcastle University

What is Equivalence in Police Custody Healthcare?

- Two Police Force Case Studies – Northton and Sutherland
  - Focus on healthcare delivery across police forces but focusing specifically on two custody suites
- Three Work Packages
  - WP1 – Ethnography (MB)
    - 130 hours of in-custody observations
  - WP2 – Semi-Structured Interviews
    - Professional (GR) 33 Healthcare Professionals, Custody Sergeants and Detention Officers
    - Lived Experience (SM) 41 recruited retrospectively via Third Sector organisations
  - WP3 Risk Assessment and Custody Log Analysis (IM and TF)
    - Over 3,200 risk assessments and 40 case logs of “cases of interest”
- Analysis
  - Collaborative thematic analysis
  - Peer analysts for LE interviews (WayThrough)
  - Research Advisory Group including practitioner stakeholders

Collaborative Teamwork
The Good

- Custody Sergeants, Detention Officers and Healthcare Professionals
  - Working relationships between CS/DOs/HCPs was strong
  - I always say to my new starters that, “Even though you're part of the company team and your HCP team, your team is actually those on your shift…” I can tell you that I’ve been on more nights out with my custody team than I probably have my HCP team, because they're the ones I am physically with every day. (Gillian HCP Sutherland)
  - CS is still responsible and in charge in custody – HCPs have worked hard to make themselves useful and to inform CS decision-making
    - Anticipation of CS needs and risks to custody
    - Or you can hear the custody sergeants going through the risk assessment, and you hear them mentioning certain, I don’t know, conditions, or they’re on medications, and you’re listening to them read out those medications, and sometimes you’re thinking, “Right, those medications don’t marry up with what they’re telling you.” So, for example, I had somebody, not so long ago, that when I looked at his meds, I knew full well that he’d had a heart attack. It wasn’t on his risk assessment, but I knew, from his medications, he had. So, sometimes, if I am able to, I will go out there, I will either listen to the risk assessment, or, at the end of it, I’ll come round and introduce myself, and say, “Are you happy for me to have a look at your meds now? Do you want to come and see me in the medical room, once you’re done with booking in, and we’ll do the assessment straight off.” So yeah, so sometimes you can be quite proactive, up front, but it really does depend on the day that you’re having. (Linda HCP Sutherland)

Collaborative Teamwork
The Bad

- Lack of Embedding
  - Commissioning of healthcare contracts via for-profit tenders has reduced HCP coverage across suites – not embedded and CS felt under increased risk
  - So [Healthcare Provider] statement was, “We’re fully staffed,” but at this present time, they don’t have the funding for a HCP to be in every single station… And for the HCP-wise, the organisation goes, “There’s no need for a HCP.” But the people who are making those decisions have not worked in custody and have not dealt with- Whether you’ve dealt with one high-risk detainee or a hundred high-risk detainees, if you need a HCP in that situation, I need a HCP. And that’s my frustration, the people who are making the decisions on the lack of funding to get a HCP on every site, and stuff like that, are just people who’ve never worked a day in custody. (Emily Northton CS)
  - I work at [Town 8] custody, and the building is a big suite, you’ve got 24 cells. When we’re fully open, that's a big suite, number-wise. But we only have one sergeant and two detention officers, which means we’re at half suite. And we are bottom of the pecking order for HCP… And if we get one, we would have to share them with [Town 13] if they don't have one, and [Town 13] is not close, it’s about 50 miles… Not like, “Oh, we're looking at your board from 50 miles away. We'll keep an eye on you.” That doesn't help. I can do a better job than you bloody looking from 50 miles away. And it's noticeable. (Derek CS Sutherland)
  - Close collaborative relationships undermined by structural context

Collaborative Teamwork
The Ugly

- Lack of Independence and Stigma
  - Long-standing concerns about role-conflict for medical professionals in criminal justice (dual-loyalty (see Pont et al. 2012; Gorga 2025))
  - Empirically not evident and professionals have routines for meeting aims of custody and care simultaneously (Rees 2020; 2023) albeit not always ethically
  - Closer working conditions can enable stigmatised and stigmatising attitudes to be shared, especially about persons with opioid dependency (Walker et al. 2019; 2020)
    - Resourcing of HCPs worsens this with HCPs massively overworked and triage patients by those deemed most deserving
    - Construction of person with opioid dependency as “drug seeking” justifies locating at bottom of triage hierarchy
    - Stigma of “drug-seeking” detainee become reproduced across custody team, production of practices (boxed and labelled medications, six-hour waiting time) specifically for opioids become extended to all medication
    - Poor treatment results in people not disclosing care needs “why bother they don’t give you anything!” justifying disbelieving attitudes
  - Cycle of Stigma and Testimonial Injustice

What do we recommend?

- AAAQ Recommendations
- Availability
  - HCP workforce planning needs to be much better – HCPs need to be properly embedded within police custody, not covering multiple suites or telemedicine
- Accessibility and Acceptability
  - Greater linkages between drug treatment programmes and pharmacies to find where a person gets daily dose of methadone from (alongside believing people when they tell you)
  - Greater professional curiosity (not only about covering one's own back)
  - Empathetic Practice
- Good Quality
  - Standard medication and equipment lists in all custody suites (NPCC)
- More importantly end to for profit tenders and return to healthcare commissioning managed by NHS Health and Justice (rather than forces)
  - Recommendation from Angiolini (2017) not yet enacted and in fact we have moved further away with the companies largely governing themselves!

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PIONEER MH

NHS Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

PIONEER-MH

Police involvement in interagency crisis mental health first response pathways in England: A realist and cost consequence analysis

PIONEER-MH is funded by the NIHR HS&DR [NIHR163578]. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Northumbria University NEWCASTLE

NHS South West Yorkshire Partnership NHS Foundation Trust

NHS Avon and Wiltshire Mental Health Partnership NHS Trust

NHS South London and Maudsley NHS Foundation Trust

Newcastle University

With YOU in mind

Background

- Mental health crises are individual experiences…
  - people encounter a range of different services and professionals
  - including the police, ambulance, A&E, crisis café, mental health crisis services
- Experiences of police officers attending mental health crises is mixed
- Use of emergency sections of the Mental Health Act (S136) is debated and uneven
- Police neither have resources nor expertise to manage mental health crises
- A new strategy called 'Right Care Right Person' (RCRP) has been implemented.

Right Care Right Person

PIONEER MH

- His Majesty's Inspector of Police, Fire & Rescue Services (HMICFRS) report in 2018 stated they have:

"...grave concerns about whether the police should be involved in responding to mental health problems to the degree they are..."

- RCRP aims to return Policing to its central functions keeping the public safe and responding to/preventing crime.
- This means that the police will respond to fewer mental health calls with unknown impacts on mental health crisis services.

What is the aim of PIONEER-MH?

Aim:

To understand and evaluate the implementation, delivery, costs, and outcomes of community multi-agency first response mental health crisis pathways in England in response to ‘Right Care Right Person’

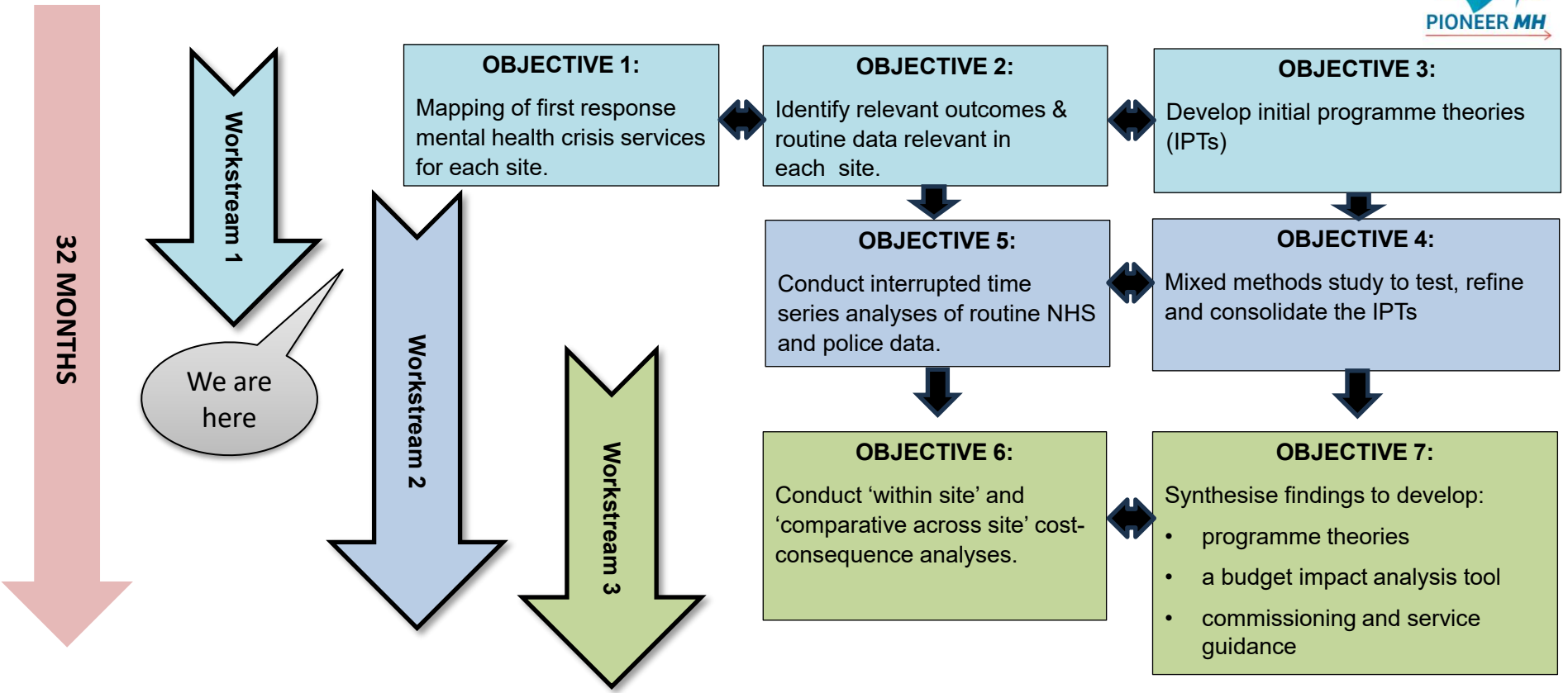
How will PIONEER-MH meet its aim?

- **Realist Evaluation:**
  - A way of doing research that asks:

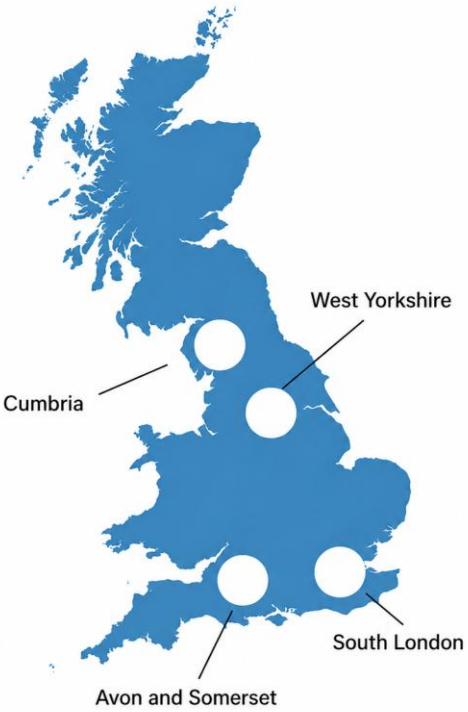
    'what works, who does it work for, in which situations and why?'

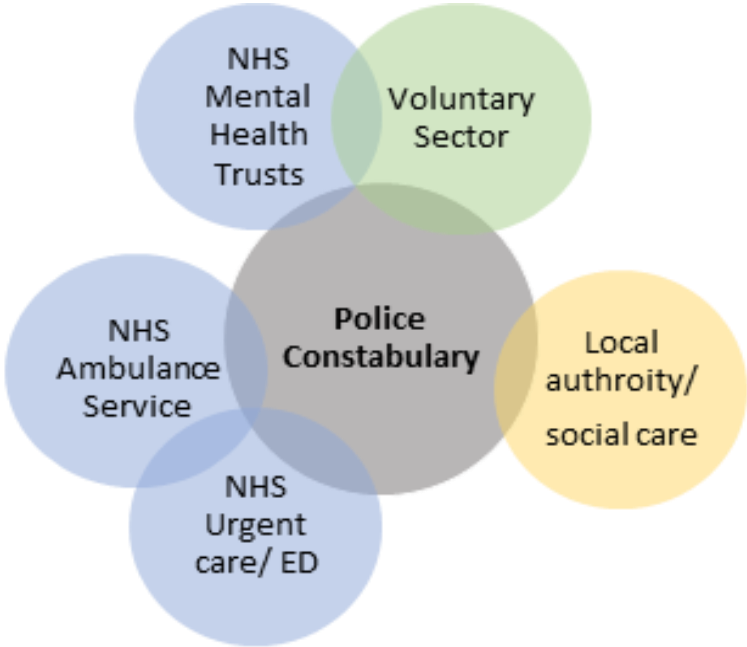
- **Mixed methods:**
  - Measuring what happens before and after RCRP using information held by the NHS and police in England using anonymised routine data
  - Speaking with around 160 people with experience of accessing or delivering crisis first responses in England
  - Individual interviews, focus groups and workshops
- **Cost Consequence Analysis:**
  - A way to figure out what is the most effective and affordable crisis responses

Study Design & Timeline



Where are we doing the research?

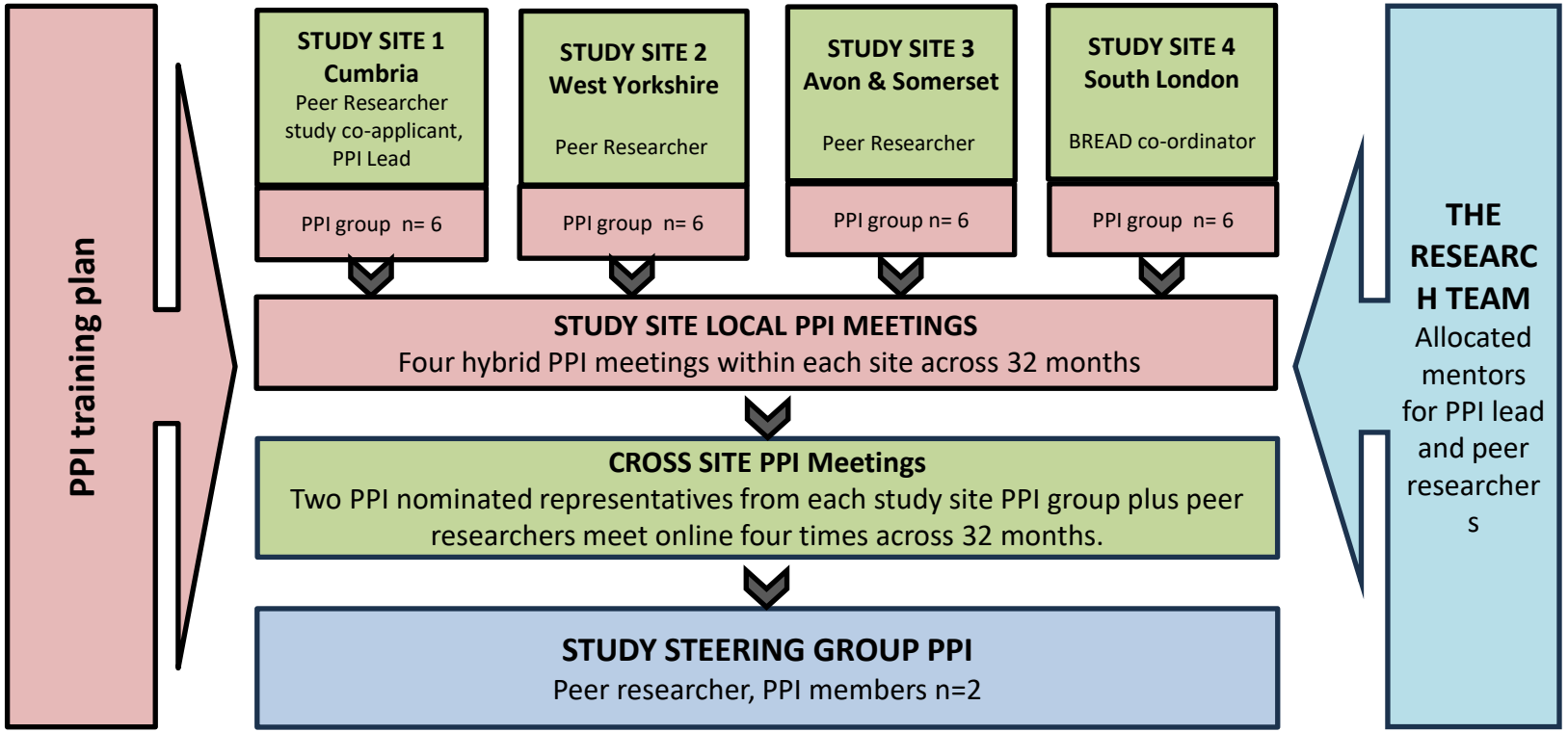




Study Sites

Study site	Population size by police constabulary area	Population density (%)	Rural (%)	Deprivation (IMD,2019)	Ethnicity (%)			Rates of S136 per 10,000 pop. 2021-22
					White	Black	Asian	
Cumbria	498,083	73.88	81.78	21.26	97.63	0.24	0.98	10.06
West Yorkshire	2,332,469	1,149.00	12.76	28.51	76.60	3.07	15.85	5.59
Avon & Somerset	1,719,029	359.78	37.80	18.41	90.83	2.17	3.48	11.72
South London (Lambeth)	1,330,240	11839.00	0.00	25.10	51.00	24.34	10.82	6.86

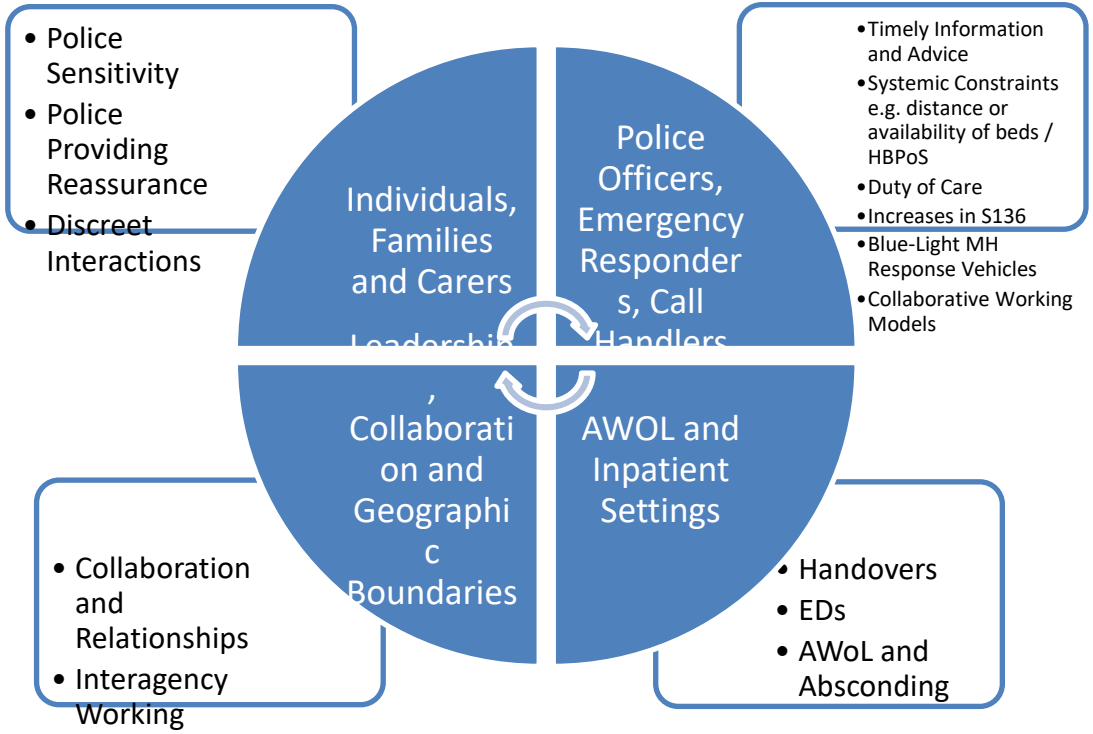
Involving people with lived experience (PPI)



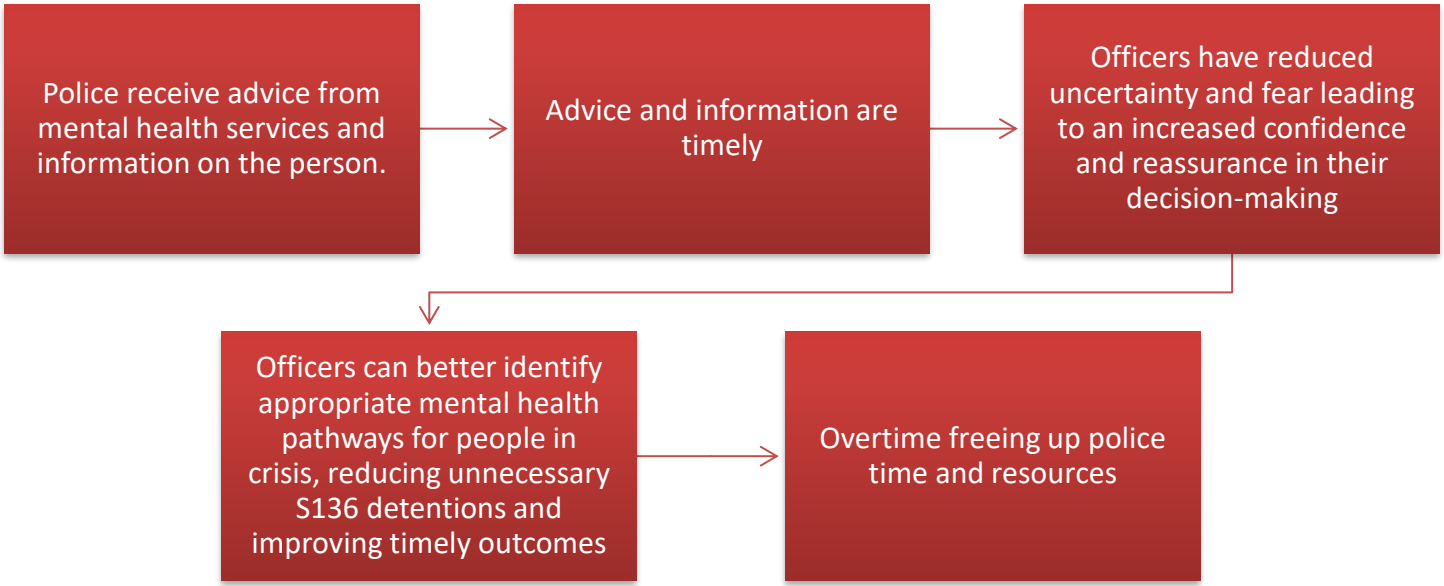
What have we done so far?

- **Work stream 1:**
  - Asked people with lived experience to guide the research team (PPI)
  - Reviewed documents about RCRP and crisis first responses from each study site
  - Interviewed 39 people from across all study sites including:
    - Police, ambulance, health professionals, crisis services staff, people with lived experience
  - Identified some early ideas (IPTs) about how crisis first responses are working
  - Brought our ideas (IPTs) to two workshops for discussion (n=16)

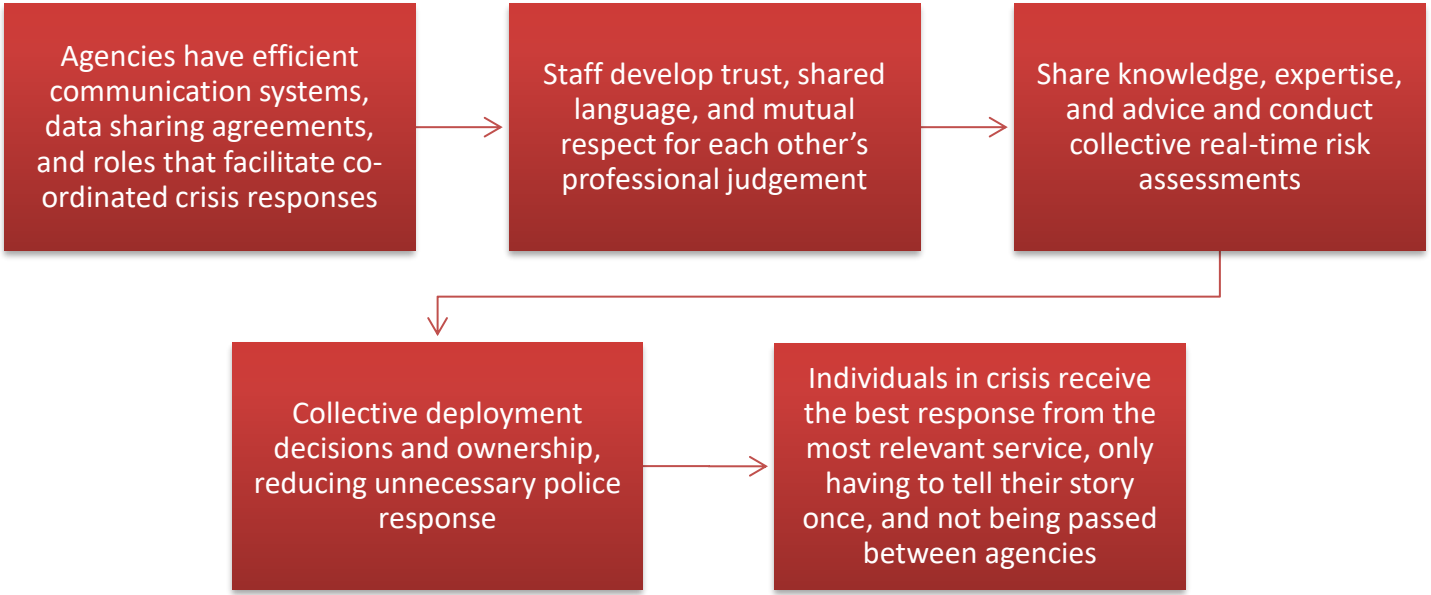
Brief overview WS1 findings



Police Officers Responding: Importance of Timely Information and Support



Police Officers Responding: Importance of Timely Information and Support



Workstream 2- Mixed methods theory testing

What will we do?

- Interrupted Time Series analysis of routine NHS and police data from before and after implementation of RCRP at each study site
- Interviews and focus groups within and across study sites involving lived experience, police, ambulance, health and voluntary sector staff (n=160)
- Cross-site workshop (n=40) April 2027
- Site specific stakeholder workshops (n=10 x4) Sept-Dec 2027

Workstream 2- Mixed methods theory testing

How can you help?

- Identifying people with lived experience of accessing crisis services for themselves or a companion/family member to be involved in local PPI group
- Recruiting to interviews and focus groups between June 2026 and April 2027
- Recruiting to workshops
- Know more about voluntary/third sector organisations providing crisis responses locally

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PIONEER-MH - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Reflections on trauma-informed approaches in police custody

Dr Karen Goodall

Dept. Clinical and Health Psychology

THE UNIVERSITY of EDINBURGH

The Scottish Institute for Policing Research

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Context

- In 2019 the Scottish Executive included in programme for government the intention for all services to become trauma-informed
- NHS Education Scotland developed National Trauma Transformation Programme, with training to Trauma informed, Trauma skilled, Trauma enhanced and Trauma specialist levels
- Govan custody centred introduced training for all police and civilian staff, emphasised referral and introduced small modifications to environment
- This study capitalised on the Govan custody suite to examine how knowledge of trauma and trauma-informed practise affected prison staff attitudes and day to day behaviour

What is trauma?

- *Individual trauma results from an event, series of events, or a set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has **lasting adverse effects** on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing* (SAMSHA, 2014)

Trauma is integral to police custody

- People who are detained in police custody, especially in the context of mental health crisis, substances use and homelessness are likely to have a trauma history (Levenson and Grady, 2016; Reavis et al., 2013)
- Police custody is a traumatising environment due to removal of liberty, and social isolation, restraint, threat (Deghani, 2020)
- Without an understanding of trauma, custody officers can fail to identify vulnerability, or unknowingly behave in ways that are re-traumatising, leading to conflict

What are trauma-informed approaches?

Characterised by a service and its providers become aware of, and responsive to the impact of trauma (Hanson and Lang, 2016; Harris and Fallot, 2001)

- **Realising** how common the experience of trauma and adversity is
- **Recognising** the different ways that trauma can affect people
- **Responding** by taking account of the ways that people can be affected by trauma to support recovery
- **Resi**sting re-traumatisation and offer a greater sense of choice and control, empowerment, collaboration and safety with everyone that you have contact with
- Recognising the central importance of **Relationships** (NHS Education Scotland)

Methods

- A multi-perspective case study:
  - Focus groups with custody staff (n = 9)
  - Interviews with custody staff (n = 7)
  - Focus group with an aligned Women's service (n = 3)
  - Interviews with senior staff (n = 4)

- Analysed using thematic analysis

Insights relevant to interagency working

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Insight 1: Custody as a 'critical juncture'

Police custody recognised as a unique opportunity to offer support for issues related to crime in both victims and perpetrators.

"But had she went to another police station, then she'd never have got the referral. " [support worker]

"…be that that you've been a victim of something, or be that you're actually are the perpetrator, it's the same principles isn't it, that you're going to apply to it… because if you can find the trauma that's maybe led to this person offending, if they can identify that in themselves, that might be enough to stop them offending. " [officer]

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Insight 2: What is the root of crime?

Trauma training was associated with increased curiosity about people, a willingness to ask them about past experience and an understanding that trauma might underlie different behaviours

'Someone could be hitting you, or are being really aggressive or threatening you, but two minutes later, if you have engaged with them, you can talk them down and then you go, 'Right, so what's happened here'? People then say to me, "Would you know I was assaulted?" or "I was raped" or something like that.' [P1]

'people that are very quiet and not telling you anything - they can be the ones that actually have had the worst trauma and say 'no' to everything and you've got to try to see beyond the 'no's a lot of the time. " [P9]

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Insight 3: Acceptable trauma presentations

Some trauma presentations seemed to elicit more empathy than others. An idealised version was shut down, or quiet, compliant and non-demanding. People who were 'frequent flyers', loud or demanding evoked suspicion and less empathy. Their trauma presentation was judged to be 'behavioural' or 'manipulative'.

I always look out for the ones who do present as quite quiet or as nervous, because that to me is a sign that there's something else underlying it and something else there, usually the ones that are all screaming and shouting oh I've got mental health I've had this in the past something has happened to me blah blah blah, but they're saying it because they know it will get them attention. Whereas the most people who need help won't ask for it, so I've kind of always looked out for the ones who do stand out in that way who are quiet or are nervous that possibly this is somebody who has got issues?…{PCSO]

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Insight 5: Barriers to referral from custody

- **Data sharing across disparate platforms was a major impediment**
- **Trust in police was also identified as a systemic issue, limiting referral. However, this is attenuated by individuals' knowledge motivation and attitude.**

…that's just the nature of the beast and you know, we're authoritative, so they don't trust us in general. [PC]

It just seem kind of half-hearted.[support service]

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Insight 4: Need for embedding

Custody and support services were viewed as being closed entities with tenuous links.

- **Police staff had no follow up from referrals**
- **Support services felt a presence in custody would facilitate direct contact in cells and increase staff knowledge** …*certainly if we had more of a presence it would have probably aided their understanding of what we did and also their ability to talk to the women*. [support service]

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Insight 4: Need for embedding

''but if you want it to work long term, it has to be really, really consistent, everybody has to be doing the same thing. And we would have loved to have actually managed to get in, you know, to the cells to see the women to and also spend time with the staff, do you know what I mean, you know, it's a hard sell when you meet somebody once and then you're saying, well, this is a great idea, trauma informed and people go well that's great and then of course they got on with the job, so they forget about it.'[Support service]

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Insight 6 Cultural change

I think there needs to be a campaign aimed at people who particularly have had a longer service to say the way of the world is changing police Scotland's work is changing we are and we have to be more empathetic to people about their issues and problems you know it's about changing people's attitudes. if you don't like it then feel free to leave and find somewhere else. it's about changing attitudes with the police and it's difficult to do that. [custody officer]

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Insight 5: Service level support for staff

"*..supervisors, so sergeants, inspectors, senior management teams, should be given an enhanced level of training so that they can support the people that do the job for them, to ensure that their wellbeing is being met, which would then obviously have a positive impact in terms of how people engage with others. You know, it's going back to the cycle of your attitude affects my behaviour, which affects my attitude, which affects your behavior.* [Inspector]

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Next steps

1) Intrinsic barriers to inter-agency working include systemic issues such as trust in police, data sharing and access to police custody
2) Inter-agency working with support services is required to promote the view that custody could be a ‘critical juncture’
3) Individual variation in motivation to act beyond ‘charge and release’ exists
4) Culture change is slow but can be enhanced by top-down leadership

Dr Karri Gillespie Smith

Co-investigator

Dr Zara Brodie

Co-investigator

Thank you for listening

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Moving Beyond ‘Divided Households’: developing whole system support for children and young people impacted by family justice-involvement

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Newcastle University

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Family Imprisonment - a 'silent' ACE

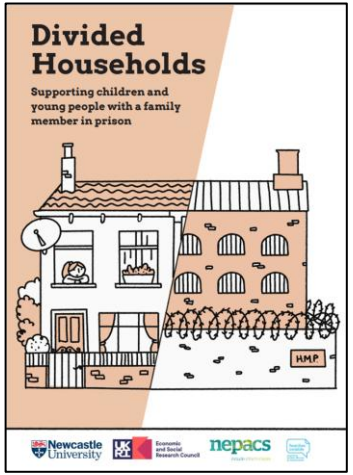
Family imprisonment is an Adverse Childhood Experience (ACE).

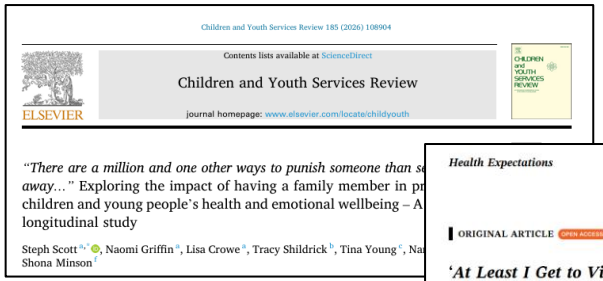
Our previous research highlighted:

1. health and wellbeing impacts including anxiety and grief
2. children felt unsupported and stigmatised by professional agencies.

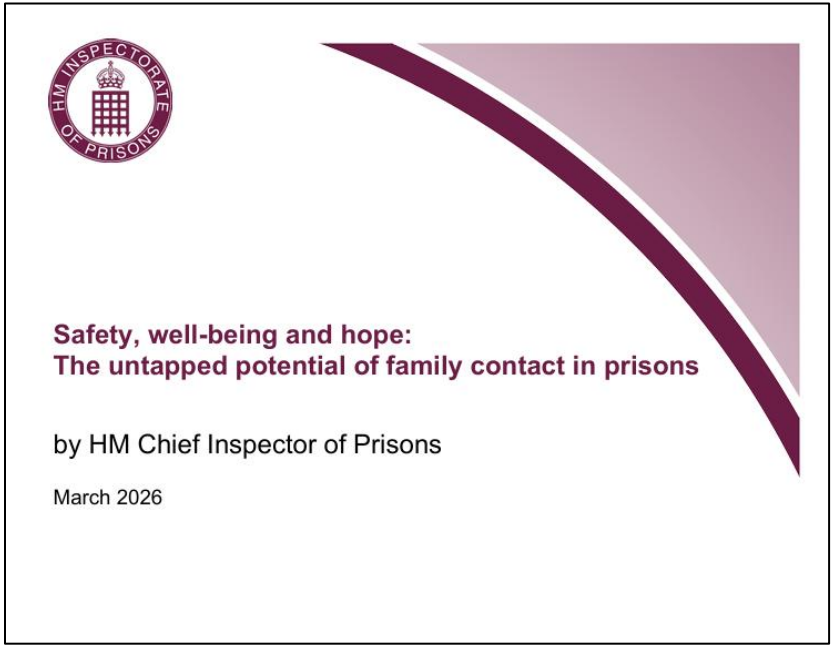
Historically received very little policy and research attention - <u>an unseen and unheard population...</u>

"I wouldn't speak to anyone, for the first month... I did not sleep. I didn't go to school for a whole month... Like, I would not go to sleep. And if I tried to, I could not. Like, just knowing about it, I just couldn't..."
(Noah)





…but things are changing…perhaps?

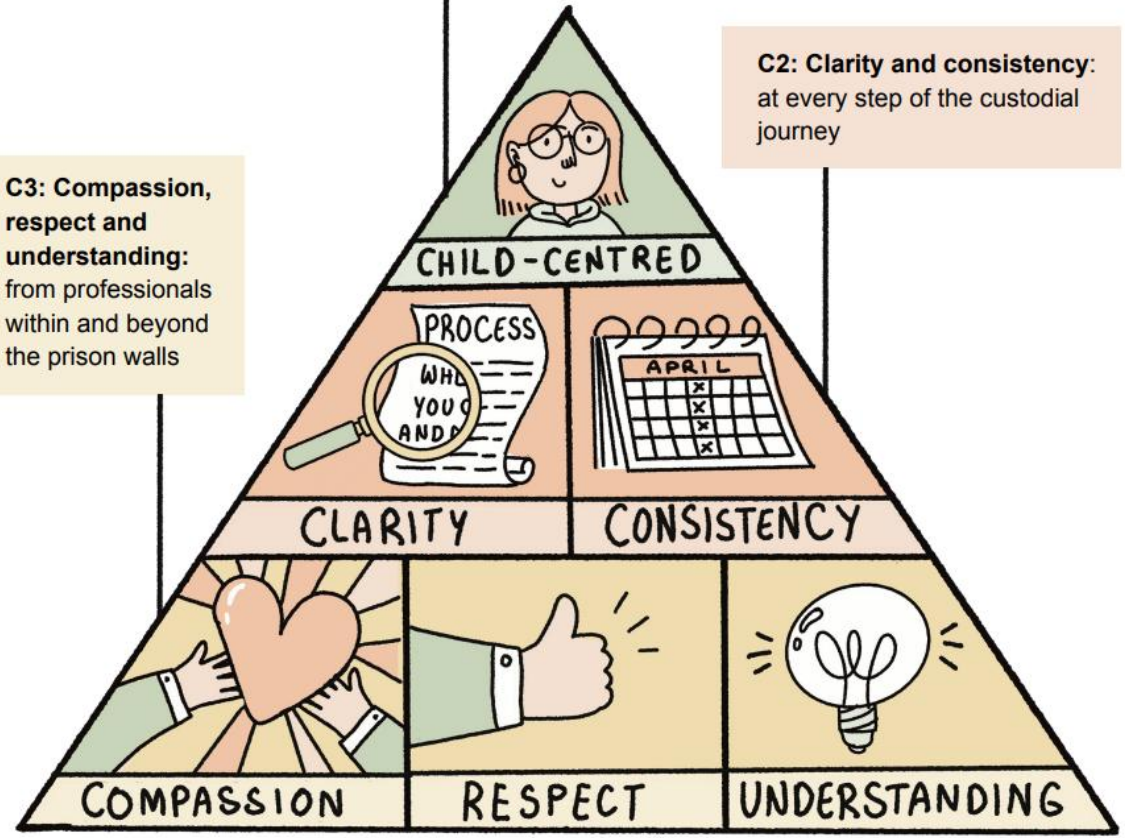


Priorities for Change: The Three Cs

C1: Child-centred contact and visiting: (re)designing social visits with child needs and experience at the centre.

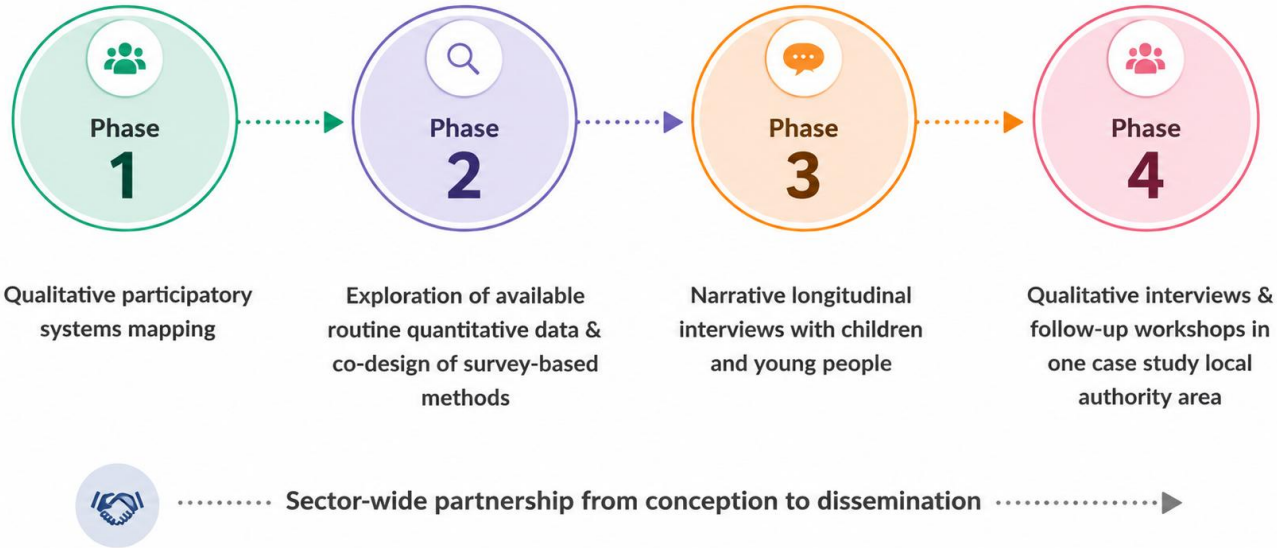
C2: Clarity and consistency: at every step of the custodial journey

C3: Compassion, respect and understanding: from professionals within and beyond the prison walls



Continuing our partnership work: part 1

…and part 2….


Phase 1
Qualitative participatory systems mapping
Phase 2
Exploration of available routine quantitative data & co-design of survey-based methods
Phase 3
Narrative longitudinal interviews with children and young people
Phase 4
Qualitative interviews & follow-up workshops in one case study local authority area
Sector-wide partnership from conception to dissemination

N8 POLICING RESEARCH PARTNERSHIP

SiPR Scottish Institute for Policing Research

Lunch and NRiPN Poster Exhibition

12:30 – 13:30

NRiPN Poster Exhibition Prize Announcement

Gary Ritchie

Stakeholder Roundtable

Chair: Dr Inga Heyman

N8 POLICING RESEARCH PARTNERSHIP

SiPR Scottish Institute for Policing Research

Coffee Break

14:30 – 14:45

Innovation in Action Roundtables

Innovation in Action

Roundtables

Suicide Prevention of People Accused of Sexual Offences

Emma Tuschick,
Teesside University

Good Practice in Transfer of Care

Dr Martha Canfield,
Glasgow Caledonian University

Experiences of Autistic People during Arrest and Custody

Dr Laura Naegler,
University of Liverpool

Rethinking police custody for young people

Dr Shelley Walker,
Curtin University

Innovation in Action Roundtables Feedback

Prof Layla Skinns

Innovation in Action

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Wrap Up

Prof Layla Skinns

Thanks for coming!

Stay in Touch

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LinkedIn – N8 Policing Research Partnership