

<b>Consideration</b>	
<b>Public/Non Public*</b>	<b>Public</b>
<b>Report to:</b>	<b>Joint Audit and Scrutiny Panel</b>
<b>Date of Meeting:</b>	<b>23 June 2020</b>
<b>Report of:</b>	<b>ICVA Pilot Scheme – Custody Record Reviews</b>
<b>Report Author:</b>	<b>Kayt Radford</b>
<b>E-mail:</b>	<a href="mailto:kayt.radford@nottinghamshire.pnn.police.uk">kayt.radford@nottinghamshire.pnn.police.uk</a>
<b>Other Contacts:</b>	
<b>Agenda Item:</b>	<b>19</b>

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

## **Independent Custody Volunteer Association Pilot Scheme – Custody Record Reviews**

### **1. Purpose of the Report**

To present the results of the Independent Custody Visiting Association (ICVA) pilot scheme that Nottinghamshire volunteers have been participating in since September 2019. Independent Custody Visitors (ICVs) have been reviewing up to 16 custody records per month of vulnerable detainees. For the purpose of custody record reviews (CRR), vulnerability is defined as records which carry a mental health flag or are juveniles. ICVs have reviewed records using a pre-determined criteria of questions which cover detainee rights and entitlements, health and wellbeing and processes in custody. From April 2020, questions were added to the CRR to monitor Nottinghamshire Police response to Covid-19 crisis.

### **2. Recommendations**

- 2.1 That Independent Custody Visitors continue to review custody records as well as conducting face to face visits to detainees held in police custody. It is anticipated that a recommendation will be made to the Home Office later this year to extend the role of ICVs to include custody record reviews.

### **3. Reasons for Recommendations**

3.1 Reviewing custody records as well as conducting face to face visits, has produced data that gives a more holistic view of police custody. The data extracted from custody records can be used to highlight gaps and make recommendations for improvements to working practices. The data is more objective than face to face visiting and has been used by the scheme manager and custody inspectors to discuss best practice and to make realistic and sustainable improvements.

3.2 Custody record reviewing has been used as a means to continue effective monitoring in custody during the Covid-19 pandemic. Face to face visits normally conducted by ICVs were suspended in March 2020 taking into account government guidelines and after risk assessments were completed with each ICV. The risk assessments showed that most volunteers were unable to carry out face to face visits because of health vulnerabilities, were over 70 or pregnant. The scheme manager has been undertaking custody record reviews during the

pandemic, as well as obtaining weekly updates from custody inspectors and custody statistical data.

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

4.1 A comparative monthly report for custody record reviewing has been submitted as Appendix 1. Findings over the 6 month period of the pilot include the following:

- There is no record of DPs being asked about their religious requirements.
- The booking in process is efficient with most DPs being booked in within 20 minutes.
- All DPs received their Right and delays that were experienced were due to DPs being intoxicated or aggressive.
- Average wait time for mental health DPs for interview was 10 hours and 9 hours for juveniles.
- The Force identified all YP needed an Appropriate Adult (AA) and waited an average of 5 hours.
- The Force does not always identify that vulnerable adults need an AA. Vulnerable adults who were given access to AA waited an average of 7 hours.
- Most DPs consult with a solicitor and a small number refuse.
- All but one record reviewed, showed that female detainees are offered sanitary protection and access to a female member of staff. Female detainees are routinely told that the toilet area is pixelated.
- Observations are appropriately set and observed by staff.
- More juveniles are referred to liaison and diversion teams than vulnerable adults.
- Most young people are detained overnight in custody with transfers into secure accommodation rarely seen on the custody records reviewed.
- Most detainees have at least some items of clothing removed for safe keeping or for evidential purposes. Only one detainee was given a safety suit, but a rationale was provided for this in the record.
- The removal of shoes or laces are taken from most DPs for safe keeping.

#### **5. Financial Implications and Budget Provision**

5.1 Budget provision will need to continue to fund the ICV scheme including recruitment and training of volunteers.

5.2 There are also costs associated with the development and maintenance of the survey gizmo currently administered by BetterTimes.

5.3 On-going provision of IT hardware and updates as and when required.

#### **6. Human Resources Implications**

- 6.1 The role of the Volunteer Manager will be responsible for the custody record reviews and is already budgeted. On-going support from the Management Information department for the supply and redaction of custody records will also be required.

## **7. Equality Implications**

- 7.1 Custody record reviews are concerned with the experience of vulnerable groups of detainees. Reviews have concentrated on juveniles and detainees with mental health vulnerabilities, both of which are protected characteristics under the Equality Act of 2010 (age and disability\*).

\*Includes any mental impairment for example, dyslexia and autism which are included in Nottinghamshire Police mental health definition.

## **8. Risk Management**

- 8.1 The HMICFRS unannounced inspection of Nottinghamshire Police Custody suites in October 2018, made a number of substantial recommendations for improvement in Nottinghamshire police custody suites. Involvement in ICVAs national pilot scheme for ICVs to commence custody record reviews was seen as a way of influencing change and supporting improvements in custody, thereby mitigating some of the risks that the HMICFRS highlighted in their report.

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

- 9.1 Custody record reviewing supports the Police and Crime Plan priority to transform services and deliver quality policing. Custody record reviewing will do this by opening dialogue between custody inspectors and the NOPCC to discuss custody record findings and make improvements to processes in custody where possible.

## **10. Changes in Legislation or other Legal Considerations**

- 10.1 Custody record reviewing currently falls within the Home Office Code of Practice for Independent Custody Visiting. However, a formal evaluation of the national pilot has taken place which will likely see the Board of the Independent Custody Visiting Association formally approach the Home Office to make custody record reviewing a permanent role for ICVs. A decision from the Home Office is likely to be towards the end of 2020.

## **11. Details of outcome of consultation**

- 11.1 None.

## **12. Appendices**

- 12.1 Custody record review - comparative monthly report.

**MARCH 2020 REPORT**  
**CUSTODY RECORD REVIEWING**

<b>INTRODUCTION</b>	<b>2</b>
<b>FINDINGS</b>	<b>2</b>
<b>GENERAL REQUIREMENTS</b>	<b>3</b>
<b>DETENTION</b>	<b>4</b>
<b>RIGHTS</b>	<b>4</b>
<b>FIRST INTERVIEW</b>	<b>5</b>
<b>APPROPRIATE ADULTS</b>	<b>7</b>
<b>SOLICITOR</b>	<b>9</b>
<b>FEMALE OFFICER</b>	<b>10</b>
<b>OBSERVATION LEVELS</b>	<b>11</b>
<b>LIAISON AND DIVERSION</b>	<b>11</b>
<b>MENTAL HEALTH VULNERABILITIES</b>	<b>13</b>
<b>YOUNG PEOPLE</b>	<b>13</b>
<b>REMOVAL OF CLOTHING</b>	<b>14</b>
<b>APPENDIX</b>	<b>15</b>

## **INTRODUCTION**

The aim of the Independent Custody Observers Pilot is to review a random sample of custody records of vulnerable detainees including those with mental health problems and young people. Custody Records were interrogated against pre-set criteria endorsed by the Independent Custody Visiting Association (ICVA).

This report presents the findings of those custody records interrogations during March 2020 and represents a sample of 12 custody records. This sample comprised 8 mental health records and 8 young person records. The actual number of records reviewed are shown in brackets throughout the report.

## **FINDINGS**

- There is no record of DPs being asked about their religious requirements.
- One DP experienced a delay during the booking in process.
- On average DPs waited 9 hours to be interviewed.
- The Force identified that an AA was appropriate for all young people and 2 vulnerable adults.
- On average DPs waited 7 hours to see a solicitor.
- Over half of young people were detained overnight.
- 100% of female DPs were assigned a female member of staff and offered sanitary products.
- Over half of DPs were given access to L&D teams.

## GENERAL REQUIREMENTS

The areas checked and the findings are as below:

INSTRUCTED IN THE USE OF THE CELL CALL BUTTON – YES											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					83% (5)	87.5% (7)	67% (8)	67% (6)	75% (6)	91% (10)	100% (16)
NO											
					17% (1)	12.5% (1)	33% (4)	33% (3)	25% (2)	9% (1)	0%

WERE DIETARY REQUIREMENTS CATERED FOR? - YES											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					0%	12.5% (1)	25% (3)	0%	0%	0%	6% (1)
NO DETAIL IN CUSTODY RECORD FOUND											
					0%	37.5% (3)	0%	0%	0%	0%	0%
NO SPECIFIC DIETARY NEEDS IDENTIFIED											
					100% (6)	50% (4)	75% (9)	100% (9)	100% (8)	100% (11)	94% (15)

WERE RELIGIOUS REQUIREMENTS CATERED FOR – YES											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					0%	0%	0%	0%	0%	0%	0%
NO DETAIL IN CUSTODY RECORD FOUND											
					100% (6)	100% (8)	100% (12)	100% (9)	100% (8)	100% (11)	100% (16)

INSTRUCTED THAT THE TOILET IS PIXELATED – YES											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					0%	25% (2)	42% (5)	44% (4)	50% (4)	18% (2)	50% (8)
NO DETAIL IN CUSTODY RECORD FOUND											
					83% (5)	75% (6)	58% (7)	56% (5)	50% (4)	73% (8)	50% (8)
NOT APPLICABLE											
					17% (1)	0%	0%	0%	0%	9% (1)	0%

## **DETENTION**

### **DELAY FROM ARRIVAL TO AUTHORISED DETENTION**

The below table highlights the number of times DPs have experienced a delay of 20 minutes or over.

DP CATEGORY	SUITE	TIME DELAY
<b>JANUARY</b>		
Young People	Bridewell & Mansfield	There were two DPs who experienced minor delays.
Mental Health Vulnerabilities	Bridewell	One DP who was high on drugs waited 56 minutes to be booked in.
<b>FEBRUARY</b>		
Mental Health Vulnerabilities	Bridewell	One DP waited for 1.5 hours to be booked in.
<b>MARCH</b>		
Young Person	Bridewell	One DP experienced a minor delay of 38 minutes to be booked in.

## **RIGHTS**

From all the custody records examined it was confirmed that the all DP's were given their rights either at booking in or later, if necessary with the AA present. 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. 'Unclear' is recorded if there is no rationale for the delay recorded in the custody record.

<b>IF THE DP EXPERIENCED A DELAY, AND IT WAS DUE TO THEM BEING INTOXICATED OR AGGRESSIVE – YOUNG PERSON</b>											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					0%	0%	17% (1)	0%	0%	0%	0%
<b>DELAY NOT DUE TO BEING INTOXICATED OR AGGRESSIVE</b>											
					25% (1)	0%	17% (1)	0%	0%	0%	0%

IF THE DP EXPERIENCED A DELAY, AND IT WAS DUE TO THEM BEING INTOXICATED OR AGGRESSIVE - MENTAL HEALTH											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					50% (1)	0%	0%	0%	0%	UNCLEAR	0%
DELAY NOT DUE TO BEING INTOXICATED OR AGGRESSIVE											
					0%	0%	33% (2)	0%	0%	UNCLEAR	0%

### **FIRST INTERVIEW**

The average length of time from authorised detention until first interview for those with mental health vulnerabilities and young people outlined below.

AVERAGE LENGTH OF TIME DETAINED UNTIL FIRST INTERVIEW FOR THOSE WITH MENTAL HEALTH VULNERABILITIES											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					*Unclear	11HRS (3)	10HRS (5)	8HRS (4)	14HRS (3)	10.2% (5)	9HRS (6)
NO DETAIL IN CUSTODY RECORD FOUND											
					100% (2)	25%(1)	17% (1)	20% (1)	0%	0%	25% (2)

\*The lack of information in some of the custody records means that it is not always possible to ascertain how long these DPs waited for their first interview. In both records which we reviewed there was no record of an interview taking place. However, one of the detainees was sectioned and taken to hospital so an interview would have probably been impossible to undertake.

AVERAGE LENGTH OF TIME DETAINED UNTIL FIRST INTERVIEW FOR YOUNG PERSON											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					16HRS	8HRS(3)	6HRS (5)	3HRS (4)	11HRS (5)	18.5HRS (6)	9HRS (7)
NO DETAIL IN CUSTODY RECORD FOUND											
					25% (1)	25% (1)	17% (1)	0%	0%	0%	12.5% (1)



## RATIONALE TO EXPLAIN THE REASON FOR THE DELAY IN RECEIVING THE FIRST INTERVIEW

LENGTH OF TIME WAITED	RATIONALE
<b>JANUARY</b>	
<b>Between 12-14 hours</b>	There were delays obtaining a Romanian interpreter and her mother acted as AA. DP was brought into custody during the early hours of the night so interviews/AA were delayed until the following day.
<b>Between 16-18 hours</b>	DP was intoxicated when arrived and then went to hospital for overdose and had been batoned on the head. However, was discharged from hospital and returned to police custody at 04:54 and declared fit to interview at 08.04. No justification for why then be a delay until seeing solicitor at 15:14, although did have drug testing and fingerprinting at 11.27.
<b>Over 20 hours</b>	Intoxicated
<b>Over 20 hours</b>	The DP had been given 12 hour extension on custody (authorised by Supt in detailed entry) to pursue enquiries, believed to be reason for delaying interview.
<b>FEBRUARY</b>	
<b>Between 14 - 16 hours</b>	An interpreter was required.
<b>Between 18-20 hours</b>	Intoxicated and unsocial hours.
<b>Over 20 hours</b>	The DP was taken to hospital due to a head injury, cuts and grazes inflicted in the incident. PACE clock was stopped.
<b>Over 20 hours</b>	DP refused solicitor at first. Mother instructed solicitor on following morning.
<b>MARCH</b>	
<b>Between 14-</b>	DP held overnight.

<b>16 hours</b>	
<b>Between 14-16 hours</b>	DP was intoxicated and taken straight to cell.
<b>Between 18-20 hours</b>	DP was addicted to Class A drugs and was experiencing symptoms of drug withdrawal. Medication was administered. DP attempted suicide whilst in detention.
<b>Between 18-20 hours</b>	The DP was taken to hospital to have treatment for stab wounds as well as being intoxicated and violent.

### **APPROPRIATE ADULTS (AA's)**

#### **Young People**

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

<b>AVERAGE WAITING TIMES FROM FIRST RECORDED CONTACT WITH AA FOR YOUNG PEOPLE</b>											
<b>APRIL</b>	<b>MAY</b>	<b>JUNE</b>	<b>JULY</b>	<b>AUGUST</b>	<b>SEPTEMBER</b>	<b>OCTOBER</b>	<b>NOVEMBER</b>	<b>DECEMBER</b>	<b>JANUARY</b>	<b>FEBRUARY</b>	<b>MARCH</b>
					15 HRS	7.75 HRS	3.5HRS	1 HR	10 HRS	5 HRS	5.5 HRS

<b>RATIONALE FOR DELAY IN RECEIVING CONTACT WITH AN AA FOR YOUNG PEOPLE</b>	
<b>JANUARY</b>	
<b>Between 6-8 hours</b>	DP level 4 aggressive with difficult behaviours - well cared for appropriate needs met.
<b>Between 12-14 hours</b>	DP was brought into custody in the early hours of the morning. An interpreter needed to be organised.
<b>Between 14-16 hours</b>	DP was detained overnight and AA visited in the morning.
<b>Between 16-18 hours</b>	It was not clear from custody log who the AA would be. At 18.04, the parents were identified as the AA and the mother was called within an hour. However, without a rationale provided, the AA that arrived after 16-18 hours then appeared to be an independent AA. The AA was not included in the

	handover or Inspector's first review.
<b>FEBRUARY</b>	
<b>Between 14-16 hours</b>	No specific rationale, but the delay could have been due to an interpreter being required.
<b>Between 14-16 hours</b>	DP heavily intoxicated
<b>MARCH</b>	
<b>Between 4-6 hours</b>	Initially, Police called the DPs mother, but she refused to act as AA. An AA was asked to attend by police in under an hour. An AA was arranged to attend at 14:30 (within 2 hours).
<b>Between 6-8 hours</b>	DP was intoxicated.
<b>Between 10-12 hours</b>	DP was brought to custody in the early hours of the morning for breach of the peace. No interview or charge as it was a domestic incident.
<b>Between 10-12 hours</b>	DP was intoxicated.

## Mental Health Vulnerabilities

The Force identified that an AA was necessary for two DPs.

<b>AVERAGE WAITING TIMES FROM FIRST RECORDED CONTACT WITH AA FOR THOSE WITH MENTAL HEALTH VULNERABILITIES</b>											
<b>APRIL</b>	<b>MAY</b>	<b>JUNE</b>	<b>JULY</b>	<b>AUGUST</b>	<b>SEPTEMBER</b>	<b>OCTOBER</b>	<b>NOVEMBER</b>	<b>DECEMBER</b>	<b>JANUARY</b>	<b>FEBRUARY</b>	<b>MARCH</b>
					Unclear	1.5 HRS	4.5 HRS	Unclear	20 HRS (1)	2 HRS (1)	1.5 HRS (2)

## SOLICITOR

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

NUMBER OF YOUNG PEOPLE WHO SAW A SOLICITOR											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					50% (2)	100% (4)	100% (6)	100% (4)	100% (5)	67% (4)	87.5% (7)
NO DETAIL IN CUSTODY RECORD											
					25% (1)*	0%	0%	0%	0%	33%(2)	0%
NO. OF YOUNG PEOPLE WHO DID NOT WANT A SOLICITOR											
					25% (1)	0%	0%	0%	0%	0%	12.5% (1)

COMMENTS RELATING TO (NON) CONTACT WITH SOLICITOR – YOUNG PERSON	
JANUARY	None – all DPs saw a solicitor
FEBRUARY	There was no rationale as to why 2 young people did not see a solicitor
MARCH	DP refused a solicitor in the presence of her AA.

NUMBER OF THOSE WITH MENTAL HEALTH VULNERABILITIES WHO SAW A SOLICITOR											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					0%	75% (3)	100% (6)	0%	100% (3)	100% (5)	75% (6)
NO DETAIL IN CUSTODY RECORD											
					100% (2)	0%	0%	40% (2)	0%	0%	12.5% (1)
NUMBER WITH MHV WHO DID NOT WANT A SOLICITOR											
					0%	25% (1)	0%	60% (3)	0%	0%	12.5% (1)

COMMENTS RELATING TO (NON) CONTACT WITH SOLICITOR – MENTAL HEALTH VULNERABILITIES	
JANUARY	None – all DPs saw a solicitor.
FEBRUARY	None – all DPs saw a solicitor.
MARCH	DP held overnight. Transfer to court requested. DP was offered a solicitor at when rights were read at booking in, but refused. Recall to prison.

Average waiting times below for DPs to see a solicitor from authorised detention are set out in the tables below.

AVERAGE LENGTH OF WAIT FROM WHEN DETENTION WAS FIRST AUTHORISED TO FIRST CONTACT WITH A SOLICITOR – YOUNG PEOPLE											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					18 HRS	8 HRS	5.3 HRS	10.25 HRS	3.6 HRS	11.75 HRS	5.8 HRS
NO DETAIL IN CUSTODY RECORD FOUND/REFUSED SOLICITOR											
					50% (2)	0%	0%	0%	0%	33% (2)	12.5% (1)

AVERAGE LENGTH OF WAIT FROM WHEN DETENTION WAS FIRST AUTHORISED TO FIRST CONTACT WITH A SOLICITOR – MENTAL HEALTH											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					*Unclear	10 HRS	1 HR	*Unclear	2.3 HRS	12.4 HRS	8.3 HRS
NO DETAIL IN CUSTODY RECORD FOUND/REFUSED SOLICITOR											
					100% (2)	25% (1)	67% (4)	40% (2)	0%	0%	25% (2)

\*Unable to determine the average waiting times since there was no record of either MH detainee having contact with a solicitor.

### FEMALE OFFICER

Recent changes to PACE require all female detainees be cared for by a female officer/staff and sanitary products are routinely offered.

FEMALE OFFICER ASSIGNED TO FEMALE DP											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					100% (3)	100% (2)	100% (5)	100% (4)	100% (4)	75% (3)	100% (8)
NO DETAIL IN CUSTODY RECORD FOUND											
					0%	0%	0%	0%	0%	25% (1)	0%

SANITARY PRODUCTS OFFERED TO FEMALE DP											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					67% (2)	100% (2)	100% (5)	100% (4)	100% (4)	75% (3)	100% (8)
NO PRODCUCTS OFFERED											
					33% (1)	0%	0%	0%	0%	25% (1)	0%

## OBSERVATION LEVELS

From the records reviewed, observation level was set and adhered to by custody staff.

OBSERVATION LEVELS ADHERED TO YES – YOUNG PEOPLE											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					100% (4)	100% (4)	100% (6)	100% (4)	100% (5)	100% (6)	100% (8)
OBSERVATION LEVELS ADHERED TO NO											
					0%	0%	0%	0%	0%	0%	0%
OBSERVATION LEVELS ADHERED TO YES – MH											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					100% (2)	100% (4)	100% (6)	100% (5)	100% (3)	100% (5)	100% (8)
OBSERVATION LEVELS ADHERED TO NO – MH											
					0%	0%	0%	0%	0%	0%	0%

## LIAISON AND DIVERSION

ACCESS TO L&D TEAM YES - MH VULNERABILITIES											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					50% (1)	0%	34% (2)	60% (3)	67% (2)	20% (1)	37.5% (3)
ACCESS TO L & D TEAM NO - MH VULNERABILITIES											
					0%	25% (1)	0%	20% (1)	0%	40% (2)	37.5% (3)
NO DETAIL FOUND IN THE CUSTODY RECORD											
					50% (1)	75% (3)	67% (4)	20% (1)	33% (1)	40% (2)	25% (2)

ANY EVIDENCE OF ACCESS TO THE L&D TEAM/MH TEAM OR REASONS FOR NO CONTACT FOR MENTAL HEALTH VULNERABILITY											
JANUARY											
<ul style="list-style-type: none"> <li>Mental Health Team contacted at 15.20 and attended at 16.07.</li> <li>L&amp;D City Team visited DP in cell at 08.25 and put an opt in letter in his property.</li> </ul>											
MARCH											
<ul style="list-style-type: none"> <li>DP saw L&amp;D team in cell who conducted a triage assessment. Appointment made with Clean Slate. Opt in letter and crisis numbers to be left in property.</li> <li>DP was referred for a mental health assessment.</li> <li>DP saw a drug worker - entered on the log at 14.05 hrs on 10.03.20</li> </ul>											

- DP recalled to prison.
- The DP was intoxicated, violent and injured. He received medical attention throughout his time in custody.

ACCESS TO L&D TEAM YES - YOUNG PEOPLE											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					25% (1)	25% (1)	50% (3)	75% (3)	40% (2)	33% (2)	87.5% (7)
ACCESS TO L & D TEAM NO - YOUNG PEOPLE											
					25% (1)	0%	0%	0%	0%	18% (1)	0%
NO DETAIL FOUND IN THE CUSTODY RECORD											
					50% (2)	75% (3)	50% (3)	25% (1)	60% (3)	50% (3)	12.5% (1)

ANY EVIDENCE OF ACCESS TO THE L&D TEAM/MH TEAM OR REASONS FOR NO CONTACT FOR YOUNG PEOPLE											
JANUARY											
<ul style="list-style-type: none"> <li>• MH Clinician contacted but DP refused to co-operate.</li> <li>• DP not seen by MH Team as seen on 30th December and deemed no changes had occurred with the DPs condition since then.</li> <li>• Safeguarding team - no concerns raised re suicide.</li> <li>• Email sent to MH team at booking in but there is no evidence in the record to suggest that the DP saw the MH team.</li> </ul>											
FEBRUARY											
<ul style="list-style-type: none"> <li>• Enquiries were made by police with no success. Plan regular observations whilst in custody.</li> </ul>											
MARCH											
<ul style="list-style-type: none"> <li>• The DP saw a mental health clinician. DP declined any further intervention. Filed closed to L&amp;D service.</li> <li>• The DP saw a Mental Health Clinician who conducted a triage assessment and referred the DP to Inspire and Achieve.</li> <li>• Referral made to Inspire Achieve</li> <li>• DP saw a mental health clinician. Liaison with Wakefield YOT, support worker at Care Home and appointment letter left with property. Referring to CAMHS.</li> </ul>											

## MENTAL HEALTH (MH) VULNERABILITIES

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 ICV comments from the Custody records.

COMMENTS RELATING TO THE MENTALLY VULNERABLE IN CUSTODY	
JANUARY	
<ul style="list-style-type: none"> <li>Mental Health assessment concluded that no evidence of acute mental ill health.</li> <li>No MH assessment carried out as DP identified as having depression and drug addiction issues.</li> <li>Not believed to have MH issues. The custody team worked really hard to ensure that this DP was well cared for throughout and that it was safe to release him.</li> </ul>	
FEBRUARY	
<ul style="list-style-type: none"> <li>Not clear recording of MH requirements after stating depression. A long time in detention.</li> <li>Detail about MH scant.</li> <li>Long wait to see medical health practitioner considering detainee was bi-polar.</li> </ul>	
MARCH	
<ul style="list-style-type: none"> <li>DP was well cared for with continuing treatment and medication received from HCP throughout their time in custody.</li> <li>No specific mental health assessment took place. DP presented with drug withdrawal so all the medical care was concerned with managing those symptoms. Good care received throughout the time in custody including prescribing drugs to ease withdrawal symptoms.</li> <li>No record of DP having seen a medical practitioner or mental health worker. But AA was identified for the vulnerable adult DP.</li> </ul>	

## YOUNG PEOPLE

The amount of time young people spent in police custody is outlined in the table below:

YOUNG PEOPLE HELD OVERNIGHT IN POLICE CUSTODY - YES											
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
					75% (3)	100% (4)	67% (4)	50% (2)	80% (4)	100% (6)	75% (6)
YOUNG PEOPLE HELD OVERNIGHT IN POLICE CUSTODY - NO											
					25% (1)	0%	33% (2)	50% (2)	20% (1)	0%	25% (2)



### **REMOVAL OF CLOTHING**

If the DP's clothing is removed there should be a clear rationale for doing so and this should be accompanied with a matching observation level to demonstrate the considered level of risk for that DP. Below is a table detailing incidences where clothing was removed and whether there was any accompanying rationale.

<b>CLOTHING – JANUARY</b>	
	<ul style="list-style-type: none"><li>• 37.5% of DPs had their clothing removed and one was provided with a safety suit (rationale provided for the use of the safety suit).</li><li>• 12.5% of DPs had their shoes removed.</li><li>• 62.5% of DPs had their shoe laces removed for safekeeping.</li></ul>
<b>FEBRUARY</b>	
	<ul style="list-style-type: none"><li>• 73% of DPs had their clothing removed.</li><li>• 9% of DPs had their shoes removed.</li><li>• 64% of DPs had their shoe laces removed.</li></ul>
<b>MARCH</b>	
	<ul style="list-style-type: none"><li>• 50% of DPs had their clothing removed.</li><li>• 37% of DPs had their shoes removed.</li><li>• 37.5% of DPs had their shoes removed.</li></ul>