



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Healthcare within Justice Summary Stakeholder Engagement

Evaluation Report

January 2024

Introduction

Healthcare Improvement Scotland has been working with His Majesty's Inspectorate of Constabulary in Scotland (HMICS) to develop a comprehensive joint approach to inspecting the quality of healthcare provided to detainees in police custody.

As part of this work, we recognised the need to seek the views of people with lived experience of healthcare within police custody. This report summarises the methods we used to engage with people, our findings and how we used their feedback to inform our approach and our framework to inspect.

We are grateful for the time and effort contributed by our partner organisations Families Outside and the Scottish Drugs Forum, as well as to the people who shared their experiences to help shape our final inspection methodology.

Background

In spring 2022, we established a short life working group of external stakeholders to help us develop a joint framework to inspect healthcare provided within police custody with HMICS.

In summer 2022 we produced an interim framework to inspect in collaboration with the working group and published it on our website. We then evaluated the framework on two joint police custody inspections during the winter of 2022-2023.

Our joint inspection approach considers the quality of healthcare provision, taking into account the challenging circumstances and health inequalities often experienced by people in custody. We want to make sure that people in custody receive equitable healthcare and support, within the constraints of the custody environment.

We recognise that people with lived experience of police custody, their families and carers have valuable insights about what works well or what doesn't. We wanted to hear their views and use these to help develop our inspection approach.

Methodology

We used a range of approaches to try to engage with people with lived experience of custody, their families and carers. We facilitated small focus groups in a number of prisons, which allowed participants an opportunity to talk about what mattered to them when receiving healthcare in police custody. We also asked third sector organisations to disseminate an electronic survey to people with lived experience.

Recognising that there was a need for more in-depth engagement with people with lived experience, we commissioned two third sector organisations, Families Outside and the Scottish Drugs Forum, to carry out this work. Both organisations already had extensive experience of engaging sensitively with people within the justice system. We commissioned

them to gather the views of detainees, their families and carers on the healthcare the detainees received in custody. This included information on whether they were able to access the treatment they needed, how quickly this happened, and the quality of the care that was provided. We also commissioned both organisations to obtain feedback on our interim framework to inspect.

Our partner organisations met with participants in focus groups, and also held individual interviews. They met with 63 participants from across Scotland (50 of these were people with lived experience and 13 were family/carers). We also met with a further 19 people with lived experience through facilitating focus groups in prisons. In total we received feedback from 82 participants who were from the following areas:

- Ayrshire
- Edinburgh
- Fife
- Forth Valley
- Greater Glasgow and Clyde, and
- Lanarkshire.

Whilst this is a relatively small sample of all those that have lived experience of police custody and their family and carers, and did not involve people from all parts of Scotland, there were some important themes that emerged from the feedback.

Findings

Participants felt the interim framework to inspect covered the areas that felt important to them. However, they had questions about who was accountable for providing safe and effective care and how improvements would be made to healthcare services after an inspection. Feedback was gathered under the following themes:

- mental health
- substance use
- medication
- accessing healthcare
- communication and relationships with custody and healthcare staff, and
- signposting and onward referrals.

Mental health and substance use

Participants reported mixed experiences around mental health provision in custody. Some participants reported being asked about their mental health. However, this was inconsistent across the country. Some participants who had experienced a mental health crisis or had self-harmed felt that there was a lack of support when they were in custody. Some felt that the support that was available made them feel worse. For example, detainees who had spent time in observation cells or were placed on observation levels for safety reported that this experience made them feel exposed and vulnerable.

Participants highlighted delays in accessing their prescribed medication, particularly opiate substitution therapy (OST). They felt that the stigma of being a person who used substances had added to this. Some participants reported not receiving their OST on the morning of a court appearance, and feeling less equipped for court as a result. Some participants described missing more than one dose of OST. Other participants had more positive experiences of police staff making concerted efforts to source their medication from home or local pharmacies.

Medication

Participants highlighted delays in accessing or not getting all of their prescribed medication. However, positive experiences were also shared, several people felt there were improvements compared to years ago.

Accessing healthcare

Most participants reported that they had often found themselves having to ask more than once to see a healthcare professional due to a delay in receiving a response. Some found it difficult to talk to custody staff about their health. Others felt that decisions about whether they needed to see a healthcare professional were subjective and depended on the understanding, training and experience of the custody staff. Participants also shared more positive experiences of healthcare in custody centres where nurses were available on site.

Communication and relationships with custody and healthcare staff

Participants perceived there to be a lack of communication between Police Scotland and detainees' families or carers. This was felt to be a missed opportunity for families to share health information, as well as a cause of worry for families. Participants reported being unsure about how they could help when a family member was detained, and would have valued being able to share information such as mental health concerns.

Some detainees reported that they had limited interaction with Police Scotland staff, sometimes only interacting with them as part of a 'rousing regime'¹. Some participants

¹ The purpose of rousing is to determine whether a person who appears to be sleeping is slipping into a more unconscious state.

described a lack of empathy and feeling stigmatised. However, others described staff taking time to talk to them as a person and treating them with dignity.

Some police stations have arrangements for peer volunteer workers (these are people with experience of being in police custody) to support detainees. Participants noted that this could be very positive as peer workers could help them understand what they were entitled to whilst in custody. It was also helpful to have someone to talk to who understood how they were feeling and what they were experiencing.

Signposting and onward referral

A number of participants had been provided with leaflets with information about support available in the local community. However, this was not consistent for all participants. Participants had limited experience of receiving harm reduction support when leaving custody, but some had been given Naloxone (a medication used to reverse or reduce the effects of opioids). Some participants shared experiences of clean, sealed injecting equipment being disposed of on arrest and not returned to them. They advised that they had not been signposted to Injecting Equipment Provision Scotland.

Some participants reported having positive experiences with people from third sector organisations visiting them in cells and providing information about the support that was available in the community. This included support for housing, substance use, mental health and harm reduction.

Conclusion

While most participants shared difficult experiences in custody, many also described positive experiences. Variation in participant experiences appeared to be influenced by the inconsistencies in access to healthcare outlined in our [Baseline review of healthcare provision within police custody centres in Scotland \(January 2023\)](#). However, there was a sense that access to healthcare in some geographical areas was developing and had improved over time.

The feedback that Families Outside and the Scottish Drugs Forum gathered has been used to inform our inspection processes. We presented what we had heard from our partner organisations to our short life working group. We then worked with the short life working group to agree a final version of our framework to inspect, which reflected the experiences and concerns of people with lived experience of healthcare within the justice system. The final version Framework to Inspect is published on our [website](#). A summary report outlining how we developed the framework has also been published alongside this report.

The framework will be used as part of our ongoing joint inspection programme with HMICS. We will continue to explore opportunities for engaging with people with lived experience to make sure that our inspections always focus on the things that matter to them. We will also collate themes and learning from our inspection findings to keep the needs of those receiving healthcare at the heart of our work.

Acknowledgements

Healthcare Improvement Scotland is very grateful to the people with lived experience of police custody, their families and carers who shared their views through taking part in interviews and focus groups. We are also very grateful to Families Outside and the Scottish Drugs Forum for carrying out this engagement and working collaboratively with us throughout the process.

Published January 2024

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