Inter-professional collaboration in Criminal Justice Liaison and Diversion Schemes:

An analysis of partnership practice in an English Police custody suite

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Abstract

The roll-out of Criminal Justice Liaison and Diversion Schemes (CJLDS) by the National Health Service England (NHSE) was completed in 2020, yet little is known about how these schemes operate. The current model, which embeds CJLDS practitioners within police custody suites, has relied on establishing a series of partnerships between NHSE and local police force areas. This research aimed to explore if organisational practice culture(s) affects CJLDS objectives to identify detainees meeting all-vulnerabilities threshold criteria (NHS England 2019), and divert them out of the criminal system and into health and social services.

Using an ethnographic, predominantly qualitative mixed methods approach, data were collected from semi-structured interviews with twenty police Desk Sergeants and CJLDS practitioners who share custody suite practice in a CJLDS locality partnership. Further data were collected during non-participant observations of shared practice in custody. The qualitative findings were supported by descriptive statistics of secondary quantitative data collected for monitoring and reporting by the CJLDS team. Key discursive themes were identified in the qualitative data, and Foucauldian discourse analysis (FDA) was used to expose the partnership *dispositif*. Foucault imbued the French word *le dispositif,* literally the apparatus of a mechanism, with his conceptualisation of power through discourse (Foucault 1980), and was used to describe the institutional practice culture of the CJLDS partnership.

The research found the culture of Police Custody to be based on two discursive themes. The first, a discursive theme of custody as a *carousel of* repetitive attendance for *established customers,* and the second, where custody *is a threatening environment for risky detainees*. CJLDS practitioners are positioned within the custody suite, the site of shared practice, to verify and manage risky detainees perceived as vulnerable to self-harm or suicide. *Le dispositif* of police custody, and of the partnership, functions to safeguard professional reputations by reducing the risk of deaths associated with custody. The institutional practice culture found by the research shows that the partnership model influences the delivery of liaison and diversion services in England and recommends a strategic review of the policy.

Contents

List of Figures

List of Tables

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Finally, in acknowledgment of the thousands of men and women who enter our outdated and neglected criminal justice system, whose suffering can never be justified.

Chapter 1 Introduction

> "[prison] is not always an appropriate environment for those with severe mental illness […] custody can exacerbate mental ill health" (Bradley 2009, p77).

Police partnership models, as recommended in Lord Bradley's *Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System* (Bradley 2009), form the basis of the Criminal Justice Liaison and Diversion Schemes (CJLDS) across England. This model for the delivery of diversion, which has created a country-wide network of partnership practice between police services and National Health Trusts, is overseen by National Health Service England (NHSE) which aims to identify people entering the criminal justice system, who have needs which could be met by other services. By embedding teams of CJLDS practitioners in police custody suites, or in close communication with the police, the schemes operate to a standard NHSE service specification to identify police suspects[1] who meet the "*all-vulnerability*" threshold criteria (NHS England 2019) which could divert them out of the criminal justice system and into care, treatment, or support services. Little is known about how this is achieved in practice, as there is limited study of how English health-police partnerships operate, how partnership practitioners experience police custody suites, or what happens when different occupational cultures enter the site of shared practice. The exploration of partnership practice is the topic of this thesis, which seeks to analyse how this model of practice, merging workplace and occupational cultures, can deliver outcomes for liaison and diversion.

The thesis explains how CJLDS practitioners construct the situated meaning of institutional policy from their ideological and professional cultures, and how partnership practice is moulded by the professional identities, workplace cultures, structural-organizational characteristics and goals, interpersonal relationships, and the experiences of collaborative working (Alter and Hage 1993; Bronstein 2003; Scott et al. 2013). The research found that this model of shared practice in a police partnership, affects which individuals are selected by practitioners for liaison and diversion interventions and, using Foucault's concept of *le dispositif,* shows how the partnership institution affects diversion and the stated objectives of the CJLDS to divert people who are considered to be "vulnerable" out of the criminal justice system into services which respond to their needs.

[1] Where the term 'police suspect' is used in this thesis, it refers to any individual the police are seeking to interview in connection with an alleged offence, whether the police have decided to detain them in custody or asked them for 'voluntary interview.'

Foucault's conceptualisation of discourse, knowledge, and power drive the analysis of ethnographic data collected in the study. The findings critique Bradley's ideal of interprofessional shared practice through police partnership working, by showing how police-involved individuals are constructed to become objects of shared practice and the CJLDS team are positioned in the custody suite by discourse and *le dispositif*.

The thesis contributes to a body of literature and existing debate on interprofessional collaborative practice, and in focussing on police and health partnerships adds new knowledge to an under-researched field. The thesis also contributes to an exploration of how conceptualisation of vulnerability is used in policy and its interpretation by practitioners. Yet the primary aim of the thesis is to encourage a discussion of liaison and diversion policy in the English context, how it is interpreted and delivered under the current iteration of the scheme. To this end, the thesis concludes with recommendations for practitioners and commissioners in England, and to UK policy makers.

1.1 Context and purpose of research

Policies which divert individuals away from the criminal justice system because of their age, mental health, or other factors have been implemented in various international jurisdictions for decades. In England, the CJLDS roll-out was completed in 2021, over a decade beyond Lord Bradley's (2009) report. The model assumes inter-disciplinary collaboration as a strategy to achieve its objectives, this being reflected by embedding NHSE-commissioned CJLD teams in police custody suites across the country which relied on the creation of partnerships between local NHS trusts and corresponding police force areas. The landscape of the national political and social context has changed considerably during that period, to include three changes of government, a significant period of austerity cuts to public services - including both police and health services- and more recently an abrupt and significant global pandemic, which continued to affect social life and working practice at the time this research took place.

The study looked at the broad topic of collaborative practice in inter-disciplinary, or inter-professional institutions and questioned the role workplace and occupational culture plays in achieving outcomes. While a Foucauldian concept of power has been used to explore policing as an institutional culture, scholars of interprofessional practice claim that Foucauldian theorising of power have yet to be fully applied to the study of interprofessional collaborative institutions (Cohen Konrad et al. 2019). The present study shows how Foucault's conceptualisation of institutional

power relations can be used to explain how interprofessional practice affects institutions and their operational outcomes.

The research explored the experience of police partnerships and specifically the shared practice model between practitioners of the CJLD team commissioned by NHS trusts and police Desk Sergeants in their engagement with police suspects in custody. NHSE monitors the outputs of schemes across England, yet little is known about how practice achieves these reported outputs and their relation to outcomes. The research essentially posed one overarching question: Does embedding CJLDS teams in police custody affect diversion policy and outcomes?

The study found that within the CJLDS partnership shared practice, the bio-medical mental healthcare approach of CJLDS practitioners was operationalised by the dominant risk discourses in police custody. This effectively meant that police custody staff used the CJLDS partnership to meet a need of avoiding any deaths associated with custody, undermining the CJLDS' objective of diverting vulnerable detainees away from custody or the wider criminal justice system.

In the study of partnership practice at the intersect of joint working and practice in the custody suite, the site of physical interaction between the partnership organisations and the source of their shared object of practice, the research explored how the CJLDS identifies police suspects for diversion away from the criminal justice system and into treatment, care, or other support services. The identification of these beneficiaries is guided by an NSHE service specification, which sets out an "*all-vulnerability*" set of threshold criteria, a list of 14 categories of need, thus the research sought to answer the sub-question of how detainees are perceived as being "vulnerable" by police and CJLDS practitioners in the custody suite.

The research found 'vulnerability' a notion subjectively interpreted by practitioners informed by organisational, or occupational, cultures and therefore questions the use of 'vulnerability' in any future legislation or guidance. The study concluded that police perceptions of vulnerability in suspects directly affects which individuals became shared objects of practice for diversion.

Finally, the thesis sought to analyse power relations within the partnership, to explain how shared practice operates. A further sub-question asked how the operational culture in police custody affects CJLDS practice in the suite and beyond.

The analysis of discursive themes and constructions of research participants in the custody suite used *le dispositif* to describe the institutional culture operationalising shared practice (Foucault

1980). By explaining the institutional *dispositif*, the thesis concludes the present model of police partnerships cannot effectively deliver liaison and diversion outputs. Custody police and co-located CJLDS practitioners are not operationally driven by objectives to deliver liaison and diversion policy.

The thesis makes an original contribution to knowledge by exploring how the policy of liaison and diversion manifests in the shared working practice between police, health, and psycho-social practitioners in the CJLDS. Framed within an analysis of the power relations in the custody suite, the findings demonstrate how an exploration of power revealed through discourses, can offer insights into inter-disciplinary practice and organisational cultures, discussing the pros and cons that interprofessional collaborations bring to achieving or not achieving policy aims.

The focus on the language of vulnerability in policy, law, and guidance and its interpretation in practice, builds on recent research into this concept in English policing in the custody suite. While vulnerability has been debunked in other areas of social practice, the continuing and often awkward usage of the concept in criminal justice arenas, such as in custody suites, warrants review as illustrated by the findings of the research.

1.2 Thesis structure

This thesis has been structured into three parts, which are organised into ten chapters including this introduction. The first part in the next four chapters (2, 3, 4, and 5) is intended to frame the context of the study and detail the research approach. The three chapters that follow (6, 7, and 8), present the findings and analysis of the research. The final two chapters of the thesis (9 and 10) draw some conclusions to the analysis, by responding to the research questions. An overview of each chapter is summarised below.

The present diversion policy is provided in the second chapter of the thesis, to provide a background in which the present research is situated. The chapter then describes the localised context for this study, explaining the opportunities made available for this research by a Ph.D. studentship responding to a commission from a locally established CJLD partnership scheme, and the limitations of the study.

Chapter three is a literature review that firstly sets out what is known about the purpose and outcomes of the CJLDS, and secondly takes a wider review of literature that seeks to establish what is known about police partnerships and similar collaborations. The literature review positions the

research to fill a gap in knowledge of the intersection between diversion policy, interprofessional practice culture in police custody, and the conceptualisation of vulnerability in practice.

To date, the CJLDS has mainly been the topic of quantitative studies. These have sought to evaluate evidence of the schemes' assumed outcomes of improved health and reduced rates of offending for individuals who have been identified with health and social needs in police custody suites. Several, mostly atheoretical, qualitative studies of interprofessional collaborative practice within English police custody suites have been published in the context of a wider body of work. A lively debate on collaboration between public health and law enforcement (policing) has developed since the start of this century. This debate exists between scholars who advocate for such collaborations and those who recognise untraversable boundaries between these professional disciplines. Again, the literature is largely atheoretical, although the use of activity theory, habitus, and communities of practice theory has been used by some studies.

In tandem, there is discussion in the literature relating to the concept of vulnerability, and the use of the word in the language of policy and guidance. A recent study by Enang and colleagues (2019) found the concept of vulnerability problematic in policy implementation. Shared understandings of the term in interprofessional partnerships between law enforcement and health workers were absent (Enang et al. 2019).

The theoretical framework for the study is explained in chapter four; the research is guided by the key themes of vulnerability, institutional culture, and power relations. The approach to these themes was influenced by a small body of studies using *le dispositif* as a tool to demonstrate how power was exercised within an institution (Foucault 1980). *Le dispositif* effectively harnesses institutional discourses and practice. The exercise of power in social relations creates culture, and in institutions the culture becomes professional, thus Foucault's conceptualisation of the exercise of power through discourse, and his interpretation of *le dispositif* (Foucault 1980) is used as an analytical tool to understand how institutions can be tacitly operationalised. By using *le dispositif* in the theoretical framework in this research, the tacit institutional operating mechanism, of the CJLD partnership is identified.

The methodology of the research is discussed in chapter five, which firstly describes how the approach to this study was influenced by epistemology, positionality - and crucially - disruption to these planned processes created by the global SARS-COVID 19 pandemic. The chapter then describes the resulting research design and the methods used for data collection and analysis. An ethnographic research design relied on mixed methods to collect mainly qualitative, but also used

secondary quantitative data, relating to the practice and outputs of CJLDS staff in custody to identify and engage with detainees as shared objects of practice with police custody staff. Qualitative data were analysed in two stages; a thematic analysis preceded Foucauldian Discourse Analysis (FDA) (Ussher and Perz 2014). The qualitative findings were supported by a descriptive analysis of secondary quantitative data, collected by the CJLDS to monitor and evaluate the schemes. The chapter also explains the process of ethical consideration which resulted in approval for interviews with partnership practitioners' participants and the observation of shared practice in police custody suites.

The following three chapters six, seven, and eight present the research findings and analysis. Chapter six found that two key discourses prevail in shared practice in the custody suite, these discourses being analysed as themes within which detainee constructions are created. The analysis used data produced from the talk used in participant interviews and fieldnotes taken during observations of practice in the custody suite. The alternate discursive themes found custody was either a *carousel* for known offenders or a place of threat for *risky* detainees, constructed as first-time arrestees or those suspected of committing serious and/or "blame" offences. The themes and constructions were broadly shared by research participants in interviews and corroborated by observations.

The discursive theme of the custody suite as a place of threat reflects the observed *non-verbal* discourses of custody as a site to control and discipline those detained there. Research observations of the architecture and artefacts of the site of custody reinforce the themes in the talk of practitioners and their constructions of risk detainees. The custody suite, where shared practice is located, is a site purposed for the control and discipline of individuals.

The chapter introduces participant talk of vulnerability, and the analysis finds how vulnerability talk is commingled with threat and risk talk in custody, effectively replacing the conceptualisation of vulnerability as a criminogenic need in detainees. This commingled talk, which focussed on risk, was found to be widely shared between participants.

Police custody culture alternates between a discourse of a *carousel* of *established customer*s and that of custody as a *threatening environment*. Action is orientated by these discourses, as CJLD practitioners are positioned to verify and mitigate risk, making detainees constructed as '*risky*' the object of shared practice. This practice culture has implications for partnership models in criminal justice and health service commissioning, and questions the effect of partnership working in the achievement of the stated aims and outcomes of liaison and diversion policy.

Chapter seven is an exploration of how these discursive themes and detainee constructions function to orient the action which occurs in the custody suite. The discursive themes and constructions of the object of practice have created the police workplace culture in the custody suite. They function to make certain actions possible for practitioners. They also function to position the practitioners, and the findings begin to reveal how power is exercised in the custody suite; the CJLDS practitioners are firmly positioned by the discursive theme of threat and their action is orientated according to this theme. The findings show that CJLDS is not positioned by the *carousel* discourse and does not engage with *established customer*s as shared objects of practice. CJLD participants in custody orient their actions toward *risky* detainees in shared practice. Their positioning is shared by police participants who understand the CJLD's role and action in custody as verifying, managing, and monitoring *risky* detainees. The positioning and orientation of the CJLDS practitioners in custody meet police safeguarding objectives under PACE Code C (Home Office 2019).

In the final findings chapter (chapter eight) the findings reveal further exploration of the power relations in the partnership. The analysis of the practice repertoires of the CJLDS participants and their subjective experiences of the shared practice space confirms the discursive themes as indicative of *le dispositif* closely linked to police workplace culture. The talk data from interviews with CJLDS participants whose practice was based outside the custody suite revealed that vulnerability was constructed as an indicator of criminogenic need. These constructions were marginalised constructions of shared practice in the custody suite, where vulnerability talk by CJLDS participants was seen as an objective assessment of the risk of self-harm, or suicide. CJLDS practitioners were influenced by the nexus of practice *in situ, s*hared practice being orientated by (police) custody discourses.

CJLDS practice repertoires in custody prioritise *risky* detainees diagnosed with severe mental illness (SMI), effectively gatekeeping for local secure and community mental health services. CJLDS participants identified the practice of indicating the need for a Mental Health Act Assessment (MHAA) as their priority repertoire, followed by the referral of detainees with diagnosed complex mental health needs to community mental health services. These repertoires were perceived as meeting police custody needs, in addition to the verification of a mental diagnosis associated with the risk of suicide in custody or beyond. The qualitative analysis discussed in the chapter is further supported by descriptive statistics showing that CJLD caseloads (referred by the police) amounted to an exaggeration of referrals for *risky* unknown detainees, or those suspected of serious or first-time offences.

In chapter nine, the thesis concludes the analysis with a summary of the main findings and discusses the power relations of shared practice in the CJLDS partnership. Using an identified *dispositif* to describe the institutional culture and operationalisation of the partnership, consideration is given to how *le dispositif* affects CJLDS practice repertoires and how this institutional culture views vulnerability in detainees and the shared object of practice within the partnership. *Le dispositif* of the CJLDS partnership is to support the police in the safeguarding of professional reputations, by affirming and mitigating the risk of suicide perceived by police staff in detainees and individuals recently released from custody.

Chapter ten is the final episode of the thesis and brings the analysis to a conclusion with a series of remarks that critique liaison and diversion policy in general and the strategy of the current English model of embedding CJLDS teams in police custody suites. The chapter then brings the thesis to a close with recommendations for policy makers, service commissioners and practice managers, then offers a reflection on the thesis study's purpose to offer a new contribution to knowledge.

Chapter 2 Background and context of the research project

> "The history of the management of the mentally disordered in general and mentally disordered offenders in particular, illustrates the "re-invention of the wheel" phenomenon and its attendant snares and pitfalls" (Prins 1994, p.137).

2.1 Introduction

In this chapter the background of the research topic is set out, and the opportunities for the research project are described. The project was supported by Dorset Healthcare University Foundation Trust (DHUFT), and the Dorset Office of the Police and Crime Commissioner (OPCC), in collaboration with Bournemouth University (BU), as part of a matched-funded studentship. The studentship sought to explore collaborative or shared practice between front-line practitioners in the two operational organisations of the CJLDS partnership commissioned by DHUFT and the OPCC: The Dorset CJLD team and Dorset Police. The studentship offer was coupled with an invitation to consider this partnership as a research object, by guaranteeing access to custody suites as research sites and practitioners as participants.

The chapter begins with an overview of the English experience of diversion policy, before briefly situating the CJLDS partnership participating in the research, against this background. The chapter then continues to contextualise and discuss the research sites, police custody suites, and the foci of shared practice in the partnership. An overview of the implementation of the partnership, and the operational arrangements in place between Dorset Police and Dorset Healthcare University Foundation Trust (DHUFT) provide a structural context to the object of research. The planned source of data and rationale for selecting research participants are also explained.

The chapter concludes with the identification of several limitations to the research.

2.2 The path to Criminal Justice Liaison and Diversion Schemes (CJLDS)

Pre-court diversion schemes for young people have operated in the UK since (at least) the 1980s, referred to by some as the "decade of diversion" (Dignan 1992). Yet riots across the English prison estate in the 1980s, culminating at Strangeways Prison in 1990, were the trigger that led to the present iteration of the CJLDS.

Strangeways riot led to a key public inquiry led by Lord Woolf. The inquiry concluded that prison conditions were intolerable and recommended major reforms to the prison system, but Woolf also raised concerns over the high numbers of mentally disordered prisoners in an ageing prison estate badly equipped to meet health needs (Lord Justice Woolf 1991). His concern also highlighted the questions raised about the prison mental health service running parallel, but separate, from the NHS service run in the community (Lord Justice Woolf 1991; H M Inspectorate of Prisons for England and Wales 1996).

The high-profile events at Strangeways created an impetus to review the situation of mentally ill offenders, and the 1980s iterations of pre-court diversion included expanding the intervention to assess possibly mentally unwell detainees in police custody. These developments emerged from the recommendations of two government-led reviews. The first of these, the 1992 Reed Review into the situation of mentally disordered offenders, resulted after the need to reduce health inequalities for a marginalised (offending) population was questioned, and the financial inefficiencies of having separate health systems for custody and community was raised (Reed and Lyne 1997).

Reed's report, a *Review of health and social services for mentally disordered offenders and others requiring similar services* (1992), recommended that court-based liaison schemes that had been created for youth offenders in the 1980s (Hinks and Smith 1985) be extended and developed to identify court defendants requiring psychiatric care. Reed (1992) saw diversion as a process to identify mentally disordered police suspects or court defendants and refer them to treatment and away from prison (Reed et al. 1992). These court-based diversion schemes in England aimed to reduce the frequency and duration of remand for mentally disordered offenders, by providing psychiatric assessments to courts and diverting unwell prisoners to hospitals, bailing, or giving other non-custodial disposals (Exworthy and Parrott 1993). Although these court-based schemes have been replaced by police custody-based schemes, the CJLDS participating in this study do liaise with mental health services if service users are due to appear in court, and urge them to provide assessments for courts, providing the opportunity for magistrates to divert defendants away from custody.

In 1998 Crime and Disorder Act led to the creation of the first police partnerships, by recognising the role local authorities could play in the reduction of crime. Partnership arrangements included pilot diversion schemes based in police custody suites, which bought healthcare practitioners into shared practice with police custody staff (Reiner 2010). The evaluation of one such nurse-led scheme found

34% of detainees referred by police were so unwell they were directly transferred to hospital (James 2000).

Nearly two decades after Reed's recommendations, a second review of the situation of the mentally unwell in the criminal justice system was launched by the then Labour government. Led by Lord Bradley, he evaluated the patchy network of court-based schemes across England and Wales (Pakes and Winstone 2010), but James' (2000) study of a pilot custody-based partnership was key to informing Bradley's recommendations, which advocated a systematic police custody-based scheme for diversion (Bradley 2009). The Bradley Report (2009) was also influenced by the case for cost-efficiency savings made by campaigners, the Centre for Mental Health (formerly known as the Sainsbury Centre for Mental Health), which produced literature outlining cost-benefit data that further justified recommendations for partnerships (Parsonage 2009). Pakes and Winstone had also made the case for partnership, based on financial efficiencies (Pakes and Winstone 2010).

The Bradley report's publication occurred in the period following the 2008 financial crash, coinciding with government discourse of recession and the need for austerity. Drastic cuts to public services known as austerity measures were the economic policy enacted by the coalition government elected in 2010. Bradley's recommendations also chimed with the new coalition governments' rhetoric for criminal justice reforms in a proposed approach known as the "rehabilitation revolution" (Ministry of Justice 2013). Bradley's recommendations led directly to the creation of a network of police custody-based diversion schemes motivated by cost-efficiency and aspiring to dual outcomes of reducing reoffending and improving mental health. These were identified as the key objectives of the proposed new diversion schemes under the stewardship of National Health England (Bradley 2009; Parsonage 2009).

In summary, the CJLDS has gradually evolved since the 1980s. The diversion criteria for mentally ill offenders resulted from the crisis in the prison estate, created by poor facilities and overcrowding. Police partnership opportunities paved the way for collaborative approaches, supported by cost-effectiveness arguments in an era of austerity and cuts to services.

2.3 The development of a CJLDS team in Dorset

The present CJLDS model was developed to respond to the recommendations of the Bradley Review (2009), however the CJLDS in Dorset evolved from a custodial mental health service, conceptualised at the time of Lord Bradley's review, yet established several years before the NHSE national roll-out began. The Dorset Healthcare University Foundation Trust (DHUFT) commissioned a pilot mental

health scheme in police custody suites to screen detainees, to determine mental fitness for police-led criminal justice processes, detention in custody, and witness interviews in 2010. The team's role included advising police on accessing appropriate services for those not in the mental healthcare system (Sadler 2019). DHUFT gradually added functions to this service, including liaison with relevant agencies for those currently in treatment and fit to be dealt with, and diversion into mental health services for those too unwell to go through a judicial process. These functions helped to transfer the burden of gatekeeping mental illness away from the police and were seen to be effective in this, with the CJLD team winning accolades for the service.

2.4 The police custody suite as the site of the partnership

Dorset Police have three custody suites, located in the towns of Bournemouth, Poole, and Weymouth, however only two of these are operational at any one time. The main custody suites used are in Bournemouth with 37 cells and Weymouth with 19 cells, whilst Poole police station has a reserve custody suite which is typically used during maintenance or refurbishment of the main suites.

Bournemouth, Poole, and Christchurch (BCP) represent an urban unitary authority with a significant transitory student and tourist population. Weymouth is a much smaller seaside town, and police based here serve the mainly rural community in the Dorset Council area. Table 1 below summarises key demographics of the local authorities in the area where the partnership operates, compares local and national arrest data, implementation of Appropriate Adult safeguarding needs, and rates of engagement with the CJLDS.

Table 1 Demographic information for the area of research 2021

Custody suite location	Bournemouth, serving BCP authority area	Weymouth suite, serving Dorset authority area	England and Wales
Population Census 2021	400,300	379,600	59, 597, 300
Population percentage BAME (2011 census)	16.2%	4.4%	19.5%
Unemployed (2011 Census)	3.3%	2.8%	3.9%
Arrests per annum (2020/21) (UK Government 2021)	Dorset Police 5,512		645,136
Offence rate per 1000 year ending 2021 (National Statistics Year ending 2021)	Dorset Police county-wide 63		85
Engagement with CJLDS year ending 2021 (source NHSE LDIPS)	NHS county-wide 1096 (7.81%)		68,581 (6.96%)
Police recorded Appropriate Adult need (Bath and Dehaghani 2020)	Dorset Police county-wide 6.86%		6%

The age and architecture of police custody suites vary throughout England and Wales, the suites where CJLDS custody practice, the topic of this study, are of a relatively contemporary design (completed in 2002 and 2010). They both comprise a typical layout; within an atrium, the "bridge" faces the entry to the suite through two locked doors. The bridge is a heightened workstation at a raised level (50cm), and an arrestee will be "booked-in" to a cell while they are standing between two arresting officers before a Desk Sergeant seated on the bridge. The arrestees are positioned slightly below eye level and speaking via a screen. Arrestees sign legal documents via a screen inserted at (their) waist height using a touch pen, sometimes while cuffed to a police officer (fieldnotes, September 2021). When detention is authorised, detainees can be searched, either before the bridge using a metal detecting wand or taken to a side room to be strip-searched. Strip searches are systematically ordered for any mention of drug misuse (fieldnotes, September 2021). Detainees have personal belongings - including belts and shoelaces- removed, and those known for a tendency to self-harm are clothed in rip-stock (see Glossary of terms, below.)

Following the booking-in process, detainees are escorted by a detention officer (DO) to the cellblock and locked into an individual cell for a maximum of 24 hours. Each cell contains a bed-level sleeping

area, a WC, and either a buzzer or an intercom. Some cells are fitted with a camera, allowing surveillance via a bank of video display screens on the atrium bridge (see Appendix 5.) There is no natural light in the cells, and a dimmed light provides 24-hour illumination. In the absence of any clock, detainees can only know the time of day by asking police custody staff. In the Bournemouth custody suite, some cell doors have been replaced with glass to ensure constant observation, but in most cells a sliding hatch, or peephole, enables surveillance by custody staff. The cellblocks are situated along corridors leading away from the atrium; on occasion detainees can be heard in the cellblocks from the bridge (fieldnotes, 13 September 2021).

Detainees are offered food, drink, showers, and access to a small, enclosed yard for exercise, and a larger unheated cell with air vents. They are also permitted discretionary monitored phone calls with family, guardians, or the Samaritans. Artefacts can be offered to detainees wishing to occupy or distract themselves, this can include reading matter – taken from a collection of donated magazines – or a foam football. The foam football was the most utilised of the two artefacts, usually by a visibly agitated or distressed detainee. It was seen being kicked, thrown, hugged and in one instance, ripped into pieces and stuffed into the toilet (fieldnotes, 13 September 2021).

Custody staff regularly experience and anticipate aggressive behaviour from detainees. These behaviours range from vocal to physical and for the latter, staff are equipped with defensive equipment strapped onto their belts. These include a baton, PAVA spray, and handcuffs; staff also carry a hook for cutting ligatures. Some detainees enter the suite having been r*ed spotted*, a police colloquial term to describe when the laser aim of a taser is projected onto the target at the point of arrest, posing the threat of potential pain from a taser dart (fieldnotes, 18 September 2021).

The custody processes aim to collect evidence (interview and physical). This evidence includes DNA sampling, fingerprinting and photographic images, which are collected by detention officers in a separate area of the suite, accessed from the atrium. Other samples, such as bodily fluids, are collected by a Health Care Practitioner (HCP), in a health consultation/examination room. In England and Wales, these processes are subject to the Police and Criminal Evidence Act 1984 (PACE) and Code C and other codes of practise regarding the rights and treatment of persons arrested (College of Policing 2021). Code C operates as guidance for the processing of suspects who are identified as *children* (under 18 years old), or *persons with a mental disorder,* referencing the MHA (1983) in the definition of that mental disorder (1.13d). The main objective of Code C is to ensure the robust collection of evidence during the police investigation process, and those identified as children or with a mental disorder, may be *particularly prone in certain circumstances to provide information*

that is unreliable, misleading, or self-incriminating (PACE, section 1.3). Children and Vulnerable Adults must be accompanied by an Appropriate Adult during arrest procedures, the reading of rights, and the collection of evidence outlined above, as well as during any interviews.

The core role of police custody staff is to ensure safe custody for all detainees in the suite (College of Policing 2019), guided by PACE (1984) Code C. The safeguarding in custody and overall authority for all custody practice, decision-making and responsibility for adherence to Code C, lie with the Desk Sergeant (CO), also known as the desk sergeant. The Custody Sergeant decides to authorise or refuse the detention of any persons presented before them, and crucially they ensure that while detainees are in the custody suite, police officers, and all other police personnel adhere to Code C of PACE (1984) (College of Policing 2022). Detention Officers (DO) assist CS and other police officers in processing people who have been arrested and detained in a police custody suite. The DO also holds responsibilities relating to the care and welfare of the detained person (College of Policing 2022). Investigating officers are other police officers who can be seen to frequent the custody suite, but infrequently share practice with the CJLD. Their most frequent lines of communication with the team are more likely to concern persons referred for voluntary interview in the community.

2.5 Implementation of partnership

Following on from the recommendations of the Bradley Report, the strategy of co-locating CJLD and police custody practitioners aimed to facilitate information sharing and joint decision-making around the policy of liaison and diversion. Joint or shared practice between the CJLD and the police where this study was conducted occurs almost entirely in the context of the custody suites operational in the force area. A team of practitioners, broadly comprising health and social care professionals, are embedded into police custody suites under the framework of the national CJLDS', they embody a partnership strategy to liaise and divert individuals arrested by the police.

According to the logic of the NHSE service specification for the CJLD, the objective of CJLDS is to identify and meet the needs of vulnerable suspects referred by police, guided by a set of *all-vulnerability* criteria (National Health Service England 2019). PACE (1984) Code C has been amended several times since 2003 to facilitate partnership practice. As such, HCPs have been commissioned by police force areas to provide healthcare in custody suites since 2003 (Bond et al. 2007; De Viggiani 2013). However, the objectives of PACE (1984) Code C to safeguard custody do not cohere with the objectives of the CJLDS service specification (NHS England 2019).

The figure (1) below shows that most referrals to the CJLDS are made by the police (97%), and of those referrals, the majority are of those detained in custody (77 % by custody police and 3 % by the CJLDS team in custody.) With almost all referrals coming from the police, the initial contact and engagement with any service user will be in the context of either the police custody suite, or in the case of voluntary interviews, in the police station.

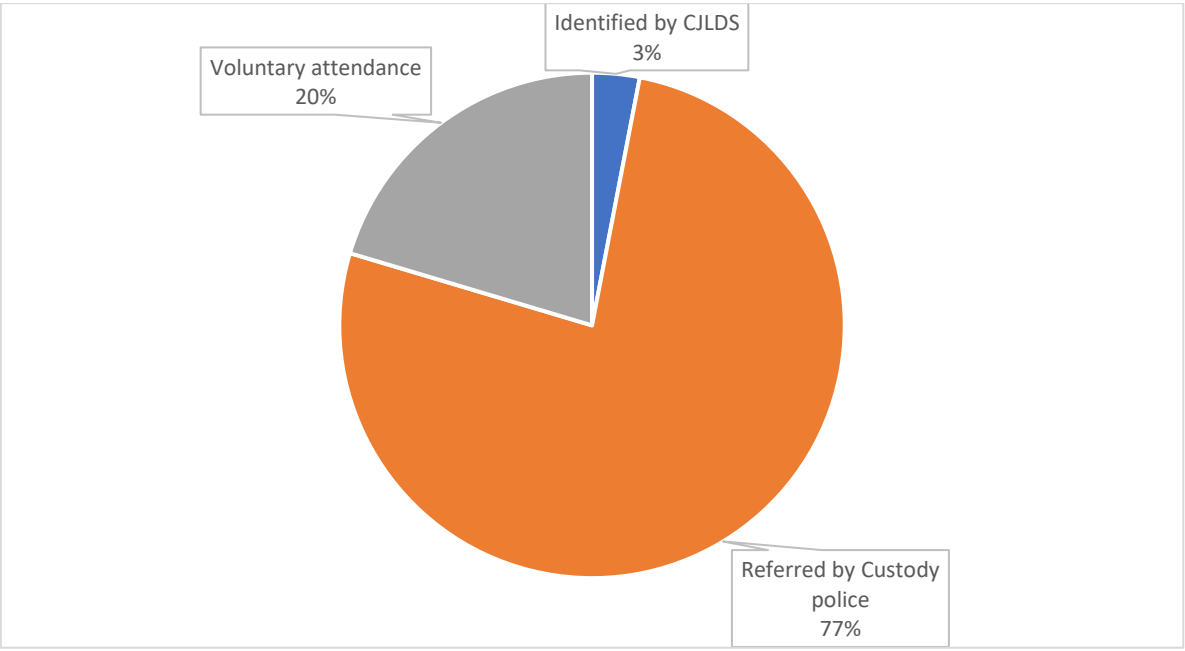

Figure 1 Source of CJLDS referrals in Dorset 2021-22

In this case study, DHUFT drew up an operational policy (Sadler 2019) with the expectation of its dissemination, and implementation as guidance amongst police custody and CJLD staff alike, however, a preparatory period of shadowing the CJLD team in custody indicated that awareness of this policy may not be shared by police and other custody staff. It was found that while CJLDS practitioners in custody frequently referred to their operational policy, police custody staff were unaware of the policy's existence.

This expectation was explored further during the data collection process and analysed in the findings (see Chapter 8, below). Effectively, there was no common governance structure, unified management system, or formalisation of practices and procedures. PACE (1984) Code C was updated in 2019, to include a role for CJLD teams to provide information to Desk Sergeants *for the purpose of determining a vulnerable adult*. The recent (2019) PACE amendment was not acknowledged by the CJLD practitioners in this study, although police custody staff were aware of these changes, which for them vindicated their perception of the CJLDS. In the present study of custody suite practice,

workplace culture and police discretion establish the patterns of collaboration. Partnership institutional guidance was unknown, ignored, or overlooked. If collaborative practice is formed by organisational structure, police legal parameters for operations under Code C of PACE (1984) direct custody practice. Increasingly, guidance from the College of Policing to safeguard and manage offenders with mental health issues was cited by police participants, during communications with the CJLDS.

The Dorset CJLDS Operational Policy (2019), while reflecting the aims and objectives of the national specification, does not consistently convey the *all-vulnerability* criteria (NHS England 2019) The policy rests in the domain of the CJLDS team, and was not known or shared with police custody staff, who relate all practice to adherence to PACE, or the College of Policing (fieldnotes, September 2021).

Opportunities for diversion.

There are two ways by which suspect and convicted offenders can be diverted out of the criminal justice system, either via criminal justice powers or through the MHA (1983) (Bean 2001). Criminal justice powers can be used when the police decide to take no further action or to issue a caution, or the Crown Prosecution Service (CPS) chooses not to prosecute or to discontinue a prosecution. Secondly, a court may decide to give bail or give alternatives to custody.

Detainees in police custody or prison can be assessed by a psychiatrist, an Approved Mental Health Practioner (AMHP), and another medical practitioner such as a GP, under section 3 of the Act, and be compulsorily admitted to hospital, should they be assessed as a danger to themselves or others due to mental illness. Courts can also, on receipt of psychiatric advice, remand a defendant to hospital for assessment or treatment and use hospital and guardianship orders.

Detainees are the focus of joint working in shared practice; most referrals to the CJLD in this force area are made by police Desk Sergeants. In practice, the risk screen carried out by a police custody sergeant immediately after arrest, where symptoms of mental ill health, the use of medication, or certain disclosures from the detainee for PACE (1983), serve to trigger police referrals to the CJLDS team. Of the 8,011 arrests made by Dorset police in 2020-21, 1,098 of these were referred to the CJLDS, who assessed 1001 of them for threshold criteria (Source: CJLDS Dorset.) Although recognised as referrals by the CJLDS, the police request is to seek mental and other health information which can detect non-disclosed disorders, or verify any disclosures made. Only 2% of the CJLDS caseload are *not* referred by the police.

The predominant activity of the embedded CJLDS team is to screen and assess detainees or other suspects arrested and asked to voluntarily attend an interview with the police (Interviews, February 2021). The CJLDS practitioner's role also involves referring or re-referring detainees and police suspects to community services, or the CJLDS community support service. The identification of an individual's needs also results in CJLDS practitioners advising police custody staff such as recommending an Appropriate Adult (AA) or calling for a Mental Health Act Assessment (MHAA).

2.6 Recruitment of research participants

Scoping and rationale

The research questions and design were developed during preparatory scoping in the early phase of the project. Much of this process relied on the shadowing of the shared practice of police and practitioners in the custody suite. The support of Dorset CJLDS and Dorset Police to this project meant the research was automatically able to benefit from two gatekeepers. These gatekeepers from the police and the CJLDS helped to obtain police security clearance at the start of the project, permitting the researcher access to the custody suites. The shadowing in police custody provided an opportunity to introduce myself and the potential study and hold informal discussions with practitioners and police custody staff. These views and ideas, and those of the partnership managers from the police and CJLDS, revealed an interest in the research and generally expressed a need for an understanding of how the partnership model operated in practice, or if it worked. The partnership wanted to know how collaboration had been interpreted by the two organisations in shared practice. The CJLDS wanted to know if there was any effect of this assumed "collaborative practice" on the aims and outcomes of the policy.

The collaborative, or shared object of practice, were police-involved individuals who have been invited to attend a voluntary interview with the police or who have been detained by them in custody. The preparatory scoping for the research did not provide an opportunity to seek the views of police-involved individuals, nor to explore whether they would have been interested in participating in the study. However, plans to recruit research participants, known to have engaged with the CJLDS, were discussed with the supervisory team. The suggestion of placing requests for research participants in strategic locations, such as probation offices, court waiting rooms, and police stations, or by word of mouth through solicitors or support workers was proposed and approved by the BU ethics committee. However, the planned research underwent an extended development period due to unforeseen circumstances (see section 5.4 below), and the research

topic eventually focussed on the experience of the police staff relationship with partnership practitioners in police custody suites, detainees were not the priority research object, and their eventual participation was minimal.

Process of recruitment

Managers from CJLD and Dorset Police pledged to facilitate access to the police custody suites and to facilitate the recruitment of frontline practitioners as research participants. A pool of potential research participants was identified. Firstly, CJLDS staff whose role involved daily contact with the police, mainly as their role locates them in police custody suites. These potential participants included (8) Mental Health Practitioners (MHP), in the suite during daytime hours, six days a week. MHPs, are typically qualified mental health nurses, social workers, or learning disability nurses, and are responsible for screening referrals and conducting psycho-social assessments on individuals in custody, or in the case of children or adults called for a voluntary interview, in the community or a police interview room in a police station. The MHPs also supervise caseloads of individuals they have referred to other members of the CJLDS team, (7) support time recovery workers (STRW). STRW were also identified as research participants, as they have regular-sometimes daily- contact with police and often visit detainees in custody. Yet their main role is to support individuals' post-custody for up to four weeks (adults) or eight weeks (children).

Secondly, research participants were sought among police staff who have daily contact with the CJLDS. In Dorset Police custody suites, four police squads are deployed on a 24/7 basis; the 12-hour shifts run on a rota of four days, four nights, and four rest days. Each squad comprised between 7 and 10 staff members, a mix of custody or "desk" Sergeants and detention officers (DO). Within these squads, (>36) police custody staff members, most of them with years of experience in police services, could be available as research participants.

2.7 Limitations of research

As with most research, the current study was subject to several possible limitations. Firstly, CJLDS user voice data was not collected and is absent from the analysis. Detainees, ex-detainees, or individuals invited to attend voluntary interviews could have been asked to interview and offer valuable insight into the research. However, despite the development of these plans, the eventual project design described in chapter 5 (below) was restricted by practical and ethical issues, which prevented the collection of user voice data. These issues relate to the restrictions imposed by legislation and guidance created by the SARS-COVID 19 pandemic. It is recommended that further

research into CJLDS partnerships must seek user voice during data collection to complete any future analysis of power and subjectivity with this institution.

Another limitation of this research was the lack of effective feedback from research participants post-data analysis. This research was primarily funded by an NHS University Trust and the Office of the Police and Crime Commissioner (OPCC), whose interest lay in the efficacy of the collaboration in the CJLDS partnership model. Gatekeepers who represented the link between funders and practitioners contributed to the development of the research questions, with an interest in any findings and recommendations emerging from the research. However, a change of personnel, time, and ongoing resource issues with staffing teams has meant that feedback from research participants on research findings and recommendations has not been possible by the time of writing. An online presentation of the research was given to the CJLDS team and feedback is pending. There are plans to present and discuss the findings with police participants and a wider stakeholder group, including DHUFT and the OPCC.

Research findings were ideographic in that they are unique to the case of the CJLDS partnership in Dorset, its demographics, and geography. The research participant sample was limited to findings for this area, yet because the CJLDS model has been replicated in police partnerships based in custody suites across England, findings may be reproduced in other locations. However, this cannot be known for certain and so it is recommended that research be extended to explore partnerships at other sites, given the implications of findings on national liaison and diversion policy.

Lastly, since the pandemic posed restrictions on working arrangements, the CJLDS have continued to split their shifts between homeworking and being in proximity to the police in custody; they are situated in offices inside the police stations, but outside the custody suites. The effects of these changes throughout the research project may not be accounted for in the final analysis.

2.8 Summary

This thesis is based on a research project created by a Ph.D. studentship supported by a police and health commissioned CJLDS Partnership. The studentship funders invited the researcher to investigate a CJLDS partnership developed to respond to local needs, but currently forming part of the national NHSE network to which it reports. The research was assisted by the recruitment of participants drawn from partnership practitioners based in police custody suites and gatekeepers who were partnership managers. Several research limitations are acknowledged and have been outlined at the end of this chapter.

A review of the wider extant literature which establishes a research gap for the study follows this chapter.

Chapter 3 A review of the literature

> "Interprofessional collaboration is an interpersonal, interdependent process by which members of different disciplines act from a collective ownership orientation and arrangement, which contribute to achieving shared, compatible goals that cannot be reached by each profession separately." (Sullivan and Skelcher 2017, p.33).

3.1 Introduction

This chapter begins by outlining the process of selecting literature from which the topic of this thesis is contextualised. The extant literature resulting from searching, sifting, reading, and evaluating is then reviewed in the remainder of the chapter, where gaps in the knowledge are identified. The main body of the chapter explores the current CJLDS model for the delivery of liaison and diversion services in England through police and NHS-commissioned partnerships and analyses arguments in the wider literature of interprofessional collaboration and workplace cultures.

3.2 Methodological approach to a literature selection

The method used for this literature review developed from an original online search using the Bournemouth University library search tool. Keywords derived from draft research questions were used to develop search terms for literature over 20 years (1999-2019), however these queries yielded limited results and the search was subsequently continued manually. By searching for references to several articles produced with the online search, such as the recent scoping review of international studies into vulnerability in collaborative practice (Enang et al. 2019), a wider range of studies was identified. The period of the literature review was extended from the initial online search to include studies focusing on British mental health policy dating back to later decades of the 20th century. Citation tracking using Google Scholar was utilised for older literature, and this produced a wider range of references on collaborative practice and diversion schemes established before Lord Bradley's review in 2009 (Bradley 2009).

The electronic and hand searches found relevant literature from a variety of scholarly disciplines including criminology, health, psychology, and social policy, and included grey literature, policy, and legislation. Only works in English were reviewed, and most studies were based in Europe, Australasia, and North America.

There has been limited study of the current iteration of the NHS England CJLDS, as the completion of roll-out across England was only recently achieved in 2021. Bradley's (2009) recommendations were informed by limited studies, but emerging studies and evaluations marking the 10 years since the

initiation of the roll-out, offer some insights into the successes of the model (Disley et al. 2021). This thesis aims to build on these insights and contribute by focussing on the shared working practice in such partnership models. At the time of writing there is no research linking the outcomes of the current CJLDS model in England to the strategy of partnership working. This review of the wider literature situates this contribution to knowledge.

3.3 Structure of literature review

This review has two parts. The first part reviews diversion as a policy and the strategy of the current CJLDS in England. The section continues with a discussion of literature and legislation which considers the purpose of the model and the threshold criteria for the intended beneficiaries of diversion, it then seeks to assess the evidence of recent research and evaluation of the CJLDS model on the scheme's outcomes. In the second part of the review, interprofessional collaboration is explored as a strategy to enable diversion by discussing literature that supports or challenges crossing disciplinary boundaries, in particular models of collaboration between police and health or social care professionals. The section concludes with a brief overview of the occupational and institutional cultures brought together in the shared practice of the CJLDS partnerships. The cultural challenges of interprofessional collaboration in partnerships for achieving diversion outcomes are proposed in the final section of the chapter.

The literature reveals the challenges in diversion policy, the criteria for identifying the beneficiaries of the intervention, practice outputs, and the outcomes for policy, particularly in collaboration between practitioners from diverse fields. It demonstrates how outcomes of the policy are unclear, in that a detailed understanding of how practice occurs in collaboration is largely absent from the literature. The chapter concludes with a summary of what is known about the challenges of the collaborative practice CJLDS model in achieving outcomes and establishing gaps in literature and knowledge, which have informed the research questions of the thesis.

3.4 Diversion policy

In this section, the aims and objectives of the current diversion policy found in research, legislation, and grey literature which have constructed the aims and criteria of the current iteration of liaison and diversion in England are reviewed.

Aims and objectives of diversion

In the (2009) report of Lord Bradley's review, liaison and diversion aimed to support *offender*s by signposting them to local services, on the understanding that intervention at the police station may contribute to the prevention of more serious offending in the future (Bradley 2009). Bradley saw a dual purpose in the strategy of embedding CJLDS teams within police custody suites. In addition to the opportunity to identify and assess mental health problems and learning disabilities for diversion at a very early stage, the mental health team might also obtain information that can be shared along the criminal justice pathway, including:

> "To inform the police in their risk assessment and handling of an individual, but also to inform charging and prosecution decisions by the police and Crown Prosecution Service (CPS) and further decisions at subsequent stages of the criminal justice system." (Bradley 2009, p.131)

Bradley's report (2009) describes a model of police-based schemes led by Criminal Justice Mental Health Teams. Later, NHSE developed a revised moniker, the teams are currently referred to as 'Criminal Justice Liaison and Diversion Teams' (National Health Service England 2019).

The discourse that diversion should be away from custody when criminal behaviour suggests the presence of mental illness, underpins the Home Office Circular No. 66/90 on the treatment of mentally unwell offenders (Home Office 1990). The circular, which promoted multi-agency collaboration as a strategy for achieving its aims, signalled the start of a process toward diversion policy, and was founded on the success of youth and psychiatric diversion court schemes piloted in the 1980s. The discourse that the mentally unwell should not be in prison coincided with growing awareness of the negative repercussions of bringing mental health care into the community, and a series of high-profile prison riots in the prison estate during 1990 (Lord Justice Woolf 1991).

Improving mental health

The 1983 Mental Health Act brought the UK in line with an ideological discourse towards care in the community for the mentally unwell with the de-institutionalisation movement, the closing of asylums and other mental institutions, and the provision for mentally unwell individuals to be diverted from (criminal justice) custodial settings to hospital for assessment and treatment (Prins 1994; Bean 2001; Peay 2017). Yet the fact that services for the mentally unwell have changed considerably since the last decades of the last century means this has been recognised as creating a direct impact on the numbers of mentally disordered individuals entering the criminal justice system (Cummins 2016).

Prison overcrowding compounded by poor conditions in the prison estate, including the absence of adequate provisions for health care, was seen as the main cause of prison riots, culminating in 1990 with the high-profile Strangeways riot (Allison 2010). An inquiry into the riots led to over 200 recommendations, including the diversion of mentally disordered remand prisoners away from prisons by using bail schemes and special hostels, or secure hostels (Lord Justice Woolf 1991). This strategy can be seen to rapidly reduce problematic prison populations - potentially at the root of riots - and was adopted by the Home Office, who also promoted the view that prison was an unsuitable place for those suffering from mental disturbance (Lord Justice Woolf 1991). The purpose of diversion - removing unwell psychiatric patients from prison into hospital or care – is seen as a humanitarian response, but also serves to reduce the stress on the overstretched and under-resourced prison estate. Prison inspection reports from the 1990s focussed on the capacity of prisons to care for psychiatrically unwell prisoners, rather than on the waiving, or suspension, of prison and punishment (H M Inspectorate of Prisons for England and Wales 1996).

The Reed Report (1992) recommended diversion as a process to identify mentally disordered police suspects, or court defendants, intending to refer them to treatment and away from prison (Reed et al. 1992). Care over punishment was implicit in Reed's recommendations, yet there is debate over how this met the aims of the health practitioners of diversion in the 1990s and early 21st century. Pakes and Winstone (2009) argued that, despite assumptions that diversion took the mentally unwell out of the criminal justice system and into health services, that outcome was never the main objective of pre-Bradley (mainly) court-based services, rather these schemes aimed to identify mental illness in police suspects and liaise with the criminal justice system (Pakes and Winstone 2009). However, their claims are countered by an evaluation of an English court-based psychiatric liaison scheme, which aimed to reduce the frequency and duration of remand for mentally disordered offenders' study, effectively diverting them from prison (Exworthy and Parrott 1993).

There is a suggestion in some literature that criminal behaviour indicates the presence of unmet mental health needs in police suspects (Bean 2001; Bradley 2009). The assumption that diversion promotes care over punishment is evident in the wider international literature. Scott et al.'s systematic review (2013) recognises that the Bradley review's recommendations are for mentally disordered suspects to receive treatment or care in place of punishment (Scott et al. 2013). The expectation is that diversion services aim to refer police suspects (back) into community services on the premise that they have been unable to access them, yet the process of determining within the current model which individuals should be referred for care and treatment from health or social services and how they are diverted away from the criminal justice system, is not made entirely clear

in the current service specification (NHS England). The findings of Scott et al.'s review found variations in outcomes between models and service delivery (Scott et al. 2013).

Reducing recidivism

The idea that the commission of a crime results from an unmet need has always underpinned the practice of juvenile liaison schemes, the first of which was started in the 1980s (Hinks and Smith 1985). These schemes predated a theoretical framework introduced in the USA in 1990, known as the Risk-Need Responsivity Model (RNR) (Bonta and Andrews 2007), which cemented the term "criminogenic need" into criminal justice lexicon in the UK towards the end of the 20th century. Claims that the presence of a mental disorder predicts problematic symptoms and behaviours, including those of criminal offending, have led scholars to link unmet mental health needs with the concept of criminogenic need (Lamb et al. 2002; Skeem et al. 2014; Skeem et al. 2015). Associating mental disorders with (criminal) behaviour also connects mental health to the problem of recidivism (Lamberti 2016).

The adoption of the RNR model by the British criminal justice system, and the conceptualisation of unmet mental health needs as criminogenic, inevitably linked liaison and diversion practice to the growing issue of recidivism in the UK. Government and local public protection discourses have been dominated by the need to reduce re-offending. Finding strategies to reduce reoffending have defined the UK criminal justice approach since the start of the 21st century (McNeill and Whyte 2013). While English criminal justice agents and organisations continue to be modelled on the principles of RNR, both policy-makers and criminal justice practitioners have also developed an interest in the Good Lives Model, which builds on RNR but focuses on assisting individuals to develop and implement meaningful life plans which address their needs and reduces offending lifestyles (Ward et al. 2012).

The aim of reducing reoffending through diversion from custody was alluded to in James' (2000) key evaluation of the custody pilot in the 1990s. The evaluation suggested that diverting mentally unwell detainees suspected of minor offences to hospital may prevent more serious future offending (James 2000). Reducing reoffending was thence highlighted as a liaison and diversion objective in the Bradley report, and several studies cite the objective of the CJLDS as identifying and responding to the unmet health and social needs of police suspects and improving public protection, by reducing the risk of re-offending (Scott et al. 2016; McKenna et al. 2019; Kane et al. 2020).

Connecting mental disorders with criminogenic needs is contested. Morabito (2007) sees no connection between mental illness and crime, pointing to the failure of mental health care in reducing crime, and citing evidence that re-offending rates are essentially the same for people with mental illness and those without. Morabito argues that offenders with mental illnesses commit crimes due to hostility, disinhibition, and emotional reactivity, which are the same criminogenic factors that relate to the commission of crimes by all offenders, regardless of mental health status (Morabito 2007). Anckarsäter and colleagues explore the assumption that mental disorder is a cause of crime (Anckarsäter et al. 2009). In a conceptual analysis of mental health, crime, and implied causation, they compellingly demonstrate the absence of links between these concepts. Attributing mental causes to criminal behaviour is biased, creating disproportionate attention when it comes to explaining such behaviours (Anckarsäter et al. 2009). The separation of mental disorder from criminogenic need is an important argument, and a key narrative that has been under-explored, or overlooked, by policymakers in the delivery of diversion schemes. The effect of this oversight has potential repercussions for practice. How practitioners (and their institutions) construct links between mental disorder or illness with offending, will underpin institutional culture and approaches to their object of practice and the desired outcomes of it.

Arguments for diversion to extend beyond improving mental health or reducing recidivism have been made. Complex interventions by liaison and diversion schemes should be tailored to an individual's needs when they encounter the criminal justice system (Dyer 2013). Dyer (2013) argues that diversion schemes should be holistic and patient-centred (Dyer 2013). Dyer's argument stems from research indicating an absence of uniformity from one team to the next, and hints at professional subjectivity and joint understanding in responding to individuals (Dyer 2006, 2013).

Specific practice objectives have been less clear-cut. The current NHSE Liaison and Diversion Service Specification states that:

> "Diversion should be interpreted in its wider sense, referring to both diversion out of, and within, the youth and criminal justice systems." (NHS England 2019, p.66).

Furthermore, NHSE continues:

> "Access to CJLDS services by individuals with identified vulnerabilities does not imply that they will avoid appropriate sanctions imposed by the YJS/CJS, but that the process will be better informed, and access to appropriate health and social care interventions will be improved." (Ibid)

The implication that certain individuals should be diverted away from the criminal justice system is not evident in these statements. The statement precludes any clear objective for the present diversion policy. The literature shows that diversion schemes have followed a pattern of treatment over punishment, with an understanding that treatment meets criminogenic and mental health needs, and therefore reduces recidivism. Yet the current policy aims to provide better access to interventions, without detailing how. This does raise the question as to whether the current scheme delivers outcomes for all these objectives or possibly even none. Understanding how practice shapes the delivery of outcomes is somewhat unclear from the literature and provides a rationale for further research.

The criteria for diversion

There are different motivators for diversion, and as such it must therefore be considered who should benefit from diversion and how should they be identified for intervention by its practitioners. This section considers the changing criteria to identify individuals for diversion and discusses the current "*all-vulnerability*" criteria in the context of vulnerability conceptualisations.

Mental illness and capacity

Diversion opportunities for individuals suspected or convicted of offending currently exist in many modern democracies, yet the beneficiaries of policies have varied over time. In Tudor England, the removal of criminals from the penal process was allegedly due to perceptions of their mental state (Prins 1994; Foucault 2003), and this tradition of targeting individuals with a lack of - or reduced mental capacity - such as police detainees with mental illness or learning disabilities continues (Benton 1998). Capacity and culpability, implicit in immaturity (children and young persons), and an absence of criminal responsibility (mentally unwell) were the original core concepts behind the threshold criteria in deciding who should be diverted (Prins et al. 1993; Bean 2001).

The term "mentally disordered offenders" presents an awkward category on which to base a policy and identify its aims (Peay 2016). Peay (2016) discusses the difficulty of any policy which defines a specific group for intervention, and one that is covered by broad and unworkable definitions and "acute terminological inexactitude" (Peay 2017, p.642). She warned that a lack of definitional focus risks a politicised approach to those caught up in the criminal justice system, and the potential of inconsistent or even punitive responses (Peay 2017).In questioning whether any policy should address offenders who have mental disorders, or people with mental disorders who have offended,

the distinction matters, as these groups require distinct responses which are not always compatible (Peay 2017).

One argument for a more detailed conceptualisation of mental disorder in policy, attempted to draw out co-occurring issues such as poverty and homelessness (Draine et al. 2007), is to expand on the concept of 'mental disorder' as defined by the Mental Health Act (2007). The (2007) Act was indicated as the threshold for diversion in the recommendations of the Bradley review, produced in an era of government austerity and dangerous prison overcrowding and deaths. However, since NHSE began leading the implementation of diversion policy after the Bradley review, the lexicon around mentally disordered suspects and offenders changed. In 2015, mental health campaigners - the Centre for Mental Health - collaborated with NHSE to develop the standard Service Specification for the CJLDS to develop a "multiple vulnerability" criterion threshold for diversion which extends way beyond any definition of mental disorder in drawing out co-occurring and other criminogenic needs (Durcan 2019).

All-vulnerability criteria

For the CJLDS to adapt and focus on an 'all vulnerability' set of criteria significantly expands the assessment process from identifying mental health needs to a wide range of factors for assessment and potential intervention in engaging with suspects under the Support Time Recovery (STR) programme (National Health Service England 2019). The figure (2) below reproduces the list of *all-vulnerability* threshold criteria for referral to the CJLDS.

These criteria represent a significant expansion for CJLDS, by dramatically increasing potential caseload numbers beyond that of suspects presenting with a mental health disorder.

Figure 2 NHSE All-vulnerability criteria

The *All-vulnerability* threshold criteria for CJLDS referrals (NHS England 2019)
➢ those with complex, severe, or persistent health needs, ➢ those with learning disabilities, ➢ those with substance misuse issues, ➢ those with acquired brain injury, ➢ those with autistic spectrum disorder, ➢ those who have, for example, problematic relationships such as intimate partner violence, changes of personal circumstance (such as being homeless, leaving the armed forces,) as well as 'problematic behaviours', such as sex-offending or sex working, ➢ those with severe or complex emotional/behavioural difficulties requiring mental health and social care support that require enhanced specialist community intervention as part of an integrated multi-agency package of care, ➢ those with multiple sub-threshold needs, ➢ repeat offenders, ➢ veterans, ➢ females, ➢ those experiencing homelessness, ➢ those at risk, including being at risk of domestic violence, or other safeguarding issues, ➢ service users in acute crisis with an eating disorder, depression, risk of suicide, psychosis, escalating self-harm, personality disorders, ➢ service users from a minority ethnic or minority cultural background, including Gypsies and travellers.

These criteria, in relation to a certain concept of vulnerability, aim to link the criminal justice system with the NHS-commissioned CJLDS teams, where prioritisation is given to the identification, assessment, and management of suspects (and offenders) concerning this list (Enang et al. 2019). The criteria are reductionist in that they place vulnerability into the realm of positivism, leaving the interpretation of individuals' vulnerability as a series of factors that can be identified or verified by police and CJLD staff in a tick-box exercise, rather than the subjective experience of the concerned individual. The criteria also take for granted that CJLDS practitioners have both the ability and the

capacity to respond to these complex factors or are able to access a wider range of specialist community services.

This approach is problematic for several reasons. Firstly, it assumes an etic assessment of vulnerability, that it is a condition that can be determined by a CJLDS practitioner according to their knowledge, experience, and subjectivity. Most, if not all, CJLDS practitioners making this assessment have backgrounds in psychiatric nursing. Secondly, the list contains identities and syndromes, many of which could easily cover any, if not all, individuals entering a custody suite. As a service with limited resources, in an area of limited services, the CJLDS will be forced to prioritise which individuals can receive their attention; resultingly, these decisions may be arbitrary and made according to numbers in detention and the staff on duty. Thirdly, it assumes that the status of some detainees (such as females, or those from minority ethnic backgrounds) are inclined to be vulnerable. This assumption perpetuates unhelpful stereotypes which threaten principles of equality and the human rights of individuals who are effectively being negatively judged based on their perceived identities. Finally, the criteria do not clarify how the vulnerabilities are to be known, or who is 'objectively qualified' to detect and declare these criteria to exist in any given individual, at any given time.

To label an individual as 'vulnerable' assumes the conceptualisation of vulnerability based on a set of inherent characteristics (Dunn et al. 2008), but the characteristics identified by CJLDS practitioners, which include perceived inherent and status-based vulnerability, differ from those of the police. Police officers identify some elements of inherent vulnerability juxtaposed with the situational vulnerability of all detainees, as defined by standards such as the Safeguarding Vulnerable Groups Act (2006). The police concern is with the presenting psychological vulnerability of detainees at any given moment in the criminal justice process. Psychological vulnerability describes the cognitive challenges facing individuals with a mental illness or learning difficulty, particularly those facing procedures in the criminal justice system (Gudjonsson et al. 2000).

The term 'vulnerable adult' was replaced by 'adult at risk' in the UK Care Act (2014) partially due to the negativity and the reductionism associated with the term, yet it continues to be employed in the criminal justice system. The 'vulnerable adult', a person considered at increased risk of a negative outcome is problematic, where all management and intervention inevitably aim to mitigate risk (Dunn et al. 2008). Normative labels of 'vulnerable' are being systematically applied to certain suspects by the police in England, yet arguably most people brought into custody could meet the CJLDS *all-vulnerability criteria.* Bartkowiak-Théron and Asquith claim that (comparable)

collaborations create normative lists of “special” people for whom services are mandated (Bartkowiak-Théron and Asquith 2017). Enang et al’s (2019) scoping review of how vulnerability is defined and assessed within law enforcement and public health organisations found that vulnerability is perceived and prioritised differently between organisations (Enang et al. 2019). In adopting an *all-vulnerability* criterion as threshold criteria, a shared conceptual understanding of vulnerability should underpin practice in police custody.

Whatever the criteria for the intervention, it should not be assumed that individuals want to be diverted into care or treatment (Prins 1994). Others, such as the campaigning organisation MIND, have argued that diversion reduces a sense of personal responsibility and can lead to adverse outcomes (Whitelock 2009). MIND questioned the aims of diversion at the time of the Bradley Review, specifically raising concerns about how this could lead to client-centred health and social services, or even meet procedural justice standards (Whitelock 2009). Schemes aiming to divert untried police suspects away from the criminal justice system also raise problematic ethical and legal issues for certain categories of the population when justice is replaced by diversion and seen as ‘support’ by its advocates. Research carried out by Steele and colleagues into diversion and disability in Australia, showed how the right to trial of indigenous minorities was ignored, as culpability was assumed when they were diverted from the justice process to support and meet their needs (Steele et al. 2016). The human rights of ‘diversion beneficiaries’ has not progressed in the UK beyond the concerns raised by MIND over a decade ago and have not been researched outside of Australia which represents a further gap in the literature.

Achievements of liaison and diversion

In this section research into the outcomes of diversion is reviewed. Evidence presented in evaluative studies which have thus far attempted to capture the outcomes of diversion for the current NHSE CJLDS model and earlier models in England is discussed and the assumed benefits of collaboration between sectors is questioned.

The measurement of outcomes relies on the definition of success. As shown thus far, this has been a moving target throughout both the post-Reed schemes and the post-Bradley national roll-out. Bradley’s recommendations for diversion aimed to improve health and lower recidivism rates for police suspects diagnosed with a mental disorder (Bradley 2009). The NHSE model seeks to monitor Liaison and Diversion Indicators of Performance (LDIP), which identify police suspects with vulnerabilities, and outcomes such as successful referral into community services. Beyond these

stated outcomes, research and evaluation have considered the impact on reoffending rates and the cost benefits to the public sector.

Identification of beneficiaries

NHSE requires individual CJLDS to monitor the numbers of individuals with vulnerabilities identified by them as outlined by the threshold criteria for intervention (National Health Service England 2019). The identification and assessment of (mainly) mentally disordered individuals in police custody suites by CJLDS teams is considered a success (Birmingham et al. 2017; Samele et al. 2021). The 2021 evaluation by the Rand Corporation, marking ten years of the CJLDS model, found that 71% of referrals to CJLDS were for mental health needs, with 20% of referrals having more than one mental health need (Disley et al. 2021). Other vulnerabilities identified included 52% of referrals with drug and alcohol misuse (Disley et al. 2021).

The evidence supplied to the Bradley review also showed that the core function, seen as identifying and assessing mental health needs, was effective within the existing schemes (Pakes and Winstone 2010). This echoed the findings of an earlier study in Northern Ireland, which found that mental illness was identified accurately by mental health nurses embedded in police custody (McGilloway and Donnelly 2004). It seems that the identification and assessment of police suspects - mainly those with acute mental illness - has been the main and continuing outcome of schemes worldwide, according to a systematic review of international models (Scott et al. 2013).

The identification of mental disorders has been found to predominate the focus of CJLDS, despite the introduction of the *all-vulnerability* criteria, but there are variations across schemes in England, as evidenced by other studies. In the north-east, custody suite referrals into the CJLDS were found to include a wider range of 'vulnerabilities.' Although most referrals were for mental health problems, the majority were for depressive disorders, which is not always considered a severe mental illness (SMI)(McKenna et al. 2019). Puntis et al. (2018) found that a significant number of those triaged by the CJLDS were unknown to mental health services but understood to be vulnerable because of suspected personality disorders (Puntis et al. 2018). A longitudinal study of liaison and diversion referral patterns in south-east London over 25 years revealed that a diagnosis of a mental disorder was recorded in 80% of all referrals, yet the service mainly dealt with individuals with severe mental illness (Ryland et al. 2021).

The profile of those identified for intervention under the policy of diversion has changed since the psychiatric court schemes of the last century, where psychiatric medical professionals sought to

divert those suffering from *severe and enduring mental illness*. The threshold of identifying those *suffering severe or enduring mental illnesses* had already been extended before Bradley's review, where most could be identified as "mentally disordered" requiring mental healthcare, social care, and usually substance misuse support, but rarely requiring psychiatric in-patient services (Pakes and Winstone 2010). But whether a detainee is identified by practitioners as having mental disorder, or other vulnerabilities, identification is a precursor to any CJLDS intervention, and some evidence suggests that police detainees are simply never identified. A study by Slade et al. (2016) found that 33% of prisoners who suffered acute mental illness in English and Welsh prisons had not been identified as being mentally unwell at prison reception and somehow overlooked in pre-prison triage, which includes CJLDS screening or assessment (Slade et al. 2016). This is concerning because it suggests that the screening of custody suite detainees is selective or subjective, rather than universal and objective.

In shared or collaborative practice, the identification of individuals who might benefit from diversion relies on action from both police and CJLDS practitioners. The 2021 RAND evaluation reported that those referred by the police to the CJLDS were unrepresentative of the broader offending population and were more likely to have committed theft and violent offences (Disley et al. 2021). The reasons for this finding were not explored in the report yet opens an interesting gap in the literature for further exploration of who is referred to the CJLDS and why.

Outcomes

Liaison and diversion outcomes, resulting from advising courts on sentencing options for vulnerable defendants, are not systematically collected by the criminal justice system nor the NHSE. Beyond informal data collection by individual schemes, little is known about how many individuals are given sentences that respond to vulnerabilities identified. In 2020 the English and Welsh Sentencing Council produced new guidelines for sentencing offenders with mental disorders, setting out a role for CJLDS to offer expertise to inform judges and magistrates (Sentencing Council 2020). Before this, there is no evidence that the police, or the courts, considered assessments by CJLDS in decision-making processes, or in sentencing (Scott et al. 2016). There is a gap in more recent literature evaluating the extent to which reports prepared by the CJLDS in England and Wales can influence decision-making in courts and other criminal justice services.

Health-related outcomes

Health and social care outcomes from diversion schemes have long been unclear and difficult to establish. Liaison and diversion outcomes are not monitored in terms of what happens within the legal and criminal justice process, and any health outcomes resulting from diversion to services in terms of changes in mental health status are difficult to establish in the absence of datasets for evaluation from wider mental health and other service providers. NHSE monitors the number of referrals to health and social care services as outcomes. The RAND evaluation concluded that there was a short-term increase in referrals to mental health services but could only claim that attendance following referral appeared to increase (Disley et al. 2021). The claim explains the findings of a comparative study of a (pre-CJLDS) police-based partnership, where no change in mental health status resulted from onward referrals (McGilloway and Donnelly 2004). The study's authors found a high rate of individuals reappearing in custody and low rates of engagement with follow-up treatment and care (McGilloway and Donnelly 2004). A 2013 systematic review of CJLDS effectiveness reached similar conclusions, finding that suspects who were assessed and referred on did not fare better in terms of their overall mental health, as these rely upon the engagement of those referred into onward services (Scott et al. 2013).

However, a more recent longitudinal study that used proxy outcomes of reduced psychiatric emergency admission to hospital claimed evidence of improved health outcomes for those engaging with CJLDS in police custody (Kane et al. 2020). The study showed statistically significant reductions in recidivism in a sample of over 4,000 police suspects detained in hospitals on mental disorder grounds, following engagement with CJLDS in police custody (Kane et al. 2020). Yet emergency psychiatric admission is not appropriate for most detainees; the southeast London longitudinal study indicated only 1.1% were subject to hospital orders (Ryland et al. 2021). The proxy indicator may better represent how police and CJLDS collaborate to call for assessments under the MHA (1983). McKenna and McKinnon (2019) found low numbers of referrals made by CJLDS teams for treatment or care, noting that mostly those referred had substantial levels of depressive disorder and a scarcity of MHA assessments (McKenna et al. 2019). A review of the wider literature into healthcare delivery for suspects (and convicted offenders) found studies had relied mainly on observational evidence, and the authors suggested that a randomised control trial within the prison estate could better indicate health outcomes for those on a criminal justice pathway (Forrester and Hopkin 2019).

Treatment resistance, care avoidance, and non-engagement are some of the narratives that feature in the literature, perhaps more often than concern about a lack of facilities to accommodate presenting needs. McGilloway and Donnelly's study found that half the individuals presenting to schemes had been assessed by nurses on several occasions and had been deemed 'difficult to

engage' and concluded that although they had contact with service providers, the providers had not effectively engaged and managed them. Non-attenders tended to have more previous convictions and to have committed more serious offences (McGilloway and Donnelly 2004). Several authors present arguments showing that mentally disordered suspects are perceived as formidable challenges to services, care, and treatment providers, either by the perceived treatment resistance or their risk of dangerousness, argued by Peay, Bean, and Wood in *Mentally Disordered Offenders: Managing the People Nobody Owns* (Webb and Harris 1999). Draine reports that, in practice, the criminal justice system's focus on a person's responsibility for their crime has prioritised treatment for those who assume guilt, as opposed to an expressed or identified need for care (Draine et al. 2007). Their finding raises questions on how practitioners in the criminal justice system perceive, construct, and engage with different individuals and their needs.

Impact on reoffending rates

The expectation that diversion reduces recidivism has also been hard to establish. The Rand five-year evaluation claimed that engagement with CJLDS would increase diversion from the criminal justice system and halve the likelihood of receiving a custodial sentence, yet the comprehensive evaluation ten years on failed to find any impact of the schemes on re-offending rates (Disley et al. 2016; Disley et al. 2021).

Independent studies have attempted to demonstrate reduced reoffending outcomes, but with little success. An example is one small study that focussed on the operational data of CJLDS based in a custody suite which claimed that after interventions, suspects' reoffending was reduced, but no control group was employed (Earl et al. 2015). Generally, the collection of data to evidence reoffending relies on a combined effort from several agencies within the criminal justice system such as the police, courts, and prison service. Such a quest to gather criminal justice data was not undertaken by the Rand Corporation for their five-year evaluation of the CJLDS roll-out, thus diversion away from the criminal justice system could not be determined (Disley et al. 2016). However, Kane and colleagues' recent study claimed that reoffending rates for those engaging with CJLDS had reduced (Kane et al. 2020). Their findings used police data over three years to present evidence of outcomes reducing recidivism, because of the CJLDS model using a significant sample size. But the study could not determine whether the reduction in reoffending resulted from diversion or engagement with CJLDS practitioners.

The lack of proven impact on recidivism by any diversion scheme from a court or police custody echoes the findings in the wider literature that demonstrate an increase in reoffending after contact

with the criminal justice system. Investigations of offending in other populations in contact with the criminal justice system, such as those recently released from prison, or benefitting from international diversion strategies, have produced similar inconclusive results (Brunton-Smith & Hopkins 2013; Kane et al. 2018; Schucan Bird & Shemilt 2019). This suggests a failure in any notion that the criminal justice system serves to either deter or rehabilitate offending behaviours in most individuals.

Cost saving benefits

The cost-benefit of diversion has been a running discourse since the earliest government policies, and there has been a marked tendency to emphasise the cost-benefits of collaborative liaison and diversion schemes; the evaluations of the current scheme are no exception (Disley et al. 2016; Disley et al. 2021). The financial benefits are based on estimates of how much it costs (per unit) to be referred to CJLDS, versus the cost of a custodial sentence, on the premise that contact with the CJLDS has diverted an individual away from non-custodial sentences. The (2021) Rand Corporation evaluation of CJLDS focussed on cost efficiencies as the main outcome of the CJLDS, estimating that the CJLDS team in custody suites saved between £13.1 million and £41.5 million in the criminal justice system through diversion from police custody (Disley et al. 2021). While most independent research was found to concentrate on identifying outcomes for individuals in the criminal justice system, supporters of the schemes will often link the cost benefits of inter-sectoral collaboration to their findings (Bird and Shemilt 2019). Kane et al. (2020) proposed that if the Economic and Social Costs of Crime (ESCC), a metric used by the UK Home Office, were applied to their study's findings (of reduced offending) the economic impact would be considerable (Kane et al. 2020). However, as in the RAND Corporation evaluation, analysis of findings concluded that where there may be savings in one sector - in this case, the criminal justice sector - the costs will have shifted to health and other services (Disley et al. 2021).

The development of the Crisis Care Concordat, the National Liaison and Diversion Development Programme, and the Street Triage pilots have been heralded as indicative of success and a continued commitment to progress partnership work (Durcan 2019). Yet quantitative evidence demonstrating outcomes for diversion policy continues to be inconclusive, and outcomes are largely unknown beyond service user satisfaction surveys carried out by the Rand Corporation evaluation. Criticism of the overall impact of the policy has been countered by the difficulties highlighted by researchers in measuring outcomes across sectors (Disley et al. 2016; Disley et al. 2021).

The literature points to the objectives of early post-arrest custody and court-based diversion schemes focussed on identifying the mental capacity of criminal suspects (Bean 2001; Pakes and Winstone 2010). Reduced mental capacity due to age, immaturity or the presence of a mental or intellectual disability, puts the quality of evidence for prosecution purposes at risk, but also leads to questions of criminal intent and responsibility for these individuals, thereby creating a legal-medical role requiring expert or professional decision-making. This skill set lies beyond the scope of CJLDS practitioners tasked with identifying a set of all-vulnerabilities criteria in police custody suites, yet their presence in the suite is linked to medicine and health.

3.5 Inter-professional collaboration

In this section, the rationale for interprofessional collaboration between mental health and policing services is discussed, drawing on the wider literature which supports or contests interprofessional, or inter-disciplinary collaboration and partnership working. The process which created partnerships between English police and NHS England is described and the evidence supporting police partnerships is reviewed. The discussion identifies potential institutional cultural challenges for different occupational cultures and gives rise to questions of how the CJLDS can achieve their stated practice outcomes.

A need for collaboration?

De-institutionalisation occurred throughout the western world from the 1960s onwards in response to a critique of asylums, leading to their closure and a move toward treating the mentally unwell in community services (Porter 2003). Police services in many States have increasingly borne responsibility for mentally unwell individuals when community mental health services have been seen to fail them. The closure of mental institutions has forced police services to engage with mentally disordered individuals in the community, when the latter were seen to pose a risk of harm or of disorder (Teplin 1984; Prins 1994; Lamb et al. 2002; Winters et al. 2015; Livingston 2016).

In the UK, police powers to remove persons perceived to be both mentally ill and a danger to themselves or others, to a place of safety under Section 136 of the MHA (1983), which contributed to an increased association of mentally disordered people with the police (Reed et al. 1992; Bradley 2009; Adebowale 2013). The MHA (1983) effectively cemented the police position as gatekeeper not only to the criminal justice system but to mental health services (Lamb et al. 2002). Studies showed that police emergency services have responded to mental health crises in the absence of (mental) health emergency services (Bradley 2009; McLean and Marshall 2010; Adebowale 2013). As an

emergency service, the police have perpetuated a role as the gatekeeper through both law and practice and have increasingly decided whether someone who has come to their attention should enter the mental health system, the criminal justice system, or both (Lamb et al. 2002; Watson et al. 2008; Wesson and Chadwick 2019). Recent research suggests that between 20 to 45% of police time is spent engaging with people experiencing mental ill-health, as victims, witnesses, or suspects (Parker et al. 2018). Parker suggests this fact is unappreciated by police staff and police involvement continues to be contested by mental health campaign and support groups (Parker, 2018).

Lamb and Weinberger (2002) rationalised the gatekeeper role of police regarding mentally disordered persons, citing common-law principles and the state's duty to protect those with 'disabilities', as well as to maintain public order (Lamb et al. 2002). Yet the role of police as gatekeepers to services has been recognised as problematic, not least by Bradley in his review (Bradley 2009), who recommended revisiting partnership and community policing policy to secure collaborative practice between police and (mental) health services. Bradley's recommendation of creating partnerships might be seen as a pragmatic and logical strategy to shift the burden of policing the mentally disordered offender back into the mental health sector.

Collaboration between services

The study of interdisciplinary, or interprofessional, collaboration is often based on hypotheses that individuals are better and more effectively helped when professional organisations work together (Buchbinder and Eisikovits 2008). This is a view supported by Van Dijk and Crofts (2017), who put the assumed divide between care and control to one side and are dedicated to outlining links between professional cultures in promoting the benefits of inter-disciplinary and collaborative models of working. They assert that both public health and policing are front-line organisations that intervene directly in the lives of people, making them obvious collaborators (van Dijk and Crofts 2017). Bartkowiak-Théron and Asquith (2017), while accepting that health care and policing share an occupational ethic and desire to do something for the community, point to the potential for conceptual and theoretical conflict in collaboration between police and sectors such as public health where any links are counter-intuitive to the occupations of practitioners (Bartkowiak-Théron and Asquith 2017). These scholars also warn that linking crime and mental disorder in collaborative practice is dangerous, being perpetrated by contemporary Lombrosian discourse which identifies criminal behaviour as pathology, meaning that any collaboration will be concerned with social control and surveillance and not with support and care (Bartkowiak-Théron and Asquith 2017). The claim that criminal pathology leads to social control and surveillance in a contemporary criminal

justice setting is a strong one, and while not aiming to test this theory, the present research retained a mindful consideration of these assertions.

Interprofessional collaboration can be defined as two organisations working together towards shared or mutual goals (Sullivan and Skelcher 2017; Shorrock et al. 2019). Interprofessional teams' risk being undermined by a lack of institutional support, a lack of training in the performance of interdisciplinary work, and a lack of trust amongst team members (Sullivan and Skelcher 2017; Shorrock et al. 2019). Competition over professional jurisdictions can form the basis for a lack of trust (Nugus et al. 2010). Collaboration is not possible when practitioners are only partially informed by the organisational context within which they operate, and professional bureaucracy has thwarted attempts to integrate two professional groups with their respective value bases and discursive constructions (Sullivan and Skelcher 2017). Interprofessional collaboration has become a statutory and entrenched way of working within the criminal justice systems in some western states, extending far beyond the scope of police partnerships in England and Wales. For example, in Norway the aim of rehabilitation connects a range of health and welfare services with the prison system under the national import model, where collaboration is fully integrated (Hean et al. 2021).

Lamberti (2016) asserts that goals for public health and community safety must be separate and cannot be shared, as each organisation has a different focus; the police to protect public safety, and psycho-social services to focus on improving health (Lamberti 2016). Pippa Hall accepts that separate organisational disciplines can have a joint aim yet finds an issue in their different approaches to it (Hall 2005). Hall argues that collaboration is impossible with different "cognitive maps" in progressing towards a goal, but Van Dijk and colleagues counter that organisations must adopt a "radically different language" to further joint goals in practice (Hall 2005; van Dijk and Crofts 2017). That interdisciplinary collaboration can function with different organisational foci, but not without clearly defined shared goals, must therefore be a given in an interprofessional or interdisciplinary collaboration.

Police partnerships

Police partnership working and the development of community policing emerged from government concern over spending and how to make the best use of resources; local authorities were deemed to have shared interests in meeting police and other criminal justice needs (Reiner 1995). A philosophy of cooperation between police and other public sectors was seen as "desirable" at the start of the 1990s (Holdaway 1986), and the discourse of making the best use of resources was already in

evidence when it came to mentally disordered persons in the criminal justice system, as shown below:

> "The desirability of ensuring effective cooperation between agencies to ensure the best use is made of resources, and that mentally disordered persons are not prosecuted when this is not required by public interest." (Home Office 1990).

Partnership working became statutory duty by the end of the decade in England and Wales under the Crime and Disorder Act (1998). Contrary to the (1990) circular cited above, the 1998 Act extends the role of the criminal justice system to respond to the causes of crime and seeks to meet added resource needs by partnership working arrangements and formalising local government and health authority cooperation. Reiner (2010) asserts that the drive toward partnership working bypassed research in favour of short-term results to immediate crises, such as the effects of the deinstitutionalisation of mental healthcare and public outcry over the prison riots (Reiner 2010). The absence of research into cooperation between sectors during the last two decades of the 20th century is evident from the literature searches. Studies into the experience of collaboration between police and other organisations - which Reiner refers to as the "diversity or plural phase" of the police with their "omnibus mandate" - have since emerged, and their focus is on structural parameters in terms of aims, roles, ideologies and working cultures (Reiner 2010).

In the 1980s, Holdaway foresaw potential issues for British police partnership working, citing significant differences between police and the everyday operations of collaborating partners, such as their professional ideology, their working culture, the nature of their relationship with clients, and the outcomes by which success is measured (Holdaway 1986). Since the Crime and Disorder Act (1998) formalised partnership working, several qualitative studies have vindicated Holdaway's concerns over the police's ability to collaborate. For example, Skinns (2008) found the police faced difficulties in compromising on new tasks beyond their stated mandate, which is often required to meet the aims of partnerships (Skinns 2008). Coliandris et al. (2011) found power differentials, imprecise boundaries, and the continuing low status of prevention work in police culture to be problematic when it came to police partnership working in practice (Coliandris et al. 2011).

In England police partnerships involving "multiagency working", equates to practitioners working together but in parallel, addressing the same problem but from different disciplinary bases (Shorrock et al. 2019). Shorrock and colleagues' study (2019) questions the degree to which Multi-Agency Safeguarding Hubs (MASH), can be considered 'collaborative', given that agencies within these partnerships do not share the same objectives (Shorrock et al. 2019).

However, some research demonstrates that shared practice with other agencies can be crucial, effective, and sometimes enjoyable, and partnership working is enhanced by the police orientation towards the pragmatic (O'Neill and McCarthy 2014). O'Neill and McCarthy's qualitative study of partnerships noted the importance of developing trust through interpersonal relationships, finding them the glue in partnerships (O'Neill and McCarthy 2014). Successful collaborations with English police where there are shared objectives have been identified, such as Charman's (2015) research into police collaboration with ambulance services. They formed inter-agency teams which collaborate closely, "penetrate[ing] each other's working practices" (Charman 2015).

Yet some research into police and mental health partnerships has found the expertise of mental health professionals being side-lined by police colleagues, such as in a study using police officer focus groups, who perceived mental health professionals as unhelpful if they did not agree with police assessments of mental health, effectively disregarding medical expertise and hegemony (Menkes and Bendelow 2014). These findings were supported by Oxburgh et al. (2016) who interviewed police and found they were more likely to trust their own opinions regarding the suspect's 'fitness for interview' over that of mental health practitioners, despite having what the health practitioners described as "common misconceptions of what a mental disorder looks like" (Oxburgh et al. 2016). As crucial as police views of mental disorder are, the different views of suspects' behaviour between staff within collaborative practice, were found to create tensions and contradictions between practice partners (Krayer et al. 2018).

Crawford and Cunningham (2015) pointed to barriers such the dominance of the policing agenda in partnerships and argue that developing trust across organisational and cultural boundaries is difficult (Crawford and Cunningham 2015). The research into the English police's experience of collaboration cited above highlights both the challenges and the potential of interprofessional practice but illustrates a common thread of police cultural dominance in partnerships. Reflecting on a case study of multi-agency case-based management, Higgins et al. (2016), highlighted the role of police orthodoxy and how agencies' tasks were framed and influenced (Higgins et al. 2016). The practice of all collaborating agencies was subtly, subconsciously, and habitually formed by the police's working culture (Higgins et al. 2016). This study shows that there are implications for the success of any partnership which seeks outcomes beyond the police's working agenda.

In summary, police partnerships can be seen to have developed from a government discourse of cooperation to achieve shared interests between sectors yet prompted mainly by the need to reduce costs and improve efficiencies. Reiner's claim that these partnerships emerged following

challenges in the criminal justice system (such as prison riots), fuelled by deinstitutionalisation, also follows this logic. However, the literature questions if organisations in police partnerships have identified and work towards shared goals, as well as shared interests that make cooperation attractive. Above all, the dominance of police orthodoxy and working culture casts a shadow over cooperation between policing and other organisations, unless there are parallels in the culture of those organisations.

The police custody suite as a site of practice

While co-location is not essential for partnerships, serving police scholars Crawford and Cunningham argue that most successful partnerships must involve co-location, notwithstanding that their arguments come from a police perspective (Crawford and Cunningham 2015). Although an extensive body of literature exists on policing culture in England and internationally, the study of the workplace culture in an English police custody suite is relatively emergent. Police custody suites have been persistently closed to scrutiny, and despite campaigns since the 1980s on several high-profile deaths in police custody, the first government review into these deaths published its findings as recently as 2017 (Angiolini 2017). Independent ethnographic research exploring the culture of custody suite only started to gather pace in the first decade of this century, when non-police practitioners – such as HCPs – were increasingly based in custody suites and the police's monopoly over the care and control of detainees could be challenged (De Viggiani 2013; Skinns 2016; Rees 2020).

In England and Wales, police custody suites are strictly bound by PACE (1984) and operate to process evidence for criminal justice. Custody police authorise the detention of an individual for the purpose of collecting and preserving evidence for use in criminal prosecutions and this remains their prime aim. However, the unpublished findings of a recent study, the "Good" Police Custody Five-Year Study (2016) found that contemporary custody suites serve three purposes: Firstly, they attempt to 'reform' the detainee; secondly, they provide a place of safe custody and thirdly they assist with the prosecution process (Skinns 2016).

Research into how heath care professionals (HCP) who are now based in all police custody suites, collaborate with police custody staff, show how they have overcome any perceived barriers of care and control to coproduce forensic healthcare with police officers (Rees 2023). This research perhaps demonstrates how shared practice in police custody has culturally developed over time. While an earlier study of a custody-based healthcare team found prevailing significant cultural

barriers where distinctive professional values and ideologies thwarted the practice of healthcare providers (De Viggiani 2013), Rees's later research found that HCPs had used interpersonal skills to overcome such cultural barriers in the custody suite (Rees 2020). Rees highlight's the role of personal relationships via regular communication and good interpersonal relationships to overcome cultural barriers to both co-produce and meet the forensic needs of the custody process, whilst allowing medical autonomy within custody practice (Rees 2020, 2022). The extent to which the HCP's medical autonomy is achieved is not recorded, however, and it remains unclear how the long-term physical and mental health needs of detainees are met.

Police custody has been recognised as an unsuitable location for nursing triage and perceived to increase the risk of self-harm and suicide in mentally unwell detainees (Adebowale 2013; Disley et al. 2016; Angiolini 2017; Lammy 2017). The use of police custody as a 'place of safety' under section 136 of the MHA (1983) is also a concern for government, services, and service users alike At the time of writing, the outcome of a consultation on the reform of the MHA (1983) has led to a government pledge to completely phase out the use of police custody as a 'place of safety' by 2024 (UK Public General Acts 2022). These measures mean that police face the burden of identifying mental illness at the point of arrest and finding alternative places of safety to the custody suite for those individuals who threaten a risk of harm to themselves or others.

The effect of custody on detainees has been long established, as has the evidence of criminalisation of persons with a mental disorder, regardless of convictions (Teplin 1984; Cummins 2008). Police custody is necessarily coercive for those detained there (McKinnon and Finch 2018). The custody suite is an entry point that lends itself to dealing with crisis and threat, and the police's role and function are to respond to the risks posed by these threats in the context of the suite. Several scholars have raised concerns over the impact of custody, which presents a challenge for health and social work practitioners used to a more therapeutic environment when engaging with subjects (Sondhi et al. 2018; Wooff and Skinns 2018). Reflections on the challenges of addressing unmet mental healthcare needs in custody, a controlled environment, while maintaining models of care have been made (Bond et al. 2007; McKinnon and Grubin 2013; Senior et al. 2014). Furthermore, recent research has explored the role of architecture in social control and has argued that the custody space can determine not only the personal experience of detainees but also that of practice (Wooff and Skinns 2018). In custody-based partnerships, the environment could potentially side line the role and purpose of partnership practitioners such as health and social workers (Parsons and Sherwood 2016).

What research shows is that English police custody affects non-police practitioners and responds to police-led aims and objectives. Basing non-police practitioners in English custody suites is a phenomenon which has been only partially explored to date. The research of CJLDS teams who are embedded in custody suites under the current model of partnership, has mostly been related to quantitative studies of outcomes, and there is a gap in our knowledge about how being embedded in police custody in partnerships, affects practitioners and their objective to divert vulnerable detainees.

CJLDS and the shared object of practice

Research has revealed there are contentions in how detainees are identified as the object of partnership practice in custody suites. A recent study investigating trends in interprofessional practice found a difference in approach between police custody staff and CJLDS practitioners, in that only a detainee identified by police using descriptions of behaviours fuelled by a sense of crisis, were referred for assessment by CJLDS or health practitioners such as HCPs (Joseph et al. 2019). Only '*risky*' detainees that police had identified were categorised as 'high priority', with their numbers often overwhelming non-police practitioners, who were not always in agreement with police assessments of risk (Joseph et al. 2019).

These conflicts of expertise feature in Leese and Russell's (2017) study, which found police did not share other practitioner's views that mental disorder was connected to offending behaviours. Police decisions about detainee risk were likely to connected to the *seriousness* of the offence and the expected response to risks was to document and manage it in custody. Furthermore, detainees with health and social needs were more likely to face further custody in sentencing, than any diversion or treatment (Leese and Russell 2017).

In custody, the police desk Officer bears a duty of care for any person detained, and their decisions are accepted by all custody staff as final; by legal default the police dominate decision-making (Krayer et al. 2018). Krayer (2018) also recognised that the police used discourses of dangerousness that perpetuate control by the criminal justice system in joint working practice (Krayer et al. 2018). Research has suggested that managing risk, driven by concerns of practitioner legal accountability may take priority over the unmet health or other needs of detainees in any practice between health and criminal justice practitioners (Leese and Russell 2017; Krayer et al. 2018; Williams et al. 2019). Williams (2019) asserts that a risk-adverse culture has developed as a result of such shared practice

(Williams et al. 2019). These arguments are compelling and demand further questions over the exercise of power, leading to the development of a culture which is risk adverse.

Practice within CJLDS partnerships can also be affected by a wider circle of relationships and cooperation with other organisations within and beyond the custody suite. The issue of available resources and relationships beyond custody suites can determine the outcomes of partnership practice; decisions can be influenced for example by the absence of, or restrictive criteria of services (Menkes and Bendelow 2014; Disley et al. 2016). Restrictive referral criteria and policies prohibiting those associated with the criminal justice system from access to health and social services will restrict the power of a practitioner to favour care over control, as police pragmatism comes into play once again (McLean and Marshall 2010; Priester et al. 2016; Joseph et al. 2019).

Vulnerability and vulnerable adults as the shared object of practice

The NHSE *all-vulnerability* criteria effectively create a threshold for CJLDS intervention in English custody suites which challenges police perceptions of vulnerability. The objective of the police risk screen is to detect 'vulnerable' detainees (McKinnon and Finch 2018). However, a study of how the police identify vulnerability has found that the police focus on psychological vulnerability, rather than on identifying mental disorders and capacity in the decision to allocate Appropriate Adults (AA) (Dehaghani 2016). Police have claimed that self-reporting of suspect's vulnerability presents a challenge in determining fitness for an interview and have called for the expertise of medical and mental health practitioners to support them in the task of determining who are vulnerable detainees (Herrington and Roberts 2012). Whether police custody staff will position the CJLDS to support them in determining vulnerable detainees is yet unknown, as is the proposition that these vulnerable detainees are the shared objects of practice and could be identified for diversion. These are questions that the present research seeks to answer.

3.6 Organisational and occupational cultures

English policing

Contemporary English policing organisations are a mix of force and service responding to emergencies and keeping the peace in communities (Peay 2017). The traditional law enforcement function of the police is to uphold and maintain social control, as the direct arm of the state (Reiner 2010). The Policing and Crime Act (1998) expanded the role of the police to respond to the causes of

crime in partnership with other statutory organisations such as local authorities. The College of Policing, which serves to guide the police role, states its current core mission as:

> "Protecting life and property, preserving order, preventing the commission of offences, and bringing offenders to justice" (College of Policing, 2020).

Reiner argues that police involvement implies forms of control to prevent offences and must be accompanied by police assumptions on the identity of criminals (Reiner 2010). By extension, organisations that collaborate with the police to reduce crime can expect to encounter these implied police assumptions and stereotypes in practice.

The culture of policing is subject to over 60 years of policing research. A brief survey of a limited part of the large body of literature on police culture indicates certain key enduring features of rank-and-file officers' practice (Reiner 2010). Rank-and-file officers carry out the practical police duties which involve sporadic and mundane functions, which in turn influence working culture, as working culture directs practice (Heslop 2011; O'Neill and McCarthy 2014; van Dijk and Crofts 2017). Skolnick (1966) identified three attributes of the police: suspiciousness, internal solidarity/social isolation, and conservatism (Banton 1966). These (mostly negative) stereotypes are based on the police's understanding of the need to do 'real' police work such as making arrests and fighting crime, rather than undertake proactive casework. Holdaway's work (1986) introduced the police's reliance on 'common sense', a tacit set of rules informing police agency and practice, rather than any law or policy guidance (Holdaway 1986). Police hierarchical structure and rank-and-file culture combine to allow for discretionary practice to be employed by officers working at the interface with the public, a phenomenon described by Lipskey as Street Level Bureaucracy (Lipsky 2010). Chan's research found using police common sense, or discretion perpetuates a police *Habitus* and will determine working practice (Chan 2004). Loftus's ethnographic study (2010) found little had changed in police culture since Skolnick's findings, and that embedded dispositions and the crime control mindset had not altered since the introduction of community policing and multi-agency working (Loftus 2010). More recent studies support this (Cram 2019).

The use of the term 'common sense' continues to be applied to studies of policing, including research on police partnerships (Reiner 2010). Senior et al. (2014) in a discussion of mental health and policing, highlight the potential pitfalls of applying the police's common sense and discretion to decipher "madness and badness" in suspects (Senior et al. 2014). A (2015) study then bore out these concerns, where police instincts underpinned by culture, training, and attitudes were routinely

employed in decision-making processes, which were influenced by their common sense more than by standard protocols and training (Noga et al. 2015).

The reputation of policing culture has been tarnished by re-occurring incidents, discrimination, abuse of rights, violence, discrimination, and corruption (Watson et al. 2008). Research shows that a disproportionate use of force continues to be exercised by police officers against persons with mental health disorders, or those from minorities, and questions their duty of care towards them (Adebowale 2013; Angiolini 2017). But police in Britain have been found to resent the de-facto carer role, particularly given legal developments, including personal liability under corporate manslaughter legislation (Government 2007), and on the basis that it adds stress to the police role in managing detainees. Recent studies show this responsibility has led to increased concern in the detection of vulnerable detainees who could potentially pose a risk to police reputations (Dehaghani and Newman 2017; McKinnon and Finch 2018).

English police have been found to operate in a "blame culture" where the practice has now become an exercise in risk avoidance (McKinnon and Finch 2018). That risk avoidance is a central feature in the police working culture is not a new phenomenon. Ericson and Haggerty's (1997) study of Canadian police drew on the risk society theory proposed by Ulrich Beck; (Beck and Ritter 1992; Ericson and Haggerty 1997). The book argues that changes in policing are brought about by the changes in society, that a risk society brings new contingencies and risks that must be managed, and this is reflected in contemporary police work which increasingly shares a practice with non-policing organisations (Shon and O'Connor 2020).

CJLDS team culture

Within CJLDS teams, there is usually a range of occupational cultures, from psychiatric nursing that guides English statutory mental healthcare, to the social justice philosophy that informs social work (Noga et al. 2016). These teams comprise a mix of professional backgrounds and may typically include staff members with psychiatric nursing or social work qualifications and experience, to deliver a psycho-social intervention within a public health framework, although it is commissioned by the NHS (NHS England 2019). Yet within the team there are individuals with different areas of expertise, experience, and possibly some degree of previous working culture. Hall (2005) claims that within the field of health and social care, each professional culturally struggles to define a team identity, notwithstanding the overarching mission of all health and social care professions to promote and care for the health and welfare of service users (Hall 2005).

Statutory mental health provision in England has long taken a psychiatric approach to treat mental illness, with a focus on managing psychosis in severe mental illness (Porter 2003). Many CJLDS teams hold the legacy of psychiatric care still predominating their working culture, despite the changing focus of diversion to meet all-vulnerabilities criteria. Given the evolution of the CJLDS to the all-vulnerabilities criteria, further research could indicate whether practitioners retain an occupational culture akin to psychiatry and if so, how that could impact partnership practice.

Although nursing culture is associated with caring or supportive approaches, mental health care in the form of psychiatric nursing is more usually also associated with a more coercive approach, as found in a study into the views of psychiatric staff and service users which identified psychiatry as more akin to control responses than caring ones (Coffey 2008). Coercive psychiatry is a recognised cultural trope that has arisen from the practice of "sectioning" under the MHA (1983), which permits the detention of mentally unwell individuals under the Act in secure hospitals and wards (Dunn et al. 2008). For a person with mental illness and problematic behavioural symptoms, being handcuffed and held in a cell against their will is not dissimilar to being sectioned. Detention in an institution - whether in a hospital, a police station, or a prison - has become an expectation and a realistic fear for individuals suffering from mental illness (Jones and Mason 2002). That there may be more of a (negative) occupational cultural sharing between CJLDS practitioners and police custody staff, which could potentially thwart the stated aims and objectives of CJLDS was also explored in this research.

3.7 Conclusion

The recommendations of Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system inform the current CJLDS model of inter-professional collaborative teams embedded in police custody suites. This chapter has considered a range of literature to examine some key themes this thesis seeks to explore in the present model of liaison and diversion. The objective has been to summarize the background and aims of the present model of liaison and diversion and what is known about the outcomes of the current policy model, what objectives it seeks to achieve and for which beneficiaries. The review then focusses on what is known about the experience of interprofessional collaboration between law enforcement and public health, and more specifically, police partnerships in England. There are limited studies to date which have explored the delivery of the CJLD policy under the current model and the impact of embedding CJLDS teams in the custody suite. This thesis aims to contribute to an emerging body of literature on the shared practice created by the policy.

The argument for the efficiencies gained from the collaboration between sectors has formed much of the diversion narrative supporting the collaboration between police and the CJLDS (Bradley 2009). In the Bradley Review, and in documentation underpinning the current CJLDS partnerships between police and NHSE public health teams, the reader is often reminded that cost-efficient public services take priority. Evaluative research has often sought to demonstrate the cost analysis benefits of diversion over any other outcome. Further outcomes have not been convincingly demonstrated in studies to date.

The literature shows areas of debate linked to the objects of practice of shared working in the current model, and by extension, the outcomes of diversion. The purpose of 'liaison and diversion' and the intended beneficiaries remain unclear. Guidance and legislation are open to practice interpretations. The current liaison and diversion policy lacks clarity and fails to accurately define the target cohort and the outcomes expected of them (Durcan 2019). The schemes have evolved in purpose and scope by the introduction of novel 'vulnerability' threshold criteria in 2015, which continue to be health-led, in that the teams are commissioned and managed by NHS England. The NHSE liaison and diversion mission appears to promote health and social care for individuals with identified vulnerabilities, yet the service specification does not detail how, or where, health and social care will be delivered, and how this will be achieved by CJLDS teams. Furthermore, NHSE have not attempted to link these vulnerabilities to criminogenic need, criminal responsibility nor the situational vulnerability of detention in police custody. Yet for police detention staff, the perception of vulnerability in detainees is linked to a limited assessment of mental capacity. Supporters of collaboration in shared practice admit that a cultural shift is needed for police officers to consider suspected offenders as vulnerable (van Dijk and Crofts 2017). There is a gap in the literature about how 'vulnerability' is constructed in CJLDS partnerships, and this thesis aims to explore ongoing perceptions of detainee vulnerability within the CJLDS partnership and how this orientates shared practice in the suite.

Interprofessional collaboration is a much debated and rapidly expanding discipline with a vast body of literature. The international literature revealed there are many challenges in collaborating with the police. Firstly, guidance and legislation create organisational boundaries, and the missions of collaborating organisations are separate, as are monitoring and respective indicators and measures of success (Bartkowiak-Théron and Asquith 2017). In England, the police and CJLDS staff are managed by their respective organisational hierarchies. Inter-professional training and continuing professional development for staff across organisational boundaries, while recommended for partnerships, is not systematic (Hall 2005; Hean et al. 2012).

Secondly, the singularity of the policing mission has been developed by their deeply engrained craft and workplace culture (Dehaghani 2019). While a cultural shift in policing is surely essential to work effectively in partnerships, there appears little chance of change, given the gap in the literature evidencing paradigm shifts in police culture because of collaborative practice. Importantly, research evidence has demonstrated that the police are culturally dominant in partnerships, they tend to lead and take charge (Crawford and Cunningham 2015; Higgins et al. 2016). Custodial processes are led by police, and structurally all practice within the boundaries of the custody space and time predominate. Police dominance sees them steering discussions, leading in decisions, controlling resources, and fulfilling their agenda in partnerships, and it seems as if partners are there to *help* the police do their job, rather than work collaboratively. This is concerning given recent studies which indicate a tendency to blame culture within English policing.

The research reveals an absence of equality in partnerships and begs a questioning of the balance of power when partnership practitioners are embedded in custody suites. This thesis seeks to explore the prevailing workplace culture of custody suites and the negotiation of power within the CJLDS partnership.

In summary, little has been evidenced within the literature about the practice of the current CJLDS model in England; there has been no study of how the *all-vulnerability* criteria is perceived or adopted in the identification of a shared object of practice in custody suites. There is an absence of literature which explores the operationalisation of the current model, how practitioners perceive their roles, and how they share practice in the context of occupational and workplace cultures. The chapters that follow explain where this research sought to explore these gaps, describes the findings of the research and presents an analysis of the positive and negative impacts of cultural sharing in custody suites and what collaboration means for the CJLDS.

Chapter 4 A conceptual and theoretical framework

> "Successful interprofessional engagement is often obstructed by the unspoken power structures which place various professionals in an accepted hierarchy, although an acknowledgment of this will often challenge the assumed roles into which various professionals position themselves without question"(Cohen Konrad et al. 2019, p.403).

4.1 Introduction

This research project emerged from an EU-funded European research consortium, exploring interprofessional collaboration between the criminal justice system and mental health services (Hean et al. 2021). While the initial intention was for this project to explore interprofessional collaboration in CJLDS partnerships using activity theory, background reading for the project revealed the relative scarcity of research into police partnerships including the CJLDS. The literature suggests that collaboration, as defined by several scholars (Bronstein 2003; Carnwell and Carson 2008; Winters et al. 2015; Hean et al. 2017; Sullivan and Skelcher 2017) was unlikely to be in evidence. In effect, the research gap was to establish exactly what relationships were in existence within the partnership, given that shared practice was occurring in the police custody suite. Furthermore, discussions with the CJLDS and police representatives showed an interest in knowing if embedding the CJLDS team in the custody suite influenced policy outcomes. Scoping activities as part of the research design process involved several hours of shadowing CJLDS practitioners in the custody suite, where contrasting approaches to practice were in evidence. The objectives of two organisations referred to as 'police custody staff' and 'the mental health/CJLDS team', were at this stage non-apparent, and the CJLD 2019 Operational Policy (Sadler 2019) appeared to be unknown and unfamiliar to police custody staff. The conceptual framework for the study was developed from literature, discussion with stakeholders, and primary scoping observations.

This chapter presents an overview of the aims and objectives of the research and identifies the key theoretical concepts that underpin its design. These concepts are discussed in the context of existing substantive theory, which is used as a set of propositions that can explain research findings (Denscombe 2017). The chapter offers a project overview and details the objectives of the main and sub-research questions in exploring the research problem. Key concepts and propositions are outlined, as context to a discussion of potential theoretical approaches, and before the subsequent chapter concerning methodology. Theories discussed are influenced by those referenced in comparative studies, although there is a tendency toward atheoretical research in interprofessional practice. The focus of this discussion is the use of theory to make sense of organisational power in CJLDS partnership, as an *institutional* practice. Institutionalisation is a "social process by which

individuals come to accept a shared definition of social reality*" (Scott 1987, p.496496496496)*. In summary, theoretical concepts were used in this research as a framework to guide the design, methodology, and inform the analysis of the data collected. The tools developed for the data analysis are detailed in the following methodology chapter.

4.2 Project overview

The national roll-out of CJLDS was completed in 2020, yet little is known about practice in these partnerships, or how organisational or occupational (professional) cultures might affect CJLDS outcomes. Before the embedding of CJLDS in custody suites in 2014, mental health professionals responded to police requests to assess arrestees under the MHA (1983), or police requests to establish fitness for processing, but these professionals were not based within the police estate. This thesis explores the concept of interprofessional collaboration in practice and provides insight into how occupational and workplace cultures are negotiated by practitioners who operationalise the partnership as an institution.

The previous chapter revealed some uncertainty in the present literature concerning the aims and objectives of NHS England in the national network of CJLDS. Currently, Liaison and Diversion teams collect indicators of performance (LDIP) which indicate that 'diversion' is considered as the "successful referral of vulnerable arrestees" into a range of health and related services (National Health Service England 2019), suggesting a care-based intervention. Yet the diversion of those with vulnerabilities away from the criminal justice system is not monitored by NHSE, nor by the police partners to the schemes, indicating that reducing recidivism through meeting criminogenic need is not driving the model at present.

The adoption by NHSE of *all- vulnerability* threshold criteria in 2015 has created further uncertainty about who benefits from the scheme and how perceptions of vulnerability drive the operationalisation of shared practice. Whether police custody staff will position the CJLDS to support them in determining vulnerable detainees under PACE (1984) is yet unknown, as is the proposition that these vulnerable detainees are the shared objects of practice and could be identified for diversion. A gap in the literature is knowledge of how vulnerability is constructed in the custody suite and how this leads to decisions about the object of practice in the partnership. These are questions that the present research seeks to answer.

Ultimately, the present thesis aims to describe how interprofessional collaboration takes place in the suite, by understanding the workplace culture and power relations between the partnership

practitioners. There has been no exploration of cultural occupational sharing in the partnership, which if negative, could thwart the aims of CJLDS. The objective of the research is to describe workplace culture and to analyse power relations within the partnership. This analysis provides insight into how this might influence shared practice and by extension, outcomes for diversion.

Overarching research question: Does embedding CJLDS teams in police custody affect diversion policy and outcomes?

The CJLDS operates to a national NHSE service specification and is monitored for specific outcomes. The research presumes an *operationalised approach within the partnership with the power to realise* liaison and diversion outcomes for 'vulnerable people' involved with the criminal justice system in England. The objective of the research is to make sense of the institutional culture of the partnership model, and its aims are towards a policy of diversion.

Sub-question 1: How do perceptions of detainee vulnerability inform shared practice?

Police and CJLDS operate to different goals, yet both sets of organisational guidance adopt a discourse of vulnerability to identify their object of practice. Police guidance Code C of PACE (1984) refers to *vulnerable* adults, while the CJLDS service specification sets out '*all-vulnerability*' criteria as the threshold for intervention in this partnership. The study also presumes that constructions of vulnerability in detainees create shared objects of practice in the custody suite. The objective of the research is to describe how detainees are identified as shared objects of practice in meeting the *all-vulnerability* threshold of the CJLDS service specification - in custody suites.

Sub question 2: Are CJLDS influenced by culture and power relations in the custody suite?

The present CJLDS partnership model embeds CJLDS practitioners within police custody suites. The research investigates the premise that the partnership model represents interprofessional collaboration, where different disciplines work together towards a mutual aim**,** or a shared vision. The objective of the research is to reveal the prevailing institutional and occupational cultures at play, evaluate power relations within the institution, and find out how practitioners are positioned for collaborative or shared practice in the custody suite.

4.3 Research concepts and theory

This section pinpoints three key concepts which the research aims to explore. A discussion of substantive theory relating to each of these concepts and how theory contributes to explaining the phenomenon in the context of the study is outlined below.

Vulnerability in policy and practice

That constructions of vulnerability in detainees create shared objects of practice in the custody suite, draws on the language of the NHSE service specification for the CJLDS (NHS England 2019), Police custody legislation PACE Code C (Home Office 2019), and guidance from the College of Policing (College of Policing 2021). The use of the word 'vulnerability' in policy and guidance is problematic (Brown et al. 2017). Brown and co-authors (2017) attest that its ubiquity and familiarity lead toward varied common-sense conceptions, formed by dependence on discipline and organisational guidance. This study implies that the dimensions of organisational difference in the CJLDS partnerships and the police are unknown, and different constructions have diverse trajectories.

The word 'vulnerability' has entered the zeitgeist in UK public policy and has been increasingly adopted in practice discourse, but in the English criminal justice system it forms part of a continuing and evolving debate (Munro and Scoular 2012; Ecclestone and Goodley 2016; Brown and Wincup 2020). As such, there is a growing literature of empirical studies, as well as discussions and opinions on this phenomenon.

While *vulnerability discourses* have overtones of care and support, questions are increasingly being asked about how it is identified, and how such narratives affect practice (Brown and Wincup 2020). It can be found in a range of policies in a variety of disciplines, including in criminal justice and health, and Brown and colleagues point to how the concept is increasingly used to frame and create understandings of the connections between institutions, social practice, individuals, and the state, particularly to inform welfare and disciplinary arrangements, where it can be used to remove agency from individuals (Brown et al. 2017). Scholars have argued that politically, left-wing narratives argue for state intervention to help those subject to harm due to structure and inequality, whilst right-wing narratives show that some people are unable to act responsibly and require a cure (Fineman 2010; Brown 2011). This argument suggests that in the current, right-of-centre-leaning context of English politics, vulnerable citizens are those who are unable to get their needs met, and therefore must be coerced into seeking treatment. In a study of vulnerability in law and policy responses to sex work in the UK, Munro and Schoular (2012) show how the term has been:

> "Deployed as a descriptive, rhetorical and political device, utilised to increase intervention and control over an individual's life, without providing meaningful assistance" (Munro and Scoular 2012, p.189).

The identification of vulnerability is typically subjective (Spiers 2000; Heaslip et al. 2018). Spiers (2000) showed how individuals may consider themselves to have risk factors, but unless they perceive that some aspect of their self is threatened and they feel unable to respond, they will not experience vulnerability (Spiers 2000). Spiers's concept of emic vulnerability explains how vulnerability cannot be identified through the medium of a needs assessment, and claims that any objective assessment could be contested, especially when an individual is deemed responsible for their needs (Spiers 2000). Spiers coined the term 'etemic vulnerability' to identify individuals experiencing vulnerability and, with assessments of unmet needs, to be able to engage with overcoming their feelings of vulnerability (Spiers 2000; Heaslip et al. 2018).

Spiers's conceptualisation of subjective vulnerability, valued by an emic perception, has acute resonance for policy and practice where vulnerability is presented in law and guidance as an objective measure of a detainee's 'needs,' yet is also subject to the perceptions of the practitioners in the delivery of interventions. Capturing partnership practitioners' subjective perceptions of vulnerability is the focus of sub-question one, the thesis takes a critical approach to the conceptualisation of vulnerability.

Institutional practice culture

As explored in the literature, there are distinct sets of guidance and legislation structuring practice for CJLDS teams and custody police staff. Shared practice and decision-making involving CJLDS teams in the custody suite is not detailed in guidance, nor shared in operational guidelines. Consequently, there are no joint agreed processes towards specified outputs of liaison and diversion (see section 2.5 above). However, there is an expectation by managers and commissioners that CJLDS and police practitioners somehow seamlessly merge their institutional cultures and occupational practice to deliver their respective interventions; evaluating this phenomenon is a research objective.

Learning theory can be used to make sense in the study of collaborative practice in studies. Berger and Luckmann's (1966) theory of secondary socialisation (Berger and Luckmann 1966) posits that learning occurs through experiential shared practice in organisations, for example through apprenticeships. Such learning may occur in shared practice between different professional disciplines if their respective occupations share an organisational culture. Both police and CJLDS practitioners engaged with detainees in custody, but their practice repertoires were separate.

Wenger (2010) highlights the condition of equity between practitioners for a 'community of practice' (COP) to develop within organisations (Wenger 2010). In a hierarchical, or ranked organisation, such as the police a community would not meet the pre-conditions to develop and thrive. A 'landscape of practice' applies to the development between organisations collaborating towards a shared goal but given the constraints to a community of practice developing with a policing organisation, it is unlikely that the police could contribute to this landscape.

Conflict theory such as Pierre Bourdieu's (1977) Habitus Theory, and the linked concepts of *Doxa* and *Field*, have been used by many criminologists in studies of the culture of policing and other criminal justice organisations (Chan 2004; Schlosser 2013; Grant 2015; Shammas and Sandberg 2016). An analysis of organisational culture through the lens of the dispositions of a group acquired through experience, or the habitus and its reproduction in an occupational group might offer a point of departure for this study (Bourdieu 1990, p.99). Habitus Theory in the analysis of interdisciplinary practice might offer insights into how the field of diversion could be the habitus of one of the occupational groups, partnership practitioners, or neither (Bourdieu 1977). However, the topic for this study focuses on the CJLDS as the topic of research, and how partnership working and power relations might influence the practice culture of the CJLDS, hence the thesis turned to theories of power as a tool for analysis in this research.

Power

Power as a concept has been overlooked in interprofessional collaboration literature as challenging to theorise, but a turn to theories of power is gaining the attention of scholars in collaborative practice (Cohen Konrad et al. 2019). Theories of power have emerged from disciplines of history and political thought, however Weber's statement that power refers to:

> "The probability that one actor in a social relationship will be in a position to carry out his/her will despite resistance, regardless of the basis on which this probability rests" (Weber 1978, p.53),

shows that theorising power had entered the sociology discipline. In the last century, the sociological theorising of power has been a core theme across much of the work produced by Foucault (Foucault 1980, 1982).

The seminal work on *Power* by Lukes (2004) critiques previous iterations of thought about power, which he categorises into three dimensions (Lukes 2004). Lukes credits Weber for creating the deep thinking about power and creating historical roots to its conceptualisation (Lukes 2004). Weber's

work on the state, which can claim legitimate use of physical force (politics as a vocation) and the meaning of authority (bureaucracy) conceptualises power structurally (Weber 1978). Weberian ideas influenced what Lukes calls a one-dimensional view of power, espoused by political thinkers such as Dahl (1963), who saw power as a relation where "one person makes another do something they wouldn't normally do" (Lukes 2004, p.21). Lukes moves on from the "decision-making power" of Dahl, through to a second dimension of "agenda-setting power" (Bachrach and Baratz 1970) before arriving at the third dimension of power, which he calls "ideological." In this third dimension, power is conceptualised as an invisible force, where people do not even know why they are making the choices they are making (Lukes 2004). Lukes' radical view of power has an almost sinister aspect, referring to thought control, and the reader fears how humans could be controlled, manipulated, or repressed.

Despite the "invisible force" of radical power conceptualised by Lukes offers a persuasive theory evidenced by a range of contemporary phenomena, such as the power dynamics of contemporary advertising and online political influencing, the theoretical framework for the study of power relations between two organisations within a shared institutional practice earlier conceptualisations of power by Foucault held some compelling links to the themes of this study as discussed below.

Foucault and Power I: Discipline to discourses/knowledge

Foucault developed his conceptualisation of power throughout his oeuvre, from early work on institutions, such as Discipline and Punish (1977) to his later work on sexuality and governmentality (Foucault 1977, 1980, 1982, 1990). From a sense that power was concerned with institutions, to a sense that power results from social relations.

Using the analogy of Bentham's panopticon prison in Discipline and Punish (1977), Foucault describes how social control is achieved by different institutions (Foucault 1977, p.298). Control or power is acquired via three strategies, or "technologies," hierarchical observation, normalising judgement, and examination which "assert psychological control over the soul, thence control the body, rendering it docile" (Foucault 1977, p.138). These technologies for control, evident within society and institutions, represent power relations. However, Foucault developed his thinking about power and moved beyond technologies of social control, as coercive or repressive, but as also necessary and productive, and a positive force in society (Foucault 1977, p.194).

Discourse was described by Foucault (1977) as a "new mode of acquiring power of mind over mind" (Foucault 1980, p.193). Foucault saw knowledge as the prevailing discourse in a culture at a

particular time and bound up with power. In his work, The Archaeology of Knowledge (1972) the relations of power relate to a "true discourse" as Foucault explains relations of power:

> "are indissociable from a discourse of truth, and they can neither be established nor function unless a true discourse is produced, accumulated, put into circulation, and set to work" (Foucault 1972).

The power to act in any given way, to control or be controlled, depends on the prevailing knowledge. In other words, power is an effect of discourse. Power is transmitted through discourse and knowledge, where knowledge is the "common-sense view" of the world, prevailing in any given culture at any given time. The exploration of power relations can be achieved through the examination of the discourse that is available in practice:

> "Our social world runs on power, so understanding the creation and maintenance of power through language, affords insights into knowledge creation, dominance, and oppression" (Burr 2006, p.69).

In summary then, for Burr (2006), discourses are intimately tied to structures and practice and tacit constructions become real in creating truth and give power to those who have created that truth (Burr 2006). Discourses serve to construct and maintain the objects of our knowledge (Hall 2001; Burr 2006). Foucault spoke of discourses as "practices that form the objects of which they speak" (Foucault 1972, p.49). A discourse is a way of talking about or representing something; it produces knowledge that shapes perceptions and practice; it is part of how power operates, therefore it has consequences for both those who employ it and those who are subjected to it (Hall 1992). Discourse constructs a topic and in doing so produces knowledge, or "truth" according to Foucault, the rules and practices that produce meaningful statements to overcome the distinction between what one says and what one does, when a topic is constructed (Hall 1992; Wetherell et al. 2001).

In his later work, Foucault makes clear that power inheres in individuals, rather than in institutions, Power is something exercised and put into action and relationships; it exists only when it is put into action.

> "Power exists only as exercised by some on others, only when it is put into action, even though, of course, it is inscribed in a field of sparse available possibilities underpinned by permanent structures"(Foucault 1980, p.340).

Power cannot be exercised unless *discourses of truth* function in, are based on, and result from power. Foucault explained that power is thereby exercised through networks, "*individuals are in a position to both submit to and exercise this power*" (Foucault 2003, p.29). He expands this idea in his

essay, *The Subject and Power*, where he uses the concept of government generically (non-statal), to explain how power can be led by one social group, only when accepted by another:

> "It is a matter of guiding, leading the conduct of others; it is a question of "government"; to exercise power in the sense of "government" is "to structure the possible field of action of others" (Foucault 1982, p.221).

Foucault and Power II: power relations, institutions and *le dispositif*

This thesis seeks to identify the workplace, or institutional culture, and the relations of power in between partnership practitioners in a police custody suite. Institutional culture is produced by discourse, and institutions can be understood by their discursive activity (Keenoy et al.; Phillips and Hardy 2002). Bryman (2026) suggests that in an investigation of the "truths" of organisational practice and goals, discourse lends itself to an exploration of institutional approaches (Bryman 2016). Sites of practice, including shared practice involving different actors, reproduce discursive activity and power relations, and can be understood as institutions (Keenoy et al. 1997). In The Subject and Power (1982), Foucault wrote about the analysis of power relations in institutions:

> "In analysing power relations from the standpoint of institutions, one lays oneself open to seeking the explanation and the origin of the former in the latter, that is to say in sum, to explain power by power" (Foucault 1980, p.343).

Foucault's conceptualisation of the exercise of power through discourse imbued the French term, *le dispositif,* translated by Larousse (2022) as the "constituent parts of an apparatus of a mechanism", with new meaning (Larousse 2022). The French word, not easily translated into English, can be used to refer to the structural elements that propel an institution's mission and practice, but Foucault stressed the importance of language and tacit understanding of the discourse in powering *le dispositif*. In an interview on the topic of his lifetime's work, *A History of Sexuality* (final volume published in 2018), Foucault gave the following explanation for his use of the term*:*

> "What I'm trying to pick out with this term is, firstly, a thoroughly heterogeneous ensemble consisting of discourses, institutions, architectural forms, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral, and philanthropic propositions–in short, the said as much as the unsaid. Such are the elements of the apparatus. Le dispositif itself is the system of relations that can be established between these elements" (Foucault 1980, p.194).

The concept of *le dispositif* incorporates the relational influence between discourses, policy, artefacts, tools, and the practice of individuals at a given moment in time (Foucault 1980). Thus, l*e dispositif* takes account of power relations of external and internal influences and the relationship between the individual, the institution, and its practice (Raffnsøe et al. 2016; Aggeri 2017; Black and

Lumsden 2020). As a cross-cutting concept for the analysis of power relations across institutions, cultures, ideologies, and beliefs, *le dispositif* is one of "*the most powerful conceptual tools introduced by Foucault*" (Rabinow and Rose 2006).

As a tool for institutional analysis, *le dispositif* has been applied because it includes "*the said and the unsaid … discursive and socio-material elements… the sayable and the visible*" (Salter 2008; Aggeri 2017). In a recent example, the authors of a study of policing culture identified *le dispositif* following a discursive analysis of power relations affecting the practice of police call centre operatives (Black and Lumsden 2020). Black and Lumsden drew on Foucault's concept of *le dispositif*, to take account of the external influences on an organisation, and of the relationships between individuals and organisations, exploring the 'risk work' in a police control room. In uncovering *le dispositif*, in their study, they were able to show how social interaction and organisational behaviour were affected by institutional culture and power relations (Black and Lumsden 2020). Their work using *le dispositif* as a theoretical tool to make sense of power in an institution informed this research.

4.4 Vulnerability, institutional culture, and power: A conceptual framework to explore operationalised approaches in CJLDs partnership practice

The thesis takes the premise that a shared conceptual understanding of vulnerability in detainees operationalises the identification of a shared object of practice within the CJLDS partnership and assumes that collaborative practice shares this operational approach. To explore this premise, the research aims to identify knowledge and discourse in the partnership, in custody as the site of practice, and the construction of detainees as vulnerable objects of practice.

To explore the assumption of collaborative practice which shares an operational approach, the research aims to analyse the institutional culture of the partnership, and whether or not this has been created through the syncretic interplay of predominant organisational or occupational cultures.

The research objective is to analyse power relations by showing which 'knowledge,' or discourses, are privileged or marginalised in shared practice. Discursive themes and constructions in the custody suite function to position and orientate action for CJLDS, their practice repertoires representing their subjectivity or their resistance to discourse/power. A Foucauldian analysis of discourses available at the site of practice, the custody suite, can be used to describe the institutional practice through the identification of discursive themes. Dominant discourses function to orientate action and subjectify practitioners and the object of practice through discourse theory, key concepts of vulnerability and

organisational culture in the partnership and make meaning of shared interprofessional practice in the custody suite.

The Foucauldian conceptualisation of *le dispositif* functions to explain the power dynamics within an institution and can be used as a tool to achieve this objective**.** The exercise of power operationalises the institutional approach, or *le dispositif,* and demonstrates the dominant power in the custody-based partnership, producing either a positive or a negative cultural effect on the CJLDS practice outputs. By identifying the power relations and how power is exercised in the suite, we can locate the culture of partnership practice and how this, in turn, could affect the outcomes of any practice interventions.

The analysis sought to approach the relationship between language and power by examining how, in talk produced by the research participants, the social hierarchies within the 'institution' - that is the CJLDS partnership - have been created and reinforced. Analysis and a hypothesised *dispositif* used discursive themes, constructions, policy, and artefacts, to demonstrate how the CJLDS partnership is operationalised. The research uses the concept of *le dispositif* in analysis to meet the twin objectives of describing operational practice and understanding the exercise of power in the practice. This knowledge or truth of partnership practice at this moment in time drives the thesis to its conclusions and implications. The resulting analysis gives insight into representations of syncretic cultural developments and assesses the understanding and operationalisation of collaboration towards shared aims in partnership practice.

4.5 Summary

The research aimed to uncover the representational properties of discourse as a vehicle for the exercise of power, through the construction of the subject and the practices that are enabled by that construction (Bryman 2016; Holland and Novak 2017). The methodology applied a Foucauldian framework in the analysis of discursive constructions and *le dispositif* of the CJLDS partnership institution. By adopting a Foucauldian approach to this study, insights provide a deeper understanding of the power relations at play affecting culture(s), practice(s), and consequently CJLDS outputs and outcomes.

The research epistemology, positionality, and methods used to incorporate the conceptualisation of power is detailed in the following methodology chapter.

Chapter 5 Methodology

> "What those who undertake some form of 'qualitative research' often fail to appreciate, is that what people say they do is often very different from what they actually do... The anthropologist's antennas must be at work all the time to pick up the unstated and the taken-for-granted, as well as tension and conflicts, all of which must be brought to bear on the analysis of the bigger whole." (Howell 2018).

5.1 Introduction

The research methodology for this study underwent several revisions, the details of which I have attempted to keep to a minimum in this chapter. The onset of the SARS-COVID 19 pandemic in March 2020 and the restrictions imposed by legislated lockdowns inevitably delayed this and countless other ongoing research projects. The initial and endlessly reimagined revised plans remained in limbo until life gradually started to return to normal around mid-2021. This chapter strives to capture the final methodological approach used in the study and is broadly divided into three parts.

The first part of this chapter discusses and explains the approach taken to the research process, setting out the epistemological boundaries and the positionality of the researcher and the reflexive process which occurred throughout research and analysis. The second part explains the rationale for the research design, and describes the methods used for the collection of qualitative and quantitative data. Originally planned to proceed in late 2020, data collection was delayed due to restrictions resulting from both national legislation and professional guidance during the global SARS-COVID 19 pandemic. The ethical considerations for the methods of collection, use and storage of data, reviewed in the context of the global pandemic are also discussed. The third part of this chapter describes in detail the two-step analytic process of the qualitative datasets collected from interviews with individual participants and fieldnotes collected during participant observation. The process of descriptive analysis of the secondary quantitative dataset is also explained.

5.2 Epistemology

When exploring the development of knowledge, consideration must be given to the epistemological and ontological assumptions of how it is possible to find out about phenomena and belief systems,

about reality and the social world. Paradigms have been described as “the net that contains the researcher’s epistemological, ontological, and methodological premises” (Denzin and Lincoln 2011, p.306). In this section, I describe my epistemological assumptions and the research paradigm of this thesis.

Scholars generally refer to theoretical paradigms that indicate an ontological position (Kivunja and Kuyini 2017). The ontological position responds to the question of ‘what is the nature of reality?’ (Guba and Lincoln 1994). Responses generally reflect the diametrical positions of positivism (realism) and interpretivism (social constructionism) which underpin the quantitative versus qualitative debate. These approaches state that a positivist interpretation of reality is that ‘truth’ can be discovered by objective, quantitative research such as surveys, structured questionnaires, and statistics. Positivist researchers stress the importance of doing quantitative research to gain an overview of society and to identify patterns and trends (Creswell and Creswell 2017). In contrast, interpretivism’s view that there is no one reality, external to the mind and capable of being studied in parts, proposes a relativist world of multiple realities that are socially constructed and co-constructed (Creswell and Creswell 2017). Unlike positivists, interpretivists believe that what people know about the world is socially co-produced, as people interact over time in a specific setting. A firmly interpretivist worldview steers this research into the phenomenon of workplace culture, which can only be understood as a social construction or co-construction and is reflected by the research questions.

Ontological beliefs are inevitably linked with epistemology, and it is difficult to discuss them separately, acknowledging that a belief about reality is not the same as a belief about knowledge (Guba and Lincoln 1994; Crotty 1998, p.10). To identify the relationship between myself as the researcher and the reality that the world, and the topic of research was socially constructed, I explored the concept of constructivism. Constructivism has been defined by Lincoln and Guba (1994) as a paradigm, where realities are socially and experientially based and depend on the individuals or groups holding them (Guba, 1994. p109). Gergen (2015) describes social constructivism as a focus on the process of meaning-making in an individual’s mind; the process of learning that takes place because of interactions in a social group (Gergen 2015). Constructivism also allows the possibility that meaning can be derived from objects in the environment as well as from social interactions (Crotty 1998). This intersubjectivity, the shared understanding between individuals whose interaction is based on common interests and assumptions, forms the ground for their communication (Rogoff 1998; Kim 2001).

Exploring the interactions between individuals and the importance of intersubjectivity in constructivism must be a key consideration in the study of organisational cultures. The exploration of power relations as conceptualised by Foucault, outlined in the previous chapter, adopts a social view of language as *discourse* which corresponds to an epistemological stance of social constructivism, where every social configuration is seen as meaningful (Schwandt 2000; Khan and MacEachen 2021).

Making meaning is central to constructivism and occurs within organisations as narratives, or discourse (Gergen 2015). People talking together in organisations construct their local world and make meaning of these constructions to explain their practice repertoires. Social constructivism also captures dimensions of the social, historical, and cultural significance of interaction in meaning-making (Schwandt 2000).

The epistemology took a constructivist standpoint in seeking to explore the institutional collaborative culture within the custody suite and the knowledge was derived from meaning produced by interactions and objects that feature within that social community. My own lived experience and positionality contributed to this epistemological stance, which from the very start of the research project leaned strongly toward the use of an ethnographic research design to acquire knowledge.

5.3 Standpoint of gatekeepers

The CJLDS Service Manager represented the joint funding body for the CJLDS and the research studentship[2] and embraced a key role both as the main contact for the research and as a member of the supervisory team during the first 18 months of the project. This proved to be a key asset, in that I was able to access the police custody suite for shadowing purposes early in the project design; the CJLDS team arranged security clearance and 'hosted' the shadowing. I was also invited to attend CJLDS team meetings and to discuss the progression of the research process with the manager on a one-to-one basis. He was also present during my supervisory meetings; however, he left his post in the CJLDS during the first quarter of 2022, after data was collected in interview, but before data analysis. A successor had not been appointed to replace him at the time of writing up of the thesis analysis.

[2] The local NHS Trust and the Office for the Police and Crime Commissioner

In contrast, while the police gatekeepers were helpful and cooperative, they expressed little interest in the research project or its aims and objectives, apparently viewing the project as concerning the CJLDS' team's performance and in that sense, not core police practice. The interests and position of the CJLDS Service Manager were expressed at the beginning of the research process and have influenced both the research questions and design of the project. Gatekeepers were separate from research participants and no data was collected either by or from them.

5.4 Positionality

My professional background, personal values, and experiences all contributed to the methodological process of this research; these factors all influenced what I chose to research, observe, and analyse (Davis 2021). My research findings are shaped by my own choices made throughout the research process, and this section outlines these factors and describes the role of reflexivity in this study.

As a mature student, the opportunity for this research project presented itself after over thirty years of professional life. This career has been a mixed one, but there are common themes linking the focus of my professional life. These themes are justice and human rights, specifically for individuals who are linked to the criminal justice system. I have been employed in public services, locally, nationally, and internationally, including by the United Nations High Commissioner for Human Rights, and in the third sector both in the UK and internationally. The most recent professional experience, before commencing this research involved managing a third-sector project to support individuals exiting the criminal justice system in England; these included persons who had completed custodial and community sentences, but more recently women who had been arrested by police and given out of court disposals. In this role, I had a working understanding of the CJLDS model, developed from professional contacts, in addition to having 'service users' in common.

My lived experience in professional roles has furnished me with assumptions about the topic of this research. There are elements of CJLDS practice that replicate my own professional understanding. One of these is the assessment of detainees in police custody suites, echoing my last professional role of assessing prisoners' needs in England and historic roles interviewing both prisoners and detainees in other countries. In addition to the experience of dialogue with those detained, these experiences have also necessarily included exchanges with staff within these custodial environments, where I experienced discourse of perceptions about incarceration and those incarcerated. A further element of CJLDS practice that echoes my own relatively recent experience

was supporting justice-involved individuals in England. This position coincided with an ongoing wider national context of cuts to public service and a national discourse of reducing reoffending.

Crucially, my professional experience has positioned me in roles that have led to assumptions and created personal values. Firstly, my experience of coercive environments has led me to assume that prisoners or detainees will rarely trust anyone with whom they connect or associate with their incarceration. This is especially the case for those who authorised their incarceration, such as police officers, judges, magistrates, and by extension, the State. I, therefore, value confidentiality, freedom from coercion, and independence from state control.

Secondly, my career has given me a lifelong curiosity about deviance and why people commit criminal acts. This positions me in the discipline of criminology. Working for an organisation whose mandate was to assess and respond to criminogenic needs has led me to question this rubric and the idea that criminogenic need appears to drive assumptions that disadvantaged individuals are more likely to indulge in criminal activity. My beliefs are currently more aligned to a standpoint of critical criminology. However, values of human rights and justice and the need for individual liberty and agency often challenge these assumptions, such as supporting the human rights of individuals in decision-making over their health and wellbeing. I hold a strong stance regarding marginalised individuals in conflict with the law, informed and exacerbated by professional involvement in human rights campaigning and an underlying conviction that the prison system in the UK is unfit for purpose.

Reflexive process during the research

My positionality was at the forefront of all research processes undertaken, as my assumptions and personal values or subjectivities were considered at all stages, from literature searching, reading, research design, and methods through to data analysis and writing up my findings (Denscombe 2017). To address this therefore, explicitly conscious measures were implemented at intervals, specifically concerning research design, data collection, and analysis, to ensure balance (Davis 2021). This was done by creating and maintaining a diary and creating *ad hoc* reflexive memos at key points in data collection and analysis (Hoel and Barland 2021). Reflections on my own bias and questioning the impact of these stages of research were considered. I found my positionality to be more challenging at certain stages of research, in particular the data collection processes, where individuals and environments appeared familiar, and assumptions and personal values clouded a direct path of objectivity.

It has been said that ethnography combines the views of the researcher and the participants (Savage 2000). In taking an ethnographic approach, my final account of the CJLDS practice in police custody is not just a description; it's a construction and is, while grounded in research practice training, also subjected to my own life experiences and standpoint. It was hoped that while attempting to keep a check on my positionality, transparency could at least assist the reader to register these subjectivities.

5.5 Disruption to the research process: SARS-COVID 19 pandemic

An ethnographic research design had been planned, taking advantage of the opportunities presented to observe CJLD practice and interview participants *in situ.* Data collection was scheduled to take place over several weeks from September 2020, during which time a series of observations and interviews would produce qualitative data in the form of fieldnotes and interview transcripts. The global SARS-COVID 19 pandemic which led to a series of national lockdowns in the UK, the first in March 2020, significantly impacted the planned research. A succession of lockdowns throughout 2020 and 2021 and a combination of other government, workplace, and university restrictions impacted the proposed research plans.

Police custody suites remained open and operational throughout the government lockdown, with both police and CJLDS staff recognised as key workers and an essential service. The police kept visitors and excess persons from the custody suite for the remainder of 2020 and into the second and third lockdowns. Social distancing and other protective measures in the custody suite were implemented. From March 2020, the CJLDS practitioners began to reduce their presence within the custody suites and attempted to continue their practice using remote means. From being present on the "bridge", the central operational platform in the custody suite atrium, they communicated with police and their colleagues via email and phone. The number of psycho-social assessments was reduced to only the most urgent referrals from the police, and some of these assessments were done by phone.

However, off-site research activity was suspended by Bournemouth University from March 2020, briefly and conditionally reinstated in September 2020, before being re-suspended until September 2021. In the context of ongoing uncertainty, a source of quantitative secondary data, in the form of CJLDS monitoring reports was accessed and reviewed. Following restrictions imposed by a third national lockdown, the gatekeepers facilitated email communication between the four police squads

and the CJLDS team. Gatekeepers were asked to forward emails to all staff, seeking potential research participants willing to be interviewed remotely on Microsoft (MS) Teams.

The receptivity and willingness of the CJLD team to participate in the research by agreeing to online interviews contrasted with the response of the police, whose availability was under pressure due to staff shortages and new exceptional policing priorities emerging with lockdown legislation being limited. Online interviews provided rich data, yet an incomplete analysis resulted from this and the secondary quantitative data.

In September 2021, BU finally lifted its suspension of on-site research and Dorset Police custody staff gave consent for observations of practice to take place in custody. The notes taken during these observations enabled triangulation of the data already analysed from online interviews and monitoring reports.

5.6 Research design: A mixed methods ethnography

The previous chapter, (4), outlines the purpose of the research and the research objectives in detail. In identifying a strategy for the research, I considered the overarching aim to explore, describe and understand the institutional cultural practice of the CJLDS partnership. This aim focuses on the cultural and symbolic aspects of behaviour and as such is considered ethnographic (Punch 2013), and an ethnographic approach to research was maintained throughout this study. Denscombe (2017) describes a spectrum of ethnographic research, with an *ideographic* approach producing a detailed picture of a culture, on one end of the spectrum and a *nomothetic* approach at the other, where the purpose of research is to develop theory. In the middle of the spectrum are rich descriptions and generalisability. As a researcher with professional experience as a practitioner in the criminal justice system, my constructivist epistemological standpoint accepts discourse as practice, which is representative of the power relations between individuals, and within and between social organisations.

This research sought to collect rich descriptions of practice in the custody suite and to use Foucauldian conceptualisations of power and *le dispositif* to analyse data to explain the effect of organisational and occupational cultures on practice. Ethnographic approaches, where culture can be seen as a process of struggle to determine meaning by individuals, have been used to show how the effectiveness of interventions can be influenced by cultural practices particularly in exploring organisational issues (Savage 2000; Denscombe 2017).

Initially, the research was designed to conduct extended participant observations of practice in police custody suites. However, this came under review five months into the project planning process. It became clear that the social restrictions imposed by previously unforeseen circumstances due to exceptional events, in this case a global pandemic, would affect my approach and some re-design would be necessary. Firstly, the observation of research participants in their workplace appeared to be largely unworkable, as organisational practice and operations globally were restricted and adapted to avoid social contact. Participant observation and other social data collection methods were put into question, as the duration of restrictions was unknown. My research design was gradually modified, as the constraints of data collection became evident, given government laws and university guidance imposed in response to the SARS-COVID 19 pandemic (see Appendix 3.)

Although my epistemological standpoint is associated with qualitative data and methods, and not as an objective truth explainable by positivism and quantitative data, ethnography has been described as versatile, and mixed methods can be used to collect both qualitative and quantitative data (Savage 2000). Mixed methods research can be defined as the practice of collecting, analysing, and combining qualitative and quantitative data within a single cohesive study to gain a more complete and holistic understanding of a specific research subject or question (Greene 2007; Teddlie and Tashakkori 2009; Creswell and Creswell 2017). Mixed methods strategies often emerge during ongoing research projects, as a part of efforts for finding answers to research questions (Teddlie and Tashakkori 2009). In an exploration of CJLDS institutional culture, the research was concerned with the exercise of power within the partnership, and its effect on liaison and diversion practice. In reviewing what data might be available with gatekeepers from the police and the CJLDS, both qualitative data from remote interviews and quantitative secondary data from CJLDS monitoring reports become the available data options, as the pandemic and restrictions to data collection continued throughout 2020 and 2021.

The collection and analysis of qualitative and quantitative data pose ontological and epistemological dilemmas in mixed methods design, and these concerns often prevail. The issue of integration returns us to the argument that quantitative and qualitative research are based on such different foundational assumptions that they cannot be successfully integrated (Creswell and Creswell 2017). Varying emphasis on paradigm dominance is considered by Teddlie and Tashakkori (2009), who present a continuum of research data types in overlapping zones. Ranging from one extreme of pure qualitative data to another of pure quantitative data, they present degrees of mixing, with the central balance point representing a model of completely integrated mixed methods research

(Teddlie and Tashakkori 2009, p.282). There are differences in how to combine the methods and the feasibility of truly integrating them.

The term "*MMR lite"* has been used to describe a mixed-methods approach when one paradigm informs the research and the mixing occurs only at the level of method, within the same paradigmatic philosophical assumptions (Greene 2007). Taking the philosophical assumptions and epistemology explained in the first section above, I chose to adopt a mixed-methods design where the use of qualitative methods takes priority over quantitative methods in a concurrent process. Greene (2007) helpfully uses capitals (QUAL) to denote the priority data as qualitative and (quan) in lowercase to denote the lesser degree of quantitative data in the mixing (Greene 2007). In using this strategy, my (QUAL) data was collected in the form of interview transcripts, and later when restrictions to social research and data collection gradually eased, I was able to gather fieldnotes from extended observations. The secondary (quan) data made available was in the form of outcomes monitoring data, which is systematically collected by the CJLDS team for the central reporting of the schemes to NHS England.

Adapted from Creswell and Plano Clark (2011), p. 293, the table below shows the procedures resulting in the research design that was eventually used for data collection.

Table 1 Research design procedures

	Design
Use of philosophical assumptions	Interpretivism
Concepts from general theory	*Le dispositif*, Power/knowledge
Purpose	A holistic design, uses quantitative data to complete and corroborate meaning in qualitative data.
Aims of study	To explore the practice culture of the CJLDS partnership and explain any effect on diversion policy
Research questions	Does embedding CJLDS teams in police custody affect diversion policy and outcomes? Sub-question 1. Are detainees perceived as 'vulnerable' by police and practitioners? Sub question 2: How does operational culture in police custody affect CJLDS practice?
Integration in the analysis	Findings chapters (5,6,7,8) present qualitative analysis. Findings in chapter 8 are additionally supported by descriptive quantitative data.
Purpose	Convergence and corroboration from different methods.
Insight	Insight developed into a complete understanding of the shared practice from a comparison of observations, interview responses, and secondary data.

5.7 Research methods: Data collection

In this section, I detail the three methods that were used to collect data for this research project. As explained above, the research strategy had initially proposed a unique initial phase of participant observation, however, the data collection occurred sporadically over a much longer period than initially planned. Essentially, data collection was restricted by the university, government, and workplace guidance created in the context of the global pandemic. While workplace observations and interviews with participants as the main method of data collection were scheduled to occur over six months from October 2020, the onset of data collection was firstly delayed, then adapted. It was eventually carried out sporadically. The three methods of data collection used were remote semi-structured interviews with research participants, access to secondary quantitative data, and finally, non-participant observation. While my initial reaction to data collection was to wait out the lockdown, by late 2020 it was clear that the pandemic was ongoing, and workplace restrictions were unlikely to ease soon. At this stage, I began to research interviews using remote technology as a method. The actual sequence of data collection began with the first lockdown and the suggestion by my supervisory team, supported by the CJLDS gatekeeper, to share the team's monitoring data for the previous year. One phase of data collection did not lead to the use of another but relied on changing guidance and the gradual 'normalisation' of society. Online interviews were conducted during the lockdown in the spring of 2021, and access to the custody suites for observations was possible by the autumn of 2021 when the government and other organisations were urging a return to the workplace. Ultimately, data collection and the analysis of it can be described as taking place concurrently.

The collection of both qualitative and quantitative data using different methods relies on two basic strategies: a *within* and a *between* strategy (Teddlie and Tashakkori 2009, p.218). In a *between*-strategy approach, where *qualitative* data is collected by interviewing and observing participants, "unobtrusive measures" (UNOB) are used for collecting *quantitative* data, such as making use of secondary data sources (Teddlie and Tashakkori 2009, p.241). In this study, a *between*-strategy of data collected through the production of interview transcripts and fieldnotes which were analysed with quantitative data produced by the CJLDS team for organisational monitoring purposes. The collection of both QUAL -INT+QUAL-OBS +quan-UNOB data was thus achieved and, in referring to Teddlie and Tashakkori (2009), can be described as a *between* strategy (Teddlie and Tashakkori 2009, p.241).

The figure (3) below, illustrates this data collection strategy using the terms offered by Teddlie and Tashakkori (2009):

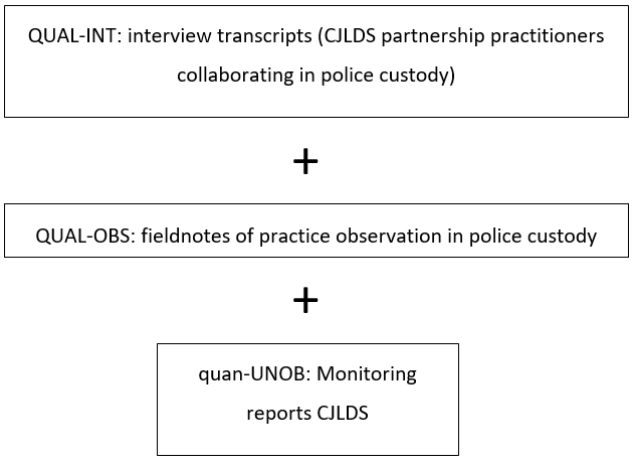

Figure 3 Data collection strategy adapted from Teddlie and Tashakkori (2009)

QUAL- INT: Semi-structured interviews with partnership practitioners

At the start of the research planning process, the interviews with research participants were designed to take place in person, at their place of work in one of the custody suites, during working hours. This arrangement had been agreed upon between me as the researcher, and the potential participants as understood by the gatekeepers. Following the first UK lockdown in response to the pandemic, the CJLDS team gatekeeper informed me that staff members were mostly working from home and experimenting with remote technology in their collaboration with the police and their interventions with arrestees. This arrangement, although subject to some adaptation, continued beyond the initial lockdown, and it was recommended that I use compatible means, such as available communications information technology to conduct interviews with the team.

Dorset Police did not adapt their working procedures significantly, although social distancing and Personal Protection Equipment (PPE) were required in custody suites. The gatekeeper for police participants explained that police would prefer in-person interviews in the custody suite for this study. In preparation for this, I requested and was granted, permission from BU to conduct face-to-face interviews in the custody suites, coinciding with a second national lockdown. Bournemouth University rescinded the permission to conduct this research before I was scheduled to begin the interviews, due to a third national lockdown.

Pandemic restrictions thus required a review of data collection that relied on human contact, and the collection of data from interviews with research participants was obtained using remote (or online) technology. The use of remote technology in data collection has been appraised in the literature (Sturges and Hanrahan 2004; Archibald et al. 2019), and I was aware of the possible pros and cons of its use. In the event, the roll-out of Microsoft Teams in the UK, a digital platform geared to daily office activities fortuitously coincided with lockdown and the curtailment of routine working practice everywhere. While there are clear disadvantages to online interviews outlined in the literature (Jowett et al. 2011) including such concerns as confidentiality, connectedness (rapport), and interference, the advantages outweighed them in these exceptional circumstances; in short, there were no alternatives. By the time I conducted the interviews, the participants were already habituated to using the MS Teams application in their working practice and were 'unfazed' by the technology. I was able to conduct online interviews smoothly, hindered only by sporadic *Wi-Fi* blackouts, or interruptions by the participants' family or pets. MS Teams also allowed me to record all the interviews which were transcribed to identify any cues missed during the interview process. A total of 20 research participants were interviewed remotely, using MS Teams, 11 CJLDS (9 female and one male) and 9 police participants (6 male and three female). Table 2 (below) shows the gender-neutral pseudonyms given to participants who were interviewed, their role title, and the length of time in these roles.

Table 2 Interview participants' role title and time in occupation.

Gender Neutral Pseudonym	Role in partnership	History of practice in current role (at interview)
Jo	Custody Mental Health Practitioner (MHP)	5 – 10 years
Ali	MHP	5-10 years
Pat	MHP	5-10 years
Nikki	MHP	5-10 years
Chris	MHP	5-10 years
Sydney	MHP	Under 5 years
Billie	Community-based Support Time Relief Worker (STRW)	5 -10 years
Jamie	STRW	Under 5 years
Morgan	STRW	5-10 years
Charlie	STRW	5-10 years
Ash	STRW	Under 5 years
Kim	Police Custody Officer or "Desk Sergeant" (DS)	Under 5 years in current role, over 10 years in police service.
Frankie	DS	Under 5 years.
Alex	DS	Under 5 years in current role, over 10 years in police service.
Sam	CO	Over 5 years in current role, over 20 years in police service
Robin	Detention Officer (DO)	Under 5 years in current role, over 15 years in police service.
Bobbie	DS	Over 10 years in current role, over 20 years in police service.
Gerry	DO	Under 5 years in current role, over 15 years in police service.
Mel	DS	Under 5 years.
Reece	DO	Over 35 years.

Interviews took place following initial introductory invitations, and information sheets forwarded by gatekeepers to all users' emails. Before interviews, individual email exchanges to collect participant agreements and book interviews took place. (See Appendix 1 for participant information sheets and agreements). The recruitment of participants via email was quickly and effectively achieved with the CJLDS, however this was not the case for police custody participants. Following a repeated call by emails to 'all-users', only one police participant responded. However, this one participant was able to snowball their experience of the interview to colleagues, which gradually provided further police participants willing to conduct interviews online. The difficulty in recruiting police participants maybe be attributed to changing shift patterns, and their continued presence as key workers in custody with exceptional duties imposed upon them by pandemic-related legislation. Many of the appointments scheduled with police participants were cancelled and rebooked multiple times to cope with staff shortages and other work-related emergencies.

All interviews took place during the working hours of each participant, but at a time specified by them to minimise inconvenience, empower confidence in the participant, and reduce the influence of others. The interviews typically lasted between 45-90 minutes, though one interview with a police participant lasted only 35 minutes and one interview with a CJLDS participant lasted almost two

hours. Throughout the interview process, checks were made to ensure the interviewee either wanted to continue or required a break. All the CJLDS participants were interviewed outside the custody suite, either working from home or situated in an office elsewhere. Some police participants were in custody, others were shielding and working from home. Patchy local broadband created some disruption on MS Teams connections during interviews, and other domestic interruptions were frequent for participants who were working from home. The privacy and attention normally expected during a research interview were beyond my control as researcher in this study.

The format of each MS Teams session began by introducing myself as a "Ph.D. student", then a brief recap of the aims of the study and the advice that participation was voluntary. I then began recording and asked the participant to confirm they had read the agreement and consented to the interview. No participants were asked for specific demographic information, such as their age or name, but details of their past and current job roles were asked for, as this information was deemed relevant to understand the individual's potential role and approach in CJLDS practice.

The interviews aimed to collect data on the constructions and discourses used by research participants relating to the key themes of the research, as identified in the previous chapter. I was not striving for some objective truth, but rather to generate through subjective transactions between myself and the research participants talk which produced the constructions and discourses available in their everyday practice. I sought to infer meaning in the participants' constructions, but also in that created by the intersubjectivity of their talk in describing their shared, or collaborative, practice. I sought to focus on constructions of the shared object of practice, as well as narratives on interaction with practice partners, which drew out decision-making processes based on experiences. Interview data collected from all participants provided enough "thick description" to identify themes and discourses from their talk during the interviewing process.

Where structured interviews follow a predetermined list of questions, semi-structured interviews are conducted more conversationally. Semi-structured interviews offer participants a chance to explore issues they feel are important and opportunities for researchers to explore topics that they want to cover in relation to the research question, but there is plenty of scope for digression (Gubrium and Holstein 2001). In-depth interviewing goes even further, often completely unstructured, which allows participants the opportunity to digress into issues important to them. In-depth interviewing allows a deeper rapport and a climate of trust to develop between researcher and participant (Denscombe 2017). An ethnographic approach favours the opportunity to collect

cultural perspectives in data, and while unstructured and in-depth interviews would have been more suited to this approach, I had been made aware by gatekeepers that no research participant was going to surrender their extended professional or personal time in conversation with a researcher about their place of work. In the event, participants typically stressed they had around one hour free, during which time I aimed to capture a full account of their experience within the partnership, with the use of a semi-structured interview guide (see Appendix 2.) Thus, I allowed interviewees to set the pace, but found that to an extent interviews tended to be more in-depth and conversational, and I recorded data that went beyond the semi-structured guide as it was offered up by participants. I followed up on the participants' statements with probing questions to uncover descriptive data on the personal experiences of the participants (Morris 2015).

The interviews followed three core questions to be discussed to ensure consistency (see Appendix 2). The process was flexible, and I probed recurring topics in more depth to gather richer data (Bryman 2016). Nonetheless, there remained a degree of structure to ensure the research questions and objectives were addressed. This technique helped to emphasise the participants' own understanding and perspective on their experiences within the custody suite, and their practice within the partnership. This allowed me to piece together a complete and detailed understanding of the subjectivities of the research participants and how they each provided their separate and respective constructions of partnership practice. Some interviews, such as those with the CJLDS which were conducted away from the shared site of practice, also gave insights into themes and discourses which were not shared between organisations. Interview data was the first to be analysed and as such, informed the planning and implementation of observations in the shared site of practice. The interview data also highlighted sub-themes, such as mental illness and serious offences, which informed the analysis of the quantitative data.

QUAL-OBS

The initial research strategy planned for this project as explained above was primarily to collect qualitative observational data, a "systematic description of events, behaviours, and artefacts in the social setting (chosen) for the study" (Marshall and Rossman 2014, p.79) and, in this study, the custody suite is the site of collaborative practice. The circumstances described above prevented this data from being collected at the start of the research, instead, it was the last to be collected and analysed. On reflection, the order of data collection, allowed me greater insight into how practice was constructed by different participants in interviews, while observations helped to show how these intersubjective constructions played out in shared practice. While the interviews presented a

clear picture of shared practice between the participants in the custody suite, the observations that I undertook afterwards were invaluable in providing a more nuanced interpretation to the themes which I had generated from the interview transcripts. Indeed, the collaborative practice much described by participants was rarely in evidence during observations in the custody suite. It is possible that the experience of lockdown and working from home and outside of custody had become more culturally established for the CJLDS by late 2021, than when they were interviewed at the start of the year.

I had given some consideration to the possibility of a Hawthorne effect, the phenomenon of research participants acting out behaviours in the knowledge of being observed by a researcher (Landsberger 1958), taking place whilst I was situated in the custody suite. Yet there were three factors that I believe may have mitigated research participants behaving in an exceptional way due to my presence. Firstly, by the time I began to formally start my research observations in the suite, I was already known to most of those present, either through the shadowing sessions conducted at the start of the project, or because some participants had already been interviewed online. Secondly, management staff are absent from the custody suite and therefore workers in the suite are not under double scrutiny. Thirdly, custody demands reactive behaviour and participants were mostly busy. Custody is also a space where there are many outside visitors during a daytime shift, (such as solicitors, appropriate adults, translators, etc.) and staff take for granted the presence of unknown individuals. The exception was during the night shift (from 7pm to 7am), where there were no visitors, nor CJLDS participants. Police participants in custody encouraged detainees to sleep and themselves took turns to “catnap” whilst on duty.

The duration and scheduling of the period of non-participant observation were subject to certain conditions beyond my control. Firstly, the scheduling depended on the agreement of the stakeholders (research participants and gatekeepers), secondly on my timescale and the expectations of project funders. The expectation of the police, as the gatekeeper for observation, was to observe a 12-hour police custody working shift, including night-time as well as daytime shifts. The CJLDS team had expressed a view that each police squad had a distinct characteristic that affected practice, and for this reason, I made sure to observe each of the five squads. Both CJLDS and police gatekeepers insisted observation should take place over weekdays as well as the weekend. Finally, gatekeepers also expressed the view that detainees in one suite were likely to be different from detainees in another. Two suites were observed over five police shifts (the 60 hours included one night shift) and observations were spread over two weeks to include weekdays and weekends.

The (revised) mixed methods data collection strategy is aimed at concurrent data collection and analysis, not sequential. However, at the time that the opportunity for participant observation became available, secondary quantitative data and transcripts from interviews had been subject to analysis. The findings from these prior analyses were not intended to inform or influence the observations that took place several months afterward, however knowledge from the findings was in my mind and inevitably informed the direction of the observations.

I planned to conduct overt unstructured observation by positioning myself in a location where I was able to observe the interaction and communication between the police custody staff and the CJLDS team members stationed in the suite. In both suites, I was able to position myself mainly to the rear of the police staff bridge, the raised platform in the atrium of both suites where police operational equipment, surveillance and command is situated. It is the site for the 'booking in' of detainees, the remote observation of detainees (via webcams), police data processing and communications, in person or remotely using phones, intercoms, or emails. From this vantage point, I was able to observe most police interactions with each other, the CJLDS, and other custody staff and visitors, as well as with detainees. During the observations I occasionally moved around, as requested by research participants, as these included observations of interview rooms, holding cells, the main cell block and exercise yard, and ancillary rooms such as the room used by the CJLDS team, just outside the custody suite.

The focus of the observations was to collect "thick descriptions" (Geertz 1973) of any practice taking place in the suite that appeared to be shared between the police custody staff and the CJLDS practitioners based there, or in communicating with them. A *thick* description aims to describe acts or events within their cultural context, to explain how a phenomenon is linked to social context.

Analysis of interview data showed that much of the police practice in the suite can be considered as shared, even if it appears to be conducted solely by police participants. For example, the risk screen which is carried out during the booking-in process for detainees is conducted by custody, or 'desk' Officers, however this practice is part of a shared process, as the results of the screen are shared with the CJLDS team members. This process was therefore observed (with both the participants and arrested citizens' consent), as were the direct meetings and discussions between CJLDS practitioners and the police.

I tried to capture the activity of the suite over time, noting the comings and goings of individuals, and the atmosphere of the suite against the passage of time. Images of the site of observation, and the atrium as the centre of activity in one of the custody suites observed, can be found in Appendix

5. The findings in the interview data and, to an extent the quantitative monitoring data, helped to focus my attention on certain themes. Talk by research participants on these themes directed my attention, and I would note these when they emerged in talk. In some instances, I would encourage further talk on these themes and try to record responses verbatim. The police gatekeeper had warned that the use of recording equipment in the suite was not going to be possible, thus the recording of notes relied on my capacity to take notes by hand. This posed limitations, not least for someone unused to handwriting or sketching for extended periods. Growing personal fatigue, particularly during the night shift, meant that fewer notations were made towards the end of a police officer shift, and my ambition to create a *thick* description occasionally waned, hence at some points I was left with a *thin* description simply describing actions, rather than contextualising them and finding meaning. The thin descriptions were still used during analysis, as these corroborated with repeat practice that had been observed and noted using a thick description.

Symbols against time stamps in the fieldnotes for each given scenario were used to only denote research participants by their role and gender (see sample in Appendix 2), which were recorded on participant agreement forms. Names and other personal information were not recorded. The presence of other individuals in scenarios was noted without attribution, including other police officers, custody staff and visitors, as well as detainees. Only individuals made aware of the study and giving consent to observation as the object of practice had notes attributed, and once again these were anonymous. The notes for each shift were made in separate notebooks. These were then copied electronically and stored securely with password protection, and the paper notebooks were then destroyed.

quan-UNOB: Secondary statistical data

I have used the term quan-UNOB (Greene 2007; Teddlie and Tashakkori 2009) in reference to the methods employed for the collection of quantitative data in this study. It must be noted that the 'data collection practice' of the researcher in this instance was minimal; the term 'secondary data' refers to "data that has been collected earlier by someone else" (Johnson and Turner 2003, p.314). In this study, the secondary quantitative data comes in the form of monitoring and reporting datasets collected by the Dorset CJLDS team for NHS England and made available to the researcher. These datasets are compiled using Microsoft Office Excel software and include referral and assessment data for citizens arrested by the police and referred to CJLDS teams in Dorset custody suites. Authorisation was provided by the CJLDS team to use the datasets, which are collated on a quarterly basis.

Large amounts of data are collected by the public sector, including the NHS, and used for research purposes (Bryman 2016; Creswell and Creswell 2017). Bryman states other advantages of using secondary data apart from efficiency, such as the ability to compare data over time to identify patterns and trends and to enhance understanding (Bryman 2016), however, I was limited in the range of datasets made available to me by the CJLDS, furthermore, the datasets were collected during periods of lockdown, which were likely to skew any *normal* patterns or trends. The challenge of secondary data analysis in using larger-scale datasets is in narrowing them down into smaller more definable issues and variables (Creswell and Creswell 2017). There are further disadvantages, such as its quality and reliability and the fact that the data was not collected to answer my research questions (Boslaugh 2007).

Numbers cannot be interpreted without understanding the assumptions, based on qualitative judgements, which underlie them (Bryman 2016; Creswell and Creswell 2017). Before an analysis of the data, I made a personal evaluation of these secondary datasets; why was this data collected? Who was responsible for collecting it? What information was collected? When was it collected? How was it obtained? And how consistent is it with that from other sources? The response to this brief evaluation is that the Excel spreadsheets of quantitative data are collated by a CJLDS data analyst who in turn relies on data collection carried out by individual staff members in the CJLDS teams following engagement with police suspects identified by the police (including detainees and those invited for voluntary interview) and entered Rio, a Mental Health online database, designed for case management purposes. The data is entered into Rio to update or create case notes for individuals known or assumed to have a chronic or acute mental illness. It is entered by a variety of different staff members, including Mental Health Practitioners (MHP), Support Time Recovery Workers (STRW), and administrative staff members. It includes referral sources, screening, assessment, and onward referrals.

The difficulty of access to third-party information was the rationale given for recording the outcomes for any beneficiaries of liaison and diversion, *such as improved health and social status* or *reduction in offending,* and this was reflected in the CJLDS monitoring and reporting platform. NHSE requires that teams report performance indicators, (LDIP), which includes variables described as "outcomes"(See Figure 5 below). The LDIP data report on the *successful referral of arrestees into a service*, yet I was told by CJLDS staff members that the collection of this data was a challenge as the team did not have the resources to systematically verify if arrestees referred by them into mental health services, for example, had actually attended appointments.

For this study, variables in the excel sheets recording the identification of *vulnerabilities,* offences alleged to have been committed, and the action taken by the CJLDS were explored in the quantitative dataset. Although SPSS spreadsheets were also formatted from the variables identified in the dataset and explored using the Crosstab function, Excel Pivot tables were found to produce simple and effective descriptive statistics charts which corresponded and illustrated the QUAL-INT and QUAL-OBS data analysed.

5.8 Ethical considerations

This research was undertaken to explore how partnership practice in police custody might affect liaison and diversion practice outcomes. During the planning phase of the project, much consideration was given to the various methods that could be used in this social research, because of meeting high ethical expectations concerning the inclusion of detained citizens as research participants. While detainees or service users of the CJLDS would be valuable research participants, the research primarily aimed to focus on the practice of police custody staff and the members of the CJLDS team who share practice in the custody suite. Detained citizens in this study, were not considered research participants, although their proximity to the research process was considered and accounted for.

Consultation with NHSE advisors and the chief police constable indicated that permission to participate in research should be obtained from individual staff members. Ethical issues relating to observations and interviews were considered throughout the preparation period which conformed to the Bournemouth University Research Ethics Guidelines and adhered to the British Criminological Society's Code of Ethics.

The permission for online interviews was sought firstly through gatekeepers (who invited their colleagues to interview), then subsequently followed up through private email correspondence with willing participants at least two weeks before research. Participants were either emailed a consent form, or verbal consent was recorded online before the interview began. It was explained that a copy of the recording would be destroyed after the research had ended.

As with the preparation for interviews, permission to observe shared practice in the custody suite was sought in advance via gatekeepers, from staff known to be practising in the suite during the period of observation. On entering the suite, information sheets and consent forms were distributed to all staff present and were all returned to me. While most of the observations were directed

toward those research participants who had returned paperwork, there were instances where other individuals were present.

The ethical challenges of conducting non-participant unstructured observation in police custody were more complex. Here, I had to consider the unavoidable presence of other individuals present in the custody suite, including visitors, other police staff such as inspectors and investigators, and detained citizens. Detainees are vulnerable because they are in a coercive and controlled environment and may feel little able to contest. In each of these instances, these other individuals were informed of my presence and identity, either by myself or by those who had already consented to be research participants. A written or verbal explanation of the purpose of the research was proffered by myself as the researcher, and I asked if they were willing to consent to be observed, as the object of the shared practice of the research participants. While most agreed to be observed in complete confidence, several gave enthusiastic verbal consent and expressed support for greater transparency in police custody situations. For those who refused consent, I removed myself from the vicinity and did not observe practice by participants and made fieldnotes.

The working transcripts from the MS Teams recordings were anonymised using gender-neutral pseudonyms to ensure that the identity of the participant would not be known. Personal details of interview participants were extracted from transcripts and stored on a separate word document. The recorded video files were kept securely with encryption software on MS One Drive. While all interview data for analysis was anonymous before coding using NVIVO software, these files were also password protected. Email correspondence and other word files were stored on a BU-encrypted laptop.

Fieldnotes from observations were made in a paper notebook, at the request of the police gatekeepers. No names or identifying personal information was noted down. The fieldnotes were copied electronically immediately after the period of observation and the hard copies were destroyed. The electronic records were stored online.

Data stored on the CJLDS database has been collected for monitoring purposes and whilst this research was unobtrusive, it did utilise this information. The CJLDS (DHUFT) is required by law to provide the Information Commissioners' Office (ICO) with details of the data being processed and the purposes for which it is being kept. Under the heading "Who the information may be shared with," included the clause "survey and research organisations are included". This allows for the study to be compliant with the registration certificate (ICO Register of Data Controllers). The data controller for Dorset CJLDS required confirmation of the personal data being used, the reasons why,

and how it was to be collected and stored. Having obtained consent, I received emailed, anonymised datasets, with no personal data, and thereby the identification of service users could not be established.

The use of the statistical data from CJLDS also complied with ethical guidelines. The research further complied with the British Society of Criminology Code of Ethics, and consultation was made in person with a local NHSE ethics advisor. Ethics approval was granted by BU Research Ethics Committee (ID 32620) in December 2020 for all research activity.

The ethics approval was complemented by a risk assessment for data collection and a separate approval for "return to research" following the University guidelines approval for return to research during the SARS-COVID 19 pandemic, from the Research Ethics Committee of the University (see Appendix 3). All were confirmed before the start of the research process.

As a researcher who collects and retains personal information, I became a "data controller". Responsibilities included that the data was processed for limited purposes, was adequate, relevant, and not excessive, and not kept longer than was necessary.

5.9 Data analysis

This section describes the processes of analysis for the qualitative and quantitative data collected during the period of research. Mixed methods data analysis must consider how the analysis of qualitative and quantitative data is combined, connected, or integrated (Teddlie and Tashakkori 2009). As outlined above, the research was guided by a constructivist paradigm, and as such, QUAL data analysis takes precedence in this study. The purpose of quan data analysis was to provide descriptive statistics to illustrate and support the findings of QUAL analysis.

There are several strategies for the analysis of mixed methods, but "parallel mixed data analysis" best describes the process of analysis where data is collected concurrently, (Greene 2007; Teddlie and Tashakkori 2009; Creswell and Creswell 2017). My analysis adopted this process, a widely used strategy in mixed methods. I carried out separate, independent analysis processes for the QUAL and quan data to break the data into meaningful parts. The QUAL data, in the form of interview transcripts and fieldnotes, were transcribed, coded, thematically aggregated, and then interpreted using a Foucauldian Discourse Analytical (FDA) framework (Ussher and Perz 2014). The secondary quan data were examined to identify key variables which could be analysed to produce descriptive statistics. The findings of both processes of analysis were then linked to generating meta-inferences,

or overall conclusions, drawn from the qualitative and quantitative strands of the study (Tashakkori and Teddlie 2006). The table (below) indicates how the processes of analysis for both QUAL and quan data were deployed in response to the research question.

Table 3 Process of data analysis

Research question	Interview and observation checklist	QUAL data analysis process	Quan data variables and descriptive statistics
How do perceptions of detainee vulnerability inform practice?	Who is referred by police to CJLDS and why? Language and description of individual referred. Police practice and approach to all arrestees	Open coding Aggregated coding Identification of main themes Identification of discourse in themes Identify shared discursive themes FDA: How are detainees constructed?	Proportion of arrestees/detainees referred by police to CJLDS Proportion of health screening of detainees referred by police Action by CJLDS Proportion of caseload known to services
How does operational culture in police custody affect CJLDS practice?	How do the participants describe the role/function of CJLDS in custody suite? What practice take place? Is practice collaborative? What practice is priority? What communications take place? What decisions are made and by whom?	FDA: Discursive themes, discourses and how is action orientated? FDA: How do discourses position the speaker and other practitioners ? FDA: How are participants positioned? FDA: What practice becomes the repertoire of which subjects?	Alleged offences of those referred to CJLDS identified needs of detainees referred by police Proportion of assessments by CJLDS
How does embedding CJLDS teams in custody-based police partnerships affect the aims and objectives of diversion?	Are liaison and diversion outputs or outcomes the topic of talk or practice? Who is involved?	FDA: Conceptualising the implications of subject positions and repertoires FDA: Identifying subjectivity. FDA: Do discourses and subject positions prioritise some interventions over others? Identification of *le dispositif*	Proportion of actions taken by CJLDS for those referred Existence of outcomes, or of proxy outcomes .

Qualitative data analysis

The QUAL data were collected for analysis in two forms. One dataset comprised over 30 hours of recordings from twenty research participants interviewed remotely, and a second data set comprised fieldnotes produced during 60 hours of participant observations. Over 30 police officers and 5 CJLDS team members were observed in shared practice. In both cases, the research

participants included police custody staff and CJLDS staff who had previously been interviewed. Several individuals detained in custody verbally agreed to be observed as they were interacting with either police or CJLDS participants. Three detained individuals refused to be observed, causing me to create distance by visibly and audibly leaving their vicinity. The analysis of the two datasets did not occur concurrently; data from interviews were analysed several months before observations. However, the same process of analysis was used for both datasets.

The analysis aimed to find what meanings exist within the topic of research; the CJLDS partnership practice. To find these meanings, three stages of analysis took place. Firstly, I watched, read, and transcribed the raw data and produced memos aiming to understand the context of the topic and the data collection process. Secondly, by aggregating the open codes and reflecting on the memos, I identified themes emerging from the data (Patton 2002). Thirdly, by focusing on key themes in the data, a process of Foucauldian Discourse analysis (Parker 1992; Ussher and Perz 2014) interpreted the meaning in the talk of the CJLDS practitioners and police. The details of this three-stage process are described below

A) Reading, transcribing and open coding

The process of analysis began by reviewing the interviews with research participants recorded on MS teams, using memos to highlight reactions to certain topics in these discussions or to notate what was not being said. This process continued with the transcription of recordings, although the software was used to assist in transcribing, the quality of transcriptions was poor and required careful review. This combination took 2-3 hours to produce accurate transcriptions for one hour of talk in interviews. The process allowed me to re-listen to the talk data and continue the process of analysis. The (anonymised) transcripts and memos were uploaded into NVIVO software.

The handwritten notebooks, containing the fieldnotes taken during participant observation, were read through after each observation shift period had concluded and checked for clarity. Reflexive thoughts and comments were sometimes added to the notes immediately after leaving the custody suite. The pages of each notebook were photocopied and uploaded into NVIVO.

Using the software, each transcript and page of fieldnotes were re-read and coded. These codes represent recurring ideas, concepts, and topics of talk in the text. Each code was named and added to a coding map. Each ‘code’ contained a minimum of two references and many codes were grouped under a ‘parent node.’ I re-read through each of these parents, adding and merging some of the smaller codes. Some parent nodes were aggregated, or references in them were used to create

different child codes. These parent nodes came to represent the main themes emerging from the data.

b) Thematic analysis

Thematic analysis has been described as *a way of seeing* that *precedes understanding* (Tashakkori and Teddlie 2006). Themes are the dominant features, characteristics, or pervasive qualities of the topic of study, and most researchers seek emergent themes (Braun and Clarke 2006). My aim in this step was to find thematic patterns across the QUAL data that could both describe the collaborative practice in the custody suite, and highlight which issues stood out as important for participants. The process was essentially a method of organising and prioritising concepts that could eventually answer the research questions. (Samples of coding using NVIVO software can be found in Appendix 4.) By identifying themes and patterns, the parameters for a further and final process of analysis were created. The final process of analysis aimed to produce understanding.

The initial process of reading, transcribing, and coding the interview transcripts produced dozens of *parent* nodes using NVIVO software. By reviewing these parent nodes, I was able to uncover themes or topics that were shared by participants and those that were not. By identifying the emerging key themes, the collection of further data in the custody suite observations was informed, as was the focus of analysis on certain variables in the secondary quantitative data.

The fieldnotes were later added to the thematic analysis, and the key themes identified during the interviews were repeated; however, some themes did not occur during observations. During interviews, participants were prompted to discuss their perceptions of vulnerability in the custody suite, however at no point during observations of shared practice were the words 'vulnerable' or 'vulnerability' used by participants in the custody suite. Further review of the key themes revealed that some CJLDS participants used different language to talk about the same topics in the two datasets, suggesting that CJLDS participants adopted custody-specific language. A process of reorganising the nodes produced *discursive themes* which were used for the third stage of analysis to find meaning in the data.

c) Foucauldian Discourse Analysis

The third and final stage of the analytic process focuses on the discursive themes identified in the QUAL data. This stage of analysis employed a Foucauldian approach (Foucault 2002) and aimed to make meaning by examining discourse and discursive forms. Through identification of the function,

the subject positioning, and how broader cultural resources are drawn upon, power within the institutional culture of shared practice in the custody suite can be described (Chamberlain 2013). In acknowledging the research participants as both "the products and the producers of discourse" the analysis aimed to identify those whose interests are best served by collaborative practice (Parker 1992, p.245).

For this final analysis, the key themes identified in the transcripts and fieldnotes data were the basis of the analysis, which involved an interrogation of the discursive themes using concepts that have been identified by discourse analysts as Foucauldian. Essentially, this final approach involved re-reading the data, in the aftermath of the thematic coding, and having identified the key themes, asking questions around the Foucauldian concepts identified as responding to the topic of research. The elements of the process have been adopted and employed in different ways, for different topics by different researchers. Analysts have adapted the analysis to a various number of steps, or stages, according to their research questions. For example, Parker (1992) has identified 20 stages of analysis, Ussher and Perz (2014) have used five stages (Parker 1992; Ussher and Perz 2014). For the present research, the following five stages, informed by Ussher and Perz (2014), were followed:

- *Discursive themes and detainee constructions*

Foucault (1972) introduced the concept of "discursive formations" in the creation of culture (Foucault 1972). Discursive formations are epistemic, arriving at a place and time; new discourses with power and authority, create truth (Hall 2001). The analysis found discursive formations by drawing upon the key themes in the data. I have used the term *discursive theme,* rather than Foucault's *discursive formation*, which I felt better described the process of re-aggregating other themes to align with key themes to produce two overarching *discursive themes*. Within these two overarching *discursive themes*, all other codes and themes could be linked and organised. Detainees are the shared object of practice for the police and the CJLDS practitioners, and by describing how the objects of practice are constructed in discourse, the research could answer questions. Several codes were identified in the data when participants talked about detainees. A process of linking these codes to the discursive themes identified both shared and disparate detainee constructions.

As the object of practice, shared constructions were indicative of how vulnerability in detainees was perceived by research participants.

- *Function and action orientation*

The second stage of this process involved reviewing the constructions of detainees made by the research participants and what function these constructions might serve. The constructions were conceptualised within the discursive themes, which orientate action in the custody suite. The discursive themes used by participants both opened and closed the potential for action by police or CJLDS practitioners. The construction of detainees serves a function, in that it defines who would be identified by police and practitioners for action and who would not.

- *Positioning*

Foucauldian discourse analysis draws attention to the power of discourse to construct the human subject (Willig 2008), in that the subject personifies the discourse (Hall 1997). To become the subject of a particular discourse, human actors take a position from which the discourse makes the most sense, therefore becoming its "subjects", and "subjecting" these actors to its meanings, power, and regulation (Hall 1997). "Subject positions allow individuals to adopt certain actions for themselves or for them to assign to others" (Willig 2008).

Subject positions can be described as the by-products of discursive regimes, and subjectification aligns people to certain "ideologies" produced by the discourses and interpretive repertoires on offer (Parker 1992). In the next step, I reviewed the aggregated codes used to develop the interpretive repertoires and explored the positioning of subjects within them. I developed subject positions by seeking references where the participants' talk constructed positions for themselves, their colleagues, and the detainees. I found references that could be used to illustrate the subject positions of the CJLDS practitioners and the custodial police officers.

- *Practice repertoires*

The combination of action orientation and positioning produces specific repertoires for practice by subjects. This research is directly concerned with the practice repertoires, particularly those of the CJLDS.

Returning to the subject positions, the function of discursive themes and constructions, and how action may be orientated by them, I was able to reconcile observations of CJLDS practice with the conceptualisation of their practice repertoires, according to the analysis. The conceptualisation threw up implications for the possibilities and limits of practice repertoires. The limitations of CJLDS practice repertoires affect their outputs and has implications for the outcomes produced.

- *Subjectivity*

The final stage of the FDA sought to explore the relationship between discourse and the subjectivity of practitioners. The examination of individual talk and practice repertoires can uncover the consequences of taking up subject positions for the participant's subjective experience (Wetherall and Potter 1988). These subjectivities are constituted by power/knowledge, ideology, organisational regimes, and professional disciplines, yet deciphered by assessing how discursive themes allow some ways of thinking and exclude others. In this step, I asked whether some discourses and subject positions prioritise some interventions over others. By selecting key themes in the coding, I reviewed the references to find "active", or shared discourse, and asked who this was for. In addition, the identification of "passive" (unshared) discourses and reflection on what (unsaid) discourses are missing from the data, revealed the subjectivities of the partnership practice.

Quantitative data analysis

Quantitative data analysis is the analysis of numeric data using various statistical techniques; however, the standard technique for analysing secondary data is to use descriptive statistics (Mayers 2013). This study aimed to use descriptive statistics to analyse the variables collected by the CJLDS team and detect patterns in these that either corresponded to or questioned the findings in the qualitative data. My aim was to provide a holistic result for discussion, as well as a more rounded response to the research questions. Drawing upon the variables used to identify the object of CJLDS practice and the outputs recorded by the team, I used MS Excel to explore patterns in the quantitative data. MS Excel Pivot Tables were employed to create histograms and show the frequency distribution of key variables.

The CJLDS team collects a broad range of anonymised data which forms the basis of a standardized annual report to NHSE, collating figures for annual screenings, the proportion of arrestees seen, identification of (10) needs, and outcomes categorised as *referral into a service* and *successful entry into a service*. Monthly reports in the form of EXCEL spreadsheets are produced by members of the CJLDS team and were made available to the researcher throughout data collection. These reports are compiled by team members and provide the service with raw data to respond to monitoring and evaluation requests from DHUFT, Dorset Police and other local authorities, as well as the basis for the quarterly LDIPs reports for NHSE. The spreadsheets record 67 variables for each (anonymous) case (adults and under 18s) referred to the CJLDS by the police, including 19 variables for individuals referred, but who declined contact with the service.

The variables of data to collect are far wider than that required by NHSE and are decided by the CJLD project manager. The range of variables covers *identification*, *status*, and (13) *identified needs*, as well as the *action* taken by the CJLDS for each case. A final category of variables records *outcomes*, including a record of engagement with services and police decisions.

The data is collected by CJLDS team members from a variety of sources, and includes data from tertiary sources, such as Rio and Niche, as well as from assessments and other forms of engagement with the individuals concerned. The spreadsheets are designed so that drop-down boxes provide a range of responses to any given question, for example, *1st mental health need identified* produced 10 possible options, including *unknown mental health need*. Several CJLDS participants remarked that some data was almost "impossible" to obtain, either because it was perceived as sensitive, such as asking a detainee if they have been sexually abused, for example, or because participants simply didn't have the time to establish an individual's outcomes with a community provider, or at court.

Analysis of so many variables over two years posed an overwhelming task for a study taking a predominantly constructivist approach and prioritising the analysis of mainly qualitative data. Taking the advice of Bryman (2016), I turned to focus on how I could use small amounts of quantitative data, whether in terms of cases or variables, to be able to better 'see' what was happening in the data (Bryman 2016). Both police and CJLDS gatekeepers concurred that October was a 'typical' month for partnership activity, being outside the main tourist season which bought a spike in the arrest of visitors to the area, yet with students returning to school and university. Spreadsheets for October 2019, 2020, and 2021 were explored, and despite 'untypical' circumstances of the SARS-COVID 19 pandemic, the three spreadsheets contained roughly the same average (monthly) number of referrals.

Having reduced the sample dataset down to these three months, the decision to only analyse certain variables was informed by the analysis of the qualitative dataset, indicating which data variables were more likely to have been unreliably recorded, such as the *outcomes* for engaging with other services. Qualitative analysis also produced several findings, which the quantitative dataset might support or question. For example, the analysis found that the police participants were more likely to refer *risky* detainees to the CJLD, *risky* detainees constructed as unknown or suspected of serious and blame offences. The quantitative dataset contained the variable *suspected offence* and could therefore be used to corroborate or question the qualitative finding. The MS Excel Pivot Tables of the data in the monthly spreadsheets revealed correlations of variables and patterns or tendencies across the matrix of individual cases.

5.10 Summary

In summary, this chapter sets out the research epistemology and the positionality of the researcher and describes how an ethnographic approach underpinned the research design and process. Data collection considerations are due to unforeseen events beyond the control of the researcher. The exceptional circumstances resulting from the global SARS-COVID 19 pandemic created obstacles that firstly disrupted the research process, and secondly led to methodological review to adapt to the prevailing constraints but retain the approach of original research planning. The review of data collection methods resulted in a non-sequential and mixed methods approach to data collection and analysis.

Data analysis was developed at each phase of data collection, with an initial focus on themes in the qualitative data, and later progressed to a secondary stage of analysis using a Foucauldian framework for the discursive analysis of the two qualitative datasets. The findings of the qualitative data analysis were supported by a descriptive analysis of secondary quantitative datasets. The findings produced by the analysis of the data are presented in the chapters that follow.

Chapter 6 Setting the scene: Custody partnership discursive themes and detainee constructions

> "One learns culture is a figurative resource used to constitute the sensibilities out of which action flows as well as the world of opportunities within which this action will take place" (Shearing and Ericson 1991, p.494).

6.1 Introduction

This chapter is the first of four that present the research findings of this thesis. While the broad analysis of mixed methods data analysis with a Foucauldian approach provides the overall structure of the findings, the focus of this chapter is to set the scene of the site of research, describing the custody suite as well as the phenomenon of shared CJLDS partnership practice.

The findings of the first thematic stage of the analysis revealed two key discursive themes emerging from the qualitative datasets. These themes prevail in shared custody practice, and they connect to a range of detainee constructions, as the shared object of practice. These discursive themes link discourses from the intersection of the partnership practitioners in the police custody suite.

The criteria used to identify vulnerable detainees demonstrates a challenge for police and CJLDS practitioners to share an understanding of vulnerability, using the existing definitions in their respective organisational guidance. This study found discursive themes and detainee constructions were broadly shared by the research participants, despite distinct organisational narratives. The identification of detainees as shared objects of practice corresponds to the detainee constructions made by practitioners and the overarching discursive themes of custody. Both discursive themes have created a realm within which participants construct detainees, and can function to orientate practitioner action and practice within CJLDS, as a partnership institution

The first part of this chapter describes and discusses the discursive themes emerging from custody-based partnership practitioners' discourse. These have been labelled as, "custody as a *carousel*" and "custody as a *threatening environment*". The second part of the chapter focuses on how detainees are constructed and discusses the relationship between the themes and the constructions. Certain perceptions of vulnerability are available within these constructions, but there is evidence of misperceptions and misconstructions of detainee vulnerability between police and CJLDS participants.

6.2 Discursive themes in custody

Two predominant themes emerged from the analysis of interview data, consolidated by the findings in further data analysis resulting from observations in the suite. Research participants' discourse tended towards themes of custody as a repetitive circuit of daily routine, often referred to as a roundabout or *carousel*, this discourse contrasts with a second, often more tacit, discourse of custody practice as a place of threat and danger with potential for risk and crisis.

The themes in research participants' discourse interplay with the custody suite space to construct the object of practice in the custody suite, often generically referred to as 'the detained person' (DP). However, data from interviews and observations found that individuals entering custody are frequently colloquially referred to by the police as "customers." The construction of known DPs, or customers, responds to discourses of custody as a *carousel*, while unknown customers and detainees alleged to have committed serious offences are perceived as *risky,* and respond to a discourse of custody as a *threatening environment*.

6.3 Custody as a constant carousel

The custody suite is a highly controlled and closed working space. The prevailing discourse of custody suite practitioners is of a constant non-stop routine of time-pressured practice, driven by the schedules of the police hierarchy, the investigatory team, and the criminal justice process. Interview and observational data showed that in the discourse used by all participants, but repeatedly by the police, certain phrases and metaphors were used regularly, such as "revolving door", the "in-and-outers", the "merry-go-round", "chaotic lifestyles", and "same old, same old". This police participant provides typical discourse, describing the custody suite as a *carousel*:

> "That is what we see, just, day in, day out, and it's just a carousel. They go, they come, they go, they come, they go. It's same people it's the same you know, husband and wife, same partners, one week it's this, the next it's that and it all revolves around drugs and alcohol" (interview with Sam, DS).

The working culture is cyclical and monotonous, with familiar and long-serving practitioners engaging with known individuals who are repeatedly detained, each with their known habits and behaviours. The discourse of custody evoking *the carousel* was also used by CJLDS participants, who found familiar detainees. The following remark by a CJLDS participant was a refrain frequently heard from all CJLDS participants based in custody:

> "In the morning, you look on the police computer you see names that you know exactly. You know them by heart, the ones that come in and out, round and round" (interview with Chris, MHP).

The CJLDS and police participants shared discourses linking substance misuse, predominantly alcohol, as the predominant driver of arrests, illustrated by this CJLDS participant:

> "We have a lot of people that come in and out. I think it's based on their circumstance, same old shoplifting, same old driving…I sound awful, but they are on a methadone script and nothing's really changed about their presentation, we might have been down that road [of working with them], but we probably won't go back" (interview with Jo, MHP).

Several police participants described custody as a place of respite, especially for individuals in the chaos of using drugs and alcohol. The police held a perception of overstretched or underfunded community services which had been unable to meet the needs of this population. While CJLDS participants did not share the perception of custody as a place of support and care, some recognised that some detainees were so desperate to access custody for basic needs, they would commit an offence for that purpose, as explained by this CJLDS participant:

> "I met a chap one time who vandalised a telephone box because he was so cold, and he was sick of being on the street and he knew that was a quick way to get into the police station. So, he vandalised the local phone box, got arrested […]" (interview with Charlie, STRW).

Police participants constructed custody as a place of support and care for complex individuals who fall beyond the scope of community services which, for some individuals meant that engagement was simply too hard, as this police participant explains:

> "A lot of the time, it's just getting people to engage, once they leave here, they don't want to engage it's just it's too hard, they don't want to do it, which is a real shame because they are those people that use the drugs and the alcohol" (interview with Sam, DS).

Police participants equated custody as a detoxification facility before any other criminal justice process could begin, as described by this police participant:

> "… partly why they go to custody is because once the drugs, or alcohol, wear off you can see if that person is still behaving in that way, or whether they've calmed down and they're behaving sort of much more in what we would consider a normal manner, like normal behaviour" (interview with Alex, DS).

Police participants explained that the custody suite is a 24-hour emergency service and as such, a default open-access service for known offenders. Police participants emphasised that custody is

always available, unlike other key services including community mental health and social services, which were unlikely to respond to out-of-hours requests.

These discourses feed into the *carousel* theme, constructing custody as a constant with the action within it orientated towards the repetitive and the mundane. Several police participants portrayed custody as a basic humanitarian aid service, where they are workers on a metaphorical factory production line of evidence for the criminal justice system. Police participants described this practice as akin to manual labour, as this police participant's remark shows:

> "It's like a bit more of a sophisticated cleaner and a glorified babysitter because you end up basically doing everything, whatever is needed. So apart from like our main role is to you know to look after detained people to make sure they are alive, make sure that you know what your rights are and […] they are looked after, and so on" (interview with Gerry, DO).

This discourse orientates action in the custody suite, positioned for 24/7 responses, providing access to basic humanitarian resources for street homeless or destitute detainees who had no other provider to turn to. The suite was referred to as "*her Majesty's B&B"* by several police participants (fieldnotes, September 2021), where once detained, individuals can access a shower, get food, health care, and even clothing and funds for onward travel. In interviews with police participants, some were keen to demonstrate care and empathy for detainees, as this comment demonstrates:

> "We'd get a lady that comes in often and the first thing she says is, [name] can I have one of your hot chocolates, please? She's in there, that this is so often. So, yeah, we do, we do what we can" (interview with Frankie, DS).

6.4 Known offenders or *established customers*

Adopting the discourse of a *carousel* in custody implies that many individuals held there were known by research participants and all custody staff to be offenders, because they had previously been arrested, screened, and convicted. Several detainees were known to have served multiple prison terms. Known offenders were typically termed by police participants as "established (or repeat) customers" and frequently described as "difficult to engage" by CJLDS participants.

*Established customer*s were constructed as individuals who experience recurring episodes of crisis, leading to repeat arrests and periods in detention, and were familiar to research participants, as shown by the police participant below:

> "You know we have like a little, well, established customer and I think myself you know, it's not, nothing has changed. They're like, you know, a long-lasting drug user or whatever, they, you know they've been offered help. They know exactly how the system works, it's choosing

> not to use it or abuse the situation and that's, that's what I think is kind of a bit of a waste of time" (interview with Gerry, DO).

The extract shows that known detainees were constructed by police participants as having agency, choosing offending and drug-using lifestyles. This suggested a permanent condition and a personality, of repeat and *established customer*s. The concept that personality or lifestyle choice brought some people repeatedly into custody was shared by custody based CJLDS participants, as one explained:

> "Sometimes it's a lifestyle choice, or whatever. That's just the way they are, it's their personality" (interview with Pat, MHP)

Participants sought to construct *established customer*s who have these characteristics as being *difficult to engage*, as this police participant states:

> "Now I appreciate some of that will be around just them, just not doing what they're supposed to do because the chaotic lifestyles they live, but I hear it an awful lot, so clearly at the moment, people are finding it difficult to engage with any of the services, even if they want to" (interview with Sam, a DS).

Some *established customers* were constructed as having needs that cannot be met, either through their perceived inability to engage with support services, or because local services had limited resources or restrictive criteria which excluded them. These customers appeared to be well known locally and are no longer seen as the object of practice for the CJLDS because they cannot be supported or referred to other services, as this CJLDS participant explains:

> "I know there are characters [in named town] if you like, that are known to have a learning disability, autism, various issues that do come back around, but they tend to have a fair few people around them or have exhausted everything and there's nothing left to offer" (interview with Jo, MHP).

Jo continues to explain that these detainees will not be objects of CJLDS practice:

> "Nothing has changed, they are in for the same thing. No one seems any more concerned about them than they were before, so I won't be seeing them" (interview with Jo, MHP).

Effectively, in the absence of more suitable or available services, these characters have limited options other than arrest and custody. In interviews with police participants, several expressed a view that health and social services were a precious resource, and *established customers* were

constructed by the police as also wasting police resources, as this DS is observed during a handover briefing:

> "[] in here again for indecent exposure, the victim took a video as he exposed himself and they showed that to police and he has been located and arrested. He was intox on arrival and asthmatic, epileptic and bipolar. Doesn't need an AA apparently. Depression, vegan, dyslexic, dyspraxic. HIV positive. CJLDS screened and he is not known to secondary mental health services. Previous substance misuse and self-harm by cutting. Seen an HCP but no concerns. He's been a pain in the arse, buggered his cell. Started eating cups, apparently, he's been spitting" (fieldnotes 13 September 2021).

In this description, the police participant outlines the details of an individual who was well-known to the custody suite staff. While detailing health and social conditions, the tone of the handover suggests feigning symptomatology by the detainee.

This trope was observed several times, as police staff monitored detainees in cells.

> "Police participants were observed monitoring the webcam footage on the atrium bridge screens and commenting on feigning and malingering behaviours by detainees. Comments about 'attention seeking' by detainees were passed. When questioned. It was then explained that having prior knowledge of this behaviour in *established customer*s meant it was not understood to be indicative of any risk" (fieldnotes, 15 September 2021).

One police participant explained that some known offenders, particularly older individuals, are often described as 'career criminals':

> "A lot of older people we see tend to be career criminals, they know the system in and out. There is generally never any issue. Because it's just another day in custody. You look at someone's record… I looked at one person's record and his first conviction was 1948… he was eighty-something and that's… the thing is you do get people and sometimes it is for some offences, you know, it could be some of it is, like, one day, things like theft and that like, they've done it all their life" (interview with Reece, DO).

In this interview extract, the discourse echoes the trope of career criminals as familiar and comfortable with the criminal justice system, and their offending behaviour something they have done all their life is not questioned by the participant. In labelling a detainee a career criminal, behaviour is explained by personal choice and agency. Police participants were unlikely to allude to detainees as having *unmet criminogenic need*.

6.5 Custody as a *threatening environment*

Organisational culture, or *le dispositif*, can be shaped by structural frameworks which include physical environments (space) and artefacts, as well as by construction through discourse (Foucault 1980).

Surveillance as threat

The researcher was able to observe the three police custody suites in this study, perceiving them as sites of threat. On entering the suite, the hub of police presence is situated in the atrium as an open plan space at the centre of the suite, unobservable from outside, but all activity within it is observable to those within the space. The central focus point of the atrium is a raised platform, referred to as 'the bridge' where Desk Sergeants are seated behind computer monitors. Beyond the Desk Sergeants further monitors are positioned, where Detention Officers are present (see Appendix 5). It is in the atrium that police participants first engage with individuals under arrest. Police practice is to confirm the arrest and authorise the detention of an individual, before reading their rights as a detainee and conducting a 'risk screen' as observed below:

> "The booking-in process is delivered at the custody bridge. The DP is brought into custody by at least two arresting officers, and maybe handcuffed to them, they stand before the custody sergeant seated on the bridge 50cm higher and behind a screen. The sergeant enters data into a computer while completing the process. The DP reads and signs(text) on a monitor built into the bridge. There is no privacy from other custody personnel or other detained persons who may be present" (fieldnotes, 4 September 2021.)

The description of police practice during the booking-in process suggests visual discourses of control, hierarchy, and surveillance. Visually, parallels can be drawn between the sergeant in an elevated position on the custody bridge and a judge raised on a bench in a courtroom. This visual construction positions the police as hierarchical, domineering, and watchful, and informs any individual coming into custody of potential future outcomes. That the analogy to court extends police passing judgement and sentencing is also possible.

More importantly for the daily practice of booking in, this process situated at the custody bridge can be a frustration. Effectively, the location is indiscreet and impersonal. Detainees are frequently handcuffed to arresting officers and the verbal exchanges between the detainee, and the custody sergeant can be observed and heard by any other person present in the atrium. Police participants explained that these factors had the effect of discouraging detainees from disclosing personal or sensitive information, which was necessary for police to develop a care plan for them.

Time as threat

In England and Wales, there is a 24-hour legal limit to holding a suspect in custody. This limit is referred to as the 'custody clock' and serves to structure police practice in their cyclic 12-hour shift patterns within which they conduct the process of evidence collection, assuring the next stage in the criminal justice process. While the custody clock structures the mundane and repetitive, a series of steps follow in a process familiar to both police and CJLDS participants. However, detainees, having had their possessions removed, are not aware of the time and its passing which has been constructed as police punishment, or a deterrent by one CJLDS participant:

> "They've been in custody where they don't have any sense of time, you know, because everything has been removed from them. There are no clocks on the wall they remove their wallet everything. So, when they will ring from their cell, they can ring custody and ask what time is it, or can I have a cup of tea? And for them to refuse to tell them the time, for me, is very cruel. And what they will say is, we don't want them to feel comfortable in here. You know if they're comfortable here. This place is not going to be a deterrent anymore" (interview with Chris, MHP).

CJLDS participants tacitly accept custody as a *threatening environment*, evoking the coercive and challenging environment for those detained there, as explained by this participant. The custody suite in a *threatening environment* for both detainees and practitioners could pose a therapeutic challenge for CJLDS participants, many of whom have professionally been more accustomed to engaging with patients in clinical and therapeutic settings (Sondhi et al. 2018). CJLDS participants explained how face-to-face assessments with detainees can often be conducted in cells, which they accepted was not an ideal venue in which to engage with sometimes mentally unwell people. The CJLDS participants, most of them previously qualified psychiatric nursing staff, did not claim to offer any therapeutic interventions to detainees.

Control as threat

Observations established that several artefacts unique to police custody are frequently employed. In addition to handcuffs, detainees can be dressed in 'rip-stock' suits, which are two-piece costumes manufactured in a fabric that cannot be ripped to create ligatures. The theme of the risk of self-harm continues from the use of plastic, rather than metallic eating utensils to in-cell surveillance equipment, including transparent doors and cameras. Observations highlighted the 'risk discourse' suggested by the architecture and artefacts of the custody suite:

> "I am given a tour of the cellblock by a police participant, who shows me a cell door hatch that features an adaptation to prevent a ligature being attached (if a detainee attempts suicide). The officer turns and says, 'it's all risk, risk, risk in here', then explains to me that 'the shock of custody means it runs a much higher level of risk than putting someone in a prison cell" (fieldnotes, 17 September 2021)

The custody process has been called dehumanising (Jones and Mason 2002) and carceral environments, particularly those in the criminal justice system, have been found to create fear and stress; any detainee may potentially become psychologically vulnerable (Gudjonsson et al. 2000). A reaction to custody and police processes can make any detainee afraid and stressed and make them feel psychologically vulnerable (Gudjonsson 1995; Wooff and Skinns 2018). Custody can only harm the mental health of those detained there, triggering psychiatric illness and increasing the possibility of suicide in detention (Dehaghani 2019). Several authors have argued that given the demanding environment of police custody, there should be a review of delivering the screening tool by police, given the negative cultural aspects which influence detainees (McKinnon and Grubin 2013; Raoof and Adeeko 2014; Noga et al. 2016).

The custody atrium is constructed as an entry point, a liminal space, and as such, it has been found that booking anyone into police custody can exacerbate a mental health crisis, given the chaotic, overstimulating, and frightening environment and the perceived threat of police officers (Parsons and Sherwood 2016). Police custody is a complex environment, a relational, liminal, and temporal space where power dynamics between detainees and all staff are linked to past experiences (Wooff and Skinns 2018). The emotions of staff, as well as known and unknown detainees, are all at play in this environment.

All research participants used the discourse of custody as a *threatening environment*; uncertainty and risk were indicated by metaphors of risk in interviews and observational data. The risk of harm was constantly referred to by police participants with the specific risk of a death in custody, whether in the cellblock, or post-release being a concern, a risk to be mitigated. The theme perpetuates a tacit understanding that the custody space puts detainees, and perhaps others, in a dangerous psychological place.

Risk discourse is partially informed by standard police guidance, as explained by this police participant when asked about the risk, below:

> “Because you've got threat-harm-risk so there's a risk. And there's a threat that I'm going to kill myself. What's the risk? Yes, it's, it could happen!” (interview with Frankie, DS).

The identification of custody as a *threatening environment*, or triggering threat, was a risk to police participants. This risk was implied rather than clarified and extended to post-custody detainees, as this police participant explains:

> "We risk assess people leaving so we need to be happy that when they walk out the door, they're not going to go and hurt themselves or hurt somebody else, or disappear" (interview with Bobbie, DS).

Another police participant illustrates how they identify custody as a *threatening environment* for detainees:

> "If I've got someone who has self-harmed in the cellblock or has had thoughts of self-harm prior to coming in or when I have been booking them in, that's gonna, you know, immediately be a risk" (interview with Alex, DS).

Police participants were observed to heed 'the shock of custody' by constructing the custody space and themselves as caring for first-time detainees. The refrain "I am here to look after you and make sure you are safe" (CO to detainee, fieldnotes, 4 September 2021) was repeated by all police custody staff.

The concept of risk was prevalent in the discourse of Police and CJLDS participants in interviews. Additionally, observations in custody showed that visual discourses constructed custody as a *threatening environment*. Police participants' 'risk discourse' highlight the potential for negative reactions to police custody and the situational vulnerability of detainees.

6.6 Risky detainees

By employing the discourse of custody as a *threatening environment*, the research participants constructed certain detainee types as *risky*. Police participants constructed most unfamiliar detainees as *risky* because they were unknown as characters, but the threat of custody and negative associations with the criminal justice system also created risk in known offenders, when they were known for petty offending but had now been arrested for *serious offences* (see Glossary). Police participants sought to know if unknown detainees were known to have mental disorders, which for them indicated the risk of self-harm and suicide.

Unfamiliar detainees

Data from interviews and observations showed that unfamiliar detainees, unknown to local police, were assumed to be risk objects for police participants. Unknown detainees are automatically *risky* because their psychological vulnerability to suicide is unknown and must be established. This police participant illustrates concern:

> "It's different, obviously yeah, with someone who's like for the first time [in custody] and it's really like a daunting experience, and of course, you know we have people sometimes on false allegations here and they're thinking what the hell is gonna happen now[…]if they are really stressed and they are not coping, here for the first time and then you might think, oh how is that going affect them" (interview with Gerry, DO).

Police participants frequently made normative constructions of unknown detainees, the risk factors anticipated, from the assumption that 'normal people' fear the criminal justice system, distrust the police, and won't disclose their fears. A police participant offers an anecdote that indicates what is at stake:

> "I had a gentleman, leave custody, and kill himself from custody when I released him. Because nobody knew anything, never been arrested before had no mental health issues, no nothing. Not in for a serious offence. I mean, late 60s as well, so probably couldn't handle the fact you've been charged and hung himself in the woods" (interview with Bobbie, DS).

Shame and serious offences

The discourse of suicide constructs risk in any detainee who faces charges for sexual offences, referred to by some police participants as 'shame offences' (observations in custody 7 September 2021). When asked in interviews which detainees could be identified as being at risk of suicide, responses from police participants frequently resembled the one given below:

> "What you're looking at is someone who is, say, a professional person and he's been arrested for a serious offence, particularly in current days. He has child images, something like that. He's potentially looking at a custodial sentence, basically, his life's fallen apart, but they're not actually saying "I'm gonna kill myself" but they become withdrawn and they become quiet, and they're the people that are more likely to think I've got nothing else….it doesn't always mean they are going to do it in police custody, which is why, to identify the risk for someone else is important because they're more likely to try and do it in prison custody, because they've got more opportunities there" (interview with Reece, DO).

Police constructed detainees suspected of committing serious or sexual offences, particularly those unknown to the police and the criminal justice system, who were concerned about protecting their reputation and future contact with their family to be those at the highest risk of attempting suicide.

Although any detainee arrested for serious or shame offences was constructed by police participants as *risky*, due to the understanding that, and fear of conviction in future, would result in lengthy incarceration for serious offences, as expressed in this police participant:

> "…in the cold light of day when they're sitting in the cell, and the fact that they can now see no future for the next how many years of sitting in a cell and being in prison" (interview with Bobbie, DS).

During observations, police participants constructed detainees accused of serious and sexual offences as being at increased risk of psychological vulnerability. “Serious offences” are those which custody police staff believe to be indictable and subject to judicial process only before a jury at Crown Court, because they potentially involve a minimum penalty of a custodial sentence of at least one year. However, at the level of custody staff, only subjectivity and supposition constructs detainees as serious offenders as all detainees are held for alleged offences, pending charges or discharge.

One police participant explained that alleged violent offences are serious, the point of arrest is at the very start of a potential investigation and before charging, evidence for any future prosecution is yet to be collected and assessed. Detainees who the police expect to be charged with serious offences, are constructed as *at risk of suicide or self-harm*. Observations of handover briefings showed how this DO used *alleged offence*s to construct risk indicators:

> “Officers called to attend an address alleged that three males entered the address and assaulted the person within and caused damage to a bike at once in the address brandished a knife and a gun so that is why it is an aggravated burglary so it's the same watch and search for all three. This one has got ADHD. Thoughts of cutting himself two months ago. CJLD needs to screen them” (fieldnotes 17 September 2021).

The field note captures the police participant’s discourse in highlighting the risks; an aggravated burglary intensified by thoughts of self-harm.

Mentally unwell detainees

One of the messages of Bradley’s report was that prison is the wrong place for people with mental illness; it surely follows that the mentally ill should also not be in police custody. This discourse, of custody as a *threatening environment*, was understood by CJLDS participants as those identified as either mentally unwell or with an SMI that could trigger an episode of illness in custody. Detainees identified with acute illness, or a diagnosed SMI were constructed as vulnerable, as shown by this CJLDS participant’s comment:

> “You know, they are vulnerable people because they have the issue of mental illness I'm talking about bipolar or schizophrenia” (interview with Chris, MHP).

Police and CJLDS discourse co-mingle with those of custody as the wrong place, and the concern is focussed when incarceration triggers or compounds existing mental illness, such as schizophrenia, bipolar, or severe clinical depression, as shown by this CJLDS participant:

> "Somebody's got a diagnosis of severe anxiety, being in a police cell or getting arrested, would make a massive difference to them, wouldn't it?" (Interview with Ali, MHP).

Detainees with acute severe mental illness (SMI) were constructed as individuals who were unwell and in the wrong place by CJLDS participants. The alleged commission of an offence indicates symptoms of mental illness, as described by this CJLDS participant:

> "It's happened because of some sort of disordered thought process or something like that might have to unpick that a little bit in my assessment, that actually this person's really thought disordered and mentally unwell" (interview with Sydney, MHP).

The discourse of the CJLDS participants typically explained alleged offences committed as a direct result of mental illness, as this CJLDS participant illustrates:

> "So, say if it's somebody they might have put indecent exposure on, somebody with a diagnosis of bipolar disorder its where people come very disinhibited, that could be quite important. That could be diagnostically quite important you know because they've come disinhibited that could change your opinion really" (interview with Pat, MHP).

In this excerpt, the participant speculates how some conditions, in this case bipolar disorder, explain certain 'disinhibited' behaviour leading to an alleged offence. This constructs the detainee as unwell, and as such, explains offending behaviour as a symptom of illness. Several CJLDS participants even questioned why mentally ill people are brought into police custody, as demonstrated by this CJLDS participant's comment:

> "Somebody's just, you know like, they shouldn't even be coming into custody like that…. I think it's fairly obvious, isn't it, somebody comes in and they're just so that whatever they've been doing, it's because they have no idea what they're doing" (interview with Jo, MHP).

6.7 Mixed or misconstructions of risk, vulnerability, and mental illness

The construction by police of certain detainees as *risky* indicates the threat of harm or attempted suicide in custody. The research found that CJLDs participants in custody used the words 'risk' and 'vulnerable' interchangeably, crucially equating the CJLDS vulnerability criteria with the police participants' fear of the risk of detainee self-harm and suicide. One CJLDS participant explains their role is to establish vulnerabilities, clearly identifying these as risks in custody. When asked to identify the object of practice, they claim that:

> "…it's down to vulnerabilities, erm, it is down to the risk of self-harm, suicidal thoughts" (interview with Ali, MHP).

In interviews, police participants effectively replaced ‘at risk’ with ‘vulnerable’, as shown by this police participant, when asked which detainees are vulnerable:

> “Literally, by going why I think they're vulnerable, why they might be more vulnerable than somebody else, so if I've got somebody who's self-harmed in the cellblock or has had thoughts of self-harm prior to coming in, or when they when I've been booking them in, then that's gonna, you know, immediately be a risk” (interview with Frankie, DS).

For the police, psychological vulnerability is an indicator of a mental disorder, thus detainees suspected to have such disorders are perceived as *risky*. Police participants stated that psychological inability to cope in custody is compounded when a detainee has a mental health issue, as this police participant’s remark illustrates:

> “Custody is not a nice place for them to be, especially people with mental health issues…” (interview with Bobbie, DS).

The aetiological effect of custody threatening those who are mentally unwell was recognised by all research participants. Custody suites are highly controlled and coercive environments; hence any custodial experience could negatively affect the behaviour of detainees (Bradley 2009; McKinnon and Finch 2018; Wooff and Skinns 2018).

Interviews with police participants revealed that acute mental illness, perceived via symptoms commensurate with psychotic episodes, poses a risk of death in custody. Observations indicated that those detainees behaving with emotional dysregulation in custody were perceived by police as a sign of mental disorder, and potential risk:

> “Observed a (child) teenage girl booking in. She is handcuffed and very distressed, tearfully repeating over and over, that she is so sorry. The detainee informs police participants that she has ADHD and states she will bite her arms and cut herself. At 6.30 am, the detainee is observed by police participants scratching and biting her arms and wailing. Police participants explain this is normal behaviour for a child who has had a shit upbringing. One police participant goes to the cell and tells the detainee to behave themselves, or she will have to be on the watch” (fieldnote, 13 September 2021).

The findings show that the risk of death in custody was perceived as heightened when detainees manifested certain behaviours, frequently interpreted by police as symptoms of mental illness. The police perceived poor mental health as one indicator of risk of suicide or injury by self-harm, this was recognised by the CJLDS team, as one CJLDS participant describes:

> “…they [the police] just go through the list of detained detainees really, you know, name, offence, and then any kind of risks, vulnerabilities those sorts of things. Some of them may

> be in terms of mental health, some might be physical health or other kind of risks really that that need to be known" (interview with Sydney, MHP).

Yet several CJLDS participants were dismissive of police interpretations of mental illness (as risk) as this CJLDS participant explains:

> "Yeah, I think that's I think sometimes they think, oh, because the person is behaving in a certain way. It's got to be mental illness, but it's not necessarily the case you know I mean so um, yeah. Sometimes it's a lifestyle choice or whatever or that's just the way they are, it's just their personality. But if there is no previous history as well there's no indication and you know you go through the GP record and there's no indication of any concerns about mental health or vulnerability or anything…" (interview with Pat, MHP).

Other CJLDS participants were frustrated by the inability of the police to recognise crisis episodes of mental illness during arrest, bringing unwell individuals into custody when they could be using their powers under Section 136 of the MHA (1983) to convey them directly into healthcare, as revealed in this observation:

> "Discussion with CJLDS practitioner about the inability of the police to see when someone is having a psychotic episode. The practitioner wonders why the police do not call a 136 and take an individual directly to the hospital instead of bringing them into custody and concludes the police find it easier to get CJLDS to look at them" (fieldnote 13 September 2021).

The observation further demonstrates that CJLDS participants saw the criminal justice system as unsafe and the wrong place for detainees with psychiatric illnesses.

The word vulnerable was only used by police participants in custody when indicating a victim of crime, or regarding the PACE (1984) criteria for vulnerable adults (see Glossary). Children, for example, who require an appropriate adult under Code C of PACE (1984) are automatically referred to a dedicated *young person's* practitioner in the CJLDS yet were not routinely constructed as vulnerable by participants**.** Interviews and custody suite observations showed that the talk of both CJLDS and police participants did not use the words *child* or *children*. Children are routinely referred to as *juveniles, youths, young people,* or *young offenders* in discourse used by all research participants. The vulnerability of children was constructed only when their (younger) age is combined with needs, or behaviours, as can be seen in this extract from a police participant:

> "Some 16- to 18-year-olds I've come across are more switched on than some adults, some people in their 30s, depending on their lifestyle but in some ways, they are more vulnerable because they've been indoctrinated into that lifestyle right so already, unfortunately being on a 'not going to end up well' route. But you know, we've had people with criminal responsibility at age ten, we literally have had ten-year old's come in, very rarely, but it has happened. And on some occasions for quite serious offences and you have got to think, well there has got to be something else going on as well. Behind it, sometimes you talk with

them, and those things come out and show where their vulnerability is" (interview with Reece, DO).

Reece can only identify these *people with criminal responsibility* as vulnerable when *something else* is found in younger police suspects, and not because of their childhood status. Examples given in conversation with police participants included police suspects alleged of involvement with county-lines activity, or children accused of violence, such as knife crimes, explained by one police participant as due to having been: "poorly raised by caregivers and led astray" (fieldnotes, 13 September 2021).

For adults, only when other factors were indicated, such as severe mental illness or a recent disclosure of victim status, was vulnerability constructed. While references to ex-service personnel were made by several Desk Sergeants, they were only identified as vulnerable if other factors, such as Post Traumatic Stress Disorder (PTSD), were detected, suspected, or disclosed. The word vulnerability is more prevalent when associated with victims, not perpetrators of crime (College of Policing 2016). When asked about vulnerability in interviews, police participants used the word 'vulnerable' to refer to victims of alleged offences, and most did not make an easy association of vulnerability with individuals suspected of offending. The word 'vulnerable' was used frequently about victims of alleged offences, or in creating the term 'vulnerable person' as defined under PACE (1984) Code C.

The contested concept of vulnerability includes views about the status vulnerability of specific groups (National Health Service England 2019; Virokannas et al. 2020). Vulnerability features in police guidance (PACE 1984) and the CJLDS *all-vulnerability* practice framework (National Health Service England 2019). While children are typically viewed as vulnerable, the research found children were not perceived by research participants to be vulnerable on the sole basis of age, but only through other contributing factors creating vulnerability. Virokannas et al. (2020) found elderly people and women to also be systematically categorised as vulnerable, but again this literature does not reflect the discourse of vulnerability in this study (Virokannas et al. 2020). Shared understandings operationalise collaborative approaches and deconstruct professional and disciplinary boundaries between health and criminal justice services (Bartkowiak-Théron and Asquith 2017). Enang et al (2029) found a lack of clarity and a divide in understanding of the word vulnerability in practice partners (Enang et al. 2019), hence such discord has the potential to affect one, or both, partnership organisations' culture and practice (Brown et al. 2017).

6.8 Summary

Analysis of participant interviews and observations in the custody suite produced two shared themes. The first theme linked to discourses of custody as a *carousel*, where detainees are known offenders and constructed as *established customer*s. The second theme of custody as a *threatening environment* was associated with a discourse of threat, constructing unknown detainees, or those diagnosed with mental disorders and those arrested for serious or *shame* offences as *risky*. *Risky* detainees are those who are unknown or have displayed certain behaviours many of which could be described as emotional and suggest an inability to cope with custody and the police processes.

*Established customer*s are often known offenders who police perceive as having *mental health issues* but are not perceived as detainees *with vulnerabilities*. While many known offenders have chronic mental disorders and problematic social circumstances or conditions, the discourses of research participants constructed these detainees as having the choice and agency, of being able to recognise their 'needs' or having a will and capacity to choose to engage with change. The implication being they are not vulnerable but are using police custody and to meet unmet needs and they commit offences accordingly.

Temporal, situational, relational, and structural elements of vulnerability were perceived by research participants in the custody suite as a place of threat (Virokannas et al. 2020). Yet detainees were only accepted as vulnerable by CJLDS participants when (serious) mental illness was found to be present or had been diagnosed, suggesting that despite a wide range of '*all-vulnerability*' criteria, their key focus was to identify SMI in police custody detainees.

Perceptions of vulnerability varied between CJLDS and police participants, and those perceptions are sometimes in contest between practitioners. The construction of detainees as vulnerable by research participants was not clearly linked to guidance but limited to etic perspectives and subjective assessments of risk (Dunn et al. 2008). Emic perceptions of vulnerability are not sought in the custody suite. These perceptions of vulnerability limit which detainees are identified as shared objects of practice.

The discursive themes and constructions which set the scene of custody as a workplace set the cultural context of the CJLDS and reveal elements of an institutional *dispositif* affecting perceptions of vulnerability in detainees, as the partnership's object of practice between police and CJLDS. The second phase of qualitative data analysis used an FDA framework to explore these discursive themes and constructions available in the custody suite, the site of shared practice. In FDA, discursive themes and the constructions of the object of practice function to orientate action. This next phase of analysis, described in the following chapter, sought to identify how these discursive themes

function to orientate action during shared practice in custody and specifically focuses on the opportunities made available for action by the CJLDS and their positioning in the custody suites.

Chapter 7 Discursive function: Action orientation and positioning of the CJLDS in custody

> "Police officers assess ambiguous situations according to the logistics of the organisational context and wider institutional and social field in which they work, and these are mediated through the prism of police occupational cultures and the daily practice of policing" (Bittner 1970, p.46).

7.1 Introduction

This chapter presents findings that demonstrate how discourses function to create custody culture and orientate practice therein. Constructions of detainee vulnerability are seen to inform shared practice. The nexus of shared practice in the CJLDS partnership occurs when CJLDS practitioners are *in situ:* they are embedded (present or in proximity) within the custody suite. Two prevailing discursive themes, custody as a *carousel* and custody as a *threatening environment*, and the corresponding constructions of detainees described in the previous chapter were found to be broadly shared by all research participants. The findings discussed in this chapter result in the development of a Foucauldian Discourse Analysis framework (see Table 5, Section 9.2, below.)

The chapter uses an analysis of interview transcripts and fieldnotes collected during observations of practice in the custody suite, to consider how these discursive themes and detainee constructions in custody function to orientate action in the suite and position CJLDS practitioners. Descriptive statistics from analysis of the secondary quantitative dataset are used to further demonstrate how these discursive constructions identify shared objects of practice; detainees are referred by police to the CJLDS. The analysis develops evidence that demonstrates that the available discourse in the suite is dominated by police participants, and that the function of discourse correlates with police knowledge and power. The exercise of power through discourse orientates action and positions the CJLDS team in the suite.

The chapter starts by briefly considering the function of the custody as a *carousel* discursive theme, closing possibilities for action by the CJLD team. The main part of the chapter concerns the discursive theme of custody as a *threatening environment*, which functions to orientate and position the CJLDS for action. The analysis explains how the CJLDS team is primarily positioned for action by the discursive theme of custody as a *threatening environment and* raises questions about the power that orientates action and positions them, affecting CJLDS practice and outputs.

7.2 Constant c*arousel*: discursive theme

This discursive theme of a constant *carousel* functions to perpetuate what could be described as the core practice within the custody suites, and action by police is systematic and repetitive. Police custody exists as a gateway, feeding police suspects into the justice system, and in this way resembles a factory production line. The theme highlights the police and custody as an emergency service that can still be relied on to respond at any time, and as such police custody functions to provide a broad social service for those detained there.

Custody was observed as a systematic institution, where police hold routine practice repertoires such as arranging the evidence collection processes including fingerprinting, photographing, and accompanying detainees when bodily samples were being collected, as well as taking detainees to interview with investigating officers. Police custody staff are responsible for arranging visitors, including Appropriate Adults (AA), legal defenders and interpreters, and coordinating these with the investigation process, under the direction of police investigators, inspectors, and the police management team, all of whom are based in offices beyond the custody suite and often referred to as "upstairs" by police custody staff (fieldnotes, September 2021).

Police practice in custody was observed as a non-stop, repeat pattern of reactive interventions, responding to the needs of the criminal justice process in a systematic way that is guided by police hierarchy and Code C of PACE (1984).

Action by police in the custody suite for *established customer*s can be benign and often friendly and sometimes humanitarian, offering respite from the chaotic lifestyles that participants have constructed for them. This was evident in observations of custody practice:

> "Custody functions as a space and a service where these *customers* can eat, sleep, wash and detoxify and be processed by the criminal justice system" (fieldnotes, reflections, 13 September 2021).

Data from the present study suggests that the risk screen is practiced by police because it complies with Code C of PACE and is a safeguarding mechanism for police custody processes occurring mainly for those whose detention in custody has been authorised. During observations police custody staff described their role as identifying and managing factors that could jeopardise the security of evidence; these factors varied slightly between different squads participating in the research and are based on the PACE (1984) arrest criteria including the decision to hold a suspect in detention. Following a decision to detain, evidence is safeguarded by the management of the detainee in custody (Gudjonsson et al. 2000). During observations, a police participant explained their purpose and role in the suite as being:

> "… really here to safeguard the evidence. The detainee is an element of evidence, and you have to ensure that this evidence is secure" (fieldnotes, 15 September 2021).

Police custody staff practice a known routine, adopted by them as 'street-level bureaucrats' (Lipsky 1971), whose role is to engage with and process members of the public entering the custody suite. The term street-level bureaucracy was coined by Lipskey (1971), to account for the discretion frequently taken by front-line officials when engaging with the public as state agents. For example, police participants were observed discussing recent changes in Approved Professional Practice (APP) on the topic of safeguarding detainees, but with the clear understanding that it was guidance, not a legal requirement (fieldnotes, September 2021). Individual police participants adopted personal discretion, or deferred to their squad's custom, resulting in slightly differing approaches in the practice repertoires of the various police squads.

Custody as a *carousel* is business as usual in the custody suite, where the majority of those held in custody are *established customers*. Police custody participants were observed frequently commenting that *established customer*s could be wearisome and were often a *nuisance* (fieldnotes, 8 September 2021). Such labelling has been recognised as a trait in police as street-level bureaucrats (Lipsky 2010).

7.3 Constant *carousel*: Function orientates action for the police alone

The theme of custody as a *carousel* reproduces the core police function, as does the construction of known offenders as *established customer*s. This discourse and construction function to distance the CJLDS in custody from action, they are positioned for action by the discourse of threat and risk.

Police participants used *established customer* constructions to indicate that there was no action required from the CJLDS. During custody observations, most desk officers booking in detainees did not subsequently make requests (referrals) for CJLDS intervention. The explanation offered by these police participants was that "these detainees were *established customers*, and their circumstances had not changed" (fieldnotes, September 2021). Observations revealed many *established customers* were more likely to be referred to Health Care Practitioners (HCP), with the rationale that HCPs can prescribe medication to manage symptoms associated with withdrawal from alcohol or opiates. The HCPs are on duty in the custody suite 24/7, unlike the CJLD team. As one police participant notes:

> "Repeat customers are not suicidal, there are obviously other places that people go to for help with drugs and alcohol, etc" (interview with Robin, DO).

The police were clear that substance misuse was not in the CJLDS remit, as another police participant explains:

> "It's not really their [CJLDS] remit area. They are there just to ascertain mental illness. Mental illness or learning disabilities" (interview with Reece, DO).

The *carousel* discourse functions to orientate routine police action for most detainees being booked into custody. These are the *established customer*s, known to police and typically, the exclusive object of police practice. The CJLDS use the discourse of *carousel* or constructs detainees as repeat customers, to justify their lack of action and engagement.

7.4 Custody as a *threatening environment* discursive theme

The theme of custody as a *threatening environment* orients action by all participants for the minority of detainees who have been constructed as *risky*. The literature indicates that frontline practice decision-making in police partnerships is influenced by discourses such as *madness and badness* (Senior et al. 2014), *criminal behaviour as pathology* (Bartkowiak-Théron and Asquith 2017), and *dangerousness and risk* (Krayer et al. 2018). In the present study, action in the custody suite is predominantly orientated to identify risk factors and manage *risky* detainees in custody and beyond. Police offices bear a risk of reputational and professional liability of a death associated with custody. The findings showed that CJLDS were positioned by this predominant discourse in custody and beyond.

7.5 Action orientation: Verifying, monitoring, and mitigating risk

Decisions for individuals entering police custody begin at the booking-in desk in the custody atrium. Observations showed the police risk screen is delivered by Desk Sergeants; this screen takes place after a decision to arrest and detain has been made. Police risk screen questions primarily seek to establish the mental capacity of a detainee to implement the AA safeguard, and any indicators of suicide or self-harm, with the apparent aim to mitigate and manage the risk of death in custody. In this research, it was found that *risky* detainees were constructed by police participants and referred for secondary screening by the CJLDS, while *established customer*s were not. Police viewed the secondary screening by the CJLDS to be an extension of the criminal justice mechanism, effectively seeking affirmation for safeguarding decisions around risk. Risk adds stress to the practice of identifying and managing 'vulnerable adults' (PACE, Code C), who correlate to *mentally disordered* detainees (MHA 1984). For custody police, this condition is seen to intensify risk (McKinnon and

Finch 2018; Dehaghani 2019), their role being to secure evidence. Custody risk screens, where detainees are identified for referral to the CJLDS relate to Police and Criminal Evidence (PACE) guidelines and do not serve any healthcare purposes (McKinnon and Grubin 2013; Leese and Russell 2017; Lamb and Tarpey 2018). The risk screening responds to PACE and safeguarding and has not been developed as a response to health or other social care needs, but as a risk tool (Lamb et al. 2002; Leese and Russell 2017; McKinnon and Finch 2018).

Desk Sergeants, who hold responsibility for the decision to detain an arrestee in custody, were observed during the booking-in process. They were found to be inconsistent in their approach to different individuals arriving in the suite. Most often they were observed brusquely rushing through the authorisation to detain, reading the rights, and conducting 'risk screen' questions. Risk screening involves posing a standard list of 'risk' questions concerning mental and physical health, substance misuse, learning disabilities, suicidal thoughts, or "any other needs and current engagement with services. Yet the same participants adopted a discreet, mindful, and caring approach with unfamiliar and unknown detainees" (fieldnotes, September 2021).

Desk Sergeants were also observed supplementing detainee responses with notes detailing the detainee's presentation, and descriptions of artefacts such as medication or other possessions found during searches, while paying attention to a detainee's appearance, emotions, and behaviours. Certain items such as medication or weapons found on detainees were also indicators of risk. (Fieldnotes, September 2021). Interviews with police custody staff found that most are wary and alert to the psychological effects of arrest, and detention, on a detainee's mental state. When asked about identifying risk indicators, when booking-in detainees, a police participant explained:

> "… risks, are… anybody from depressed upwards" (interview with Robin, DO).

Another police participant, further explained:

> "If anything, anything flags up at all as in depressed (sic), anxiety, suicidal thoughts, low mood…." (interview with Bobbie, DS).

The data suggest that police perceptions of and the assessment of psychological vulnerability start during the booking-in process; all police staff appeared alert to detainees who were unknown to them or who were potentially facing serious allegations.

The monitoring of unknown detainees throughout the custody process was maintained to detect any risk of decline in detainees, as illustrated by this police participant's comment:

> "There's all those little things that kind of jump out at you as if to say, right, this is, this is really not a good time for them at the moment and they could quite easily decline, just like that and as well as being in the police station going through custody" (interview with Kim, DS).

Studies indicate the police screen was originally intended to detect cognitive challenges for detainees with mental disorders or learning difficulties facing procedures in the criminal justice system (Gudjonsson et al. 2000; Dehaghani and Bath 2019). The scope and purpose of police risk screening have been explored and assumptions have been made that beyond detecting 'cognitive challenges', the screen also seeks to identify health needs that require prompt intervention to remove the risk of death in custody (Vaughan et al. 2001; Young et al. 2013; Noga et al. 2015; Silva et al. 2015; McKinnon and Finch 2018; Samele et al. 2021). If this were the case, it is interesting that the police services have not delegated or transferred the entire process to medical professionals.

7.6 Positioning the CJLDS: Checking *risky* detainees

Custody police make the majority of referrals to the CJLDS as shown in Figure 1, (above), when they request the CJLDS team in custody to screen medical records which are inaccessible to police staff. This study found that the police are positioning the CJLDS to conduct "background checks" on detainees they have constructed as *risky* (as discussed in chapter six.) and that the CJLDS accepts these requests for background checks as referrals to their service. The CJLDs caseload is almost totally comprised of individuals (detainees, or other individuals who are invited to voluntary interview) for whom police have requested background checks. Police constructions of *risky* dictate who comes to the attention of the CJLDS, effectively filtering out the vast majority of individuals entering the criminal justice system.

Verifying risk of suicide

The police risk screen in custody relies on self-reporting and the ability of the detainee to trust their interlocuter, a factor which police participants accepted is hard to establish. When asked about this lack of trust, all police participants shared their universal belief that "detainees hate the police!" (fieldnotes, observations September 2021). By requesting the CJLDS to seek background information the police are both verifying any disclosure made by the detainee, as well as their own perception or riskiness. The police risk screen orients all CJLDS practice, as the decision to refer any detainee to the CJLDS is usually based on the responses given by the detainee to the police risk screen questions made in the atrium of the custody suite as they are booked into custody, as this police participant's statement shows:

> "Depending on obviously what risks they have, what mental illnesses or how they're displaying at the desk, we can then ask the CJLD to screen them" (interview with Bobbie, DS).

These data show that police referrals to the CJLD in custody are based on a subjective decision-making process by police participants, which respond to the police need to 'verify the risk.' CJLDS participants understood how the police used the health screen to supplement the shortcomings of their risk screen in respect of the guidance laid out in Code C of PACE (1984.)

In requesting the secondary CJLDS screen the concern of the police is to find indicators that identify detainees potentially posing a risk of suicide or self-harm post custody. This was observed in a desk officer's handover briefing, in the excerpt below:

> "He is in for harassment on [date] he attended an address he is not supposed to be at, it's his address but he is not supposed to be there. Anyway, he repeatedly rang the door buzzer. He then went to the back of the flat and produced a piece of string and said he was going to strangle himself. So, his sister and her husband () called the police. He's got depression and mental health issues. However, he stated no to all the risk assessment questions today. He hit his head in the cell when he was in custody last week but says he has no current thoughts of self-harm. He needs to be screened [by the CJLDS] please" (fieldnotes 15 Sept 21).

In this excerpt, a CO requests the CJLDS to verify perceived mental health issues connected with the detainee's alleged offence and the behaviours associated with it. *Mental health issue* is a turn of phrase that is used derogatively by police when referencing *established customer*s. It is likely the Officer's concern is verifying these 'issues' by obtaining a diagnosis of mental illness and is driven by the risk posed by the detainee's suicide threat.

Verifying need for implementing Appropriate Adult safeguard

The background check is carried out by CJLDS staff either in the custody suite or any location with online access. The CJLDS practice of screening available online health and mental health databases in this research, SystemOne and Rio respectively provide a summarised record of any diagnosis for a detainee, and their past engagement with physical and mental health services, often verifying the disclosures or observations drawn from the police risk screen process. A summary of a detainee's health record is produced by CJLDS and is made available to police custody staff and, sometimes, HCPs, who in this study did not have authorised access to these records. Summaries are logged onto the (local) police log database, Niche, and often shared verbally with colleagues in custody and inform the DS' decision-making as explained by this police participant:

> "When the screening comes back and they give you the formal sort of diagnosis, you might say, actually, they do need an appropriate adult which will then change how they're dealt with because they'll have to have somebody come in, they'll have to have all their rights redone again.[…] If the person's either not telling us about their mental health and their suicide or self-harm thoughts and we think they've got them we will err on the side of caution anyway in case" (interview with Alex, DS).

Observation of practice overwhelmingly found that the police's primary need was to know from background checks if they needed to implement the Appropriate Adult safeguard, if indeed the screening of medical records revealed the detainee to be a 'Vulnerable Adult.'

Risky, serious or unknown offenders on CJLDS caseload

The research analysed secondary data collected by CJLDS for the purpose of internal monitoring, (data not shared with NHSE) and found that in a sample monthly caseload almost half the referrals were for individuals suspected of *serious or shame* offences. The figure (4) below shows the alleged offences in the CJLDS caseload the month after custody observations took place.

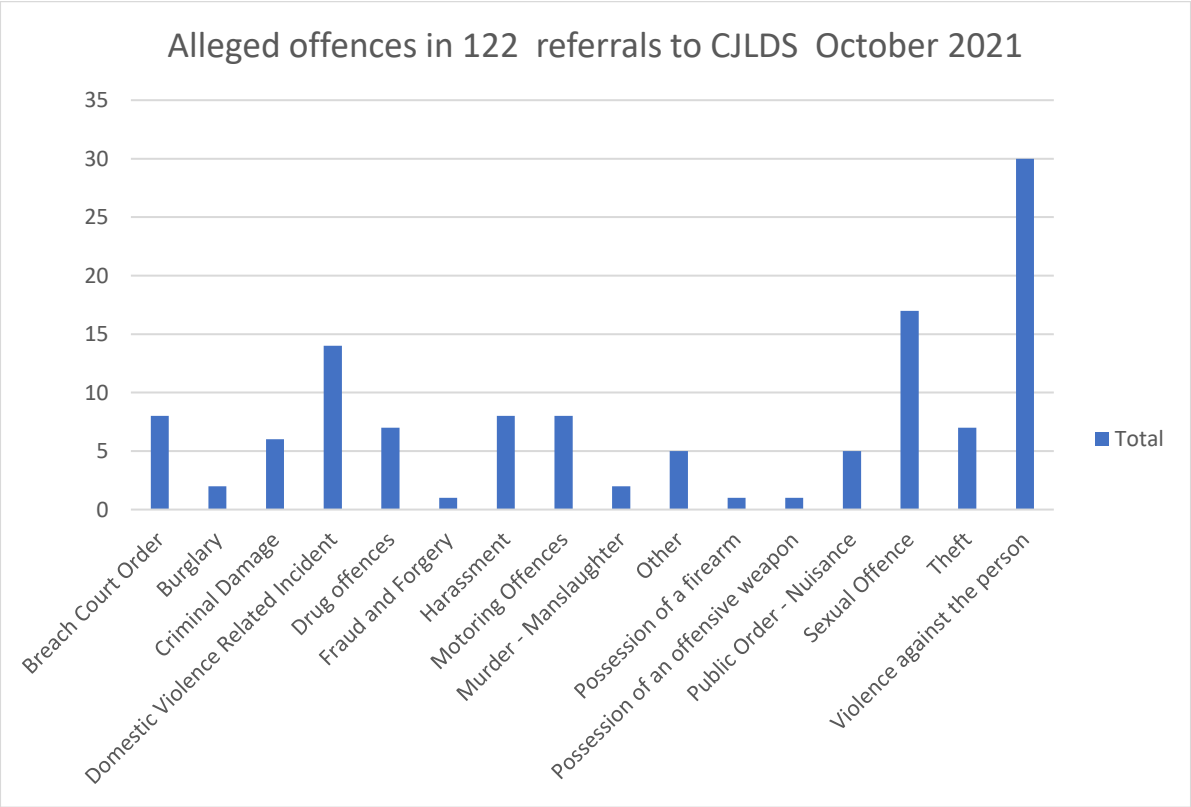

Figure 4 Alleged offences in 122 referrals to CJLDS October 2021

The data indicate that police refer a higher proportion of detainees for violent and sexual offences, which correlates with their construction of a *risky* detainee. As one police participant noted: "serious offenders are more worrisome than the prolific" (interview with Bobbie, DS).

In interviews and observations, police participants were found to request CJLDS intervention mostly for unfamiliar detainees. A significant number of motoring offences, which although often summary offences, may indicate the presence of first-time offenders in custody who are routinely perceived as *risky,* as they are unknown to custody staff. When questioned about their caseloads, several CJLDS participants affirmed that many unknown or first-time detainees were referred to them, and these were often individuals who were unlikely to re-offend and whose continuing contact with the criminal justice system was unanticipated.

Few established customers on CJLDS caseload

Some police participants expressed a view that all detainees should be systematically health screened by the CJLDS as indicated by these comments from a police participant during observation:

> "Ideally, we would get the mental health team to screen all of these people coming in, it doesn't take long" (fieldnotes, 4 Sept 2021).

In interviews, CJLDS participants explained that most of their time is taken by screening health records and that if there were no other priorities, they would ideally screen all detainees.

It was beyond the scope of this research to establish how many detainees for whom the police did not request background checks, some of whom maybe known *Vulnerable Adults* or perceived not be vulnerable by police participants. Police participants explained that *established customers* are likely to have been previously screened or had already engaged with the CJLDS, and there was nothing new to prompt further action. Further research to establish the ongoing and chronic needs of known offenders is recommended.

The risk screen as the gateway to diversion

The practice of risk screening by police has been discussed in several studies, which concur that its purpose has become unclear, and for this reason it has become a problematic tool which should be reconceptualised (Leese and Russell 2017; Lamb and Tarpey 2018; McKinnon and Finch 2018). These problems are linked to its purpose, and how this purpose is interpreted by other non-police practitioners in the suite.

There is debate amongst scholars over the merging of risk-health screening. Herrington (2012) urged the involvement of medical and mental health practitioners in police risk screening (Herrington and Roberts 2012), while others point out that police Desk Sergeants are not trained to

identify health issues, and that health practitioners have no mandate to carry out this function (Bendelow et al. 2019; McKenna et al. 2019). Herrington and Roberts (2012) reported that the police called for assistance from health practitioners in the detection of vulnerable detainees, and for the purposes of implementing the AA safeguard and to create custody 'care' plans (Herrington and Roberts 2012). The present research demonstrates that effectively, the CJLDS meet those police needs and verify detainee self-reporting during the risk screen, recommending safeguards such as an AA.

The police request screening of detainees by the CJLDS to inform their implementation of an appropriate adult safeguard. It does not, or cannot, serve to access unmet health and social needs. This has been shown by several other studies (McKinnon and Grubin 2013; Leese and Russell 2017; Lamb and Tarpey 2018; McKinnon and Finch 2018). But the seeking of further mental health information to evaluate potential psychological vulnerability has been found in Joseph et al.'s (2019) study, where the police relied on this knowledge to indicate the potential risks of detainee suicide or self-harm (Joseph et al. 2019).

The tool was developed for police to identify risk and enable custody staff to better manage *risky* detainees. A study by Dehaghani and Bath found that the police conducting the screen focus on the responses and behaviours which for them indicate psychological vulnerability in the custody suite (Dehaghani 2019). The health questions are asked by police to gauge risk of harm or suicide in custody, not to respond to any health and care needs that could result in objects of practice for CJLDS.

7.7 Action orientation: Monitoring and managing risk (safeguarding) during and post custody

Observations in custody and interviews with custody-based participants showed that requests for the CJLDS to (health) screen occur after a detainee has been booked into custody, by using 'the whiteboard', effectively a note making tool on *Niche*, over the phone, or in person, if a CJLDS staff member enters the bridge. A record of this, or a request, takes place during handover briefings between police working shifts. The handover briefings were observed, delivered by an outgoing Desk Sergeant, and took place on the bridge where the incoming police staff was assembled. Where possible, the HCPs and any CJLDS staff in the suite attend the briefings, which give a summarised report for each of the detainees booked into custody during the outgoing shift, to update and

delegate tasks for the incoming police squad at the start of a new shift. This observation excerpt below describes a handover briefing given by a Desk Sergeant:

> "The police officer presents a summary of each detainee present, detailing their (alleged) offences and, for most, the circumstances of their arrest, before offering personal details about the individuals concerned and their presentation. The police then state whether they have referred the individual to custody services such as the HCP or the CJLDS, or if they think the individual might require an Appropriate Adult. Sometimes they will ask if 'the mental health team' can screen or meet detainees 'face-to-face' during the handover" (fieldnotes, 4 September 2021).

This correlates with the present study in that the police request screening of detainees by the CJLDS to inform their implementation of an Appropriate Adult safeguard. But the seeking of further mental health information appears to be used to assess psychological vulnerability and indicate the potential for suicide or self-harm. Detainee behaviours deemed as 'odd' were flagged by Desk Sergeants, correlating with another recent study, which found that the police only flagged up unusual detainee behaviours to collaborating partners (Joseph et al. 2019). Several studies concur with the present research that the police risk screen does not, and cannot, serve to assess unmet health or social needs (McKinnon and Grubin 2013; Leese and Russell 2017; Lamb and Tarpey 2018; McKinnon and Finch 2018).

Post risk and health screens, behavioural indicators of detainees in cells were observed to be under constant monitoring by police custody staff:

> "Several screens capturing CCTV and in-cell camera images are positioned along the second level of the bridge. Four detention officers keep watch over these screens. As a DP is seen to be placing his hands in a door hatch via one of these screens, one of the officers screams an alarm – DP is trying to injure his hands – and three of his colleagues race off in the direction of the DP" (fieldnotes 4 September 2021).

Police participants, typically detention officers, surveyed detainees to monitor their basic needs and behaviours in custody, alert to mood changes or violence. The monitoring practice involved a regular visual check through cell doors, or remotely via cell webcams. Cell intercoms were relied upon for communication with detainees. When questioned about the monitoring practice observed, a police participant explained: "It's all about risk, risk, risk. We manage it" (fieldnotes, 15 September 2012).

Several police participants commented that a detainee is at the most risk of suicide after being charged, and in their view, it follows that the more 'serious' the offence, the higher the risk of suicide or self-harm, as has been shown in detainee constructions (see section 6.5 above). Charging usually occurs just before release from custody, and Desk Sergeants were observed to be more

assertive in delivering a second exit risk screen, particularly for individuals charged with indictable offences that carry the threat of long custodial sentences.

7.8 Positioning the CJLDS: Managing *risky* detainees

Referrals are made to CJLDS by police at any point during the custody period, or even at the point of discharge from custody, if the police become wary of behaviours they monitor when detainees are in the cells. In the extract below, a police participant explains:

> "I start thinking about the colleagues in L&D [CJLD] and how they can support what I'm looking to achieve when that person is not quite there with us. How can they support them when there are there and what can we get them to put in place with they leave?" (Interview with Frankie, DS).

It is taken for granted by the police in the custody suite that the CJLDS practitioner on duty is a mental health nurse, fulfilling an equivalent role to the 'organic nurse' (HCP). In observations CJLDS practitioners were frequently referred to as "nurses" by the police custody staff, and in observations in custody, detainees were sometimes asked by the Desk Sergeant if they would "like to see the mental health nurse*"* during the police booking-in process (fieldnotes, September 2021). Additionally, although custody police used the acronym CJLDS frequently, none knew what the acronym stood for, reflecting a lack of shared understanding and vision for the partnership at a practice level. Police, other practitioners within the custody suite, and CJLDS staff typically referred to the CJLDS as the *mental health team* with each other, and when engaging with detainees in this study. The CJLDS staff based in custody are the team's mental health practitioners (MHP).

Therapeutic intervention

In interviews and observations, all research participants referred to the engagement in custody between CJLDS practitioners and detainees as a *face-to-face*. Police participants anticipated further information on risk indicators following any *face-to-face* intervention by the CJLDS with detainees; the status of the CJLDS participants as 'separate', or independent of the police, was seen as an asset when engaging with detainees. Kim, a police participant, stressed that the fact that the CJLDS were 'different people' was important for detainees, adding:

> "Their experience and their knowledge and the information they can access and being there to talk to us and the person will make the system a whole lot quicker and easier and more beneficial for the detainees" (interview with Kim, DS).

Research participants described a spectrum of face-to-face encounters, from a brief verbal exchange to a longer meeting, described by one CJLDS participant as: “a psycho-social assessment of a detainee’s mental health and social needs” (interview with Jo, MHP).

Throughout the 60 hours of observation, four face-to-face interventions occurred, only one of these being conducted with a known offender (*established customer*), following repeated requests from a police custody staff member who became convinced the detainee was experiencing a psychotic episode. Observations found that these encounters were understood by police participants to be therapeutic or nursing interventions, to treat or relieve mental illness in detainees, and thereby mitigate the risk associated with it. This was corroborated when a police participant, asked why they would request a face-to-face from the CJLDS, explained that: “Caring for the mental health of detainees is their job*” (*fieldnotes, 13 September 2021).

In observations, police custody staff indicated that a CJLDS face-to-face encounter was a *de facto* safeguarding tool that could be implemented on demand to mitigate the risk of suicide. Detention officers were also observed requesting CJLDS staff to support them to carry out these functions, as noted in during the observation of a police Detention Officer:

> “She tells me she has asked CJLDS to screen him and conduct a face-to-face, adding ‘it’s up to them if they follow up.’ She then calls them directly on the phone and asks the duty CJLDS practitioner to get hold of (ESDAS) a substance misuse service. The CJLDS practitioner didn’t question the request, which was delivered more like an order” (fieldnotes 4 September 2021).

The police position HCPs and ‘the mental health team’ (CJLDS staff) to deliver physical and mental health care in custody, meeting the needs of detainees, and by extension, the police. This decision to use the service is valued by the police, especially in mitigating any risk of suicide, as expressed in this interview extract with a police participant:

> “Due respect to the Sergeant, who got CJLDS to take him to an interview room, have a chat with him, I think was nearly two hours later he came out, and he actually looked at me across the desk and said thank you so much. Just something like that, and you say this is the man that was going out the door. What if? You know…” (interview with Mel, DS).

The expectation by police staff is often that the CJLDS are on hand in the same way that the HCP is on hand, to respond to a detainee’s therapeutic needs, and in doing so, police custody staff are trying to mitigate and manage the effects of custody on detainees. The observation of a handover briefing by a Desk Sergeant shows that a detainee has requested a face-to-face with *the mental health team:*

> "We have a female in for ABH, she glassed a bloke in [] nightclub last night. She's a nurse and won't disclose. Very emotional. Takes meds for depression and has requested a face-to-face from the mental health team" (fieldnotes, 4 September 2021).

7.9 Positioning the CJLDS: Monitoring and sharing responsibility for risk

When police participants anticipate risk in custody, they seek to identify, survey, manage and mitigate it. The CJLDS are positioned by custody police participants to carry these risks, as explained by one CJLDS participant: "I think the police like to pass the risk onto us" (interview with Ali, MHP). This was echoed in interviews with the police, one participant stating that having the CJLDS in custody enables them to "hand over all the risks" (interview with Bobbie, DS). Using custody partners to shift responsibility for risk was a finding in Williams *et al.*'s (2019) research; where CJLDS practitioners had developed a sense of accountability and a culture of managing risk when working with the police (Williams et al. 2019).

Furthermore, the opportunity for action by the CJLDS post custody workers (STRW) to monitor *risky* individuals leaving custody was not missed by police participants:

> "If you don't refer, and this isn't necessarily my thinking but, um, and that it is then that time when they go off and they do something… they kill themselves" (interview with Frankie, DS).

By referring these individuals to the CJLDS, police participants felt assured that this intervention could mitigate that risk. In interviews, CJLDS participants explained how routine practice includes a report back to custody police on individuals who decline referrals post-release or disengage shortly after, as this excerpt shows:

> "If they don't engage then obviously, we feed back to the police this person, like I've had a couple recently, they've been very nice, but thinking, no I don't really think I need anything at the moment, thank you very much. So just declining any further intervention, but we let the police know that" (interview with Nikki, MHP).

Much of the time CJLDS participants in custody were observed writing. When asked, the writing was described as reporting for 'safeguarding' purposes by CJLDS participants, who explained that summaries of these reports were shared with the police via online logs, and if there was engagement with a detainee discharged from custody. These summaries effectively account for action by themselves to mitigate risk, and a future evidence resource to either defend or contradict police records for any future exercise in accountability.

The research found CJLDS practitioners understood and accepted this as their position in the partnership as feeling a responsibility for the risk of death in custody. However, CJLDS participants,

several of whom had frequently been called to testify at inquests and serious case reviews, or other judicial inquiries, expressed fatigue with this position, and were increasingly suspicious and reticent to respond to police requests, as expressed by one here:

> "Can I speak to somebody? They were asking about this guy who was being released. Oh, he's really tearful… Can you speak to him before he goes? And that's them covering themselves isn't it, as they [the detainee] walks out the door? That's not my job" (interview with Ali, MHP).

In interviews, several CJLDS participants explained how their working relationships with the police came under strain when there was a death associated with custody. Police participants frequently asserted their lack of confidence and their difficulty in interpreting detainee behaviours as symptomatic of mental illness, and frequently deferred to the (presumed) medical expertise of CJLDS staff. The positioning of the CJLDS as medical experts has ostensibly enabled some police participants to understand that they can transfer responsibility or a duty of care for detainees. This misunderstanding has led to situations of conflict between police and CJLD in the custody suite, such as in this observation:

> "The MHP on duty today is unhappy, following a (false) claim from a custody sergeant accusing the MHP of not responding to a handover note requesting a face-to-face with a detainee. The request was allegedly made out of hours and was not followed up the next day, the detainee said he was fine during the exit risk screen, then committed suicide on release. The police are now saying the CJLDS should have called for an MHAA" (field note 17 September 2021).

In this case, the police officer was under investigation for a custody-associated death and sought to blame the alleged failure of the CJLDS to screen or conduct a face-to-face meeting with a detainee. Exposure to incidents such as custody-associated death has led to increased scrutiny and a prevailing and widespread blame culture within the police custody process, with police Desk Sergeants becoming increasingly concerned about personal liability for death in custody (Dehaghani and Newman 2017; McKinnon and Finch 2018).

While liability for a death in custody remains with the detaining police officer and those under their command, the presence of the CJLDS team in the custody suite appears to have been interpreted as an opportunity for police to spread a sense of responsibility for *risky* detainees, or at least diffuse theirs, by requesting CJLDS intervention. In conducting a secondary screen and recording the result on police logs, the CJLDS have responded to this sense of responsibility for such incidents. For the CJLDS, practice in custody has the potential to become an exercise in risk management, an

interprofessional practice phenomenon noted in other studies (Higgins et al. 2016; McKinnon and Finch 2018).

7.10 Positioning the CJLDS: A Mental Health Service team?

Police perceived the CJLDS team as having a connection with and direct access to community Mental Health Services, cementing their position as *mental healthcare practitioners.* This was a dilemma for several CJLDS participants, who expressed frustration at not being part of, or having more connection to the local Community Mental Health Team (CMHT), other secondary specialist mental health providers or the local psychiatric in-patient hospital. A disconnect with wider mental health services was discussed in interviews with CJLDS participants, including an increasingly fraught relationship with the local psychiatric hospital over struggles to find beds for referrals from police custody, or with the General Hospital's Psychiatric Liaison Team ready to pass over calling an MHAA for someone under arrest. While these challenges to intra-professional communications were likely created by overstretched or cuts to services, they served to reframe the position of CJLDS staff outside of wider 'Mental Health Services', with the implication that they may feel isolated and lack a defined identity, or organisational culture.

In interviews, police participants stated that the CJLDS have connections with community services, particularly with Mental Health Services. Some police participants viewed them as *in-reach* Mental Health Services. As a '*mental health team'* in custody, CJLDS practitioners were more often viewed as a convenient and accessible custody service, part of the wider network of Mental Health Services within the force area.

This CJLDS team does not provide 24/7 cover to the custody suites in the force area, hence, while the police work 12 hours over day and night shifts, partial night cover for night-time referral is provided by a remote Mental Health Crisis Team, separate to the CJLDS. The distinction between this team and the CJLDS was unacknowledged by most police participants. Furthermore, although most police participants understood that the CJLDS was distinct from the HCP team, which does provide 24/7 cover in custody, there was some blurring of the roles played by these separate teams with the use of the terms 'physical nurse' and 'mental health nurse'. This blurring was exacerbated as HCPs frequently relied on information gathered by the CJLDS when they screened GP records available on the SystemOne database, the HCPs as a non-NHSE body they do not have licence to access to this information.

Several police participants interviewed explained that while many individuals who appeared mentally unwell in the community were taken directly to the hospital by beat officers, this took time and a toll on an already severely stretched police force. Many police participants were of the view that 'calling' a Mental Health Act assessment (MHAA) was the prerogative of the CJLDS, if they were on duty and present in the custody suite. During observations one police participant stated that police suspects who appeared unwell were likely to be bought into custody for verification of their mental state:

> "We bring suspected mentally unwell persons who have committed offences into the custody suite, because we have the convenience of checking with CJLDS to see if they are truly unwell" (fieldnotes, September 2021).

This police participant's comment shows the CJLDS as a service offering a safety net for arresting officers, either unsure about the presence of mental illness or lacking the resources to transport an arrestee to a health-based place of safety. Reliance on the CJLDS to perform this function was seen as a concern for police, as the CJLDS team is only present during daytime hours. A separate, remote, mental health team was accessible to custody police for consultation between 7 pm and 3 am.

The CJLDS is positioned as a clinical mental health team, with an (assumed) ability to assess a detainee's mental health and capacity and by extension the risk of suicide. They are positioned by police as part of the wider mental health service, beyond the custody suite. Ergo, they can access mental health information via the Rio database, practice clinical 'interventions' in custody, and are in pole position to arrange an MHAA. This positioning also assumes responsibility, accountability, and the potential to pass blame.

7.11 Summary

The two discursive themes function to serve police objectives; *carousel* discourses maintain a 24/7 service for known offenders, while the *threatening environment* themes function to identify and manage the risk posed by unknown detainees or detainees facing charges for serious offences constructed as *risky*, and thereby safeguarding criminal justice processes. If the risk indicators of self-harm and suicide in detainees or community suspects are missed or left unmanaged, the prospect of facing up to legal liability loom large for the police. The function of the discursive theme of custody as a *threatening environment* for detainees orientates all actions for research participants in the custody suite. Police custody staff adopt street-level bureaucracy (Lipsky 1971) and use pragmatism (O'Neill 2006), as the CJLDS practitioners are positioned to identify and manage risk by police custody staff in the custody suite and beyond.

The discursive theme of police custody as a *threatening environment* creates a function to safeguard *risky* individuals in the criminal justice process by identifying and managing risks, thus ensuring successful prosecution outcomes. The research showed that both police and the CJLDS participants understood that healthcare triage and referrals are a key part the custodial process to safeguard and protect evidence, and that the partnership served a strategic forensic purpose (Rees 2022). Detained persons embody risks to achieving these outcomes, and as such, custody practice is focussed on the detection of risk indicators in these individuals, monitoring and controlling them.

Risk discourses dominate the orientation of action in custody and position the CJLDS to verify and manage detainees indicated by police staff as *risky*. The research corroborates the view that a risk object takes priority in custody and that the police are risk-averse, reinforcing the findings of other studies (Berring et al. 2015; Krayer et al. 2018). The practice of identifying risk indicators in detainees protects the criminal justice process and protects police reputations and professional legal liability.

The study found that the CJLDS are referred to as the *mental health team* in custody and are positioned by police as a service that can identify any risk indicators, as well as mitigate risk by caring for *risky* detainees. This positioning comes with the expectation that the CJLDS can not only diagnose, but also treat, or mitigate risk in detainees with 'mental disorders.' There was little awareness among police participants that the CJLDS strives to pursue other objectives in accepting police requests to screen or 'see' detainees. Indeed, the CJLDS were frequently referred to as 'the mental health team' by police participants, thereby corresponding to Health Care Practitioners (HCP), but for mental health.

The predominant theme of threat and discourse of risk prioritises partnership action; known offenders or *established customers* are effectively bypassed by the CJLDS. These *established customers* are not expected to pose a risk to the smooth functioning of the criminal justice system or the reputations of police. The construction of *known* detainees as *established customers* negates opportunities for CJLDS practice. Constructing detainees as *risky/vulnerable* gives opportunities for action in practice by the CJLDS, whose practitioners are positioned to verify, advise, or mitigate risk.

The research found that the police had at best limited understanding of the mission of the CJLDS team. For the police participants, the CJLDS is the custody 'mental health team', their presence there being seen as supporting the police and criminal justice system as mental health professionals. The presence of the team in custody, meets the criminal justice function of the custody suite to safeguard evidence.

In the following chapter, the analysis explores the subjectivities of CJLDS participants and the practice repertoires of the CJLDS in custody and finds further evidence of how power is exercised in the partnership.

Chapter 8 CJLDS subjective experiences

> "Attend closely to your thoughts, they are thoroughly colonized by the thoughts of others through language, culture, and mutual expectations" (Ehrenreich 2018, p.206).

8.1 Introduction

The examination of individual talk and practice repertoires uncovers the consequences of taking up subject positions for practitioners' subjective experiences (Wetherall and Potter 1988). CJLDS practitioners adopt identities corresponding with their stated roles, whereas the subject positions explored in the previous chapter showed the discursive locations from which to speak and act (Foucault 1982; Hall 1992). This chapter considers the "passive" discourses of CJLDS practitioners, which contrast with the "active discourses" found in Chapter 7, by exploring how CJLDS participants construct their identities and experience practice.

By exploring data produced only by CJLDS participants, these passive discourses are analysed and discussed in this chapter. Descriptive statistics demonstrate the team's practice outputs and are discussed in the context of the practice experienced, and identities constructed by the participants. The descriptive statistics reflect both the CJLDS participants' constructions of practice and their subjective experience of discourse in custody, and their positioning in the suite, as discussed in the previous chapter.

The secondary data analysis is based on the quantitative data that the CJLDS team has selected and collected. The FDA was drawn from the qualitative data collected from online interviews with CJLDS team participants who include Mental Health Practitioners, (MHP) custody-based practitioners (*n6*) and Support Time Relief Workers (STRW) who are based in the community, but frequent custody (*n*5), as shown in Table 2 (above). The field notes from the observation of shared practice in two custody suites was also used for this stage of analysis.

The chapter begins with quantitative data findings of CJLDS practice outputs, before discussing how CJLDS participants experience their custody and community practice and construct their identities and occupational roles. The subjective experiences of the CJLDS in custody and the consequence of this are then discussed.

8.2 Reported outputs of practice

Dorset CJLDS is required to report LDIP data to NHSE on an annual basis. These data include the proportion of arrestees engaging with the CJLDS, the proportion of need identified in engaging individuals, and six categories described as *outcome*s, as shown in Figure (5) below:

Source: Dorset CJLDS (LDIPS) Adults (2020-2021)
• The proportion of cases in which there has been active liaison with existing care providers concerning needs identified • The proportion of new cases referred to STRW • The proportion of mental health referrals resulting in successful entry into a service • The proportion of substance misuse referrals resulting in successful entry into a service • The proportion of alcohol misuse referrals resulting in successful entry into a service • The proportion of abuse referrals resulting in successful entry into a service

Figure 5 CJLDS Outcomes

While the services referred to for each category of an arrestee's 'vulnerability' are not specified, other internal monitoring reports compiled by the CJLDS participants recorded these services, included referring to GP practices, secondary mental health, learning disability, social communication, alcohol, substance misuse, accommodation, finance, domestic violence, or sexual abuse services. As explained in section 5.6 (above) the CJLDS team in this study was unable to reliably evidence the *successful entry into a service*, as a result of their practice, and could only record practice *outputs* as the identification of vulnerable arrestees referred into the aforementioned range of available services in the local community.

The monitoring data collected by the CJLDS demonstrate that caseloads reflect the complex needs of detainees where most, if not all, have at least one diagnosed mental disorder. The Figure (6), below, shows the *mental health needs* of a CJLDS total monthly caseload, where each detainee has at least one diagnosed mental disorder.

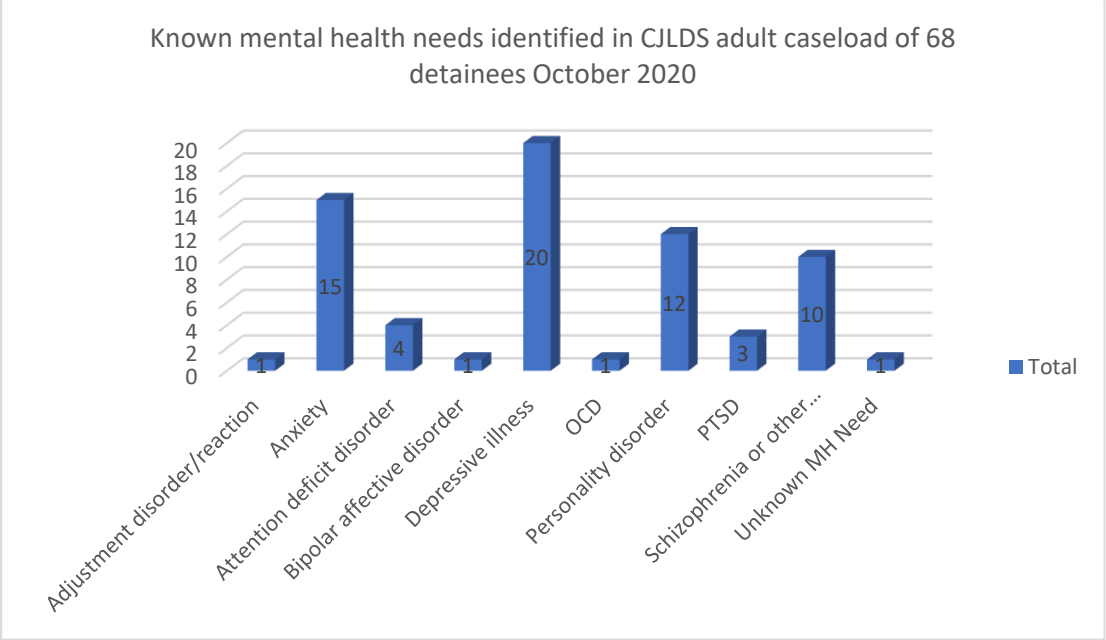

Figure 6 The mental health needs of October 2020 CJLDS caseload

The data supports their constructed practice repertoire which responds to the priority of identifying diagnosed psychiatric illnesses in detainees, as described in section 8.3 (above.)

Diversion outputs

As explained in Chapter Two, there are two ways of diverting individuals out of the criminal justice system, using criminal justice powers or the MHA (1983) (Bean 2001). Previous studies of English diversion schemes have shown that the main output of practice has involved moving unwell detainees into healthcare (Scott et al. 2013; Scott et al. 2016). When asked in interviews about 'diversion', CJLDS participants cited access to medical treatment, and their role in calling for an MHAA leading to the immediate transfer of detainees into a hospital under the MHA (1983).

Analysis of CJLDS monitoring data found that an average of 3% of the detainees referred to them per year are identified by the CJLDS, who then called for a mental health assessment in custody under the MHA (1983). Other descriptive statistics of secondary quantitative data in this study are shown in Figure (7) below:

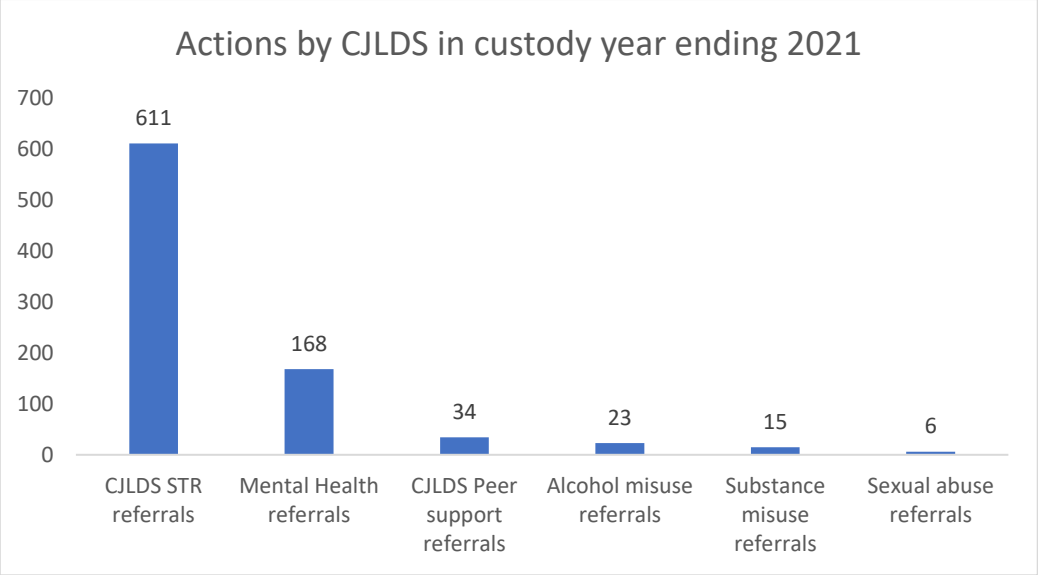

Figure 7 CJLDS referrals from custody 2021

The statistics show that the CJLDS in custody makes onward referrals to secondary mental health services for 24% of the detainees referred to them by custody police. Only 5% of the custody caseload was referred to drug and alcohol services. Yet over 92% of the custody caseload were referred to the CJLDS post-custody support services, rather than directly to community health and social services.

Unreported outputs and outcomes

The outputs of actions where the CJLDS have been positioned by police custody staff to verify, manage, and monitor *risky* detainees for safeguarding functions are not reported. Such data might, for example, include a variable to report the recommendations made by the CJLDS that police implement an Appropriate Adult safeguard. However, the qualitative data discussed in section 7.9 (above), shows that CJLDS participants only informally report positive post-custody safeguarding outputs to the police.

Despite nearly all custody referrals being referred to the CJLDS STRW, or more recently a pilot team of 'peer' post custody supports, the team does not monitor outputs of these practice repertoires. As research participants, however, it was shown by qualitative data analysis that the practice repertoires of CJLDS post-custody interventions led to diversion outputs, such as at magistrates' courts, where criminal justice powers have been reportedly used to award bail, give treatment orders, or alternatives to custody.

8.3 CJLDS custody practice experience

In interviews, CJLDS participants described their custody practice repertoire in three stages: Identifying the object of practice, an assessment of needs, and making onward referrals. Onward referrals were constructed as diversion outputs. These actions replicate the practice of nursing triage and as such, function to serve to remove police from the function of gatekeeping mental health services.

Identifying the object of practice by prioritising SMI

In section 6.7 (above) I showed that constructions of *risky* are made in shared practice where risk, vulnerability, and mental disorder become combined and misconstrued. In interviews with CJLDS participants based in custody, the object of practice is detainees with a clinically diagnosed disorder:

> "So, for say what we'd call severe mental illness, or for people with autism, or learning disability, brain injury. And the jury's out where there is emotionally unstable personality disorder" (interview with Jo, MHP).

This participant's focus is on identifying SMI, which is used to refer to disorders such as schizophrenia, bipolar disorder, and clinical depression as defined in the MHA (1983). These disorders, which often result in serious illness if untreated, typically require clinical management under psychiatric supervision, as did until recently a range of neurological conditions and learning disabilities.

The CJLDS custody practice repertoire identification of the object of practice prioritises detainees with proven SMI. Detainees with unmanaged SMI, who are displaying symptoms of acute illness, become urgent, and regularly become the *only* object of practice. In an interview, a CJLDS participant stated:

> "You do have to prioritise, people with mental illness obviously, they get the highest priority" (interview with Pat, MHP).

Health screening is used to indicate which detainees are known to mental health services, as stated by a CJLDS participant below:

> "I'll look at Rio (database of mental health records) in the first instance. Are they into mental health services? Is there any sort of like severe and enduring mental health? what the current contact is? what the current support is? If there's nothing on Rio, but they've still highlighted some vulnerabilities or some risks, for example, suicide or something like that, then I can check system one which is the GP kind of database to see what's on there and that really kind of informs the decision making […] our aim is to obviously, to not put acutely unwell people into the prison system isn't it? And their needs go unmet" (interview with Sydney, MHP).

CJLDS participants frequently describe detainees with a diagnosed SMI as vulnerable, as the remark below demonstrates:

> "You know, they are vulnerable people because they have the issue of mental illness I'm talking about bipolar or schizophrenia" (interview with Chris, MHP).

Requests from police custody staff for background checks by the CJLDS led to the CJLDS practice repertoire of identifying those who are vulnerable, firstly by verifying the presence of mental disorders. Urgency dictates the screening of detainees described with behaviours which could be symptomatic of acute psychiatric illness, or a psychotic episode. The need to prioritise Mental Health Act Assessments (MHAA), was observed in the custody suite as shown below:

> "Around three hours after the morning handover briefing, the CJLDS practitioner returned to the bridge and introduced themselves to me. I asked about their morning caseload in the suite, to which they replied there were no face-to-face assessments needed in this suite, but that they were travelling to the other custody suite, as there was a detainee who may require them to call for a Mental Health Act Assessment" (fieldnotes, 4 September 2021).

Relying on the police for the identification of priority or urgent objects of practice led to frustration among CJLDS participants. The police were accused of being either ignorant or misleading in their ability to refer, as shown in this interview with a CJLDS participant:

> "I've seen people here that have no mental health issue whatsoever, but only drugs and alcohol. They've used this substance, they've come in custody, they are very agitated they're banging their head on the, on the floor. On the surface, you would think they are having a mental health episode, but they don't have any mental health (issues), they just use drugs, but you will not be able to find out straight away" (interview with Chris, MHP).

The distinction between a condition created by substance misuse as opposed to an SMI is important for the CJLDS. Current criteria for community mental healthcare excludes active substance misusers. CJLDS participants discouraged substance misusers from being referred to them by police, explaining they did not have the expertise to respond to addiction issues. One CJLDS participant explained that addictions support was "*a very specific skillset which I don't have"* (interview with Ali, MHP).

The dual priorities of the shared object of practice created friction in partnership practice. The CJLDS in custody are looking for SMI, not behaviours that police see as indicators of risk, as one CJLDS participant states:

> "When you tell them (the police) that someone who came in, you know, they are shouting, and they are threatening self-harm they are threatening suicide. And you say you're not

> going to call a mental health act assessment This is behavioural for example you say this is just behavioural no they don't like it" (interview with Nikki, MHP).

CJLDS research participants were observed to either ignore or react to emotional behaviours in detainees. Such behaviour was described as 'attention-seeking' by all participants; police custody staff frequently increased monitoring or offered foam footballs. CJLDS participants typically dismissed these behaviours, despite diagnoses by psychiatric professionals of personality disorder or ADHD/ADD, described by one CJLDS participant in the extract below:

> "If there are people that are emotional, possibly (its) one of their symptoms of their personality disorder, I can say that doesn't sound great, but that's that their reaction to stress or distress is really quite over the top compared to the majority of people in custody…. I probably wouldn't see people with diagnosed anti-social personality disorder" (interview with Jo, MHP).

Their object of practice must correspond to their practice repertoire of identifying mental or psychiatric disorder, to assess the detainees' circumstances and potential for treatment in the community.

Assessing the need for treatment and support

Mental disorder is constructed as a criminogenic need in Lord Bradley's report (2009) and CJLDS participants broadly adhered to this view, frequently explaining that offending behaviours stem from untreated mental illness which has slipped the net of psychiatric health care, as shown by this CJLDS participant below:

> "So, a lot of people committed the crime, maybe because they didn't take all their medication, because they are homeless, and they haven't been able to go to CMHT, because they haven't had the letter, so therefore they've not had their depot" (interview with Charlie, STRW).

The participant attributes criminal behaviours to untreated mental illness and the inability of people to access treatment, compounded by their social circumstances, The detention of lapsed mental health services users in custody also provides an opportunity for information to be collected about their circumstances and the potential for eventual re-referral into services. Thus, custody also serves as a way to control individuals who have not engaged with secondary mental health services, as expressed by this CJLDS participant:

> "For some people, it might be, you know, they don't normally engage, and you can actually pick them up in custody, you know sometimes we've seen on their notes, if they get arrested can they please be assessed "(interview with Ali, MHP).

However, the referral or (re)referral of a detainee into health or community services always requires their *willingness to engage* and the construction of need is developed through a CJLDS practice repertoire described as a needs assessment.

Initially, health screening establishes the detainee's record of engagement with secondary mental health services. In interviews, CJLDS participants emphasised the importance of seeking evidence of a detainee's past engagement with services, achieved by screening records. With access to Rio, the focus is on establishing if they are known to secondary mental health services, as expressed by this CJLDS participant below:

> "…my main core role is to input, screen them, to look on Rio, and to see if they've had any, any engagement with mental health services or, depending on what that would be or any engagement with addiction services as well […] And then also, on the other side of it, I also put if they've been not known to CMHT or not known to mental health services in general" (interview with Pat, MHP).

While screening establishes diagnosed mental disorders and whether or detainees are known to services, face-to-face assessments determine the readiness of a detainee to engage with services and informs onward referrals. The potential for engagement can be dismissed following a face to face, due to factors such as a potential service user having no means of communication, as demonstrated during observations:

> "CJLDS practitioner reports back to custody sergeant following a face-to-face meeting with a well-known detainee who has a diagnosis of schizophrenia. Practioner tells the sergeant that the DP does not meet the criteria for an MHAA and that CJLDS will take no further action, as the DP is living on the streets and doesn't have a phone, and therefore is unlikely to engage with any services" (fieldnotes 4 September 2021).

The NHSE All-*vulnerabilities criteria* (National Health Service England 2019) was frequently cited by CJLDS participants in interviews. These criteria *identify needs* in detainees resulting from known health conditions and their social situation. Custody-based CJLDS participants acknowledged that, while their priority is mental health, the wider related needs of detainees were also assessed by them, as this CJLDS participant explains:

> "I spoke about being an all-vulnerability service earlier on. I mean, I think we are dealing more with social issues, rather than mental health issues. I'm thinking about someone feeling suicidal because they're fed-up sleeping rough; it's cold, it's raining, I can't go on anymore, I've had enough of sleeping rough… This is not a mental health problem, it's a social problem, which is causing him to feel the way he's feeling" (interview with Chris, MHP)

These social needs are typically linked to mental health, which remains the focus of custody-based practitioners, as demonstrated below:

> "We see people because they need general support and at that point in their life, mental health is deteriorating, so what's going on around them in life" (interview with Ali, MHP)

The face-to-face assessment seeks a detainee's social circumstances; their expressed need and the potential for engagement is a fundamental purpose of the assessment. Potential engagement with services was key, as shown by this CJLDS participant's statement:

> "Some are far more challenging, difficult to engage…So, I always ask, will you engage [with services]? I'll always ask that question. There's no point making a referral if that's not what they want" (interview with Sydney, MHP).

Connecting practice repertoires to detainee agency was a familiar trope, as a *willingness to engage* with services is determined during custody. The face-to-face interview assesses how the detainee presents with the diagnosed or reported disorder, whether the individual is willing to engage with services, and crucially if they are misusing drugs or alcohol.

Onward referrals to community services (diversion)

Reports from health screening and face-to-face assessments of social needs while an individual is detained in custody, form the basis for onward referrals. The practice repertoire of onward referring theoretically occurs after the information-gathering repertoires of identification and assessment. The onward-referring of detainees that the police have requested the CJLDS to health screen, is the final repertoire of the custody-based practice. We have seen from section 8.1 (above) that, despite the identification of hundreds of detainees each year who meet the threshold criteria, relatively few are referred onwards into community services.

The presence and availability of community services that can accept referrals from the team were often cited as a constraint to the repertoire of onward referrals, as were the exceptional difficulties posed during the pandemic, where many services would only engage with service users remotely. A discourse of services under strain through austerity cuts was frequently in evidence throughout custody observations. Crucially, the entry criteria into secondary mental services demanded that patients be abstinent and not mis-using substances.

Calling for or making a referral for an MHAA was cited by CJLDS participants as a practice output for diversion, albeit interviews and observations showing that the transfer of a suspect from police to hospital custody was recognised as a temporary diversion for detainees currently unfit to undertake

police processes. There was a criminal justice need for suspects to undergo treatment and recovery, as this functions to safeguard the criminal process, according to one CJLDS participant:

> "Their mental health need must be addressed first before they come into a police interview [….] They're agitated, distressed unwell, they won't be able to go through the police process now" (interview with Chris, MHP).

CJLDS participants understood the removal of a detainee from police custody into a secure hospital as an indicator of an outcome of diversion. However, this process raises questions about how such unwell individuals come to arrive in the custody suite when these symptoms of psychosis are typically evident at the point of arrest, and do not always manifest during detention.

Onward referring to other services was described as "liaison" by CJLDS participants, thereby indicating communication and cooperation with other services within or beyond the criminal justice system and implying that onward referrals are only part of their relationship with third parties. This definition of liaison is illustrated by this MHP's comment captured during observations:

> "Sharing information [about a detainee] both within the criminal justice system, or with community services where they may be known as a past, present or future service user" (Fieldnotes, 4 September 2021).

CJLDS practitioners were observed contacting community mental health or social teams (mental health community or crisis teams, local hospitals, adult, and child services, for example) via phone and email. While liaison was typically explained as meeting the needs of detainees, arranging health and social assessments, including emergency assessments under the MHA (1983), to (re) engage them with health and other services, the subjective experience was that this is safeguarding practice.

In this example, taken during observations of this MHP's practice, who left a voicemail with the local mental health team about a child in custody:

> "Just letting you know lots is going on [with the detainee], I wanted to make you aware of the situation, just to touch base really" (fieldnotes, 17 September 2021).

When asked, the participant explained it was liaison practice to "keep services informed", without any stated objective to re-engage the detainee with these services. CJLDS staff were observed writing very detailed reports following face-to-face meetings with detainees and entering this information into the Rio database. During observation, it was explained that the CJLDS practitioners update both police and health records and create new profiles on health databases such as Rio,

effectively establishing a footprint connecting individuals to mental health services and the criminal justice system.

> "CJLDS participants observed creating short reports from screening data onto the police log, Niche, explained as to inform police safeguarding decisions (and to generate monitoring data for the CJLDS.) While detailed reports on detainees' health and social circumstances are generated and inputted into both health and criminal justice information systems, they are not shared with the court service" (fieldnotes, 17 September 2021).

The practice of reporting to services beyond the custody suite demonstrates that CJLDS practitioners contribute to a wider safeguarding function from within the criminal justice system.

Onward referrals to CJLDS post-custody support

While CJLDS participants considered a referral to mental health services as an output of diversion, they acknowledged that most detainees, including those referred with one or multiple diagnosed mental disorders, required general emotional support, or support to engage with services. One CJLDS participant colourfully termed this as "therapeutic nagging" (interview with Jo, MHP). Custody-based practitioners make the most onward referrals to their colleagues, the STRWs, or a newly developing division within the post-custody team, Peer Support Workers.

8.4 CJLDS post-custody practice experience

The main focus of community based CJLDS practice repertoire is to secure the engagement of ex-detainees or individuals invited to police interviews, with the CJLDS in the community and engagement thereafter with other targeted support services to meet their wider criminogenic needs. The duration of these interventions in the immediate post-arrest period amounted to a maximum of four weeks for an adult and six weeks for a child.

CJLDS participants underscored the importance of post-custody engagement with services as an individual's choice. In highlighting engagement with the CJLDS as voluntary, this CJLDS participant describes a hypothetical interaction with a new referral:

> "I'm here to support you if you'd like that support. I've seen here that you're homeless, you know, can you tell me a bit about that, please? You know, they might want my help. If they say bugger off, it's Okay, no problem. You know if you change your mind, I've put my name and number in your bag. If you want to call me that's fine" (interview with Charlie, STRW).

CJLDS post-custody practitioners connected the willingness of those referred to engage with the emic perception of vulnerability. They perceived vulnerability as an individual's need for help expressed by their inability to cope, as this CJLDS participant explains:

> "Are they ready to pick up the support now, because maybe they weren't before…there's a lot that sort of jumps out, any abuse they have suffered… or sometimes it's a case of all of a sudden, they'd be arrested for a knife and why is it they would have a knife in a public place? Because they are feeling vulnerable in themselves" (interview with Jamie, STRW).

Giving former detainees support to successfully engage with services, was constructed as corresponding with one of the hoped-for outcomes of diversion, reducing recidivism. The objective to avoid further contact with the criminal justice system was conveyed by another community based CJLDS participant:

> "Well, the whole purpose of what we do, you know, is we're trying to stop them being arrested again" (interview with Charlie, STWR).

This statement contrasts with the purpose of custody-based practitioners, whose objectives seek the transfer of the mentally unwell into treatment, usually without a detainee's volition. The construction of a detainee's agency, in accepting a need for health and social care interventions and engaging with services, identifies the object of CJLDS community-based practice.

The use of the word *vulnerability* is bypassed in community-based practice. In an interview, a CJLDS participant expressed reluctance in asking "what someone's vulnerabilities are*?",* but preferred to "ask if a service user wants the support and will engage" because, as they then explained:

> "If somebody's not wanting support, then actually it doesn't matter what their vulnerabilities are. They're either not ready for that kind of engagement or aren't wanting it" (interview with Billie, STRW).

The practice repertoires of STRWS are orientated by service users' recognition of needs and their willingness to address them. The support offered is described by a CJLDS participant in the excerpt below:

> "…if they said, oh, I've got this going on, this, this and this going on then I'm like, okay, well we can talk about that if you want me to phone you weekly that's not a problem or if you want any services that have helped you if you want to reach out, then that's fine. And I generally leave it in their arms because I think if you push them into something and they don't want to do it, they're not going to engage with them anyway" (interview with Ash, STRW).

Further to supporting justice-involved individuals to engage with services, the practice repertoires of STRWs also involved *liaising* with probation services and magistrates' courts to advocate for diversion from custody. This practice repertoire took the form of sharing the health information of selected defendants with probation officers and legal professionals, including solicitors and court clerks, as well as with the magistrates' court, intending to secure diversion away from custody through treatment or probation orders and other community-based sanctions. A CJLDS participant summed up the purpose of this practice as:

> "To get someone through the criminal justice [system] with whatever vulnerability they have and to get them the help and the support that they deserve… It's for me to help them better themselves to get that step back up" (interview with Morgan, STRW).

The broader objectives of liaison and diversion were expressed in interviews with the CJLDS community support workers. In interviews, STRW participants constructed the successful engagement of their "service users" with mental health and other community services, as a key output of their practice, as this CJLDS participant demonstrates:

> "A few of them have missed out on prison because it's like, actually we're supporting them. I've got them an appointment with CMHT" (interview with Jamie, STRW).

STRW participants, by seeking out service users who were wanting to engage, have implicitly understood that individuals expressing their own needs are experiencing emic vulnerability. Spiers (2000) argued that vulnerability cannot be objective or quantifiable, and that vulnerability exists as a lived experience and as such, it must be described from the person's perspective when some aspect of their self is threatened and they cannot respond to it (Spiers 2000; Heaslip et al. 2018). This study found the subjective experience of STRWs suggests that these CJLDS participants understand the importance of emic vulnerability, and of securing an individual's acceptance and agency in recognising their own needs and a willingness to address them (Spiers 2000).

8.5 Constructed identities and roles

The subjective experience of CJLDS participants is based on the police positioning of the CJLDS as discussed in Chapter seven, and the participants' constructions of CJLDS practice repertoires analysed in the preceding section. Their experience perpetuates a shared identification in the partnership, that the CJLDS team in custody are medical practitioners connected to the wider mental health service.

Identities constructed in custody

In interviews with CJLDS participants, the discursive themes which effectively orientate action for shared practice in the custody suite (see Chapter 7) prevailed. They also consistently used talk which employed biomedical, or psychiatric language. This talk and action were observed in custody suite practice during exchanges with police custody staff and other colleagues in the suite. This language suggests that CJLDS participants in custody identify themselves as mental health professionals in partnership practice, perhaps fuelled by the occupational legacy of (most) MHPs in psychiatric nursing.

Mental Health Practitioner (MHP) is the role title that the CJLDS team gives to their custody-based staff members. The majority of the MHPs participating in the study disclosed past, and in some cases ongoing, professional backgrounds in psychiatric nursing. Connections with local NHS mental health services were maintained via ongoing clinical supervision within mental health services. In an interview, one CJLDS participant explained how and why they saw their roles created: "It was all down to preventing [police calling MHA Section] 136, that's how the role developed" (interview with Ali, MHP).

CJLDS participants explained how they introduce themselves to detainees in custody, as an MHP, or mental health practitioner, with the explanation that they are "here to look after your mental health" and prefer not to use or explain the acronym CJLDS, seen as confusing or complicated for detainees or for police colleagues (fieldnotes, observations September 2021.)

One participant was careful to emphasise their expertise as mental health professionals in the custody suite, as this CJLDS participant explains:

> "I am a mental health professional I kind of have an idea of what I'm looking at and kind of what this person needs and actually I do need to be able to take a bit of clinical judgement, you know, my own clinical judgement, to be able to decide what that person wants" (interview with Sydney, MHP).

With such psychiatric expertise, CJLDS participants were clear to establish their knowledge, and to distinguish themselves from the police who although encountering mental illness daily, are not equipped to deal with it, as this CJLDS participant demonstrates:

> "(the police) feel a bit, possibly out of their depth with mental health I mean they come across an awful lot of it. But they're not experts" (interview with Pat, MHP).

Constructed identity of CJLDS post-custody support workers

Community-based CJLDS participants mostly constructed their role as generic support workers, while others talked of "*making the job their own*" (interview with Billie, STRW). The STRW participants described the purpose of their role as "to offer post-custody emotional and practical support" to detainees who had been assessed by their custody-based colleagues, and to encourage these individuals to engage with services following their discharge from custody (all interviews with CJLDS participants).

Yet even community based CJLDS participants explained in interviews how they usually found it simpler to refer to themselves as "*mental health workers"* when engaging with criminal justice professionals or community health and social services, because their intervention was linked to mental health (interviews with Ash, Billie and Morgan, STRWs). Community-based CJLDS participants are supervised by their custody-based MHP colleagues, but they do not share the same occupational legacy of psychiatric nursing (interviews with CJLDS participants).

8.6 The subjective experience of the CJLDS team

The exploration of CJLDS participants' talk and practice repertoires uncover the effect of subject positioning of CJLDS of the custody as their subjective experience. It is this subjective experience which can explain the outputs of the practice and the delivery of liaison and diversion outcomes. By gaining knowledge of their subjective experience, the effect of custody on practice outputs is understood.

There was a juxtaposition between the bio-medical talk associated with mental illness and healthcare, the discursive construction of the *threatening environment* of custody, risk and vulnerability, and a discourse of readiness to engage with services.

In interviews with CJLDS participants, the discursive themes of threat and risk discourse prevalent in custody-based practice were acknowledged, and one CJLDS participant explained this influenced post-custody practice, because "we need to specifically ask about self-harm and suicide*"* (interview with Billie, STRW). However, the discursive trope of detainees or ex-detainees *willing or being ready to engage* functioned to orientate action in post-custody practice. These practice repertoires were explained by several CJLDS participants as being to: "offer a bit of support, a bit of engagement if they need it" (interview with Sydney, MHP). Vulnerability is better understood by community-based participants as self-disclosure, a willingness to recognise something is wrong, and engage with services in a response to it.

As shown in Chapter 7, custody police culture and function position the CJLDS in shared practice and the custody police quest to avoid death associated with custody. Yet, with constructed identities as mental health practitioners, CJLDS participants see their presence in police custody as an opportunity to identify the mentally unwell typically during episodes of life crisis and get them (back) into treatment. The study found that custody was described as a metaphoric net (Section 8.3 above) and an opportunity to catch mentally unwell individuals during episodes of life crisis and get them into treatment, either through their transfer to hospital or to engage with community mental health services. That the CJLDS focus is to identify acutely unwell detainees and get them into mental healthcare has been found in other studies. Leese and Russell (2017) explained that people have not been able to get the support that they need elsewhere, and end up in police custody (Leese and Russell 2017). This raises questions for further research into the accessibility and provision of mental health care in England, where acutely unwell individuals continue to arrive in police custody suites.

The CJLDS participants experienced custody-based practice as a nursing triage repertoire, functioning as a gatekeeper for mental health services; this team are reclaiming a function which has over time gradually slipped into the hands of the police. The identification of every individual on the CJLDS caseload with a mental disorder (Figure 6, above) supports the analysis of a psychiatric nursing triage. The reclaiming of mental health is supported by the custody team's use of medical language and jargon, and in the *threatening environment* of custody, seeks to establish an occupational identity. The action of calling for an MHAA by the CJLDS resists the police workplace culture that dominates decision-making in the partnership, although the triage repertoire stems from the filtration of police requests for background checks after the screening and other police-led requests for intervention.

The research shows that the CJLDS teams' object of practice is detainees with diagnosed mental disorders, prioritising psychiatrically diagnosed SMI. This echoes the findings of Bendelow et al's (2019) study of a street triage scheme, which found that mental health practitioners bypassed police suspects with personality disorders and addiction issues and prioritised those with acute or chronic psychiatric illness (Bendelow et al. 2019), reflecting the caseloads of pre-Bradley diversion schemes, also comprised of mentally disordered individuals (Pakes and Winstone 2009). Yet research has found other CJLDS schemes which include significant numbers of substance misusers (Disley et al. 2021), or even one which was shown to prioritise detainees with personality disorders (Puntis et al. 2018).

The finding in this study is that the vast majority of detainees, many with diagnosed mental disorders, are likely to have been ignored by the CJLDS team in custody. Firstly, because they are *established customers*, police do not request any background checks, or secondly, because the CJLDS participants share constructions of *established customers*. This means that while these detainees are often known to have mental health and other vulnerabilities, because they are perceived to be chaotic and unlikely engage with services, they are not assessed by the scheme.

CJLDS participants shared the police subjectivities that health and social services were overstretched, had limited availability, or that medical intervention could not proceed for individuals who were known or suspected substance misusers. The CJLDS had nothing to offer *established customer*s, pointing out that community services would offer relevant therapeutic intervention or support for them. Well before Lord Bradley's review, Webb and Harris (1999) made the case that mentally disordered offenders were the people that no service would manage, arguing that such offenders were marginalised and overlooked by service eligibility criteria (Webb and Harris 1999). Mentally disordered offenders are today's *established customers* and continue to be the people that nobody owns.

Peay asserts that mental health professionals working in the criminal justice system will distinguish "people with mental disorders who are suspected of offending, from suspects who have mental disorders prevails" (Peay 2017, p.640). This study's findings were that the CJLDS custody practitioners, in constructing themselves as mental health professionals, are ready to identify mentally disordered *people* who have somehow ended up in the wrong place. Known offenders are the *established customers* of the criminal justice system, and not of mental health services.

Despite the introduction of the NHSE's *all-vulnerabilities* criteria, the subjective experience of CJLDS custody practice appears stuck in a 20th-century mindset. But the subjective experience of CJLDS custody-based practitioners' contrasts with that of CJLDS post-custody practitioners. STRWs are not subject-positioned, and their practice repertoires are unaffected by the cultural discourses of custody. The CJLDS post-custody support workers understood emic perceptions of vulnerability, and this drove their practice repertoires. If service users did not perceive themselves as vulnerable, they were simply not going to engage with practitioners.

8.7 Summary

Embedding CJLDS teams in the police custody suite affects their outputs. The analysis of secondary quantitative data shows that CJLDS practice outputs focus on the identification of mental disorders

in detainees. Onward referrals are counted as indicators (LDIP), yet the finding was that almost all referrals are made to CJLDS community-based practitioners (STRW).

The research found that CJLD participants' practice repertoires in custody are orientated by bio-medical discourse, from an occupational legacy culture of psychiatric nursing. This is juxtaposed with the wider CJLDS talk of emic vulnerability and criminogenic need, typically by community-based participants in beyond the boundaries of the custody suite. This talk variously commingles with custody discourses, where the prevailing them is of *custody as a threatening environment* and the construction of certain detainees as *risky*. The practice repertoires and CJLDS participants' subjective experience, demonstrate the discursive effect of custody on the police partnership.

CJLDS participants perceived custody as the wrong place for psychiatrically unwell individuals and acted to remove them from the criminal justice system, albeit often temporarily. By positioning themselves as Mental Health Practitioners, CJLDS participants claim expertise in the identification of a mental illness in the custody suite. Priority in practice has orientated action to move unwell detainees into hospital, or (re)refer detainees with mental illness as key morbidity, into community mental health services.

CJLDS participants could not reconcile certain practice repertoires to the discourse, action orientation and their positioning in custody by police in the partnership. But the subjectivity of the CJLDS in receiving custody referrals demonstrates an interplay of discursive themes in constructing the object of practice.

While it is broadly accepted by CJLDS partnership practitioners alike that most if not all detainees are psychologically vulnerable and have a range of objective needs (as a vulnerable adult or meeting the all-vulnerabilities criteria threshold), CJLDS practice interventions such as assessments and onward referrals are triggered through the presence of (diagnosed) SMI. The presence of mental illness continues to be a focus for practice, with no discernible change since the Reed report defined the objects of intervention as ‘mentally disordered (suspect) offenders’ (Reed et al. 1992) as defined by the MHA (1983).

The community or post-custody practice repertoires of research participants are orientated by discourses of vulnerability and criminogenic need, but the objects of practice have been referred by custody-based colleagues, who supervise and retain responsibility for CJLDS caseloads.

Foucault conceptualised power as knowledge and relations of power are manifest in discourse (Foucault 1980). The following chapter summarises the research findings from the Foucauldian discourse analytic framework and discusses the power relations in the custody suite. The chapter then turns to Foucault's concept of *le dispositif* to explain the institutional culture of the partnership.

Chapter 9 Institutional culture and the exercise of power in the CJLDS partnership

> '[The exercise of power is] *not a naked fact, an institutional given, nor is it a structure that holds out or is smashed: it is something that is elaborated, transformed, organised; it endows itself with processes that are more or less adjusted to the situation*. '(Foucault 2019, p.345).

9.1 Introduction

This research set out to investigate the workplace culture of the CJLDS partnership, to identify *le dispositif* of shared practice and using Foucault's conceptualisation of the term, explain the exercise of power within the partnership as an institution. This analysis sought to explain power relations in the partnership, that A affects B (Lukes 2004, p.35) to respond to the research questions. Using a Foucauldian conceptualisation of power (Foucault 1980, 1982) 'A' is the discourse that gives meaning and subjectivises practitioners and 'B' are the practice outcomes affected by 'A'. This chapter discusses a final analysis of how the CJLDS partnership model affects practice, outputs and ultimately the stated outcomes of diversion.

The three preceding chapters have discussed findings at each stage of data analysis: Chapter five used a thematic analysis to identify custody suite discourses, detainee constructions and other themes emerging from data. Chapter six used the FDA to explore the function of discourses in custody, how they orientate action and position custody practitioners. Chapter seven focussed on the practice repertoires and subjectivity of the 'CJLDS team' based in custody. These findings reflect that the custody suite discourse of custody as a *threatening environment* function to orientate action by the CJLD team. A second discursive theme of a custody *carousel* functions mostly to orientate action for police staff and other custody-based organisations. The analysis presented in these chapters' points to a discursive function which constructs the object of practice in the context of power relations (Parker 1992).

This chapter returns to the research questions and the key concepts that underpin this thesis; firstly, it discusses the exercise of power in the partnership by summarising the analysis using the Foucauldian framework, and secondly, *le dispositif* of the partnership is conceptualised from this summary. *Le dispositif* is used to explain how power relations affect the practice of the CJLDS. Finally, the chapter turns to the identification of vulnerability in shared objects of practice and

discusses how detainee constructions and institutional culture have formed perceptions of vulnerability in CJLDS practice.

9.2 The FDA findings framework

The complete findings based on the two-custody suite discursive themes discussed in the previous three chapters are summarised, using the FDA framework in the table below:

Table 4 A Foucauldian Discourse Analysis of CJLDS partnership in custody

Discursive themes in custody	**Custody as a *threatening environment***	**Custody as a *carousel***
Construction of detainee	Unknown first timer (*risky*) Serious/sexual offences (*risky*) Mentally unwell (vulnerable)	A known offender or 'established customer' lifestyle choice, chaos Unwilling to change or engage
Discourses	Risk of suicide & self-harm Custody wrong place for mentally ill individuals	Custody as a default public 24/7 service Custody clock as a (factory line) process
Action orientation	Detect and manage risk Document and accountability	Control, discipline Humanitarian aid
Positioning of CJLD by police	Seek and verify risk indicators (background checks) Monitor subject Mitigate risks (safeguarding) Share accountability	On standby
CJLD Subjectivity	Mental health practitioner (psychiatric) Gatekeeper for MH services	No expertise
CJLD practice repertoires	Mental health triage Refer to mental health care (call for MHAA) Refer to post-custody workers	No Intervention

The table shows how custody culture functions to position and orientate the repertoires of the CJLDS team. The discourse of vulnerability as a criminogenic need is mostly absent in the custody suite. The research showed that this has become a marginal discourse overshadowed by those of risk, which respond to police agenda and custody objectives in the criminal justice system.

Action in the suite is oriented by two overarching discursive themes; the theme of the *carousel,* and that of the custody suite as a *threatening environment*. The theme of the *carousel* operates to construct detainees in a way that removes them as objects of practice for CJLDS participants. In contrast, the theme of custody as a *threatening environment* constructs certain detainees as *risky,* because they are unknown in custody or are facing charges for serious or sexual offences.

When custody is a *threatening environment*, discourses of risk prioritise detainees perceived to be *psychologically* vulnerable in an environment where *all* detainees are *situationally* vulnerable. The presence of mental illness in *risky* detainees creates a shared understanding in custody that this compounds the risk of suicide and self-harm in psychologically vulnerable detainees. The object of practice for the CJLDS is initially constructed by risk discourse, then identified as vulnerable when the presence of mental illness is confirmed. The function of risk discourse is to pinpoint which detainees are inherently vulnerable in the context of situational vulnerability and demonstrates that the word 'vulnerable' in the custody suite is frequently interchangeable with risk.

The discursive theme of custody as a *threatening environment* positions the CJLDs in custody as a mental health team, contributing to safeguarding the criminal justice process. Practitioners in custody are seen as mental health care professionals, and for the police this serves custody objectives. The practitioners are positioned to verify indicators of risk (as a diagnosed mental disorder) and intervene to mitigate risk in custody, by calling for an MHAA, signalling the requirement for an AA safeguard, or giving advice to de-escalate detainee crisis. Crucially, this also creates an understanding by police that the CJLDS in a position of responsibility for mitigating incidents such as death associated with custody.

The CJLDS practitioners in custody are also positioned on standby for detainees who are constructed as *established customers* in a theme of *carousel*. If police perceive unfamiliar symptoms associated with mental illness, or an established customer is in custody for a serious offence, they will call upon the services of the CJLDS.

While CJLDS correspond to the police positioning them as mental health care practitioners, subjectively they are aligned to an occupational culture of psychiatric nursing, and as such their

practice repertoires mirror that of a nursing triage system. Thus, they have effectively become gatekeepers for mental health services (replacing a role detested by police), subject to threshold criteria for these services: the presence of severe and enduring mental illness and the absence of active substance abuse. The prevalence of substance abuse in most *established customers* means CJLDS subjectively have no expertise in these issues and no practice repertoires which can engage with detainees constructed in this way.

9.3 *Le dispositif* of CJLDS partnership

The research has sought to understand power relations in the CJLDS partnership through discourse, architectural forms, and structural processes underpinned by legislation and guidance. This thesis seeks to describe the institutional *dispositif* of the CJLDS partnership and to conceptualise the institutional operationalised approach which affects CJLDS outcomes. To recap, *le dispositif* is the system of relations that can be established between discourses, institutions, architectural forms, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral, and philanthropic propositions. All these elements can be used to describe how discourses orient action, particularly within institutions, Foucault asserted that both the said and the unsaid perpetuate *le dispositif* (Foucault 1980). The institutional *dispositif* captures the workplace culture and relations of power within it.

Discourse functions to power *le dispositif*. The Foucauldian discourse analysis summarised in Table 5 demonstrates the exercise of power within the shared practice. The positioning of the CJLDS by the police in custody responds to *le dispositif* of custody as an institution; power is exercised by police discourse. Discourses of criminogenic need or alternatives to criminal justice processes are absent from the custody suite. CJLDS participants' subjectivities are affected by discourse and reflected by their practice repertoires and outputs. CJLDS participants, their practice repertoires in the partnership syncretizes with *le dispositif* of custody.

Le dispositif is to avoid disruption to the criminal justice system by safeguarding evidence. In the custody suite, the detainee is evidence to be safeguarded. The ‘mental health team’ support the police by diverting liability for custodial police officers. The custody staff aims to avoid blame and deliver outcomes related to the safeguarding of evidence. Under the prevailing *dispositif*, it may be possible that CJLDS staff feel compelled to orient their action to meet policing objectives, by increasingly adopting practices more akin to social control.

9.4 The institutional *dispositif* affects CJLDS practice repertoires and outputs

Research has often shown that police culture is typically impervious to other organisational cultures in collaborative practice, and other studies have demonstrated that the police are culturally dominant in partnerships. Their working culture is to lead and take charge, and other practitioners present in the suite have become subject to this culture (Skinns 2008; O'Neill and McCarthy 2014; Senior et al. 2014; Crawford and Cunningham 2015; Higgins et al. 2016).

Police custody culture is structured by PACE code C, the design of the operational space and the artefacts within it (Wooff and Skinns 2018), shift patterns, uniforms, the labelling of detainees and the conversations held there. The CJLDS practitioners, or 'CJLDS team' embedded in custody, are exposed to these discursive themes in police custody, inevitably becoming subjected to it. Police discourse of risk positions the CJLDS team as providing opportunities for action, defining the shared object of practice as the *risky* detainee. Police custody staff see risk intensified by the presence of mental disorder (Dehaghani 2019), and were found in this study to turn to the CJLDS as mental health professionals to identify the risk of death in custody.

Tacit themes of *carousel* or custody as a *threatening environment* direct police decision-making. This occurs at each phase, from the Desk Sergeants' decision to detain, the subsequent risk screen process, referral to the 'CJLDS team', and mitigating risks to the criminal justice system. A discourse of risk of suicide and self-harm leads to police decision-making, which directly affects the quantity and quality of the CJLDS team's caseload. The police *carousel* theme and custody clock discourse apply pressure on CJLDS practitioners to identify *risky* detainees and affect CJLDS practice. The controlled custody environment affects the capacity of CJLDS practitioners, limiting them to brief encounters with detainees.

As decision-making is dominated by the police, an alternative discourse of vulnerability - the paradigm of the *all-vulnerabilities* NHSE criteria for liaison and diversion - was non-existent in the police custody space. CJLDS participants did not question or challenge the present referral system of responding to Desk Sergeant requests. Police decisions were more likely to be based on the seriousness of the alleged offence, reflected in the secondary quantitative data (collected by the CJLDS) as this study shows. That police are more trusting of their view of risk, over that of any CJLDS practitioner, and referrals are for unknown detainees, or those suspected of serious or sexual offences, and concur with findings in other UK studies (Oxburgh et al. 2016; Leese and Russell 2017).

Collaboration demands that two organisations work towards a joint goal (Sullivan and Skelcher 2017), but this study found no evidence of a joint goal in the partnership. The exercise of power in the partnership affected practice to the extent that when the CJLDS accepts a police request for

screening or conducting a face-to-face, it is an exercise in liability rather than the start of a supportive intervention. This exercise extends post-custody in the practice of sharing information. Reporting and monitoring share accountability and risk, and function as safeguarding measures in the event of incident audits and judicial inquiry.

This research has raised further questions about police custody referrals, which result from police risk screening questions. There is a custody need for transparent decisions on arrest and detention, adopting medical advice often requiring independent and/or expert intervention. Accepting referrals from the police custody suite is firstly accepting a request for medico-legal advice. Taking the police request to screen as a referral has shortcomings for CJLDS.

The research sought to explore shared practice in a partnership institution by questioning power relations, and how the exercise of power in the partnership model affects CJLDS and impacts Liaison and Diversion policy. The model embeds CJLDS practitioners within police custody suites enabling shared practice, yet the structures that govern their organisational practice have very different aims and objectives. The view that collaborating agencies generally hold onto working cultures, and that practitioners are often unwilling to move away from their traditional working practices, is held by several scholars (Cunliffe 2008; Crawford and Evans 2017; Hatch 2018). A long-standing mutual antipathy between police and health services has been recognised in the United Kingdom and beyond, creating an enormous challenge for the realisation of a policy to divert individuals with a range of *wicked* problems or *vulnerabilities*, either away from the criminal justice system, or into services (Punch 1979; Coliandris et al. 2011; Bartkowiak-Théron and Asquith 2017).

This research aimed to assess how the CJLDS strategy of working in partnership with the police could affect diversion outcomes, by questioning how institutional culture affects CJLDS practice in the custody suite. It has been shown that *le dispositif* of the CJLDS partnership reveals a culture of risk avoidance powered by police discourses. *Le dispositif* constructs the object of practice and orientates action towards the identification and mitigation of risk. The positioning of the CJLDS responds to *le dispositif*, and their practice repertoires are synchronised with this positioning. The outputs of their practice meet the objectives of *le dispositif*.

This thesis found neither collaboration nor conflict between CJLDS partnership practitioners but showed that police organisational culture is replicated in the institutional *dispositif,* effectively eliminating partnership objectives to serve the interests of the dominant organisation. An assertive CJLDS organisational culture to divert vulnerable individuals away from the criminal justice system is yet to be established.

9.5 Institutional culture and vulnerability

The analysis of the exercise of power in custody discussed thus far in the thesis has implications for the conceptualisation of vulnerability in the CJLDS and wider policy and guidance. The analysis shows how the concept of vulnerability is a marginal and subjective discourse, largely absent from custody suite practice, where risk discourses predominate.

Identifying vulnerability in practice

Using a language of vulnerability in guidance and legislation suggests an institutional approach based on the vulnerability of detainees; this assumption that vulnerability is a key concept and is effectively the glue to the partnership was the impetus driving this research project.

Traditional definitions of vulnerability have been framed by an epidemiological approach to identify individuals and groups understood to be at risk of harm and uses a person's status to approach vulnerability, such as the elderly, people with disability or chronic illness, minorities, and captives such as police detainees or prisoners (Valente and Saunders 1997). Inherent or innate vulnerability has been based on fixed and intrinsic human characteristics, such as a person's age, sex, and disability (Dunn et al. 2008). This positivist approach to vulnerability is beyond the structural realms of the practice of the CJLDS partnership, as there are no institutional shared criteria of vulnerability. Practice partners transverse criteria for a 'vulnerable person' according to PACE (1984) Code C and the NHSE Service Specification (2015) *All-vulnerability* threshold criteria.

A shared understanding in the custody suite was that most detainees cannot be vulnerable (see Section 6.7, above.) Fineman asserts that all humans are vulnerable and are prone to state dependency, and that discourses of vulnerability should serve to mitigate structurally ingrained inequality (Fineman 2010). Should community health and social services be accessible to all those in police custody, or is there simply no capacity? Perhaps the discursive theme of custody as a *carousel* constructs 'offenders with issues' as chaotic or simply beyond intervention, as espoused by Brown (2020), who claims that vulnerability as 'worthiness' serves to prioritise access to (diminishing or unavailable) resources (Brown and Wincup 2020).

Several recent studies have demonstrated that professional boundaries among police and other staff practising in the custody suite have become blurred, especially around perceptions of 'risk' and 'vulnerability' (Dehaghani 2019; McKenna et al. 2019; Rees 2020). There is a lively debate in the literature over the definition and use of the word, with many contesting that its vagueness makes it

useless in policy and difficult to operationalise in practice (Pearse 1995; Gudjonsson et al. 2000; Hufft and Kite 2003; Dunn et al. 2008). This difficulty is compounded by shared understandings within partnership practice (Enang et al. 2019). Vulnerability in its messiness has been shown to lend itself to practitioner-subjective interpretations and as such, has a plasticity that can be moulded by street-level bureaucrats such as the police (Lipsky 2010).

This research questioned how vulnerability can serve as the criteria for CJLDS partnerships and explored how vulnerability was interpreted and used to identify a detainee as a shared object of practice. The study found that most detainees are not perceived by the CJLDS partnership as vulnerable, although there is a shared tacit understanding within custody practice that the *threatening environment* can either trigger or intensify the psychological vulnerability of detainees. The study also found that CJLDS participants based in the community had a different interpretation of vulnerability, based on the emic perceptions of an individual expressing vulnerability and a need to engage with services.

The tacit threat of custody and risk discourse

The analysis suggests a tacit understanding that custody can trigger or exacerbate mental illness in detainees. Individuals are labelled as vulnerable due to a wide array of factors, and practice is usually generated by an implied understanding of the term (Brown et al. 2017). Legal scholars also argue that the experience of custody and police processes compound any pre-existing need in detainees and affect their psychological vulnerability (Gudjonsson 1995; Dehaghani 2019).Detainees perceived as psychologically vulnerable in police custody stems from the tacit understanding this signals the risk of detainee suicide and identifying them as shared object of practice in the partnership.

Shared identification of the object of practice involves the tacit understanding that 'situational' vulnerability is intensified by 'inherent' vulnerability, resulting in 'double vulnerability', and increasing the risk of harm, as espoused by Dunn et al. (Dunn et al. 2008). 'Vulnerability' is seen as a risk, and this conflation of vulnerability as a risk in custody constructs certain detainees as *risky*. To the police, vulnerable persons are perceived as being a risk to a body of evidence that must be safeguarded, and potentially, a risk to their professional and legal accountability should there be a death in custody. Police participants frequently expressed risk and vulnerability as a single conjoined concept in custody practice, apparent when they fear unknown detainees to be psychologically vulnerable in custody and posing the risk of self-harm or suicide. Dehaghani and Bath (2019) also

show that the police tend to be guided by their perceptions of 'psychological' (situational) vulnerability, rather than on any inherent vulnerability such as a diagnosed mental disorder (Dehaghani 2019).

The analysis demonstrates that the conceptualisation of vulnerability was subjectively interpreted by participants, but that detainees as the shared object of practice are identified by the perception of risk, in that their psychological vulnerability signals the threat of suicide. Vulnerability is conceptualised and shared by custody-based practitioners and police as manifesting the threat of detainee self-harm and suicide. Nearly all adults on the CJLD caseload result from the subjective identification by police officers of 'risk' in detainees.

Participants' professional affiliations tend toward specific constructions of risk, and while there are contested understandings of mental illness, the premise that custody threatens mentally disordered detainees and as such pose's risks, is not. This research shows that CJLDS and police participants single out individual detainees that respond to their respective perceptions of risk. The vulnerability constructions of CJLDS practitioners prioritised mental illness in detainees seemingly ready to engage, while police officers saw risk in unknown detainees or serious offenders confronted with a criminal justice situation and place. The situational vulnerability of incarceration as an acknowledged 'mental disorder' is constructed by police as an indicator of risk.

Culture of risk avoidance and partnership practitioners as vulnerable

The analysis shows that the tacit identification of risk resulting from an individual's contact with the police corresponded with Dehaghani's (2017) study, which found the police's understanding of vulnerability was more likely to be related to their own experience, under the threat of personal liability for death associated with custody (Dehaghani and Newman 2017). The police occupational culture of risk avoidance, the threat to professional accountability and reputation, was felt to be shared within the custody partnership.

Le dispositif of CJLDS as a partnership institution has orientated action to practices that address the risk of suicide by individuals within the criminal justice system. These risks are heightened by the experience of custody and its aftermath. These safeguarding concerns raise another risk, that of threatened professional liability and professional reputation. *Le dispositif* of CJLDS replicates police discursive themes of *custody as a threatening environment,* the construction of *risky* detainees, and the positioning of CJLDS practitioners, whose action is orientated to verify, monitor, and mitigate the threat of suicide by such individuals.

9.6 Summary

Le dispositif of the CJLDS partnership could be indistinguishable from *le dispositif* of police custody. This research shows how the CJLDS team responds to the police's organisational and occupational culture; CJLDS participants based in custody having syncretised police custody culture while retaining a core identity of psychiatric nursing. In contrast, community based CJLDS practitioners broadly identify as social carers. *Le dispositif* of partnership affects practice, however practice outputs do not strongly indicate that diversion from custody is the objective of the partnership. NHSE seeks evidence of outcomes such as engagement with services, as indicators of improved health or reduced recidivism, but unless practice can produce outputs of diversion into services or away from custody, outcome indicators will never be achieved.

The object of practice is a risk object, rather than a person experiencing vulnerability, and thus custody-based action is orientated to outcomes connected with reducing risk. Participants positioned the CJLDS as a mental health team, with their practice repertoires that correspond and commingle with police requests to check, or verify, detainee claims of mental disorder, and assess the risk of suicide through the screening of medical databases ('background checks'). The needs of the police for fitness advice to interview, or for the monitoring and management of *risky* detainees in custody who are released, are also met by the "mental health team", albeit with occasional reluctance. The CJLDS practice repertoire in custody is essentially a nursing triage and it shifts the mental health gatekeeping function away from the police. It also, however, contributes to the police aim of preventing death in custody and crucially for the police participants, the mental health nurses in CJLDS are positioned as shared risk holders in the event of accountability for incidents.

The research found that vulnerability an etic identification by the partnership practitioners; vulnerability is perceived as inherent and situational in detainees. These 'objective assessments' made by practitioners are a typical reflection of when vulnerability enters policy and guidance, and the identification of it becomes a tick-box exercise, commonly practised by many other institutions (Virokannas et al. 2020), yet rarely used in the CJLDS partnership. For the CJLDS partnership discourses of risk, not vulnerability is *le dispositif*; this raises further questions for the suitability of a model in achieving the stated outcomes of diversion.

In the chapter that follows, final remarks and suggested recommendations for health and criminal justice commissioners and policymakers bring this thesis to a conclusion.

Chapter 10 Concluding remarks and recommendations

> Collective fear and foreboding underpin the value system of an unsafe society, perpetuate insecurity and feed incessant demands for more knowledge of risk (Ericson and Haggerty 1997, p.66)

This thesis contributes to a discussion on interprofessional collaboration, by exploring occupational and organisational cultures and their effect on the institutional culture of a partnership. By taking a Foucauldian approach in the analysis of power within a shared practice, using the example of the CJLDS, a contemporary model of collaboration between mental health and police services was examined. Discursive constructions perpetuate power relations in the police custody suite and reproduce an institutional *dispositif*, at the site of shared practice. A tacit shared understanding of practice repertoires and outputs does not cohere with the CJLDS stated objectives, and as such cannot deliver the outcomes anticipated within the policy of liaison and diversion.

10.1 The identification of vulnerability in custody

This thesis's findings question the extent to which CJLDS practice partners' perceptions of vulnerability relate to detainees' emic feelings and lived experiences of vulnerability. Several scholars point out that only an individual's perceptions truly define vulnerability. Research on the lived experience of vulnerability and how it is understood by those labelled vulnerable, is limited (Spiers 2000; Dunn et al. 2008; Heaslip et al. 2018).

The research found that the identification of vulnerability in custody was problematic. Detained individuals are the complicated subjects of interpretation between police and CJLDS participants. Whitelock (2009) argues such practice has limitations for any future intervention, following her argument that the identification of vulnerability in the custody suite disempowers detainees and may explain CJLDS practitioners' discourse of *willingness to engage* (Whitelock 2009).

Police and CJLDS practitioners in custody relied on a shared etic approach to identifying inherent or status-based needs in detainees, although the research shows that most detainees, while they may have these needs, are not identified as vulnerable shared objects of practice. The emic, or subjective, perception of vulnerability removes the inevitability of embodied or situational vulnerability.

All research participants employed etic assessments of risk, where detainees, such as those constructed as repeat customers, cannot be perceived as vulnerable. The present research had limitations; in that it was unable to collect the views of detainees nor CJLDS service users. However, etemic vulnerability – identifiable by combining subjective and objective assessments - was perceived as an essential element for practice intervention. Connecting an individual's expressed experience of vulnerability, understood by CJLDS participants when an individual acknowledged their need and *willingness to engage* with services, was sought in the identification of objects of practice.

The research shows that research participants did not seek the emic perspective of detainees; while police risk screens seek personal information from detainees which may reveal emic perceptions of vulnerability, these are not conducted in a space conducive to the disclosure of such feelings. Spiers asks whether '*knowing one is at risk*' provides the necessary stimulus for change (Spiers 2000, p.720). The experience of CJLDS post-custody practitioners shows that they depend on an individual's self-knowledge if they are to engage with support for change.

10.2 Shared practice or co-mingling practice and objectives? Working alongside the police in custody

The analysis suggests that the CJLDS team hold an ambiguous position in the custody suite. The police participants understood the CJLDS as a 'mental health team', providing a custody service at the police's discretion. CJLDS participants saw their role primarily to identify mentally unwell detainees, who have *slipped the net* of secondary mental services. The concept of a partnership in a diversion scheme at the practitioner level is not in evidence at the site of shared practice.

The police view the CJLDS team as in service to the police as mental health professionals, who serve to identify and mitigate mental illness, a factor which is perceived to increase the risk of a death associated with custody. CJLDS participants in this study are positioned in police custody as mental health practitioners tasked to identify mental capacity and psychiatric illness in the criminal justice system. The police have powers to arrest individuals if they are dysregulated, or psychotic and appear to be at risk to themselves through self-harm or suicide and take them to a place of safety for assessment under section 136 of the MHA (1983). However, the police station as a place of safety for assessment has been widely criticised and has been the subject of several UK government inquiries (Adebowale 2013; Angiolini 2017; Lammy 2017).

This study showed that discretionary practice by custody police officers, takes advantage of the presence of *mental health professionals*, in this instance CJLDS practitioners, to inform decisions to

call for an assessment to enact Section 2 of the MHA (1983), and to make the arrangements for an assessment to take place in custody. The CJLDS team recognised their current mission evolving from their original aim of increasing MHA (1983) assessments for detainees. Although calling for these assessments is a police decision, it has effectively been delegated to CJLDS custody practitioners, despite police continuing to make calls independently of the CJLDS and override CJLD advice.

The positioning of the CJLDS team as mental health practitioners or medical professionals is problematic and produces a conflicted understanding of their capacity to provide medico-legal advice in custody; police participants expected the CJLDS to advise on the mental capacity of detainees for criminal justice processes. While some CJLDS participants appeared to accept this role as routine, others resisted this expectation beyond their qualified capacity to provide (as shown in Chapter 8, above.) However, decisions over mental capacity must be made soon after a decision to arrest, these decisions continue to be made by Desk Sergeants, who cannot be challenged by the CJLDS.

Le dispositif of the partnership is police-led, where the objective of identifying and mitigating the risk meets the aims of criminal justice. Practice conducted by the CJLDS also forms an important element of risk assessment for the custody staff. The practice of police officers requesting health screening, based on their perceptions of detainee risk, meets the important element as recommended by Bradley, but does not build up a picture that assists healthcare, nor identifies the wider needs of all offenders.

The dual checking of risk and health via the two screening exercises which are in police custody effectively co-mingles the objectives of police custody staff with those of the CJLDS. Parallel objectives are captured in this parallel practice. When questioned, not one of the police participants in this study was aware of the concept of 'diversion' or knew that it was the objective of the CJLDS partnership. Custody police expressed concern that detainees who they perceive as psychotic and potential psychiatric patients are *risky,* in that they pose a threat of self-harm or suicide in custody. Thus, for staff in police custody, the transfer of a detainee to a psychiatric hospital function as an outcome of risk management.

In custody, *le dispositif* is dominated by risk, essentially the risk to the criminal justice process, and the safeguarding of evidence is driven by police discourse or power in the partnership. Action in the suite is orientated to criminal justice outcomes and maintains a regular process; custody is a production line of evidence for the next stage in the criminal justice process.

However, perceptions of mental illness are contested between police and practitioners. Police associate emotional behaviours as a normative psychological reaction to custody and criminal justice processes. Detainees perceived to have problematic behaviours because of personality disorders, neurodiverse conditions or addictions are not perceived to be vulnerable, or as shared objects of practice, and as such, can be considered for diversion.

10.3 Implications for diversion outputs and outcomes

By researching the practice and *le dispositif* of the CJLDS, it is unsurprising that output monitoring is challenging for their practitioners. Lipskey (2010), asks us to consider the tacit performance measures of practice, and what street-level bureaucrats are aiming for (Lipsky 2010, p.235). *Le dispositif* of the CJLDS partnership indicates a reactive institutional mission, intending to avoid death in custody and the resulting judicial oversight processes. A risk *dispositif* therefore would measure safeguarding outputs, such as the allocation of an AA. Safeguarding outputs would also include the removal of a mentally unwell individual from the custody suite until such time they were well enough to undergo the criminal justice process.

An outcome of these practices would be a reduction of death associated with police custody, which is removed from the supposed outcomes of the CJLDS, yet possibly the key driver of all past diversionary schemes from the criminal justice system. The question of responsibility for the well-being of incarcerated individuals must surely fall to the criminal justice system.

Health teams/practitioners in custody practice exist in parallel, and since the global pandemic encouraged them to work from home, they are also more likely to be physically separated. O'Neill and McCarthy (2014) maintained that trust and good interpersonal relationships make police partnerships work (O'Neill and McCarthy 2014), a view shared by Rees (2020), who makes the case for the development of personal relationships and a common language (Rees 2020). However, these studies acknowledge the power of the police who control (custody suite) practice. The partnership is accepted in that it serves the police custody mission and agendas, rather than the achievement of diversion outcomes.

Le dispositif responds to police custody culture and has no objective of meeting the needs of detainees, nor of diversion, as an output of the partnership. Detainees and police suspects called for voluntary attendances are overlooked for referral to CJLDS by police if they are known offenders or not considered *risky*. Vulnerability labelling effectively renders some individuals incapable of engaging if they do not share these perceptions (Fawcett 2009). They may have met the CJLDS all -

vulnerability threshold criteria, but they have been excluded from diversion outputs and outcomes. As the police request background checks for those deemed *risky*, unknown detainees or those suspected of serious offences are unlikely to be considered for any diversion. The police risk screen process establishes fitness for interview (mental capacity) and safeguarding risks for detainees, a relatively blunt tool which aims to establish mental capacity, suicidal ideation, or indicators of mental and physical illness that require management in custody; in short, any risks to the criminal justice process. Dehaghani's (2017) research also found that police use discretion when detainees are suspected of committing violence or 'serious' offences in implementing an Appropriate Adult safeguard (Dehaghani 2017).

For the CJLDS, the practice repertoire of 'calling a mental health act assessment' represents an outcome of diversion, if an assessment takes place and the detainee is transferred to hospital. To call for an MHAA has become a *de facto,* if temporary, diversion from custody. Seen as a convenience by police participants, this is concerning, as the CJLDS team is not present 24/7 in the suite, and the availability of AMHPs to carry out assessments is customary during daytime hours; consequently, unwell individuals can be kept in a police cell overnight awaiting an assessment.

Overall, the continuing focus and priority accorded by the CJLDS team to mental illness in the custody suite raise fundamental criminological questions. The criminogenic need discourse adopted by a range of participants constructed the presence of medical diagnosis in police suspects as explaining certain offending behaviours and alluding to an absence of agency and criminal intent.

Any policy of diversion must address fundamental questions of capacity, culpability, and the human rights of justice-involved individuals. If the risks of custody are to be minimised, detention must be the exception rather than the default. It is hoped this research will contribute to the discussion of whether people should be in police custody at all, and if police overuse detention (McKinnon and Finch 2018; Gibbs and Ratcliffe 2020).

The claim that adults with health and social needs were more likely to face further criminal justice processes than be diverted from custody, and that care was secondary to managing risk in collaborative practice between health and criminal justice practitioners, was established by Draine et al. (2007), and their findings are supported by the present research (Draine et al. 2007). Police custody is reactive and is not concerned with an individual's future post-custody.

This thesis has discussed the broad topic of interprofessional collaboration and institutional cultures and taken a Foucauldian approach in the analysis of power within a collaborative practice, by

focussing on this study of a partnership between different occupational cultures which comprise the CJLDS police partnership. Discursive constructions perpetuate power relations in practice and reproduce an institutional *dispositif* in the police custody suite, the site of shared practice. A tacit shared understanding of practice outputs does not cohere with the CJLDS objectives, and as such, cannot effectively deliver diversion.

10.4 Recommendations

The aim of this thesis, to explore how the partnership model currently employed by the CJLDS operates in practice and if diversion is the outcome, has raised further questions for research. The study also raises practice questions for stakeholders in the future short- and long-term implementation of liaison and diversion. In this section, practice recommendations are directed to CJLDS teams that are currently operational, while longer-term issues for reflection are proposed to other stakeholders.

Immediate suggestions for CJDS schemes

CJLD teams currently deliver a mental health triage, lacking an institutional culture that responds to the current criteria for diversion. The study found a lack of transparency and understanding about the purpose of CJLDS teams in custody. Police and other custody staff are uninformed about the purpose of the CJLDS to divert *people with vulnerabilities* away from the criminal justice system. CJLDS practitioners in custody saw the purpose of their practice to identify mentally unwell detainees who could be 'diverted' into hospital for an unknown duration. As a minimum, information-sharing or awareness-raising with the police needs to be expanded, so that the purpose of the scheme is more widely understood. Additionally, further opportunities for sharing and discussing the purpose of the scheme within the custody-based partnership should be sought and secured. CJLDS participants reported that as previously, training was delivered by CJLDS staff to police custody staff, these opportunities could be reignited.

CJLDS teams would also benefit from regular in-house discussions within the context of refresher training or supervision. An occupational culture could also be created by dismantling the existing hierarchy between mental health practitioners and post-custody support workers and implementing performance management in place of clinical supervision.

Transparency of CJLDS's purpose was also not in evidence for actual or potential beneficiaries of the scheme. Neither those in detention nor individuals asked by the police to attend a voluntary interview, are informed about the scheme and its purpose unless they are directly contacted by

them. Even for those who are contacted by the scheme, there is no evidence to show that they understand why they have been contacted and for what purpose. Cell and court sweeps, or other methods of raising awareness for justice-involved individuals of the aims and purpose CJLDS and how to access the service, are one possible way that greater public transparency can be developed.

Individual volition and choices made by detainees, as the object of practice, may promote the scheme and the rehabilitative ideal among the public. This transparency enables emic perceptions of vulnerability and therefore contributes to an increased potential of the *etemic* assessment of vulnerability. Vulnerability assessments in the community are currently offered for children or anyone invited to a voluntary interview. Community-based assessments create greater personal choice in justice-involved individuals, and as such could be offered post-release to those approached in custody settings.

The study found that CJLDS may create (unmonitored) diversion outputs from other stages of the criminal justice process. In this research sample, the CJLDS practice currently achieves these outputs, and can increase them by facilitating other services to contribute. Diversion from magistrates' courts occur, resulting directly or indirectly from CJLDS practice.

These outcomes could be improved by CJLDS practice: Courts need to know who can be diverted and which services to divert them to, this is partially achieved, but not monitored by the CJLDS team in this study. The teams also, by liaising with community services who support individuals referred to the CJLDS, alert community professionals who can advise courts and probation on sentencing options. CJLDS teams could increase these outputs by building and systematising existing practice for every court appearance and monitor these outputs

Longer-term issues for action by stakeholders

As the national implementation lead and coordinator of CJLDS, NHSE might reflect on the messaging and discourse used in the framework of the scheme nationally. For example, the LDIPs do not clarify the outputs nor the outcomes of diversion, and the rehabilitative ideal for the scheme is not evident. One suggestion is that CJLDS nationally clarify diversion outputs and monitor them from any point in the criminal justice system. Diversion from custody by courts was not monitored by the scheme researched in this study.

Diversion from police custody suites is limited and further research to identify and develop the opportunities for diversion at different stages of the criminal justice process is recommended.

At the level of local health and police and crime partnerships, a discussion of the purpose of CJLDS and whether existing schemes are fit for purpose should take place and if necessary, existing services restructured. These discussions must be evidenced by regular reviews and service evaluations, which consider the operational plans and outputs of CJLDS police partnerships. Any discussion of purpose should be transparent and commensurate with the understanding of diversion and the criteria for it; both partner's institutional needs and mission objectives should be met by diversion and these objectives shared at the practitioner level.

In an evolving policy context, police organisations are committed to reducing the use of custody and extending opportunities for a voluntary interview. The use of police custody as a place of safety for individuals understood by police officers to be unwell has been discouraged at national policy level. While police organisations have previously been requested to monitor the use of custody as a place of safety, recent reforms to the MHA (1983) seek to phase out the use of custody by 2024 (UK Public General Acts 2022). Where custody can be justified by police offices as unavoidable, police chiefs must ensure detainees have confidential access to a 24-hour mental health crisis team who can advise police on medico-legal decisions, and to independent emotional support services such as the Samaritans.

Given the study's findings around detainees' engagement or lack of engagement with health and community services, local NHS trusts are encouraged to establish *why* individuals meeting the *all-vulnerability* threshold criteria are in police custody. For what reasons have individuals been unable to locate or engage with health and community services; options for community triage should be reviewed by health services. For example, are health-based 'Section 136 MHAA Suites' available in local hospitals? Are mental health and other liaison services effectively referring individuals from primary care such as A&E departments or GP surgeries into community services? Local NHS Trusts might also effectively open access to individuals who have been excluded by existing criteria, or by the need to seek referrals from a GP. Many individuals who meet *all-vulnerability* criteria have had pathways into community mental health services closed to them by substance misuse; detainees with dual diagnoses referred to the CJLDS in this study were reportedly excluded from community mental health care. NHS Trusts should explore the development of more comprehensive provisions or develop partnerships to serve complex mental health service users.

Future policymakers should reflect on the use of the word vulnerability in legislation, policy, and guidance, and take due consideration as to how the concept can be understood and adopted in

practice. NHSE (national coordination of CJLDS across counties) service specifications must surely encourage an etemic approach to assessing all-vulnerabilities criteria.

All stakeholders to diversion policies are reminded that justice-involved individuals, whatever their legal status, retain their human rights in obtaining access to public services. This includes freedom for detainees ask for referral to the CJLDS if they feel they meet the threshold criteria. Diversion services must have clear and transparent outputs and outcomes and not be viewed as a discretionary service.

This thesis has evidenced the shared practice of a police health partnership and demonstrated that workplace culture affects practice and practice outputs. Action must be taken on the strategy adopted for diversion, or better still, a reassessment of the purpose of diversion and if it can respond to the problems created by the present criminal justice system in England.

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Acronyms and glossary of terms

ABH	Actual Bodily Harm
Appropriate Adult (AA) safeguard	Custody police must implement an AA safeguard for all children, and to any adults with a mental disorder believed to lack mental capacity and an ability to understand the police process and provide reliable evidence, are defined as Vulnerable Adults under Code C of PACE (1984). In this study, the AA was either a parent or a professional whose role was to accompany the detainee for processing.
A&E	Accident and Emergency Department in a General Hospital.
BU	Bournemouth University.
CMHT	Community Mental Health Team.
CJS	Criminal Justice System.
CPS	Crown Prosecution Service.
Death associated with custody	Death of a current or recently released detainee, remand or convicted prisoner. Formerly referred to as a death in custody, responsibility for deaths extends to recent associations with custodial settings. A death associated with custody holds professional liability implications for police officers.
Depot	A slow-release injection frequently used for administering anti-psychotic medication.
Detained Person (DP)	The acronym 'DP" frequently used by staff in police custody settings relates to all individuals arrested and presented for custody.
Detainee	The term adopted in this research to refer to citizens who are held in police custody.
Desk Sergeant (DS)	A Desk Sergeant in a custody suite is a police custody officer who has a duty to arrest and detain individuals.
Detention Officers (DO)	Describe themselves as civilians and distinct from police force officers. In many force areas they are supplied by private companies. Detention officers are supervised by Desk Sergeants.
Le Dispositif (Foucault)	Translated from French into "the apparatus of a mechanism" which can be applied to any operating mechanism from a machine to an organisation. Importantly, Foucault conceptualised le *dispositif* of an institution beyond structural elements in that it included both the "said and the unsaid."
DHUFT	Dorset Healthcare University Foundation Trust.
Either way offences	Offences in English criminal which, depending on their seriousness, could be tried either in a Magistrates Court, or in a Crown Court.
FDA	Foucauldian Discourse Analysis.
General Practitioner (GP)	A qualified physician at primary care level. In England and Wales, referrals into secondary care are made through a GP.
HCP	Health care practitioner. HCPs in the custody suite in this study are supplied by a private provider and are not connected with NHSE. At least two HCPS, typically qualified nurses or paramedics offer 24/7 cover in the suite.
LDIP	Liaison and Diversion Indicators of performance. Quantitative datasets collected by the CJLDS teams and compiled in quarterly reports to NHSE.
MASH	Multi-Agency Safeguarding hub – a collaborative partnership.
MHA (1983)	1983 Mental Health Act.

Mental Health Act Assessment (MHAA)	An assessment of mental illness as determined by MHA (1983) conducted by a qualified psychiatrist, an approved mental health professional (AMHP) and a registered medical practitioner (GP).
Mental Health In-Reach teams	NHSE commissioned in-reach teams are community-based teams that visit prisons in England to deliver psychiatric care to prisoners.
Mental health practitioner (MHP)	The CJLDS team sampled in this study are led by MHPs. The role demands experience of working in mental health but does not require any specified qualification.
NHS(E)	The National Health Service is a statutory health provider that delivers health care across the UK but has separate bodies in the devolved nations. In England, it is represented by NHSE.
Niche	Software used for local police log database.
NVIVO	Software used to assist in qualitative data analysis.
Notifiable offences	These are offences that are recorded by the Home Office to produce crime statistics. They include only certain categories of offence and are collected by the police.
OPCC	Office of the Police and Crime Commissioner. In England and Wales, this political role is responsible for determining policing budgets and commissioning related services.
PACE (Code C)	Police and Criminal Evidence Act (1984), Code C of PACE governs custody procedure.
PAVA Spray	A tool for incapacitation used in custody suites. Contained in a hand-held canister the spray contains 0.3% solution of pelargonic acid vanillyl amide (PAVA) a synthetic pepper.
Pathways	The CJLDS has identified three pathways which identifies females, veterans, repeat offenders as vulnerable and should be automatically assessed for diversion.
PTSD	Post-Traumatic Stress Disorder.
PPE	Personal Protection equipment was used in many public domains throughout the duration of the SARS-COVID 19 pandemic. In police custody suites this included staff wearing disposable aprons, face coverings and gloves. Detainees were required to wear face coverings during in person interactions with staff and to use anti-microbial hand gel regularly.
Processing	Custody processing must take place within the 24-hour legal limit (36 hours at weekends). It involves booking in, risk screening, reading of rights, searching, fingerprinting, photographing, collection of DNA or other bodily samples and interviewing in the presence of a legal representative, AA or interpreter when required.
RNR	Risk-Needs-Responsivity a theory developed by Andrews & Bonta which underpins CJS responses in England.
Rio	Online database of local mental health service patient case notes.
Rip stock	Clothing items provided to detainees which cannot be ripped and used to produce ligatures.
Samaritans	A non-governmental British organisation offering confidential psycho-social support to individuals in distress. They are typically accessed remotely by telephone.
"Sectioning" or "s 136	Refers to the police powers under Section 136 of the MHA to remove a member of the public to a place of safety if they are believed to be a risk of harm to themselves or to others.

Serious offences	Ordinarily defined as those that should be indictable and leading to lengthy prison terms. The degree of "seriousness" of an offence can be determined by the facts surrounding its commission. However, in custody the term was used subjectively and speculatively by participants, but typically when violent or sexual offences were alleged. or offences which have the potential of lengthy sentences if convicted.
Sexual, or "Shame offences"	The term "shame offences" was used by police participants during observation of practice in custody. It was explained that the term refers to sexual offences which, if convicted, the offender will suffer shame. The anticipated future shame of conviction and sentencing is believed to intensify the risk of suicide in police custody.
SMI	Severe Mental Illness. In this this study SMI was used to indicate the presence of a psychiatric disorder.
Summary offence	An offence that can only be heard in a Magistrates Court and is referred to as a "petty offence." Examples include motoring offences and minor criminal damage.
(police) suspects	Suspects are citizens who have been arrested or detained because they are suspected of having committed a criminal offence but have not yet been convicted at court.
SystemOne	Online database of primary care patient notes
STRW	Support Time Recovery Worker (CJLDS community-based practitioners)
Vulnerable Adult	A legal definition found in PACE, while its purpose is to denote mental capacity for criminal justice purposes, it covers all children and any adult with a diagnosed mental disorder under the MHA (1983)

Appendices

Appendix 1 Participant information and permissions

Participant's information and agreements

Bournemouth University

Participant Information Sheet
Interviews: professionals

Exploring collaborative practices in police custody: Criminal Justice Liaison and Diversion Schemes

My name is Jo Wells and I am a post-graduate student in the Faculty of Health and Social Sciences at Bournemouth University. I am conducting a research project into the Liaison and Diversion (L&D) partnership in Dorset Police custody. If you agree to participate, I will be asking you questions about your experience of this while respecting social distancing or by using remote technology, such as Skype/Zoom/teams etc.

Participation is entirely confidential. Data will be encrypted, password protected and kept in a secure location at Bournemouth University. The research will form the basis of my doctoral thesis and may also be published and presented at academic conferences, but your identity and the location of this research will not be revealed.

Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part.

What is the purpose of the project?

The project aims to explore current practices in relation to how the L&D practitioners and custody staff work 'on the ground' together to deliver effective responses through partnership working. The outcome will be to highlight positive processes and advise on areas of development.

Why have I been chosen?

You have been chosen because your routine daily work involves processing individuals who have been arrested and who may have mental health issues or other vulnerabilities that bring them into contact with the L&D team and you are based in Dorset.

Do I have to take part?

Your participation is strictly confidential and voluntary and will always be at your discretion and convenience during your working hours. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a participant agreement form. We want you to understand what participation involves, before you decide on whether to participate.

Ethics ID:32620
Date: June 2020

Can I change my mind about taking part?

Yes, you can stop participating in study activities at any time and without giving a reason.

If I change my mind, what happens to my information?

After you decide to withdraw from the study, we will not collect any further information from or about you. If you notify me within two weeks of talking to me, I will destroy all record of talking to you.

What would taking part involve?

The research will take place at your workplace, roughly over a six month period from December 2020. I will conduct a semi-structured interview with you remotely at an agreed time. I will be making an audio recording of our conversation. I estimate that the interview will last from 45-60 minutes. I would not need to record your name or other personal data, however I will ask you to explain what your role is.

What are the advantages and possible disadvantages or risks of taking part?

Whilst there are no immediate benefits to you participating in the project, it is hoped that this work will provide data that increases knowledge about effective partnership working with vulnerable individuals.

I do not anticipate any risks to your taking part in this study

Will I be recorded and how will it be used?

The recording made during this research will be used only for analysis and the transcription of the purposes(s.) No one outside the project will be allowed access to the original recordings and they will be kept under lock and key until I have transcribed them.

How will my information be managed?

Bournemouth University (BU) is the organisation with overall responsibility for this study and the Data Controller of your personal information, which means that we are responsible for looking after your information and using it appropriately. Research is a task that we perform in the public interest, as part of our core function as a university.

Undertaking this research study involves collecting and/or generating information about you. We manage research data strictly in accordance with:

- Ethical requirements; and

- Current data protection laws. These control use of information about identifiable individuals, but do not apply to anonymous research data: "anonymous" means that we have either removed or not collected any pieces of data or links to other data which identify a specific person as the subject or source of a research result.

BU's Research Participant Privacy Notice sets out more information about how we fulfil our responsibilities as a data controller and about your rights as an individual under the data protection legislation. We ask you to read this Notice so that you can fully understand the basis on which we will process your personal information.

Research data will be used only for the purposes of the study or related uses identified in the Privacy Notice or this Information Sheet. To safeguard your rights in relation to your personal information, we will use the minimum personally identifiable information possible and control access to that data as described below.

Security and access controls

BU will hold the information we collect about you in hard copy in a secure location and on a BU password protected secure network where held electronically.

Personal information which has not been anonymised will be accessed and used only by appropriate, authorised individuals and when this is necessary for the purposes of the research or another purpose identified in the Privacy Notice. This may include giving access to BU staff or others responsible for monitoring and/or audit of the study, who need to ensure that the research is complying with applicable regulations.

The use of pseudonyms can be employed by research participants during recording, or by the researcher at the point of transcription. No transcription will include data that can identify research participants.

Further use of your information

The information collected about you may be used in an anonymous form to support other research projects in the future and access to it in this form will not be restricted. It will not be possible for you to be identified from this data. To enable this use, anonymised data (transcriptions) will be added to BU's online Research Data Repository: this is a central location where data is stored, which is accessible to the public.

You can find out more about your rights in relation to your data and how to raise queries or complaints in our Privacy Notice.

Retention of research data

Ethics ID:32620
Date: June 2020

Project governance documentation, including copies of signed participant **agreements**: we keep this documentation for a long period after completion of the research, so that we have records of how we conducted the research and who took part. The only personal information in this documentation will be your name and signature, and we will not be able to link this to any anonymised research results.

Contact for further information

If you have any questions or would like further information, please contact Jo Wells wellsj@bournemouth.ac.uk or Professor Jonathon Parker parkerj@bournemouth.ac.uk

In case of complaints
Any concerns about the study should be directed to or to Bournemouth University by email to researchgovernance@bournemouth.ac.uk.

Finally

If you decide to take part, you will be given a copy of the information sheet and a signed participant agreement form to keep.

Thank you for considering taking part in this research project.

Professional Participant Agreement Form
Exploring collaborative practices in police custody: Criminal Justice Liaison and Diversion Schemes

Researcher: Jo Wells, Postgraduate Student, Faculty of Health and Social Science, wellsj@bournemouth.ac.uk tel 07796843852
Supervisor: Professor Jonathan Parker, Faculty of Health and Social Science, Parkerj@bournemouth.ac.uk
To be completed prior to data collection activity

You should only agree to participate in the study if you agree with all the statements in this table and accept that participating will involve the listed activities.

I have read and understood the Participant Information Sheet and have been given access to the BU Research Participant Privacy Notice and have had an opportunity to ask questions.
I understand that my participation is voluntary. I can stop participating in research activities at any time without giving a reason and I am free to decline to answer any question(s).
I understand that taking part in the research will include the following activity/activities as part of the research:
being audio recorded during the project
my words will be quoted in publications, reports, web pages and other research outputs without using my real name or any other detail which could identify me.
I understand that, if I withdraw from the study, I will also be able to withdraw my data from further use in the study except where my data has been anonymised (as I cannot be identified) or it will be harmful to the project to have my data removed.
I understand that my data may be included in an anonymised form within a dataset to be archived at BU's Online Research Data Repository.
I understand that my data may be used in an anonymised form by the research team to support other research projects in the future, including future publications, reports or presentations.

I confirm my agreement to take part in the project on the basis set out above.

Name of participant (BLOCK CAPITALS)	Date (dd/mm/yyyy)	Signature
Name of researcher (BLOCK CAPITALS)	Date (dd/mm/yyyy)	Signature

Once a Participant has signed, please sign 1 copy and take 2 photocopies:
Original kept in the local investigator's file
1 copy to be kept by the participant (including a copy of PI Sheet)

Advice slip given to detainees presenting at the bridge during observations in custody

Advice: Study currently underway

A student from Bournemouth University is currently observing activity in this custody suite as part of a PhD study. No personal details will be recorded by her, but if you **DO NOT wish to be observed**, please tell the first person who talks to you.

Thank you for your understanding

Jo Wells, September 2021.

Appendix 2 Data collection tools

Interview Schedule guide	
Introduce myself and topic of study	
I want to understand the world from your point of view. I want to know what you know in the way you know it. I want to understand the meaning of your experience, to walk in your shoes, to feel things as you feel them, to explain things as you explain them.	
Consent (verbal, recorded)	
Self-description of interviewee	
Tell me about yourself -biographic - and your role as to be a police officer/L&D practitioner	
Grand tour - narrative	**Focus areas**
How does your routine practice, in collaborative partnership working, respond or progress to the policy of liaison and diversion ?	Routine practice How do you spend your day? how do partners spend their day? Who is referred to who and why? What is your main objective and how do you know that you have succeeded in reaching that? (From your role to the organisation's role?) How (in what way) is your practice shared/collaborative? What is diversion? How is diversion understood or discussed in your team, partner's team/suspects/others? Who is responsible for diverting?
Conversation phase	**Prompts - two sentence format**
How do you, or others, identify and respond to vulnerability (what should be done about it?	Identification Who is, or is not, vulnerable? Why? Are some more vulnerable than others? Do some needs carry more weight that others? What is seen as priority need? and why? How might some criminal behaviours indicate vulnerability, do you make those links? Response Who, or who should, respond to those vulnerabilities How do others (colleagues, partners, suspects) identify and respond to it, how should it be responded too? (In custody or post custody) Who gets referred to L&D by police? What prompts L&D to carry out a face to face? What criteria prompt an AA for adults? (police or L&D) Who gets report from L&D given to probation or court? (all or some?) Who gets referrals onto support services? Decision making in practice Tacit or explicit? When does it happen (handover, online?)
How is L&D introduced to suspects (and how do they introduce themselves?	When, why and with whom do they disclose? (or when do they not?) Do arrestees refuse to have needs met? Why might that be? Do you see detainees being emotional in custody? How is that managed (and by who) How do you see the behaviour of arrestees affecting any of their outcomes?
Supplementary issues	**Checklist**
	- How do they introduce themselves to arrestee? - How do they distinguish their role to arrestee? Difference between custody and voluntary interview? - Onward referrals and services, issues? - Communication between L&D and investigating officers?

Observation pro-forma

Background
Location
Date
Start time: End time:

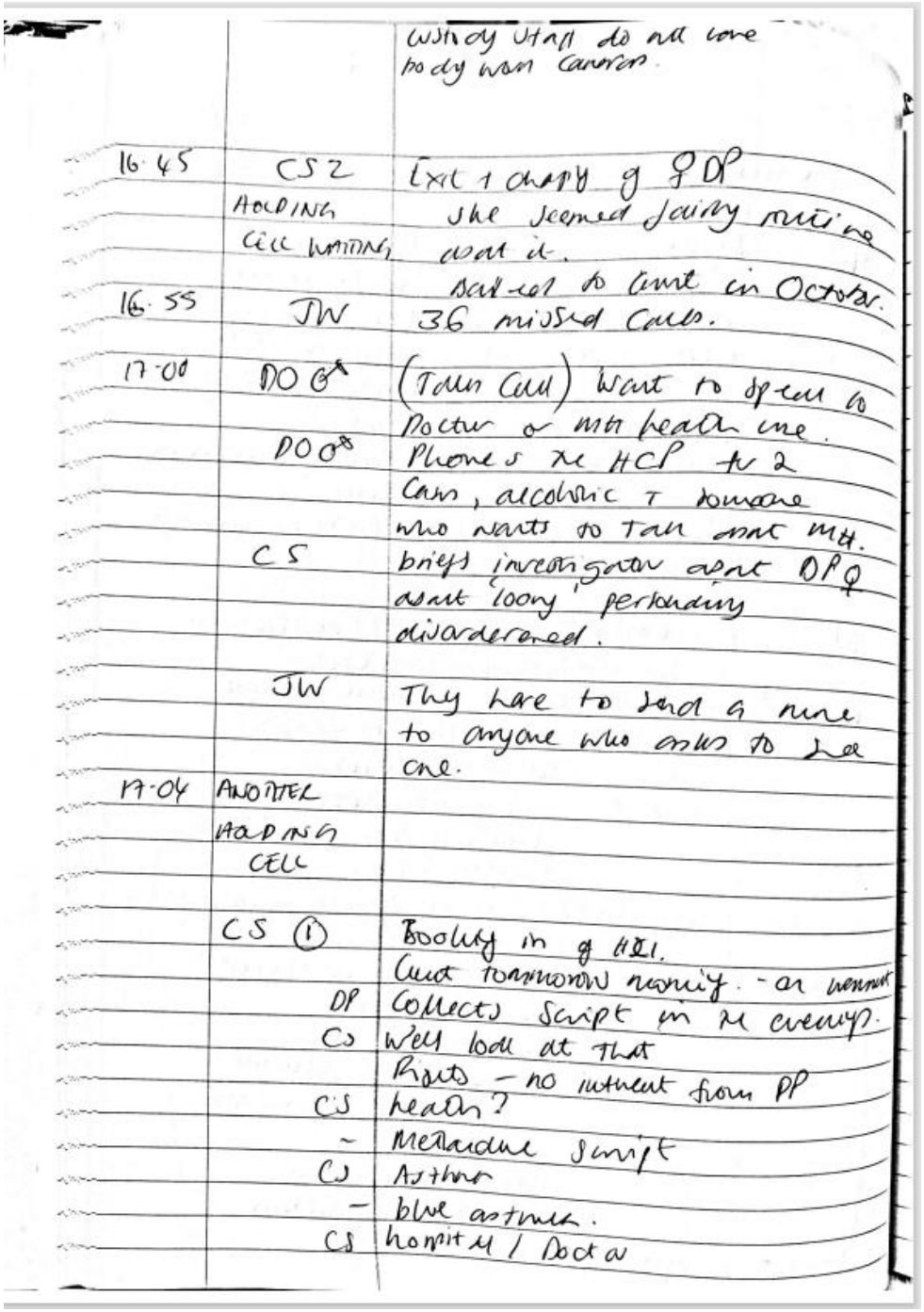
Activity observed (structured, unstructured, combination)

What happens? (Who, what, how, when, where?)

Notes on human interactions

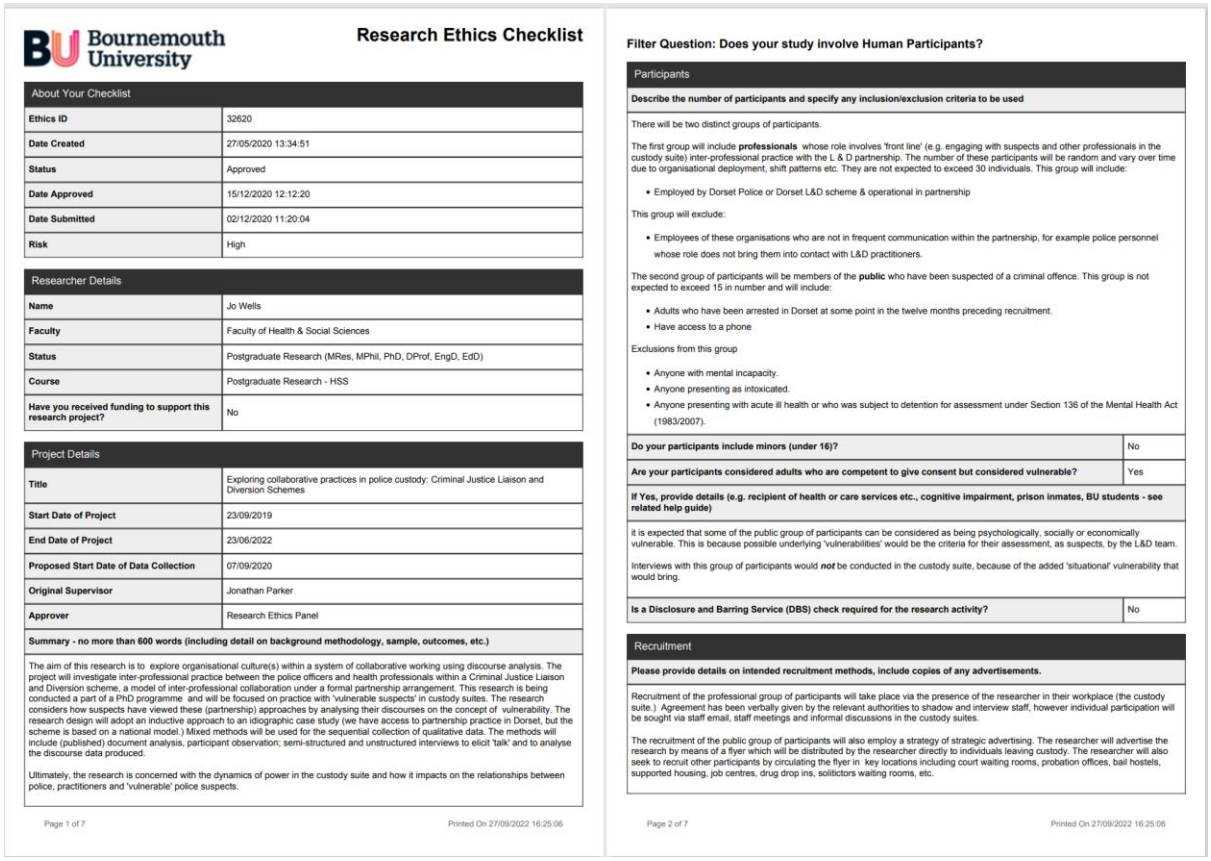
Post observation
perceptions.

Sample from observation notebook.



		Wendy staff do all core body work Carolyn.
16.45	CS2	Exit 1 chatty g QDP
	HOLDING	She seemed fairly settled
	CELL WAITING	about it.
		Said not to come in October.
16.55	JW	36 missed calls.
17.00	DOG	(Taken Call) Want to speak to
		Doctor or MH health care.
	DOG	Phones re HCP for 2
		Cars, alcoholic + someone
		who wants to talk about MH.
	CS	briefs investigator about DPQ
		about 'loony' personality
		disorder concept.
	JW	They have to send a nurse
		to anyone who asks to see
		one.
17.04	ANOTHER	
	HOLDING	
	CELL	
	CS (1)	Booking in g HDU.
		Cant tomorrow morning - ar warrant
	DP	Collects script in re evening.
	CS	Will look at that
		Rights - no interest from PP
	CS	health?
	-	Methadone script
	CS	Asthma
	-	blue asthma.
	CS	hospital / Doctor

Appendix 3 Ethics and SARS-COVID 19 pandemic permission to research



Bournemouth University

Research Ethics Checklist

About Your Checklist	
Ethics ID	32620
Date Created	27/05/2020 13:34:51
Status	Approved
Date Approved	15/12/2020 12:12:20
Date Submitted	02/12/2020 11:20:04
Risk	High

Researcher Details	
Name	Jo Wells
Faculty	Faculty of Health & Social Sciences
Status	Postgraduate Research (MRes, MPhil, PhD, DProf, EngD, EdD)
Course	Postgraduate Research - HSS
Have you received funding to support this research project?	No

Project Details	
Title	Exploring collaborative practices in police custody: Criminal Justice Liaison and Diversion Schemes
Start Date of Project	23/09/2019
End Date of Project	23/06/2022
Proposed Start Date of Data Collection	07/09/2020
Original Supervisor	Jonathan Parker
Approver	Research Ethics Panel

Summary - no more than 600 words (including detail on background methodology, sample, outcomes, etc.)

The aim of this research is to explore organisational culture(s) within a system of collaborative working using discourse analysis. The project will investigate inter-professional practice between the police officers and health professionals within a Criminal Justice Liaison and Diversion scheme, a model of inter-professional collaboration under a formal partnership arrangement. This research is being conducted a part of a PhD programme and will be focused on practice with 'vulnerable suspects' in custody suites. The research considers how suspects have viewed these (partnership) approaches by analysing their discourses on the concept of vulnerability. The research design will adopt an inductive approach to an idiographic case study (we have access to partnership practice in Dorset, but the scheme is based on a national model.) Mixed methods will be used for the sequential collection of qualitative data. The methods will include (published) document analysis, participant observation; semi-structured and unstructured interviews to elicit 'talk' and to analyse the discourse data produced.

Ultimately, the research is concerned with the dynamics of power in the custody suite and how it impacts on the relationships between police, practitioners and 'vulnerable' police suspects.

Filter Question: Does your study involve Human Participants?

Participants
Describe the number of participants and specify any inclusion/exclusion criteria to be used

There will be two distinct groups of participants.

The first group will include **professionals** whose role involves 'front line' (e.g. engaging with suspects and other professionals in the custody suite) inter-professional practice with the L & D partnership. The number of these participants will be random and vary over time due to organisational deployment, shift patterns etc. They are not expected to exceed 30 individuals. This group will include:

- Employed by Dorset Police or Dorset L&D scheme & operational in partnership

This group will exclude:

- Employees of these organisations who are not in frequent communication within the partnership, for example police personnel whose role does not bring them into contact with L&D practitioners.

The second group of participants will be members of the **public** who have been suspected of a criminal offence. This group is not expected to exceed 15 in number and will include:

- Adults who have been arrested in Dorset at some point in the twelve months preceding recruitment.
- Have access to a phone

Exclusions from this group

- Anyone with mental incapacity.
- Anyone presenting as intoxicated.
- Anyone presenting with acute ill health or who was subject to detention for assessment under Section 136 of the Mental Health Act (1983/2007).

Do your participants include minors (under 16)?	No
Are your participants considered adults who are competent to give consent but considered vulnerable?	Yes

If Yes, provide details (e.g. recipient of health or care services etc., cognitive impairment, prison inmates, BU students - see related help guide)

it is expected that some of the public group of participants can be considered as being psychologically, socially or economically vulnerable. This is because possible underlying 'vulnerabilities' would be the criteria for their assessment, as suspects, by the L&D team.

Interviews with this group of participants would ***not*** be conducted in the custody suite, because of the added 'situational' vulnerability that would bring.

Is a Disclosure and Barring Service (DBS) check required for the research activity?	No

Recruitment
Please provide details on intended recruitment methods, include copies of any advertisements.

Recruitment of the professional group of participants will take place via the presence of the researcher in their workplace (the custody suite.) Agreement has been verbally given by the relevant authorities to shadow and interview staff, however individual participation will be sought via staff email, staff meetings and informal discussions in the custody suites.

The recruitment of the public group of participants will also employ a strategy of strategic advertising. The researcher will advertise the research by means of a flyer which will be distributed by the researcher directly to individuals leaving custody. The researcher will also seek to recruit other participants by circulating the flyer in key locations including court waiting rooms, probation offices, bail hostels, supported housing, job centres, drug drop ins, solitictors waiting rooms, etc.

Do you need a Gatekeeper to access your participants?	Yes

Please provide details, including their roles and any relationship between Gatekeepers and participant(s) (e.g. nursing home manager and residents)

Stan Sadler, manager of Dorset L&D scheme will provide gatekeeping access to professionals working for the L&D team. As senior manager, he has presented the research project to his team and introduced the researcher independent to both the L&D team and to the police. This has been reinforced in meetings with staff with the researcher present, whose voluntary participation has been made clear. Participants are clearly under no obligation to participate in the research, or to inform their line manager if they do. Participants have been authorised to use work time and facilities, or participate outside of working hours/location if desired. No data from participants will be shared with the gatekeeper.

Emma Sweetzer is the head of custody in Dorset Police and will by my gate-keeping contact for police service participants, who will be asked to adopt the same approach to participation as for the L&D team (above) Deputy Chief constable and the Dorset Police and crime commissioner have also pledged to support researcher access to Dorset Custody suites.

Data Collection Activity	
Will the research involve questionnaire/online survey? If yes, don't forget to attach a copy of the questionnaire/survey or sample of questions.	No
Will the research involve interviews? If Yes, don't forget to attach a copy of the interview questions or sample of questions	Yes

Please provide details e.g. where will the interviews take place. Will you be conducting the interviews or someone else?

The researcher will seek to conduct interviews with both groups of participants face-to-face in settings that are convenient and in which the participant feels safe and secure. In the event of ongoing (or second wave) pandemic and public lockdown measures being in force, the interviews will be conducted either online using video platforms such as Zoom, or by telephone, depending on equipment available to the participants. In is envisaged that professional group participants will be interviewed either in private (meeting room) at their workplace- police station or health authority premises, or in a convenient public place, such as a cafe or public library if preferred.

The public participants will be invited to identify a suitable, yet discreet, public location near to their home. These could include places such as a library, a coffee shop or a park. Public participants will be invited to be interviewed online or on the phone if they feel anxious in face to face interviews.

Will the research involve a focus group? If yes, don't forget to attach a copy of the focus group questions or sample of questions.	No
Will the research involve the collection of audio materials?	Yes
Will your research involve the collection of photographic materials?	No
Will your research involve the collection of video materials/film?	No
Will any audio recordings (or non-anonymised transcript), photographs, video recordings or film be used in any outputs or otherwise made publicly available?	No
Will the study involve discussions of sensitive topics (e.g. sexual activity, drug use, criminal activity)?	Yes

Please provide details and measures taken to minimise risks

The study aims to collect data from participants about the concept of vulnerability, which may in vulnerable participants lead to talk about their lives and potentially sensitive topics such as mental health, drug use and criminal activity. As the format will be semi-structured interviews, the interviews will not seek to elicit sensitive topics and the researcher will not pursue/probe participants further on any sensitive topics that may arise in the course of conversation.

All public participants will be given the option of being accompanied by a supporter, if they feel anxiety around the interview and the researcher, having recent past professional experience in supporting vulnerable individuals is confident to offer advice and signposting to local support services. For example, local mental health support drop in centres, peer support groups (susch as Dorset mental health forum, MIND, Fellowship meetings) etc.

Will any drugs, placebos or other substances (e.g. food substances, vitamins) be administered to the participants?	No
Will the study involve invasive, intrusive or potential harmful procedures of any kind?	No
Could your research induce psychological stress or anxiety, cause harm or have negative consequences for the participants or researchers (beyond the risks encountered in normal life)?	No
Will your research involve prolonged or repetitive testing?	No

Consent
Describe the process that you will be using to obtain valid consent for participation in the research activities. If consent is not to be obtained explain why.

Prior to starting shadowing in custody suites, all potential custody staff will be notified by email - or via a staff meeting- at least two weeks prior to the commencement of any observation. Any professional participant who has concerns, queries or simply no interest in participating will be given the chance to discuss with the researcher at this stage in order to ensure that no data will be collected from this participant. Once the shadowing begins, an information sheet will be given to anyone entering the area where data could be captured. Participants who are regularly recorded will be asked to sign an agreement to enable the researcher to capture maximum data from them without interruption. *Ad hoc*/occasional participants, such as outside professionals, volunteers or suspects entering the custody suite will be informed verbally of the study and asked verbally for consent. This will be captured in audio recording if the data is subsequently collected. If verbal (or written) consent is not given, the researcher will withdraw from the part of the custody suite where consent has not been given.

The public group of participants, on expressing an interest in particpating in the study will be supplied with a participant information sheet and an agreement form a week prior to undertaking any interviews. The researcher will explain verbally over the phone, or in person, the details of giving consent.

Do your participants include adults who lack/may lack capacity to give consent (at any point in the study)?	No
Will it be necessary for participants to take part in your study without their knowledge and consent?	No

Participant Withdrawal
At what point and how will it be possible for participants to exercise their rights to withdraw from the study?

All participant have the right to withdraw from participating in the research at any time or refrain from any topic areas. They do not have to provide an explanation.

Information on withdrawing from the study is made clear in the participant information sheets and agreement forms.

If a participant withdraws from the study, what will be done with their data?

Personal data will be collected from participants and anonymised at the time of transcription, this may be hours or days after collection. Thereafter it maybe impossible to destroy any data orginating from this participant.

The withdrawing participant will be given the option to destroy any collected data that, at the time of withdrawal, can still be linked to the partiparticipant.

Participant Compensation	
Will participants receive financial compensation (or course credits) for their participation?	No
Will financial or other inducements (other than reasonable expenses) be offered to participants?	Yes

Please provide details

Potential participants from the professional group have the option of using time at work to participate in this research. To establish parity, or avoid discrimination, in the contribution of all participants, the researcher wishes to recompense participants who are not employed by the Police or Mental Health Service for inconvenience and loss of time by offering them £20 in cash. Payment also serves to reduce the imbalance of power by make participation seem less like a 'favour' that is being asked by the researcher and accords them respect for their views. This payment will be made immediately prior to the interview commencing and will not affect any later decision to withdraw from the study.

The amount, which is not excessive, will not lead participants to do something they might have objections too, is based on a rounding up of adult minimum wage and thus proportionate to the time lost in employment.

The decision to recompense is informed by HRA ethics guidance and the amount, by a similar study with ex-detainees conducted by Layla Skinns in 2008. (Cooperation or contest?An exploration of interagency relations in custody)

Research Data

Will identifiable personal information be collected, i.e. at an individualised level in a form that identifies or could enable identification of the participant?	Yes

Please give details of the types of information to be collected, e.g. personal characteristics, education, work role, opinions or experiences

- Professional participants will be asked for a description of their work roles, their years in service and their gender, as well as their views and opinions on their work.
- Public participants will be asked to supply their age, gender, ethnicity and the number of times they have been in police custody, as well as their views, opinions and experiences.

Will the personal data collected include any special category data, or any information about actual or alleged criminal activity or criminal convictions which are not already in the public domain?	No
Will the information be anonymised/de-identified at any stage during the study?	Yes
Will research outputs include any identifiable personal information i.e. data at an individualised level in a form which identifies or could enable identification of the individual?	No

Storage, Access and Disposal of Research Data

During the study, what data relating to the participants will be stored and where?	During the data collection period data will be stored in a number of locations and measure will be taken to protect that data. This will include: • Names and phone numbers on mobile phone. Contact names and number, as well as texts may be temporarily stored on a personal mobile phone. This data will be passcode protected until the data collection period has ended and the data transcribed and then it willbe erased. • Audio recording will be produced using software, for example, otter or voice notes. Software will be password protected and transferred from any mobile devices as soon as possible after recording and stored on One Drive. • A notebook will be employed for notetaking during shadowing, the researcher will use codes and pseudonyms in handwritten notes and destroy notebooks after transcription. • Consent forms will be scanned and saved on a secure BU server (one drive) • All transcripts will be anonymised and stored on one drive.
How long will the data relating to participants be stored?	Data will be stored until thesis submission date (June 2022)
During the study, who will have access to the data relating to participants?	The researcher and academic supervisory team (Sarah Hean, Jonathan Parker and Jane Healy) It is also possible that a professional transcribing service will be employed for the transcription of lengthy audio files. In this instance an appropriate BU compliant confidentiality agreement will be signed to ensure the security of data during this time. Any such agreement will include provisions for the destruction of personal information stored by the service beyond the transcription process.
After the study has finished, what data relating to participants will be stored and where? Please indicate whether data will be retained in identifiable form.	Identifiable data relating to participants will not be retained beyond the study period. Other non-identifable data will be stored in the BU repository.
After the study has finished, how long will data relating to participants be stored?	Non identifiable data may be stored indefinately by BORDaR
After the study has finished, who will have access to the data relating to participants?	see above.
Will any identifiable participant data be transferred outside of the European Economic Area (EEA)?	No
How and when will the data relating to participants be deleted/destroyed?	Idenfiable data relating to participants will be destroyed before the end of the study (submission date June 2022)
Once your project completes, will any anonymised research data be stored on BU's Online Research Data Repository "BORDaR"?	Yes

Dissemination Plans

How do you intend to report and disseminate the results of the study?

Other

If Other, please provide details.

It is hoped that results may be disseminated in peer reviewed journals or other publication. In addition, it is hoped that the results will help to develop recommendations for practice locally and/or nationally.

Will you inform participants of the results?	Yes

If Yes or No, please give details of how you will inform participants or justify if not doing so

Presently, I fully intend to give professional participants a debrief on the study process and the results presented in a 'user friendly' format - a short summary of findings. I will also present findings at suitable staff forum, such as a staff/team meeting or staff intranet.

For any public participant who wishes to be kept informed of the findings, I will offer to send a an unpublished summary report or articles, if published.

Final Review

Are there any other ethical considerations relating to your project which have not been covered above?	No

Risk Assessment

Have you undertaken an appropriate Risk Assessment?	Yes

Attached documents

Draft interview guide for public (x suspects).docx - attached on 30/06/2020 08:57:23

Draft interview guide staff.docx - attached on 30/06/2020 08:57:36

Participant Agreement Form shadows draft.docx - attached on 30/06/2020 09:00:50

Participant Information Sheet Observation.docx - attached on 30/06/2020 09:00:57

Participant Information Sheet public amended.docx - attached on 02/12/2020 11:15:30

Participant Information Sheet staff final.docx - attached on 02/12/2020 11:15:45

Modified flyer 2021.pdf - attached on 02/12/2020 11:16:11

Covid plan

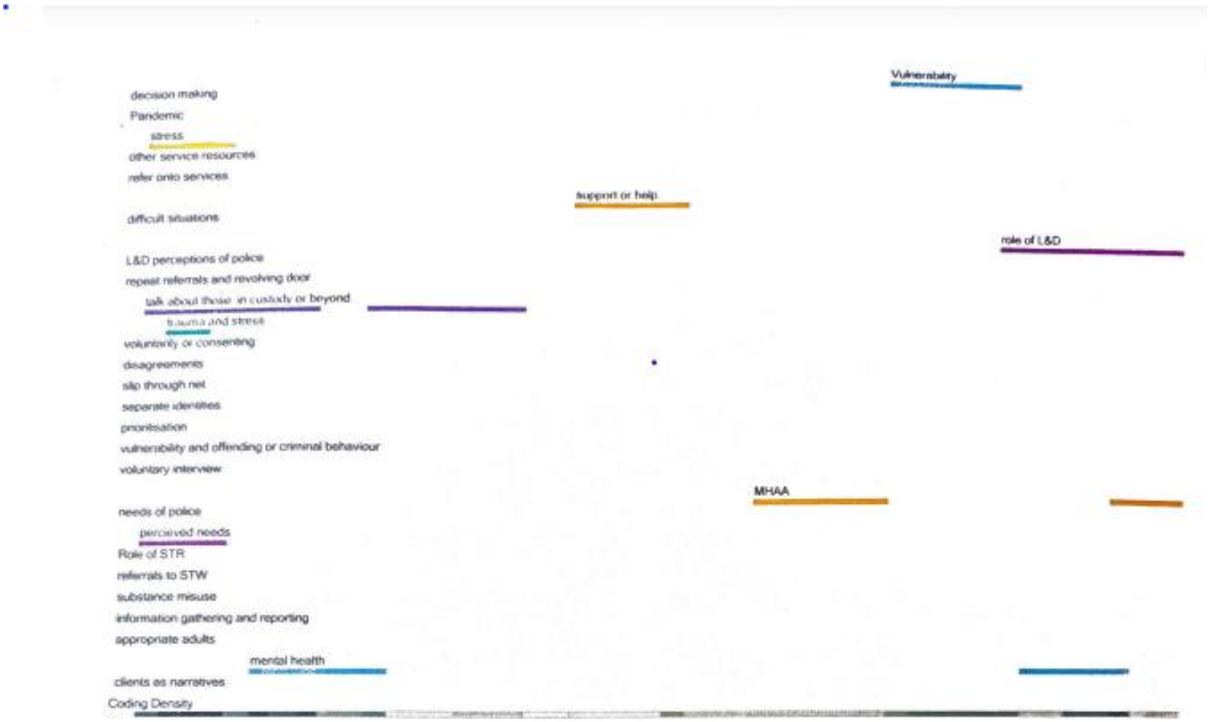
COVID-19 Adapted Research Form

Request to undertake research and knowledge exchange activities outside of the home: post June 2020	
Principal investigator	Jo Wells
Other team members	Supervisors: Jane Healy and Jonathan Parker
Department and Faculty	SSSW, FHSS
Title of project	Reconnecting people with communities: exploring collaborative practices within Criminal liaison and diversion
Project start date	December 2020
Anticipated project finish date	June 2021
Funder	BU/OPCC/DHUFT
Total budget	N/A
Activity code	N/A
Is your research taking place outside of the home and off-campus?	*Yes*
Rationale for research resuming outside of the home	PhD data collection
Location of the research (please be as specific as possible, including room/laboratory numbers if applicable)	Bournemouth, Weymouth and Poole Police custody Suites
How is the research still feasible?	The topic of the research has not changed, the participants (Police) are operating with COVID measures in place. Face-to-face interviews with police staff and other professional workers in Weymouth (Poole) and Bournemouth Police custody suites. I will carry out the majority of the interviews at the Bournemouth custody suite as that is where I can find most police on shift at any given time. The police are giving me the room in Bournemouth to comply with BU guidance rather than their own (its about not touching things, eating my own food and having space to put my laptop, etc down), and I have said that is where I will be collecting data for the next few weeks/months. I know the custody manager – same manager for all 3 suites- will find the same space in Weymouth or Poole when I am ready to go schedule time there, at some point next year
If applicable, how has the research activity evolved to understand the impacts of C19?	COVID measures are in place (see attached method statement)
How will you travel to your research location and ensure it is compliant with current travel restrictions?	Personal vehicle

Ideal times and dates of the research activities (please be as specific as possible – for example, 8 hour per day for four week, or three hours per week for six months)	8 hour shift x 1 per week x 6 months
Minimum times and dates of the research activities to resume (please be as specific as possible as to the minimum times for your research to be viable)	See above PhD study – data collection is time limited and therefore essential that the work continues
Please detail any specialist equipment that your research is reliant upon	N/A
Have you completed a BU risk assessment and has this been approved? (Please provide evidence of this as an appendix to this form – UNLESS your research activities take place on campus, when this step needs to be completed AFTER endorsement from the RPMC MIG)	attached
External partner(s) involved	Dorset Police
Do you have support from your external partners to resume your planned research activities? (Please provide evidence of this as an appendix to this form)	Yes, email attached
Have you completed risk assessments required by any research partners and have these been endorsed by BU? (please provide evidence of this as an appendix to this form)	Email attached
Signatures of DDRPP (or nominated representative) indicating Faculty endorsement of responses to this form and for research to proceed	26.11.2020

Appendix 4 Samples of coding and analysis using Nvivo 12

Sample of open coding using Nvivo 12

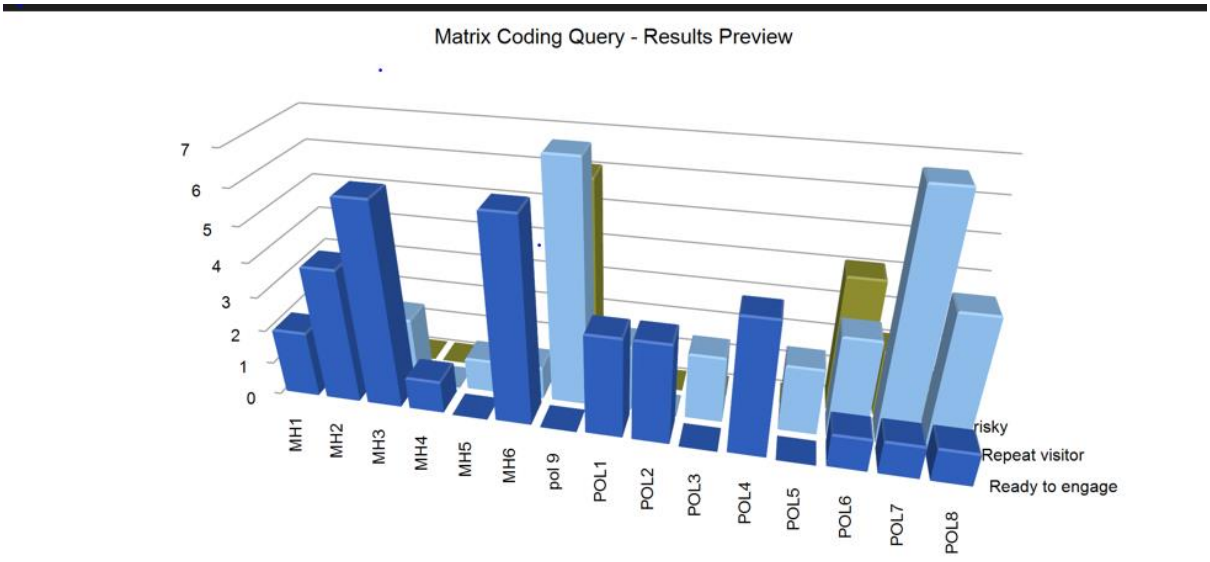


things it always makes me smile and people say we've got a allergies or yes I'm allergic to prawns is obviously somebody said the other day I'm allergic to donkeys. You think well, where are either those going to come up in custody but they don't know that standing there, its a really stressful situation they're going to just say, say everything, but I think the ones I found that don't disclose anything, often the ones that are really quite poorly. You don't want that got to that point they're really trying to keep everything at bay and and don't want to say anything. And then we get the people that are coming at us so aggressive or, or maybe so intoxicated when they come in, they can't even answer the either wont, or they can't answer the questions. They're often left and then they have to go back to them. But sometimes that turn out to be sheer... well, because they're intoxicated when they answer the questions are absolutely fine. Or they they were very angry and why they again. It's nothing to do with mental health, it's just, they dont want to be there. We don't find a lot of. I think most people are fairly honest. To the point that it sticks in your head really when people aren't because it doesn't happen very often we get the very odd wrong date of birth but I'm not even sure that somebody's giving the wrong date. I think that's just systems. And then the pers some people that won't give their name at all but there's quite a few and far between. Yeah, it's like a truth drugs seem to be walking through the door with regards details perhaps not details of the offence but their personal details.

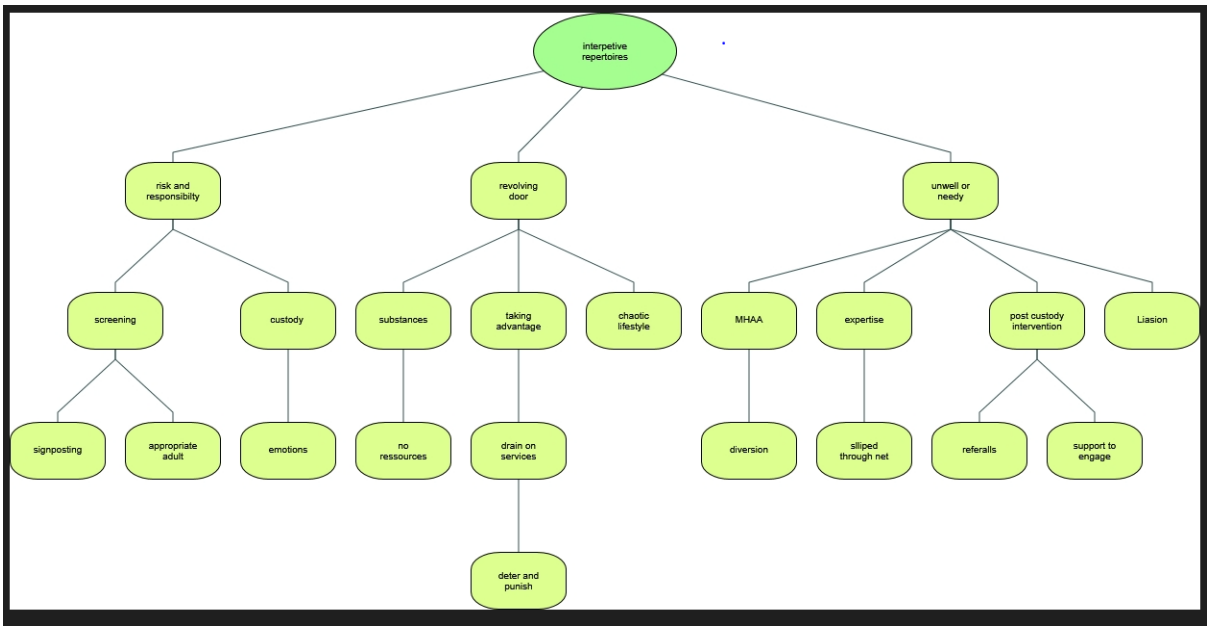
Jo Wells
Do you. What do you think your main sort of objective is through practice. What are you trying to achieve.

MH1
Um,to make really to help people. When I think about the majority of people that we see. It's improve their, their lot really improves their quality of life, give them some engagement with an str that could help them get out of this hole that they are in and help break the cycle and offending and maybe get them back into, get roof over their head that sort of thing. Sometimes it's cause I'm calling a mental health Act assessment and diverting them away- at that point anyway- from criminal justice and they don't go through that process anymore they may have to go through it later, but not at that point because they're just not well enough, and quite honestly, they've been, some of them have been around the houses and probably should have been picked up quite a long time before by mental health services before they've got to the point of being arrested. And I think. Yeah, I think for those people. So there's the vulnerabilities, which I think you could really do with a break and you're not these issues you've got to tackle. You haven't even got anywhere to live if you had somewhere to live. Then you can start to look at the other stuff. How are you going to stop drinking. If you're living on the streets, it's just not as bad enough stopping drinking as it is, without, not having a roof over your head and it's freezing cold and it's raining or massive amount of debt and all these stressful things that just make people's lives implode, to be able to help people with that is one of our main roles. So, we've had new practitioners come into the team said well that's not mental health, but as in the traditional what we've taken omni and what sort of person goes into hospital but no it's not. But it's all part of it, I would consider that if I had huge debt or my relationship broken down my mental health wouldn't be good. I imagine. So it is mental health, t's not acute mental illness. And then the other role we have is, there's times where we really have to advocate for people that really are quite unwell. And actually that's not with the police they're really quite good if we say that

Sample of NVivo coding analysis of detainee constructions

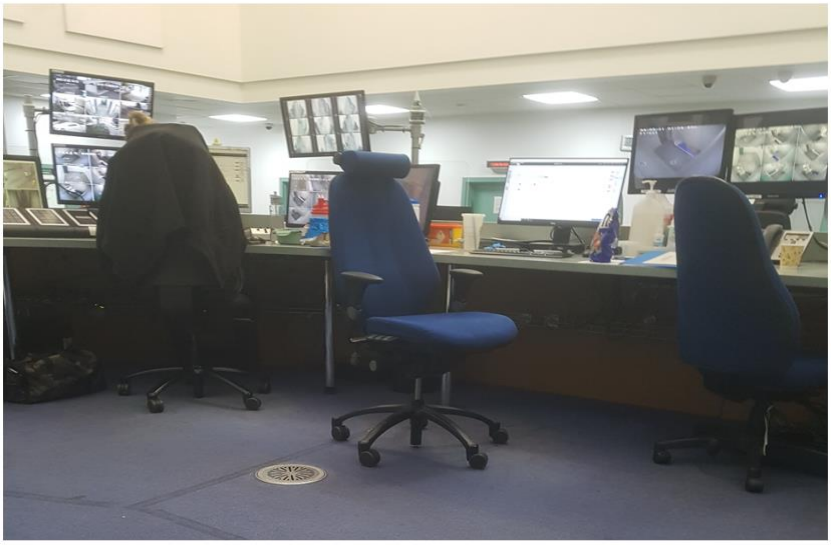


Sample of early phase of discourse analysis of interpretive (later practice) repertoires using NVivo 12



Appendix 5 Images of observation site

View of 'bridge' in custody atrium



View from rear of bridge showing images from cells (observations)