

Consideration	
Public/Non Public*	Public
Report to:	Joint Audit and Scrutiny Panel
Date of Meeting:	22 February 2019
Report of:	Independent Custody Visitor Reporting – Reviewing Custody Records
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Agenda Item:	14

*If Non Public, please state under which category number from the guidance in the space provided.

INDEPENDENT CUSTODY VISITOR REPORTING – REVIEWING CUSTODY RECORDS

1. Purpose of the Report

- 1.1 To consider if the Independent Custody Visitor (ICV) scheme should implement an additional scheme of reporting.
- 1.2 To consider if the pilot ICV scheme developed by Derbyshire Office of the Police and Crime Commissioner is a suitable option for implementation in Nottinghamshire

2. Recommendations

- 2.1 That Nottinghamshire consider implementing its own pilot scheme based on the model operating in Derbyshire.

3. Reasons for Recommendations

- 3.1 The HMICFRS completed an unannounced inspection visit to police custody suites in Nottinghamshire Police during October 2018. The draft report that has been circulated to the PCC and Nottinghamshire Police as highlighted a number of recommendations for improvement. These recommendations relate to detainees rights and entitlements and welfare which falls within the remit of the ICV scheme.
- 3.2 The current ICV scheme asks volunteers to make unannounced, random visits to police custody suites and report on the rights and entitlements of detainees as well as their personal welfare. ICV's are also able to report on the conditions of the accommodation in police custody. Whilst these reports are effective in highlighting specific issues, the implementation of an additional scheme to reviewed custody records would produce more comprehensive, thematic evidence of the detainee experience in Nottinghamshire police custody. Custody record reviews are able to pre-determine the type of custody records to be reviewed. The Derbyshire custody review report attached (appendix 1) has focussed on detainees considered to have vulnerabilities (mental health problems or children/young people).

4. Summary of Key Points (this should include background information and options appraisal if applicable)

- 4.1 The pilot scheme was devised and first implemented by the Derbyshire Office of the Police and Crime Commissioner in April 2018. The first and second quarter reports have been shared at the regional EMCJS Strategic Custody Board in December 2018 and nationally at the Independent Custody Visitor Association (ICVA) National Expert Forum in October 2018. The work has been praised at both meetings.

5. Financial Implications and Budget Provision

- 5.1 Further resource will need to be set aside for recruitment and training of an additional team of ICVs who will be recruited specifically for this task.
- 5.2 Resources will need to be allocated from Nottinghamshire Police to identify and redact information from the custody records.
- 5.3 Managing the scheme and volunteers. This would fit within the remit of the current Volunteer Manager already recruited to manage volunteer schemes on behalf of the PCC.

6. Human Resources Implications

- 6.1 A new team of ICVs will need to be recruited and trained. For this volunteer opportunity, all ICVs are likely to need Police IT accounts.

7. Equality Implications

- 7.1 This work supports the Equality Act 2010 by its potential to gather information about detainees with protected characteristics, for example, children, young people and the experience of women in detention.

8. Risk Management

- 8.1 The custody records review scheme would need to comply with GDPR guidance to ensure that the risks around the management of information are mitigated.

9. Policy Implications and links to the Police and Crime Plan Priorities

- 9.1 None

10. Changes in Legislation or other Legal Considerations

- 10.1 None

11. Details of outcome of consultation

11.1 None

12. Appendices

12.1 Appendix 1 - Derbyshire ICV Scheme Custody Record Review

APRIL - AUGUST COMPARATIVE DATA

Pilot – Vulnerabilities in Custody

INFORMATION

During the period 1 April– 31 August 2018 there were a total of 6164 DPs held in custody in Derbyshire and of those 3011 were vulnerable (either a child or with mental health vulnerabilities) (representing 49% of the total), of those 2662 DPs had mental health vulnerabilities (88%) and 349 were under the age of 18 (11.5%). From this sample of vulnerable DPs a total of 112 Custody Records, from the months April to August, were interrogated (47 for children and 66 with Mental Health vulnerabilities, 2 Records examined showed that the individual was a Child with Mental Health vulnerabilities) against pre-set criteria. This report presents the findings of those custody records interrogations, and it is important to bear in mind that the sample represents just 1.8% of the total (13.5% of young people and 2.4% of those with Mental Vulnerabilities).

FINDINGS

GENERAL REQUIREMENTS

The Custody Inspectors dip sample a number of Custody Records on a monthly basis - this is to check that DPs have been detained appropriate to [PACE Code C](#) and to ensure the Custody Records are accurately completed.

The areas checked and the findings are as below:

INSTRUCTED IN THE USE OF THE CELL CALL BUTTON – YES											
April	May	June	July	August	Sept	October	November	December	January	February	March
14%	86%	78%	88%	96%							
NO DETAIL IN CUSTODY RECORD FOUND											
78%	13%	22%	12%	4%							
WERE DIETARY REQUIREMENTS CATERED FOR? - YES											
April	May	June	July	August	Sept	October	November	December	January	February	March
28%	23%	17%	27%	28%							
NO DETAIL IN CUSTODY RECORD FOUND											
64%	27%	22%	33%	24%							

NO SEPCIFIC DIETARY NEEDS IDENTIFIED											
	50%	62%	39%	48%							

WERE RELIGIOUS REQUIREMENTS CATERED FOR – YES											
April	May	June	July	August	Sept	October	November	December	January	February	March
0	0	0	0	0							
NO DETAIL IN CUSTODY RECORD FOUND											
100%	100%	100%	100%	100%							

INSTRUCTED IN THE USE OF THE TOILET – YES											
April	May	June	July	August	Sept	October	November	December	January	February	March
14%	13%	28%	12%	8%							
NO DETAIL IN CUSTODY RECORD FOUND											
85%	81%	67%	73%	92%							
NOT APPLICABLE											
	4.5%	5%	6%	0							

CONCLUSION

Instructing DPs in the use of the cell call button has improved dramatically since April. This entitlement is provided to DPs and recorded as such. There is still however, evidence that, for some DPs this entitlement is either not given or not recorded.

It would appear though, that in the main, the Custody Records contain little or no information on any of the other entitlements and whilst it is acknowledged that in all likelihood these basic provisions are met, there still appears little or no recorded detail which we would expect to see.

DETENTION

HMIC (2015) found that the total time in detention ranged from 8 to 13 hours (Kemp 2013). To identify whether or not vulnerable individuals are held longer than the average we have collated information to examine this, and the average time held in detention is outlined in each of charts below, one for young people and one for those with mental health vulnerabilities:

Young people AND Mental Health Vulnerabilities.

AVERAGE LENGTH OF DETENTION FOR ALL DP'S IN DERBYSHIRE											
April	May	June	July	August	Sept	October	November	December	January	February	March
13.4 HRS	13.8 HRS	13.8 HRS	13 HRS	13.1HRS							
AVERAGE LENGTH OF DETENTION FOR YOUNG PEOPLE IN DERBYSHIRE											
April	May	June	July	August	Sept	October	November	December	January	February	March
10.6 HRS	21 HRS	10.5 HRS	11.2 HRS	9.2HRS							
AVERAGE LENGTH OF DETENTION FOR ALL ADULTS WITH NO MH ISSUES											
13 HRS	12.8 HRS	13.3 HRS	12.5 HRS	13.5HRS							
AVERAGE LENGTH OF DETENTION FOR THOSE WITH MENTAL HEALTH VULNERABILITIES IN DERBYSHIRE											
April	May	June	July	August	Sept	October	November	December	January	February	March
14.2 HRS	15.4 HRS	14.8 HRS	13.8 HRS	12.9HRS							

CONCLUSION

From the information gathered our findings show that generally, young people are held according to the average quoted by Kemp (2013), and for less time than the average for all DPs in Derbyshire which is encouraging and demonstrates that children are, by and large processed more quickly.

For those with Mental Health Vulnerabilities the average amount of time held in Derbyshire appears to be reducing month on month and is now in line or less than the average quoted by Kemp.

From the pilot sample the amount of time detained is monitored however, for comparison purposes this is not used as the OPCC selection process randomly selects from a set of custody records with no detail other than the amount of time detained. Often those DPs detained for a longer period of time are chosen, although more recently, to add balance to the selection, we are choosing one short range detention, one medium range and one long range detention, therefore the average amount of time detained from within our sample is reducing.

Delay from Arrival to Authorised detention

Upon arrival at the Custody Suite, DPs should be authorised for detention in an expedient manner. During the month of August this has been monitored and we found that all (25) Custody Records showed that DP's were authorised for detention within 30 minutes of arrival, with two exceptions as below:

DP Category	Time delay
Young Person	59 minutes
Young Person	1 hr 18 mins

RIGHTS

All 112 custody records examined confirmed that the all DP's were given their rights either at booking in or later, if necessary with the AA present. However, it has been noticed that sometimes there is a large delay in receiving these rights with the AA present. As an AA is necessary to be present, this indicates that some DPs are waiting hours before they officially receive their rights and entitlements. It is acknowledged that at times DPs can be aggressive or intoxicated and this can prolong the amount of time it takes to receive their rights and entitlements in the correct setting. Therefore the table below sets out if a DP experienced a delay and if this was due to them being aggressive or intoxicated. For example, in April, 75% of young people in custody had a delay of over an hour to receiving their rights and entitlements in the correct setting. 12.5% of these cases were due to the DP being aggressive or intoxicated. For 62.5% there was no explanation available as to why there was a delay.

IF THE DP EXPERIENCED A DELAY, AND IT WAS DUE TO THEM BEING INTOXICATED OR AGGRESSIVE - YOUNG PEOPLE											
April	May	June	July	August	Sept	October	November	December	January	February	March
12.5%	0%	0%	0%	0%							
DELAY NOT DUE TO BEING INTOXICATED OR AGGRESSIVE											
62.5%	63.6%	62.5%	45.5%	33%							
HOW MANY DPS HAD DELAY OUT OF TOTAL % IN CUSTODY											
75%	63.6%	62.5%	45.5%	33%							

AVERAGE LENGTH OF TIME DETAINED UNTIL FIRST INTERVIEW FOR THOSE WITH MENTAL HEALTH VULNERABILITIES FROM RECORDS INTERROGATED											
April	May	June	July	August	Sept	October	November	December	January	February	March
9.4 HRS	7.5 HRS	12.2 HRS	8.2 HRS	11.7HRS							
NOT DETAIL IN CUSTODY RECORD FOUND											
	2	2	5	1							

IF THE DP EXPERIENCED A DELAY, AND IT WAS DUE TO THEM BEING INTOXICATED OR AGGRESSIVE - MENTAL HEALTH											
April	May	June	July	August	Sept	October	November	December	January	February	March
16.6%	9%	0%	18.1%	6%							
DELAY NOT DUE TO BEING INTOXICATED OR AGGRESSIVE											
16.6%	45.5%	30%	40.9%	28%							
HOW MANY DPS HAD DELAY OUT OF TOTAL % IN CUSTODY											
33.3%	54.5%	30%	59%	33%							

CONCLUSION

The above tables demonstrate that there was no rationale available for the delays for young people receiving their rights and entitlements in the presence of an AA. For those with Mental Health Vulnerabilities a very small proportion were delayed due to them being intoxicated or aggressive and there was no other apparent reason for the delay.

The average length of time from detention being authorised till the first interview for young people and those with mental health vulnerabilities is outlined below. The lack of information in some of the custody records means that for 15 records it is not possible to ascertain how long these DP's waited for their

AVERAGE LENGTH OF TIME DETAINED UNTIL FIRST INTERVIEW FOR YOUNG PEOPLE FROM RECORDS INTERROGATED											
April	May	June	July	August	Sept	October	November	December	January	February	March
9 HRS	10 HRS	8 HRS	7.7 HRS	11HRS							
NOT DETAIL IN CUSTODY RECORD FOUND											
	1	2	0	2							

CONCLUSION

Whilst it is appreciated that there may be a number of reasons as to why there may be a delay in receiving the first interview, this information does appear to show some lengthy waits and it is still disappointing to note is the number of records provide no detail about when an individual was interviewed or whether they were interviewed at all. We would certainly expect to see this information within a Custody Record and therefore suggest that this should be an area for improvement.

APPROPRIATE ADULTS (AA's)

Young people

In the records examined, the Force identified and recorded that an AA was necessary for all young people and the Custody Record confirmed that that the nominated person/ AA was contacted.

Mental Health Vulnerabilities

For those DP's with mental health vulnerabilities the AA provision was mixed, as per the chart below.

IDENTIFIED AS NEEDING AN AA											
April	May	June	July	August	Sept	October	November	December	January	February	March
33%	64%	50%	68%	56%							
AA CONTACTED											
33%	55%	30%	68%	50%							
NO DETAIL FOUND IN CUSTODY											

16%	9%	10%	9%	6%							
BELIEVED THAT AA MAY BE NECESSARY BUT NOT IDENTIFIED AS NEEDING AN AA											
16%	27%	40%	14%	22%							

Whilst we acknowledge that that nature of the mental health vulnerability may not always warrant the need for an appropriate adult there are instances where it was felt that an AA may have been necessary but this was not identified or recorded.

General comments relating to cases when an AA was not required
The DP was assessed by a healthcare professional for heroin addiction, but no assessment was undertaken ref self declared mental health issues. No referral was made regarding mental health issues and therefore no support was put in place. There is no record of contact with the L&D team despite heroin addiction.
No mention of mental health problems or attempts to address these (MH description was possible separation anxiety and post natal depression)
MH description depression and anxiety – no comments about AA provision
MH description depression, heroin addiction – no comments about AA provision

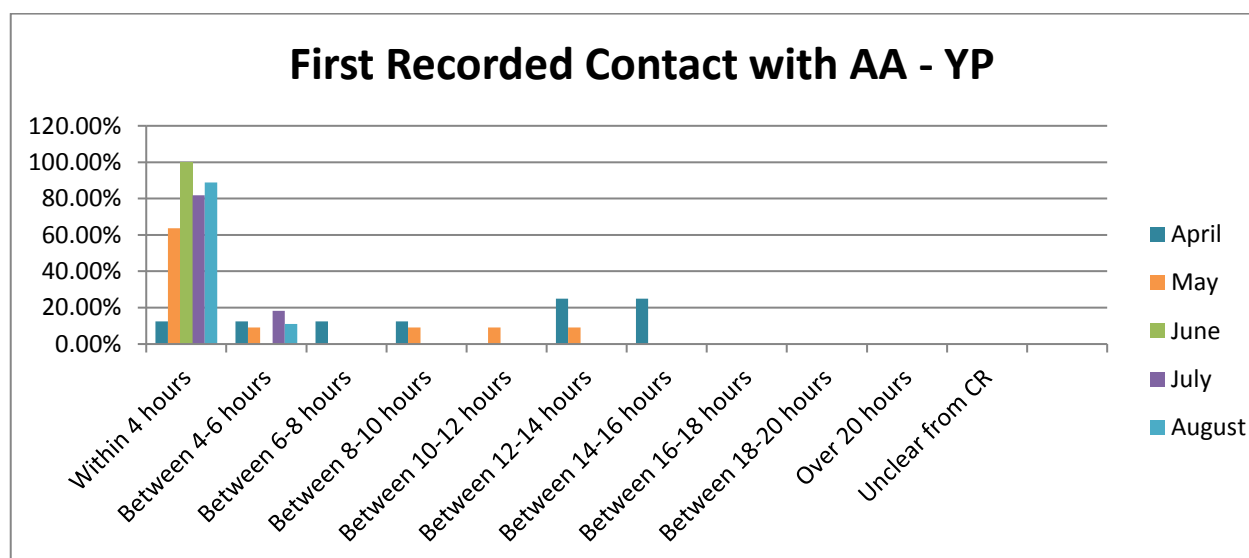
General comments relating to when an AA was identified but was not contacted.
DP arrived in custody and told staff he had previously been sectioned. It didn't take long for CJMHT to ascertain that he was currently under section and needed taking back to a place of safety. It then took 17 hours to secure a bed in the Radborne unit for him. Police transported him due to safety reasons (DP is very unpredictable and often violent) so he could be moved relatively quickly after this but this is a long time to wait in an environment that is not right for the DP. Additionally it was identified that an AA was needed but one was never contacted. Should one have been provided so DP understood what was happening?

CONCLUSION

It is important for those with MH Vulnerabilities to have access to an AA to ensure that they have an understanding of why they are being detained and to advise on access to legal provision. For these reasons it is good practice to offer AA provision to all DPs presenting with MH Vulnerabilities and if this is not the case we expect to see a rationale as to why Custody staff feel this provision was not necessary.

As an n AA should be called as soon as practicably possible, the amount of time after arrest until first contact with the AA has been analysed. :

Young People



HOW LONG UNTIL FIRST RECORDED CONTACT WITH AA FOR YOUNG PEOPLE

April	May	June	July	August	Sept	October	November	December	January	February	March
UP TO 16 HRS	UP TO 14 HRS	WITHIN 4 HRS	UP TO 6 HRS	UP TO 6 HOURS							

RATIONAL FOR DELAY IN RECIEIVNG CONTACT WITH AN AA FOR YOUNG PEOPLE-AUGUST

4-6 HRs	<ul style="list-style-type: none"> AA not contacted until 08:40
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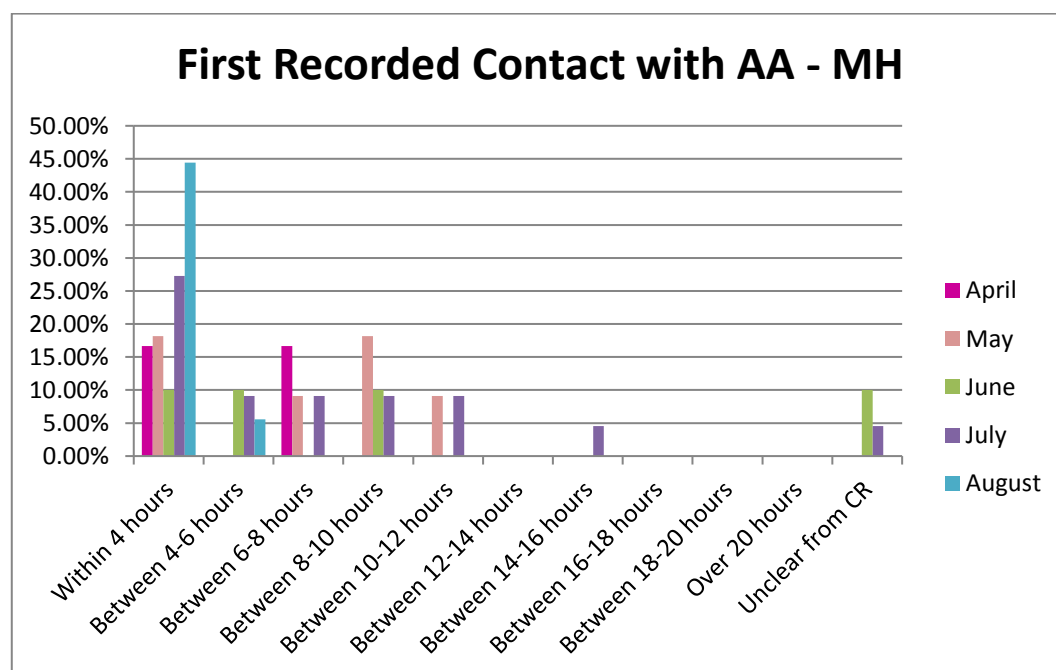
OTHER	<ul style="list-style-type: none"> AA requested to attend at 08:17 for interview at 10:30
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CONCLUSION

The improvements in the speed of contact with an AA have been dramatic and welcome. During the month of August, there was just one delay and the comments relating to this are detailed above, whilst it is acknowledged that authorised detention for this individual was during the early hours of the morning, is this a reason to delay AA provision?

Additionally, another DP did receive an AA within 4 hours, however, as noted in the comments above, the AA was asked to attend for interview which is concerning as young people should have an AA present for rights, fingerprints and photos etc.,..

Mental Health Vulnerabilities



HOW LONG UNTIL FIRST RECORDED CONTACT WITH AA FOR THOSE WITH MENTAL HEALTH VULNERABILITIES

April	May	June	July	August	Sept	October	November	December	January	February	March
UP TO 8 HRS	UP TO 12 HRS	UP TO 10 HRS	UP TO 16 HRS	UP TO 6 HRS							

RATIONAL FOR DELAY IN RECEIVING CONTACT WITH AN AA FOR THOSE WITH MH VULNERABILITIES-AUGUST**4-6 HRS**

- AA not contacted until 08:40

CONCLUSION

For those with Mental Health Vulnerabilities there have been huge improvements during the month of August, which is pleasing to note.

SOLICITOR

The percentage of people who saw a solicitor in each month is outlined in the table below.

NO OF YOUNG PEOPLE WHO SAW A SOLICITOR											
April	May	June	July	August	Sept	October	November	December	January	February	March
87%	82%	75%	55%	33%							
NO DETAIL IN CUSTODY RECORD											
12%	9%	12%	45%	55%							
NO. OF YOUNG PEOPLE WHO DID NOT WANT A SOLICITOR											
0%	9%	12%	0%	11%							

During the month of August, 55% of records examined for Young People showed that it was unclear as to whether the DP actually had contact with the Solicitor after the request was made. ICV comments relating to this information in the Custody Record is outlined below.

COMMENTS RELATING TO (NON) CONTACT WITH SOLICITOR YP	
UNCLEAR	<ul style="list-style-type: none"> • No detail in CR • Insufficient Information • Although solicitor requested and contacted, there is no evidence in the CR that the DP had contact with a solicitor. • CR does not state that solicitor ever arrived at the custody suite • Not detail in CR

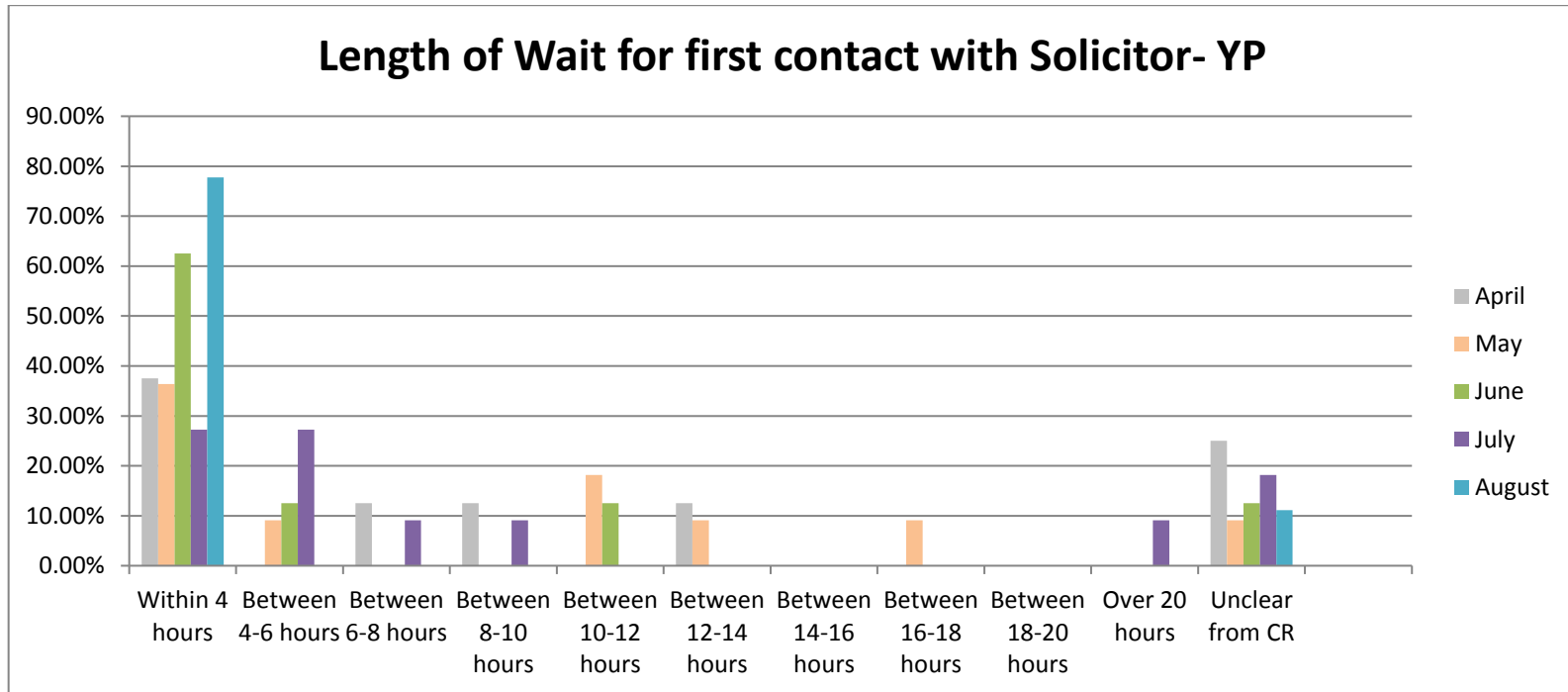
NO. OF THOSE WITH MENTAL HEALTH VULNERABILITIES WHO SAW A SOLICITOR											
67%	35%	80%	50%	50%							
NO DETAIL IN CUSTODY RECORD											

17%	18%	0%	27%	17%							
NO. OF MHV WHO DID NOT WANT A SOLICITOR											
17%	45%	20%	23%	33%							

During the month of August, 17% of records examined for those with MH Vulnerabilities it was unclear as to whether the DP actually had contact with the Solicitor after the request was made. ICV comments relating to this information in the Custody Record is outlined below.

COMMENTS RELATING TO (NON) CONTACT WITH SOLICITOR MH	
UNCLEAR	<ul style="list-style-type: none"> CR does not state that solicitor ever arrived at the custody suite 2 records contained no detail at all.

Where legal representation was sought the length of wait from when detention was first authorised to see a solicitor is detailed in the charts below:

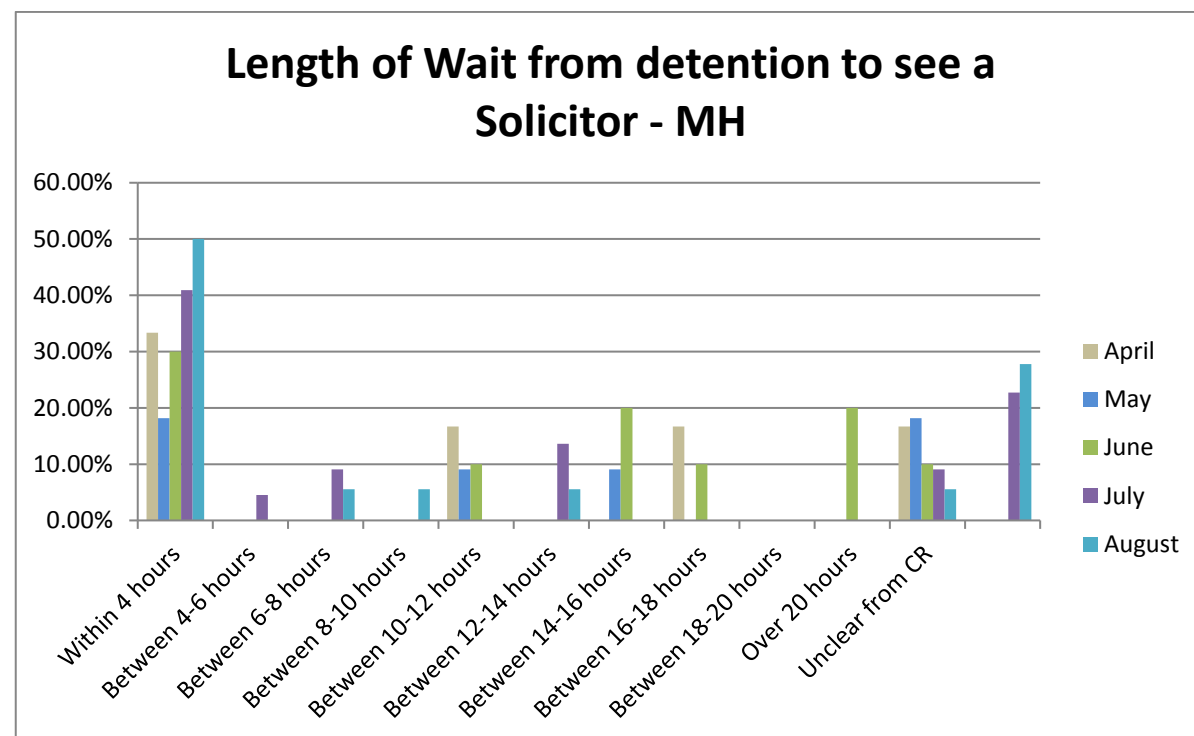


Young People

AVERAGE LENGTH OF WAIT FROM WHEN DETENTION WAS FIRST AUTHORISED TO FIRST CONTACT WITH A SOLICITOR – YP

April	May	June	July	August	Sept	October	November	December	January	February	March
5.8 HRS	7.2 HRS	3.7 HRS	6.4 HRS	4 HRS							
NO DETAIL IN CUSTODY RECORD FOUND											
2	1	1	2	1							

Mental Health Vulnerabilities



AVERAGE LENGTH OF WAIT FROM WHEN DETENTION WAS FIRST AUTHORISED TO FIRST CONTACT WITH A SOLICITOR – MH

April	May	June	July	August	Sept	October	November	December	January	February	March
8 HRS	7.5 HRS	11.7 HRS	5 HRS	4HRS							
NO DETAIL IN CUSTODY RECORD FOUND											
1	2	1	2	1							

CONCLUSION

It is pleasing to note that the length of wait from detention authorised to first contact with the solicitor has reduced for both young people and those with MH vulnerabilities. From the records examined it is disappointing to note the high percentage of young people's records that contain no detail about whether they actually saw a solicitor after the request was made. This was far less for those with MH vulnerabilities which is encouraging.

AA VS. SOLICITOR

Due to the fact that there were often long delays for AAs, it is important to assess whether this has any link with a DP requesting a solicitor. The table below outlines how long it took for some DPs to see an AA and how long it took them to request a solicitor. There is a correlation between these two (highlighted in red) which could be attributed to a DP not requesting a solicitor until they have seen an AA.

HOW LONG UNTIL DP REQUESTED SOLICITOR	HOW LONG UNTIL DP SAW AN AA											
	WIHTIN 4 HRS	4-6 HRS	6-8 HRS	8-10 HRS	10-12 HRS	12-14 HRS	14-16 HRS	16-18 HRS	18-20 HRS	20+ HRS	UNCLEAR	NA
UNDER 1 HR	24	6	2	3	1	2	3	0	0	0	1	17
1-2 HRS	3	0	0	0	1	0	0	0	0	0	0	0
2-4 HRS	4	0	0	0	0	0	0	0	0	0	0	0
4-6 HRS	1	1	0	0	0	0	0	0	0	0	0	0
6-8 HRS	0	0	2	0	0	0	0	0	0	0	0	0
8-10 HRS	0	0	0	1	0	0	0	0	0	0	0	0
10-12 HRS	0	0	0	0	0	1	0	0	0	0	0	0
12-14 HRS	0	0	0	0	0	0	0	0	0	0	0	0
14-16 HRS	0	0	0	0	0	0	0	0	0	0	0	0
16-18 HRS	0	0	0	0	0	0	0	0	0	0	0	0
18-20 HRS	0	0	0	0	0	0	0	0	0	0	0	0

Appendix 1

20-22 HRS	1	0	0	0	0	0	0	0	0	0	0	0
22-24 HRS	0	0	0	0	0	0	0	0	0	0	0	0
24-36 HRS	0	0	0	0	0	0	0	0	0	0	0	0
36-72 HRS	0	0	0	0	0	0	0	0	0	0	0	0
72+ HRS	0	0	0	0	0	0	0	0	0	0	0	0
UNCLEAR	1	0	0	0	0	0	0	0	0	0	0	0
NA	2	0	2	2	2	0	0	0	0	0	1	4

Additionally, it is important to assess whether the force recognising that an AA is necessary has any implication on whether a DP asks to see a solicitor. We found 4 cases where DPs with mental health vulnerabilities had not seen an AA and also had not seen a solicitor.

CONCLUSION

The above information highlights the importance of ensuring that DPs receive an AA as soon as possible when they are necessary. Not recognising that an AA is needed could lead to someone not receiving the legal advice that they are entitled to. Delays in receiving an AA could lead to DPs also experiencing lengthy delays in receiving the legal advice that they are entitled to, which could prolong their time in custody and is a breach of their rights.

FEMALE OFFICER

Girls under the age of 18 must be under the care of a woman while being detained as this is a requirement under Section 31 of the Children and Young Persons Act 1933. In accordance with the recent work undertaken by ICVA, it is considered to be important to offer the assistance of a female Officer to all women being detained. The below tables outline how many female DPs were assigned a female officer each month.

FEMALE OFFICER ASSIGNED TO FEMALE DP FOR YOUNG PEOPLE											
April	May	June	July	August	Sept	October	November	December	January	February	March
0%	100%	100%	100%	100%							
NO DETAIL IN CUSTODY RECORD FOUND											
100%	0	0	0	0							

FEMALE OFFICER ASSIGNED TO FEMALE DP FOR THOSE WITH MENTAL HEALTH VULNERABILITIES

April	May	June	July	August	Sept	October	November	December	January	February	March
0%	33%	50%	78%	67%							
NO DETAIL IN CUSTODY RECORD FOUND											
100%	67%	50%	22%	17%							

For those who did not receive a female officer, there was no rationale available as to why.

CONCLUSION

It is encouraging to see that the recording of assigning a female Officer to a female DP has improved month on month and we look forward to continued improvements in this area. Where no female officer has been assigned we would expect to see some rationale as to why within the Custody Record, so it is disappointing to note that the Custody Records examined did not contain this rationale.

OBSERVATION LEVELS

The Custody Officer is responsible for managing the supervision and level of observation of each detainee and should keep a written record in the custody record.

For every record examined it was noted that an observation level was set – the below tables demonstrate whether these were adhered to.

OBSERVATION LEVELS ADHERED TO YES – YP											
April	May	June	July	August	Sept	October	November	December	January	February	March
100%	82%	100%	82%	100%							
OBSERVATION LEVELS ADHERED TO NO– YP											
0%	18%	0%	18%	0%							

OBSERVATION LEVELS ADHERED TO YES – MH											
April	May	June	July	August	Sept	October	November	December	January	February	March
100%	100%	100%	86%	100%							

OBSERVATION LEVELS ADHERED TO NO– MH											
0%	0%	0%	14%	0%							

From the records interrogated, the vast majority showed that an observation level was set and adhered to.

CONCLUSION

Derbyshire Constabulary continually work well at setting and adhering to observation levels

LIAISON AND DIVERSION

ACCESS TO L & D TEAM – YES (YOUNG PEOPLE)											
April	May	June	July	August	Sept	October	November	December	January	February	March
38%	54.5%	0%	72%	67%							
ACCESS TO L & D TEAM – NO (YOUNG PEOPLE)											
0%	9%	62%	18%	22%							
NO DETAIL FOUND IN THE CUSTODY RECORD											
62%	36%	25%	9%	11%							
ACCESS TO L & D TEAM – YES (MH VULNERABILITIES)											
April	May	June	July	August	Sept	October	November	December	January	February	March
50%	27%	40%	45%	39%							
ACCESS TO L & D TEAM – NO (MH VULNERABILITIES)											
16%	45%	0%	5%	39%							
NO DETAIL FOUND IN THE CUSTODY RECORD											
33%	27%	60%	50%	22%							

ANY EVIDENCE OF ACCESS TO THE L&D TEAM/MH TEAM OR REASONS FOR NO CONTACT
<ul style="list-style-type: none"> • Seen in cell by lead nurse and youth worker. DP denied any issues and was open to social care. • SCREENED:DP had been discharged from mental health services due to non-engagement. Main problem lies with drugs • SCREENED: not open to mental health services. DP encouraged to engage with Derbyshire Recovery Partnership • Screened • No detail in CR Found x 5 • Seen in cell by Lead nurse and engagement worker but told them to go away.

- Assessed by CJLDT in cell.
- Seen by lead nurse, not open to MH services. Already has YOS and social worker.
- Seen by lead nurse, DP did not wish to engage with MH services
- DP open to Amber Valley Community team, concerns about DPs behaviour in community, CTO issued today but no beds available.

CONCLUSION

Liaison and Diversion (L & D) services identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders. The service can then support people through the early stages of criminal system pathway, refer them for appropriate health or social care or enable them to be diverted away from the criminal justice system into a more appropriate setting, if required. It is therefore encouraging to see that the Custody Record is now showing more access to the L & D Team for young people and the detail shows that this is often offered to those with MH issues but is not always taken up. There still continues to be records where no detail can be found, although it is pleasing to note that this is getting much better and more detail can now be found.

CHILDREN

DESIGNATED DETENTION ROOM

Appendix 1

The Home Office state that all police forces should consider allocating areas that can be used as designated facilities for children and young people. Derby, Chesterfield and Buxton Custody Suites all have designated detention rooms for young people; the chart below indicates how many young people were assigned a specific junior detention cell.

WAS A JUNIOR DETENTION CELL ASSIGNED											
April	May	June	July	August	Sept	October	November	December	January	February	March
38%	64%	75%	91%	56%							
JUNIOR DETENTION CELL NOT ASSIGNED											
13%	9%	13%	9%	11%							
NO DETAIL IN CUSTODY RECORD FOUND											
50%	27%	13%	0%	33%							

There were 4 occasions when there was no detail found within the custody record and one record that showed that a junior room was not allocated and on this occasion no rationale was included.

CONCLUSION

There had been month on month improvements in (either) the recording and/or the offering of a designated detention room for young people, however, during the month of August completion of Custody Records in this respect dipped. . It is recognised that there may not be a designated detention room for young people available. However, it is expected that if this is the case then it should be recorded within the custody record.

TRANSFER TO LOCAL AUTHORITY ACCOMMODATION

After a child has been charged there is presumption that they will be granted bail which is considered the most preferable option, however if the child is charged with an offence and refused bail, custody officers have a duty under section 38(6) of the Police and Criminal Evidence Act 1984 to secure transfer to Local Authority accommodation. In addition, it is recognised that young people may find spending a night in a police cell a worrying, frightening and intimidating experience and the length of time young people are detained should be kept to a minimum.

PERCENTAGE OF YOUNG PEOPLE THAT WERE HELD OVER NIGHT											
April	May	June	July	August	Sept	October	November	December	January	February	March
63%	82%	63%	55%	67%							
OF THOSE DETAINED, HOW MANY WERE ARRESTED IN THE EVENING OR EARLY HOURS OF THE MORNING											
80%	44%	80%	33%	67%							

The above table indicated how many of those detained overnight were arrested in the evening or early hours of the morning, therefore being detained overnight was perhaps unavoidable.

PERCENTAGE OF YOUNG PEOPLE THAT WERE CHARGED											
April	May	June	July	August	Sept	October	November	December	January	February	March
25%	45%	13%	27%	22%							
NO DETAIL IN CUSTODY RECORD FOUND											
	18%	38%	18%	11%							

DETAILS RELATING TO TRANSFER (OR NOT)

- DP was not considered fit for transfer due to severity of alleged offence
- This 16 year old DP was arrested on a Saturday afternoon and remained in custody until a court appearance on Monday morning. Despite his age and status, there is no record of any attempt to find age appropriate accommodation and this issue was not mentioned in any of the detention reviews. Although it appears that the DP was initially placed in an age appropriate cell, he was moved to an adult cell without any explanation as to why. The record details that he was detained in two junior cells and two adult cells during the period of his detention. An attempt to see the DP was made by a CJLDT nurse and engagement worker, the DP refused to engage. The response to his lack of engagement was recorded as a plan to contact his youth worker and undertake a routine social care screening by CJLDT. There is no further reference to this plan. It is not clear from the record whether the DP requested that a nominated person was to be informed of his detention. The record is incomprehensible "I want DOESN'T KNOW - OFFICER WILL ATTEND". If it were not for the fact that the DP's age was specified and one paragraph referred to youth services, this record reads as that of an adult detained for nearly two days.
- DP was returned to his care home.
- Accommodation for the DP needed to be secure and LA confirmed that no secure accommodation was available.

CONCLUSION

There continues to be a number of occasions when a person under 16 years of age is held overnight yet alternative accommodation is not sought. Additionally there is still a lack of rationale as to why this happens.

As detailed in the comments above, during the month of August there was one occasion when Local Authority care was sought but none was available.

MENTAL HEALTH (MH) VULNERABILITIES

From the sample, all records examined showed the DPs were held under PACE or other and NOT S136.

DETAILS RELATING TO TRANSFER (OR NOT)

- Self diagnosis of bi-polar and split personality disorder was not supported by the CJLDT. DP has been discharged from mental health services due to non-engagement (Page 8). DP is currently receiving treatment from their GP.
- Unclear why it took so long (13hrs) before interview took place. AA response was prompt, although took 4 hours for DP to receive R&E in presence of AA. Process was overtaken by the fact that DP had a seizure and was admitted to hospital. Filling in of the CR has improved.
- DP reported that he had mental health issues and had a prescription from a psychiatrist but this was not followed up and no mental health assessment was considered. CR says medication was prescribed by custody medic but unclear if this was given. CR records that DP went to hospital twice - but other parts of record suggest there was only one visit - may be to do with how it is recorded. Record of Sgts's review on page 51 was not completed. Custody staff seemed to focus on DP's physical injuries rather than mental health concerns. Filling in of the CR has improved. Good to see the risk of suicide being taken noted and passed forward.

- The DP was assessed by a healthcare professional for heroin addiction, but no assessment was undertaken re self declared mental health issues. No referral was made regarding mental health issues and therefore no support was put in place. There is no record of contact with the L&D team despite heroin addiction. The DP identified her son as the nominated person, but despite a record of one attempted unanswered phone call, no further contact is recorded. The DP was assigned a female officer on each shift. CEWS was carried out.
- It is apparent, that on detention this DP was suffering from serious MH issues. However, the DP was not referred for a MHA for over four hours after detention. Once requested, the assessment could not be undertaken until the following day and in fact only took place at 13:12. The DP was quickly sectioned following the MHA, however the only explanation for the delay in conducting the MHA, was that Hartington MHU did not wish to conduct a MHA until a bed was identified. This seems to be the wrong way round and led to the lengthy wait in custody for a seriously ill DP.
- DP had paranoid schizophrenia and a resident at Kingsway under section 37. CO's had regular communication with Kingsway and DP was kept in for such a period of time due to the offense being possession of a fire arm and the DP potentially being a danger to the public. No official MH assessment ever took place.
- DP had PTSD and was arrested for a violent offence. Stated that he posed no risk to himself, only others, but still took items of clothing from him and yet left him on the lowest possible observations. Rationale doesn't seem to add up here.

The MH tag covers a range of MH issues from depression, anxiety through to PTSD and it is acknowledged that not all those detained with MH vulnerabilities would need a MH assessment, the below table provides detail as to whether a MH Assessment was requested, t

CONCLUSION

From the records examined there appears to be a number of cases where a DP has been held with some worrying mental health concerns, despite this, the DP does not receive a mental health assessment nor do they seem to have contact with anyone from the mental health team.