

**THE OFFICE OF POLICE AND CRIME COMMISSIONER
FOR DERBYSHIRE
DECISION RECORD**

Request for PCC Decision	Received in OPCC Date: November 2018	OPCC Ref: 61/2018
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FOCUS ON VULNERABILITIES – PILOT EVALUATION

Executive Summary:

The report provided detail on the effectiveness of a 6 month vulnerability pilot.

Decision:

1. To continue this work (now termed Custody Record Reviewing) to sit alongside the regular Independent Custody Visiting Scheme.
2. To improve the care of the mentally vulnerable being held in Custody, a process (to be agreed) be put in place to ensure that they are cared for appropriately and in accordance with PACE Code C.
3. To ensure that any religious needs are met, DPs are respectfully asked if they have a religion and that the response is recorded on the Custody Record.
4. To maintain dialogue with the Local Authority to ensure that care is available to young people outside of custody.
5. The Commissioner use the evidence from this work to reinforce the need to have more Appropriate Mental Health provision and energise local debate.
6. To change the focus (from January onwards) from young people to females.
7. To agree to commence a further pilot exploring an alternative method of visiting custody.

Declaration

I confirm that I have considered whether or not I have any personal or prejudicial interest in this matter and take the proposed decision in compliance with the Code of Conduct for the Police and Crime Commissioner for Derbyshire. Any such interests are recorded below.

None The above request has my approval.	
Signature Hardyal Dhindsa	Date
PUBLICATION SCHEME CONSIDERATIONS	
Is the related Section B report to be published Yes The report contains commercially sensitive information.	

Is the publication of this approval to be deferred No If Yes, provide reasons below Date to be deferred to – NB Statutory Instrument 2011/3050 (as amended by SI 2012/2479) states that: <i>all decisions made by a PCC are in the types of information that must “be published as soon as practicable after it becomes available to the elected local policing body”.</i>
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OFFICER APPROVAL	
Chief Executive or Nominee: I have been consulted about the proposal and confirm that financial, legal and equalities advice has been taken into account in the preparation of this report. I am satisfied that this is an appropriate request to be submitted to the Police and Crime Commissioner	
Name Andrew Dale	Date

STRATEGIC PRIORITIES ASSURANCE BOARD

REPORT TITLE	FOCUS ON VULNERABILITIES – PILOT EVALUATION
REPORT BY	CHIEF EXECUTIVE
DATE	26 NOVEMBER 2018

PURPOSE OF THE REPORT

To evaluate the effectiveness of the 6 month Vulnerability Pilot and consider whether to continue this work post pilot.

ATTACHMENTS

1. Custody Record Review report

BACKGROUND PAPERS

- A. Agenda Item 11B, ICV Update (SGB March 218)

RECOMMENDATIONS

1. To continue this work (now termed Custody Record Reviewing) to sit alongside the regular Independent Custody Visiting Scheme.
2. To improve the care of the mentally vulnerable being held in Custody it is recommended that a process (to be agreed) be put in place to ensure that they are cared for appropriately and in accordance with PACE Code C.
3. To ensure that any religious needs are met we would recommend that DPs are respectfully asked if they have a religion and that the response is recorded on the Custody Record.
4. To maintain dialogue with the Local Authority to ensure that care is available to young people outside of custody.

5. The Commissioner use the evidence from this work to reinforce the need to have more Appropriate Mental Health provision and energise local debate.
6. To change the focus (from January onwards) from young people to females.
7. To agree to commence a further pilot exploring an alternative method of visiting custody.

CONTACT FOR ENQUIRIES

Name: David Peet
Tel: 0300 122 6000
Email pccoffice@derbyshire.pnn.police.uk

1. OVERVIEW

- 1.1 Detailed in the Independent Custody Visiting Update Report presented to the Strategic Governance Board on 19 March was the intention to commence a pilot to focus on vulnerabilities in Custody.
- 1.2 The six month pilot commenced on 1 April and concluded 30 September 2018. At this time the pilot was internally evaluated and it was agreed that this work continue pending a formal decision (recommendation 1) to continue with this work to sit alongside regular Custody Visiting.

2. BACKGROUND

- 2.1 The Commissioner has in place an effective Custody Visiting Scheme, however, visiting is limited to who Independent Custody Visitors (ICVs) meet on their visit to Custody. ICVs make visits to each Custody Suite once per week and it is uncertain how many vulnerable detained persons (DPs) will be in Custody at the time of the visit and who will be available to visit. In addition, it depends how long a DP has been held to get an understanding of the care afforded to them. For example, if a child has only been held in Custody for one hour, the ICVs may not know if there is delay in receiving Appropriate Adult (AA) provision or if they were subsequently held overnight.
- 2.2 To get a better insight into the totality of care extended to vulnerable DPs, the purpose of the pilot (now termed Custody Record Reviewing CRR) was to examine the full Custody Record of a DP to consider, in depth, their full journey through Custody.

3. PROCESS

- 3.1 The ICV Scheme Manager receives a list every week, giving details of those DPs who have been detained the week previous and are either a young person or have a mental health vulnerability. From the list a random selection of six Custody Records is chosen.
- 3.2 To ensure that the identity of all DPs is protected the Custody Records are redacted by the Constabulary and all personal information is obscured.

- 3.3 The ICVs are rostered to review in pairs and they make two visits per week and on each visit they interrogate three Custody Records.
- 3.4 ICVs review and report upon set criteria determined by the Scheme Manager and they record their findings on a pre-prepared spread sheet.

4. OUTPUT

- 4.1 At the end of every month a report is compiled presenting the findings from the Custody Record Reviews. The report is then shared with the DPCC (Custody Visiting Portfolio Lead) and also with the Ch Insp. for Custody and three Custody Inspectors.
- 4.2 The full report incorporating 7 months data (April – October 2018) is attached at Appendix A. Further update reports will be presented at the Strategic Priorities Assurance Board twice per year.

5. SUMMARY OF FINDINGS

- 5.1 From the records examined and reported upon, the findings have demonstrated that the care of young people has greatly improved since we commenced in April; Appropriate Adults are called for in a more expedient manner, total time detained until first interview has reduced and in general young people are detained for a shorter period of time that the average (for exact detail see the results attached at Appendix A);
- 5.2 The findings show that the care of those with Mental Health Vulnerabilities is a mixed bag and reading the comments on pages 23 and 24 of the attached report it appears that there may be mentally vulnerable individuals who are not receiving appropriate care according to their needs. It is accepted that this may be due to difficulty of determining the exact nature of the vulnerability in question which can range from anxiety through to paranoid schizophrenia, however, to ensure that the correct care is provided we would suggest that a process be considered and adopted (recommendation 2) which can further determine the extent of the vulnerability and therefore the level of care needed, i.e., an Appropriate Adult, a solicitor and if needed an assessment from a mental health nurse and any actions/reasons and rationale be recorded in the Custody Record.
- 5.3 The findings of this work have also demonstrated that there is no detail contained

within any custody records about whether DPs have any religious needs. The Constabulary have worked closely with the Equality and Diversity team to ensure that the Custody Suites are equipped with religious materials which are stored appropriately, it therefore feels appropriate to offer these. Guidance from the APP states, "Establishing the specific needs of a person is best determined by appropriate, effective and respectful questioning. Officers should record responses in the custody record and include these as part of any handover process". We would therefore recommend (recommendation 4) that DPs are asked whether they have any religious requirements and this is recorded in the Custody Record.

- 5.4 From the records of young people examined it has demonstrated that on many occasions the Local Authority is unable to provide accommodation for young people. As it is a duty under PACE to transfer young people and the Local Authorities have a duty to accommodate we would recommend (recommendation 6) that there is continued dialogue with the Local Authorities to ensure they meet their obligation.
- 5.5 It was disheartening to read the following comment on page 24 of the report *"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"*. Whilst this was an isolated case within our reviews, it is important to note that we dip sample just 2.8% of the mentally vulnerable held in Custody. It is clearly inappropriate for a mentally vulnerable individual to spend a lengthy period of time in Custody before being sectioned due to there being no beds available. We would recommend (recommendation 7) that the Commissioner use this and other evidence to reinforce the need to have more Appropriate Mental Health provision and energise local debate.

6. BENEFITS OF THIS METHOD OF OVERSIGHT

6.1 The benefits of this method of oversight have been many and varied and include the following:

- The Commissioner has gained valuable oversight of the most vulnerable being held in Police Custody.
- This work can identify weaknesses and monitor if improvements are being made against measures put in place, therefore, the Constabulary receives valuable feedback which helps drive up standards in Custody.
- Detainees benefit from an informed scrutiny of their time in custody, from the perspective of a local member of the community, it brings an external human perspective to their time in detention in order to improve the experience and outcomes for vulnerable detainees.
- ICVs benefit from this work as there is increased buy-in from the volunteers involved and their morale is lifted. The ICVs who have been involved in this pilot are now more knowledgeable and confident when making Custody Visits and this is cascaded down to other ICV visit partners.
- The focus of the reviews can be changed to examine particular areas or different vulnerabilities.
- The findings are more in line with the HMICFRS Inspection reports, thereby aiding Force preparedness for future inspections.

7. THE FUTURE

7.1 One of the benefits of this method of oversight is the ability to adapt and change focus, therefore consideration will be given to changing focus on a six monthly basis. Due to the improvements made in the care of young people it is recommended (recommendation 6) that focus from January onwards be changed from young people to females and the focus on the mentally vulnerable will continue.

- 7.2 This method of working has been recognised as being an effective tool in monitoring performance within the Custody environment. To complement this review of Custody Records, the OPCC are now exploring an alternative method of 'Custody Visiting' which will continue to speak with DPs, but will also observe and report upon the culture, environment and the wider processes underway in custody.
- 7.3 Discussions are currently taking place with the Force to agree how this refreshed method of visiting will work and when agreed it is recommended (recommendation 7) that the OPCC commence a further pilot exploring an alternative method of visiting custody.

APRIL - OCTOBER COMPARATIVE DATA

Custody Record Reviewing

INFORMATION

During the period 1 April– 30 October 2018 there were a total of 8521 DPs held in custody in Derbyshire and of those 4260 were vulnerable (either a child or with mental health vulnerabilities) (representing 49% of the total), of those 3705 DPs had mental health vulnerabilities (43% of the total 87% of vulnerable DPs with a MH or YP vulnerability) and 555 were under the age of 18 (6% of the total/ 13% of the vulnerable). From this sample of vulnerable DPs a total of 166 Custody Records, from the months April to October, were interrogated (61 for children and 101 with Mental Health vulnerabilities, 4 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 (of vulnerable DPs) (12% of young people and 2.8% 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%	100%	94%					
NO DETAIL IN CUSTODY RECORD FOUND											
78%	13%	22%	12%	4%	0%	3%					

WERE DIETARY REQUIREMENTS CATERED FOR? - YES											
April	May	June	July	August	Sept	October	November	December	January	February	March
28%	23%	17%	27%	28%	12.50%	7%					

NO DETAIL IN CUSTODY RECORD FOUND											
64%	27%	22%	33%	24%	37.5%	23%					
NO SPECIFIC DIETARY NEEDS IDENTIFIED											
0%	50%	62%	39%	48%	42%	70%					

WERE RELIGIOUS REQUIREMENTS CATERED FOR – YES											
April	May	June	July	August	Sept	October	November	December	January	February	March
0	0	0	0	0	0	0					
NO DETAIL IN CUSTODY RECORD FOUND											
100%	100%	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%	8%	36%					
NO DETAIL IN CUSTODY RECORD FOUND											
85%	81%	67%	73%	92%	75%	17%					
NOT APPLICABLE											
	4.5%	5%	6%	0	8%	10%					

CONCLUSION

Instructing DPs in the use of the cell call button has improved dramatically since April and continues to improve, reaching 100% compliance in September.

It would appear though, that in the main, the Custody Records contain little information on any of the other entitlements and in addition to the examination of Custody Records, we have been informed from Custody Visiting that the explanation of toilet pixilation is often not being provided to DPs.

There continues to be not detail contained within the Custody Records about religious requirements and whilst we acknowledge that there is not a drop down menu contained within Niche we would question whether this information should be incorporated as a matter of course.

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	14.3HRS	13HRS					
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	10.8HRS	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	13.5HRS	13HRS					
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	12.9HRS	13.4					

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 October this has been monitored and we found that all (30) Custody Records showed that DP's were authorised for detention within 20 minutes of arrival, with the following exceptions as below:

DP Category	Time delay
Young Person	1 hr 27 mins
Young Person	34 minutes
Young Person	29 minutes
Mentally Vulnerable Person	1 hr 14 mins
Mentally Vulnerable Person	1 hr 8 mins
Mentally Vulnerable Person	1 hr 1 mins
Mentally Vulnerable Person	48 minutes
Mentally Vulnerable Person	40 minutes
Mentally Vulnerable Person	33 minutes
Mentally Vulnerable Person	26 minutes
Mentally Vulnerable Person	25 minutes

CONCLUSION

Upon checking the Custody Records there is no rationale contained within to detail why these delays occurred. We suggest an area of improvement would be to decrease the delays and where this is not possible to include a rationale to explain the reason why.

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. 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 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%	0%	0%					
DELAY NOT DUE TO BEING INTOXICATED OR AGGRESSIVE											
62.5%	63.6%	62.5%	45.5%	33%	100%	100%					
HOW MANY DPS HAD DELAY OUT OF TOTAL % IN CUSTODY											
75%	63.6%	62.5%	45.5%	33%	12.50%	50%					

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%	0%	44.5%					
DELAY NOT DUE TO BEING INTOXICATED OR AGGRESSIVE											
16.6%	45.5%	30%	40.9%	28%	100%	55.5%					
HOW MANY DPS HAD DELAY OUT OF TOTAL % IN CUSTODY											
33.3%	54.5%	30%	59%	33%	23.5%	43%					

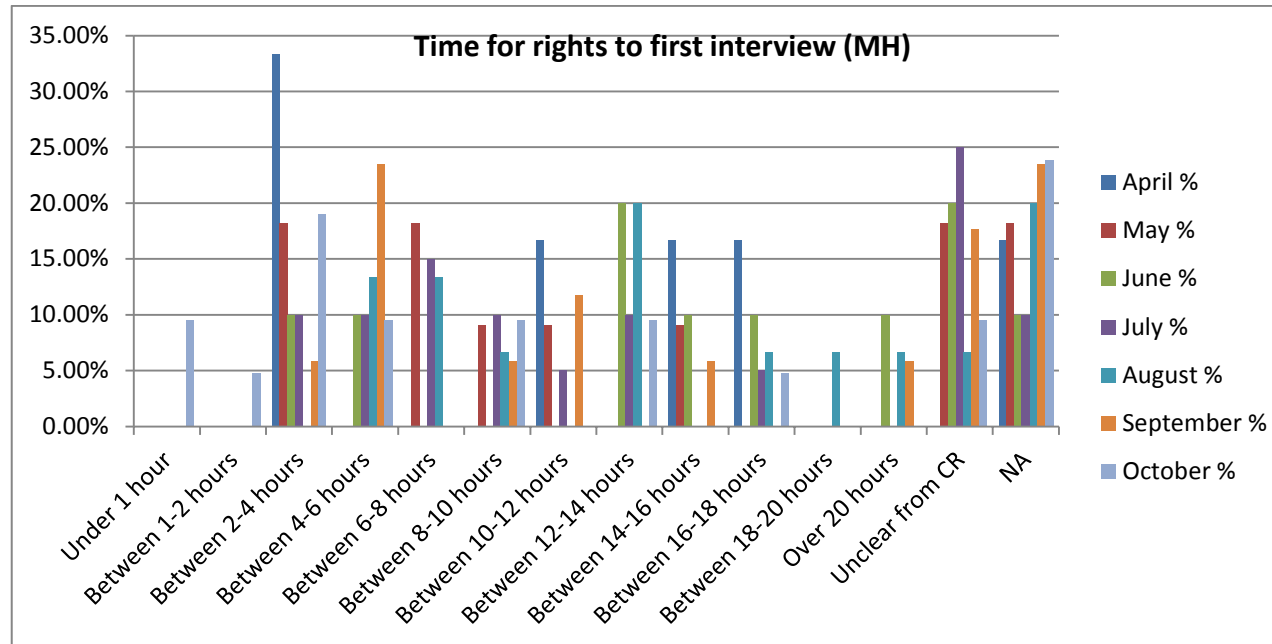
CONCLUSION

The above tables demonstrate that being intoxicated or aggressive was not a factor in any delays experienced by Young DPs, however, being intoxicated or aggressive was a factor for approx. 45% of mentally vulnerable DPs in waiting to receive their rights and entitlements. The data demonstrates that there was a reduction in the delay times up to September, however, last month this increased and whilst there is an explanation for roughly half of the mentally vulnerable DPs, there is though no reason for why young people would experience a delay.

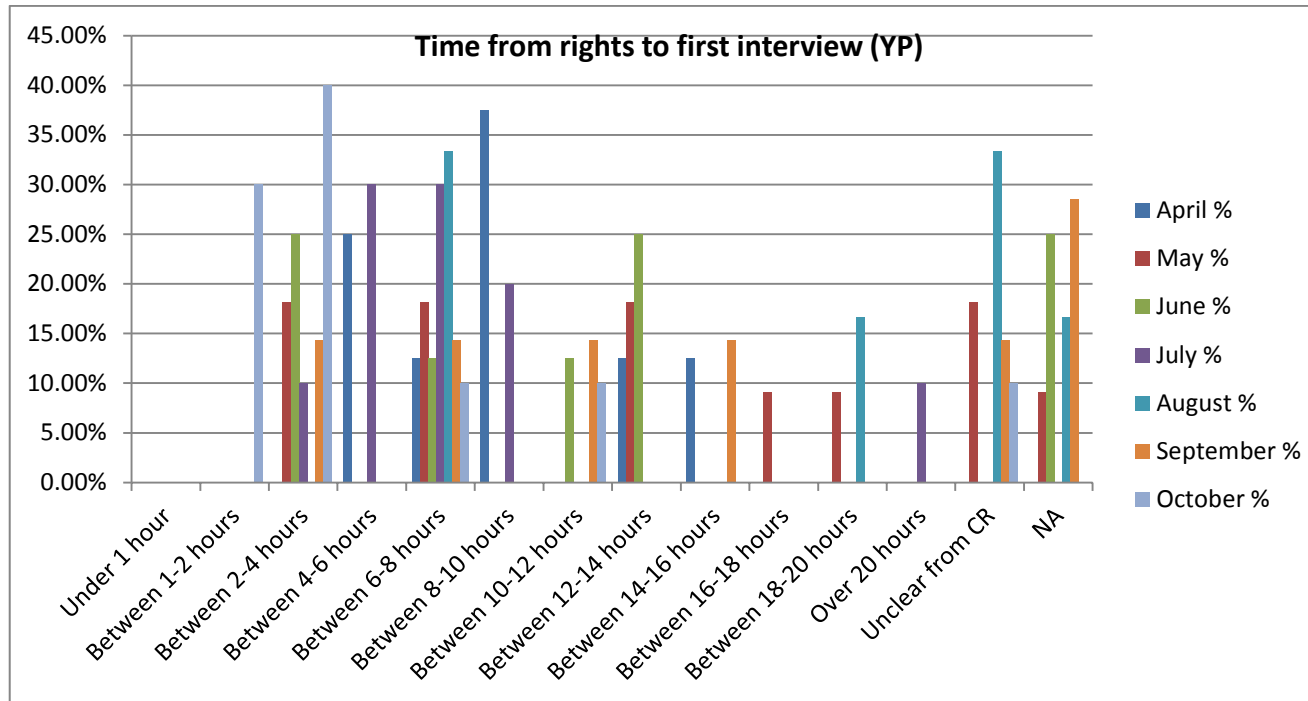
FIRST INTERVIEW

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 19 records (in total) it is not possible to ascertain how long these DPs waited for their first interview.

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
9.4HRS	7.5HRS	12.2 HRS	8.2 HRS	11.7HRS	8.9HRS	5.6HRS					
NO DETAIL IN CUSTODY RECORD FOUND											
	2	2	5	1	1	2					



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	8.7HRS	2.9HRS					
NO DETAIL IN CUSTODY RECORD FOUND											
	1	2	0	2	3	1					



Rationale to explain the reason for the delay in receiving the first interview

Length of time waited	Rationale (October Only)
Between 4-6 hours	No explanation
Unclear	No explanation
Between 16-18 hours	Reference to investigation but no specific rationale
Unclear	No explanation
Between 10-12 hours	Interview delayed due to handing case to another solicitor
8-10 hours	Under the influence of drugs
6-8 hours	No explanation
Between 12-14	Collecting evidence
Unclear	No explanation
Between 8-10 hours	Reviews state purpose to secure and preserve evidence
Between 4-6 hours	No explanation

Between 12-14	No explanation
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CONCLUSION

It is appreciated that there may be a number of reasons as to why there may be a delay in receiving the first interview, and from the month of September, ICVs have been asked to collate this any rationale contained within the Custody Record. The rationale exposed can explain possible reasons for some lengthy delays. What it is still disappointing to note is the number of records that 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 DPs with mental health vulnerabilities the AA provision was mixed, as per the table below.

IDENTIFIED AS NEEDING AN AA											
April	May	June	July	August	Sept	October	November	December	January	February	March
33%	64%	50%	68%	56%	41%	52.4%					
AA CONTACTED											
33%	55%	30%	68%	50%	41%	91%					
NO DETAIL FOUND IN CUSTODY											
16%	9%	10%	9%	6%	0%	9%					
BELIEVED THAT AA MAY BE NECESSARY BUT NOT IDENTIFIED AS NEEDING AN AA											
16%	27%	40%	14%	22%	41%	28.5%					

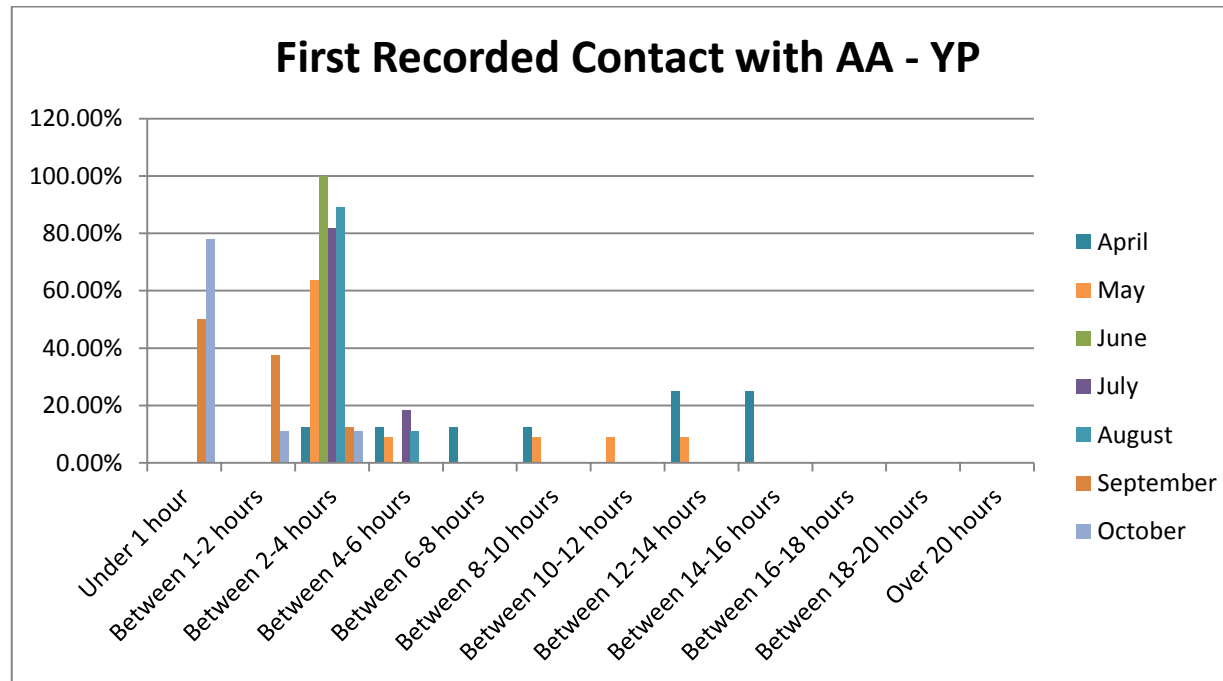
Whilst we acknowledge that that nature of the mental health vulnerability may not always warrant the need for an appropriate adult there are instances where it was felt that an AA may have been necessary but this was not identified or recorded.

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 receive advice on access to legal provision. For these reasons we feel that a process should be put in place to ensure that an offer off AA provision is given where needed 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 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	UP TO 4 HOURS	UP TO 6 HOURS					

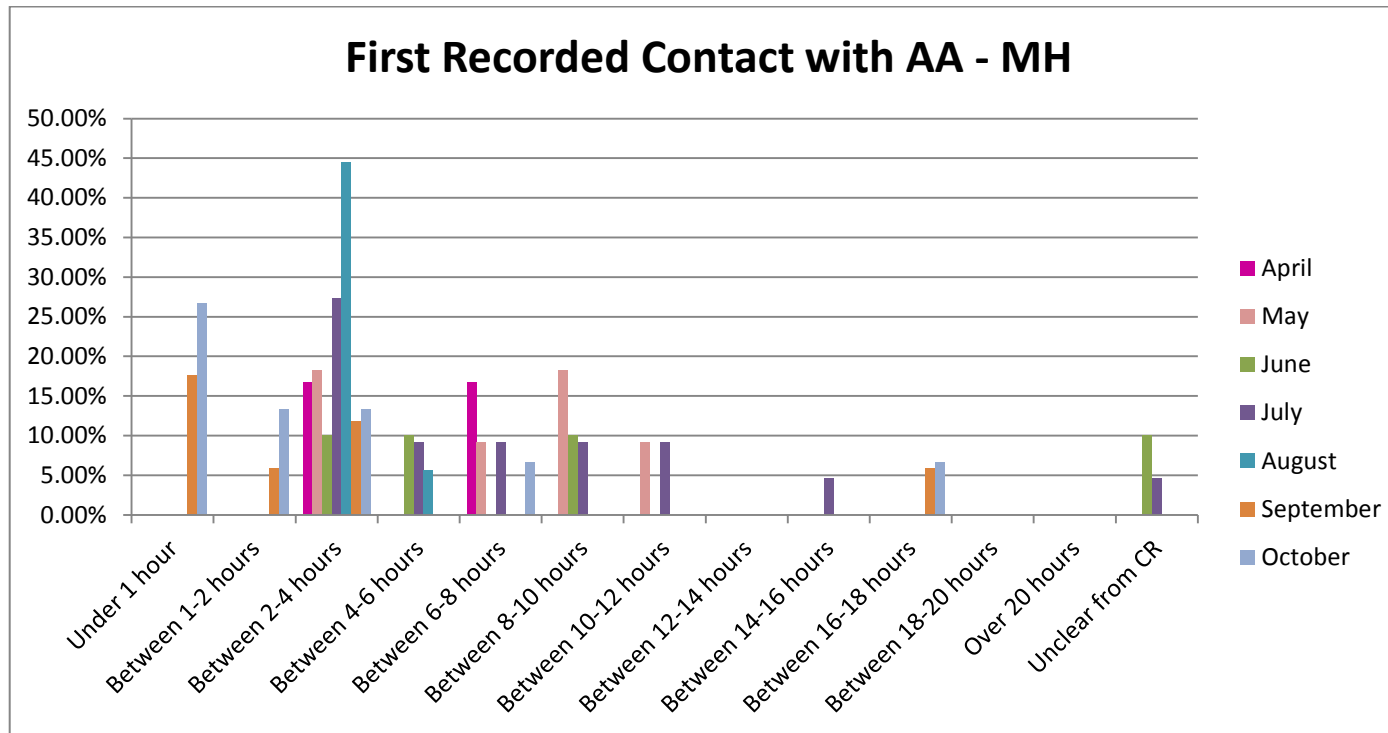
RATIONALE FOR DELAY IN RECEIVING CONTACT WITH AN AA FOR YOUNG PEOPLE-OCTOBER	
2-4 HRs	<ul style="list-style-type: none"> Tried to contact mum first and when couldn't, then contacted TAAS. No detail of when AA was first contacted so unsure if delay is due to service.

	<ul style="list-style-type: none"> • AA asked to attend for interview although they arrived earlier. • AA was DPs carer and said she would attend for interview.
4-6 HRS	<ul style="list-style-type: none"> • Appears to be a 6 hour delay in contacting the AA

CONCLUSION

The improvements in the speed of contact with an AA have been dramatic and welcome. During the month of October, there were some delays between 2 – 4 hours and the comments relating to this are detailed above. From the comments above there are clear reasons for the delays with the exception of the lengthier delay in contacting an AA which took between 4 – 6 hours, clearly this is one case but certainly something that should be improved.

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 TP 10 HRS	UP TO 16 HRS	UP TO 6 HRS	UP TP 18HRS	UP TO 18HRS					

RATIONALE FOR DELAY IN RECEIVING CONTACT WITH AN AA FOR MH-OCTOBER	
2-4 HRS	<ul style="list-style-type: none"> No detail in CR.
2-4 HRS	<ul style="list-style-type: none"> Contact delayed due to DPs irrational behaviour.
6-8 HRS	<ul style="list-style-type: none"> No detail in CR.
16-18 HRS	<ul style="list-style-type: none"> The care plan detailed the need for an Appropriate Adult, yet it took 18 hours for this person to have rights re-read in front of an AA.

CONCLUSION

For those with Mental Health Vulnerabilities there have been some improvements in AA provision, however, during the month of October there was one lengthy delay, taking 18 hours for this DP to have their rights re-read in the front of an AA. A delay of this time is clearly concerning and something that can be improved upon, perhaps with the introduction of a more robust process around the determination of the mental health vulnerability at the booking in stage.

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%	50%	60%					
NO DETAIL IN CUSTODY RECORD											
12%	9%	12%	45%	55%	37.5%	20%					
NO. OF YOUNG PEOPLE WHO DID NOT WANT A SOLICITOR											
0%	9%	12%	0%	11%	12.5%	20%					

During the month of October, 20% 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 (October Only)	
UNCLEAR	<ul style="list-style-type: none"> Solicitor requested, but no record of attendance at custody suite. Custody Record is unclear on this issue. There is reference to Solicitor possibly speaking with DP on the phone DP requested a solicitor but there is no evidence that this happened.

NO. OF THOSE WITH MENTAL HEALTH VULNERABILITIES WHO SAW A SOLICITOR											
67%	35%	80%	50%	50%	59%	66.7%					
NO DETAIL IN CUSTODY RECORD											
17%	18%	0%	27%	17%	41%	28.6%					
NO. OF MHV WHO DID NOT WANT A SOLICITOR											
17%	45%	20%	23%	33%	0%	4.7%					

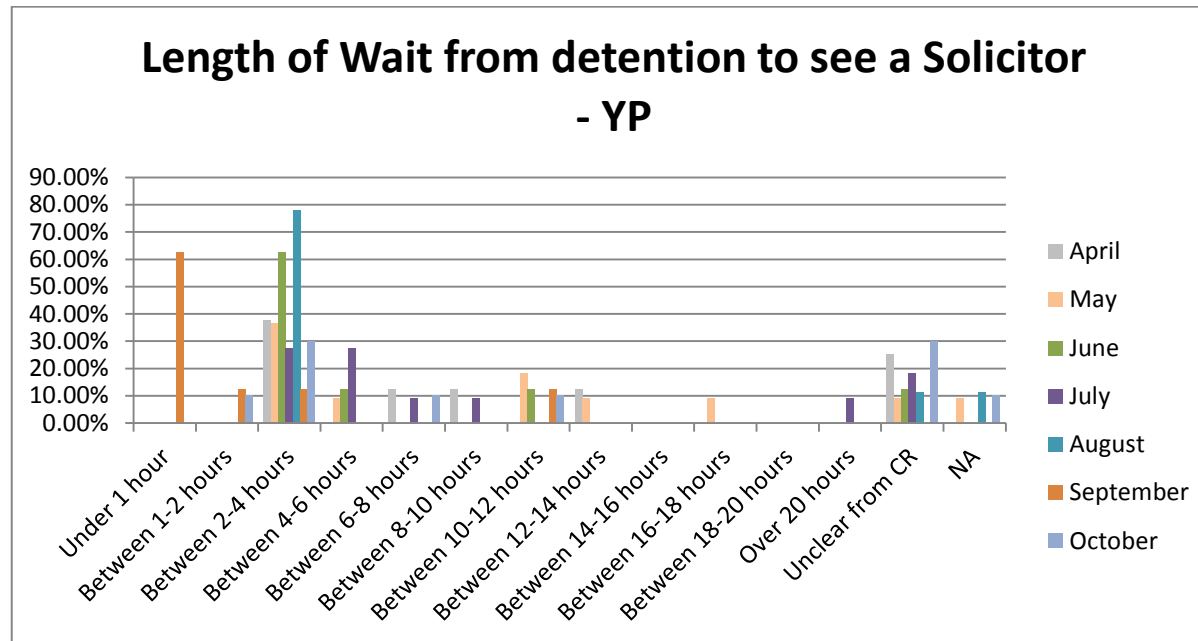
During the month of October, 28.6% of records examined for those with MH Vulnerabilities it was unclear as to whether the DP actually had contact with the Solicitor after the request was made. ICV comments relating to this information in the Custody Record is outlined below.

COMMENTS RELATING TO (NON) CONTACT WITH SOLICITOR MH (October Only)	
UNCLEAR	<ul style="list-style-type: none"> Although DP requested sol there was no reference in CR of DP having any contact.

CONCLUSION

In both of the above cases we would certainly presume that the DPs saw a solicitor but this was not recorded on the Custody Record and this is certainly something which we would expect to see recorded.

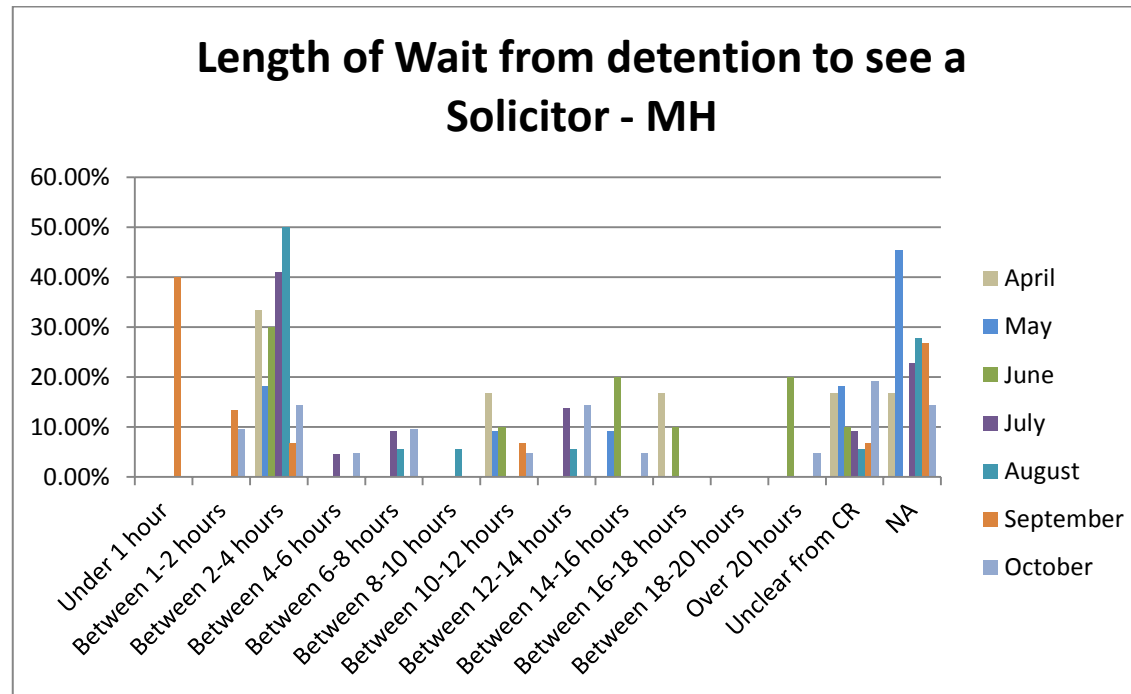
Where legal representation was sought the length of wait from when detention was first authorised to see a solicitor is detailed in the charts below:



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	2.4 HRS	4 HRS					
NO DETAIL IN CUSTODY RECORD FOUND											
2	1	1	2	1	0	3					

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	3.9HRS	7.9 HRS					
NO DETAIL IN CUSTODY RECORD FOUND											
1	2	1	2	1	1	4					

CONCLUSION

It is disappointing to note that during the month of October there were 7 records (from a total of 30) where there was absolutely no detail contained within the Custody Record that the solicitor was ever present within the Custody. This is most certainly an area where we would expect to see improvements which appear to have declined during the month of October.

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 table outlines how many female DPs were assigned a female officer each month.

FEMALE OFFICER ASSIGNED TO FEMALE DP											
April	May	June	July	August	Sept	October	November	December	January	February	March
0%	50%	67%	80%	75%	75%	100%					
NO DETAIL IN CUSTODY RECORD FOUND											
100%	50%	33	20%	12.5%	25%	0%					

SANITARY PRODUCTS OFFERED TO FEMALE DP											
April	May	June	July	August	Sept	October	November	December	January	February	March
33%	0%	33%	60%	37.5%	75%	80%					
NO PRODUCTS OFFERED											
67%	100%	67%	40%	62.5%	25%	20%					

CONCLUSION

It is encouraging to see that the recording of assigning a female Officer to a female DP has improved month on month, with 100% compliance this month (from a very limited sample of just 5 females) and we look forward to continued improvements in this area.

Similarly, the offering of sanitary products has improved greatly, which is really encouraging.

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%	63%	90%					
OBSERVATION LEVELS ADHERED TO NO– YP											
0%	18%	0%	18%	0%	37%	10%					

OBSERVATION LEVELS ADHERED TO YES – MH											
April	May	June	July	August	Sept	October	November	December	January	February	March
100%	100%	100%	86%	100%	76%	90%					
OBSERVATION LEVELS ADHERED TO NO– MH											
0%	0%	0%	14%	0%	24%	10%					

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

CONCLUSION

The increase of observation levels not being adhered to is possibly the result of ICVs now examining whether visits were made within 5 minutes of the allotted observation times.

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%	87%	80%					
ACCESS TO L & D TEAM – NO (YOUNG PEOPLE)											
0%	9%	62%	18%	22%	13%	20%					
NO DETAIL FOUND IN THE CUSTODY RECORD											
62%	36%	25%	9%	11%	0%	0%					
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%	35%	33%					
ACCESS TO L & D TEAM – NO (MH VULNERABILITIES)											
16%	45%	0%	5%	39%	18%	62%					
NO DETAIL FOUND IN THE CUSTODY RECORD											
33%	27%	60%	50%	22%	47%	5%					

ANY EVIDENCE OF ACCESS TO THE L&D TEAM/MH TEAM OR REASONS FOR NO CONTACT (October Only)
<ul style="list-style-type: none"> • Seen in cell by MHT, refused to engage • Substance misuse worker seen. DP referred to hospital for 47 hours during which time clock was stopped. MHT informed about suicidal tendencies. CR states that DP likely to go to prison and MHT will liaise with prison MHT. • Seen in cell by youth worker and student nurse. DP declined support for cannabis use but is open to social care and YOT. • Seen by nurse and engagement worker, DP engaged appropriately . • DP saw a doctor who focussed on allergies. Stated DP first unfit for interview then said fit when DP more awake. DP declined referral to drug worker and leaflets. • Seen in cell by Lead Nurse. DP open to CAMHS and social care. • Seen in cell by engagement worker and student nurse. Stated that he did not need help to keep himself safe on release • Seen in cell by engagement worker and student nurse. Refused to engage • Attempted to be seen by CJLDT engagement worker - but DP declined to engage and was not open to MH Services. YOT alert to be sent, routine screen completed. • Saw CJLDT on 6/10/2018 at 14:37 • LDC contacted and they arranged MHA within 2 hrs.

- CJLDT screened
- Seen by CJMHT
- Seen by lead and student nurses, accepted support. Later received another visit from lead nurse and engagement worker.
- Seen in cell by youth worker, DP declined support

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.

There were two cases during the month of October (both MHV) who were only held during unsociable hours and therefore would not have had the opportunity to see the L & D team.

CHILDREN

DESIGNATED DETENTION ROOM

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%	38%	60%					
JUNIOR DETENTION CELL NOT ASSIGNED											
13%	9%	13%	9%	11%	50%	30%					
NO DETAIL IN CUSTODY RECORD FOUND											
50%	27%	13%	0%	33%	13%	10%					

RATIONALE AS TO WHY DP DID NOT RECEIVE A JUNIOR DETENTION CELL (October Only)
<ul style="list-style-type: none"> • Only JD room was taken and there was no one there to supervise DP. Therefore safest environment for him was an adult cell. • No juvenile cell available • No explanation available • No detail available

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 months of September and October 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.

YOUNG PEOPLE DETAINED OVERNIGHT

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%	50%	50%					
OF THOSE DETAINED, HOW MANY WERE ARRESTED IN THE EVENING OR EARLY HOURS OF THE MORNING											
80%	44%	80%	33%	67%	75%	20%					

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%	38%	40%					
NO DETAIL IN CUSTODY RECORD FOUND											
	18%	38%	18%	11%	0%	0%					

During the month of October an alternative care setting was sought on four occasions.

COMMENTS RELATING TO YOUNG PEOPLE IN CUSTODY (October Only)

- DP arrested for serious offence against a vulnerable person. Also has previous arrests and is therefore seen as a risk to the public. Kept in custody until CPS make decision. No reference is made to seeking alternative overnight accommodation however there is an entry explaining why it is necessary to keep the DP in custody overnight. DP was checked in using the 4th booking in point keeping him away from adults in the custody suite.
- No secure accommodation was available and detention overnight was deemed necessary to protect public safety. Additionally, moving DP would have effected rest period before court.
- Evidence gathering, risk to public and no secure accommodation so had to keep DP overnight. There is evidence that the Cos paid attention to the care and attention of the DP, especially overnight. This included moving the DP to a quieter wing so that they could sleep before court appearance the following morning.
- DP kept for next available court under outstanding warrant
- DP kept in custody in order to protect the DP (being used to drug deal) and to protect public (been known to threaten people with a weapon). Attempted to find accom but was told "it's a long process and there is no such accom near Derby".

CONCLUSION

There continues to be a number of occasions when a person under 18 years of age is held overnight, although it is pleasing to note that the rationale is included within the Custody Record.

As detailed in the comments above, during the month of October there were four occasions when Local Authority care was sought but none was available, we understand that a letter has been sent to remind the Local Authority of their responsibilities and we would suggest that this be followed up to ensure that the Local Authority can provide alternative accommodation when required.

MENTAL HEALTH (MH) VULNERABILITIES

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

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 (September /October ONLY)

- 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.
- Although DP asked for support re MH issues this was not addressed. CEWS were done. Given that DP was described as 'difficult to get hold of and known to run from police' no explanation why he was released on police bail.
- Not clear why DP was moved from Ripley to Chesterfield. Although DP said he wanted support re MH issues this was never addressed in CR.
- DP declared himself as having mental health issues and CS arranged an AA, but no mental health assessment was requested. DP requested support but there is no evidence that any was provided, e.g. there was no evidence of contact with L&D team.
- This DP was detained for over 48 hours and there are significant concerns in this report. The DP requests mental health support but there is no record of this being acted on, despite multiple interaction with medical staff. On page 32, reference is made to possible self harm, but the record is grammatically poor and unclear; "on arrival there was an where DP had tied lace around neck", this is both unclear and is recorded approx 7 hrs after detention, states that it is a late entry and details no record of when this was observed. This clearly raises a concern which does not appear to have been acted on. There is no record of any attempt to secure alternative accommodation for this vulnerable person.
- There appears to be some confusion over the observation levels - his care plan says 30 min roused visits, the detainee check frequency is set at 30 minutes, the level of observation is set at Level 2 "intermittent observation" (which we understand should be 15 minutes) yet his cell visits we re actually about 30 minutes apart. The DP identifies as having MH problems ("loads") yet no support was provided for him even though the statement says it must be (page 13).
- DP attempted to take own life, no evidence that they then referred to MH team or any other professional. Having said they would put DP in a safety suit they never did which left DP able to make a ligature with her bra and pants. This is worrying.
- DP self- identified as having depression, anxiety and bi-polar. Clearly a risk to others although that bit of the risk assessment is redacted from the record so not sure that the rationale is there. No evidence of L&D team screening or seeing DP even though he was held through working hours.
- This DP was in detention for over 48 hours and despite declaring depression and previous self-harm thoughts, there is no further no reference to MH team or potential MHA, other than MHA being listed as a potential reason for further detention (page 43). No reference was made to nominating an appropriate adult. On page 36, the DP was offered an 'Intelligence Interview' and appears to have accepted this, but there is no explanation of

outcome or even what it is. The Dp's clothes appear to have been removed but there is no reference to alternative wear or safety clothing.

- The DP self-declared a mental health condition; depression and was suffering from heroin withdrawal and taking large doses of Diazepam at time of detention. Despite these two factors and the fact that he was seen by HCPs, there is no reference to MHA or L&D referral. DP was put on constant observation and 30 minute rousal, but it is not possible to confirm whether constant observation was adhered to from the record (perhaps not possible to verify?). The rousals appear to have been observed during the first part of his detention, but then the DP was allowed to sleep uninterrupted, but observed.
- Medical section states that DP requires support for mental health issues. There is no reference in the report to any support being provided other than the provision of an AA.
- CR clearly identifies a DP with mental health issues who had a HP examination but no referrals to mental health assessment. CR refers to a release condition is an assessment by FME. There is no reference to this happening.
- Quite an efficient process. The record of the visit from Dr XXX, Radbourne Unit does not include his assessment or the outcome of his visit. The pre-release assessment and final General Detention entry are the only references to DP being sectioned and returned to Radbourne Unit.
- Although DP self identified as MH case HCP said 'no signs of acute MH or thought disorder'. So not dealt with as mental health case. CR stated 'CJLDT screened' - but unclear what this means - no further reference to this. DP requested arrest referral worker at start of detention but no further reference to this during detention - then on release DP refused help from referral worker .
- This DP was transferred to hospital for two days which explains the apparent delay in his receiving his rights and seeing a solicitor. Rights were not given on initial arrest, but on return. Disposal at 22.36 on 18th, bail denied but he detained in suite until 17.56 on 19th for court appearance. Re cell visits- on 17.10 documented that "DP asleep and breathing normally". On 18.10 at 17.34 recorded detainee visited, "appears asleep,- hatch opened DP asleep and was observed breathing OK." On both occasions DP still in hospital!
- didn't contact TAAS when arrived as DP was intoxicated, they said they would wait until sober and then call so he would understand R&E. Only took an hour to find a bed but stated they needed over an hour till it would be ready when in actuality it took 4. DP originally put on rousals but no reference to the 4Rs

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, as detailed previously, perhaps the introduction of a more robust process around the determination of the mental health vulnerability at the booking in stage would help with this.

REMOVAL OF CLOTHING

If the DPs 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.

CLOTHING	
	<ul style="list-style-type: none"> • Clothing removed for DP safety. Previously used razor on self in custody 2016. This was reviewed later on and soft tracksuit issued and put on constant observation.
	<ul style="list-style-type: none"> • Risk of self-harm or suicide
	<ul style="list-style-type: none"> • No. Reference to safety suit made but not when or why it was used.
	<ul style="list-style-type: none"> • Unclear, trainers, tracky bottoms and jogging top referred to in property
	<ul style="list-style-type: none"> • Initially DP placed in safety suit and was on level 1 observations. This was changed to track suit on review and at the same time observation levels were changed to level 4. DP then sent to hospital for 2 days. On return her hospital gown was put into property. CR does not state whether DP put in track suit again. DP had catheter in place.
	<ul style="list-style-type: none"> • Yes, no evidence of risk assessing the removal of shoes, this occurred at the beginning of detention, when it is stated that DP poses no risk to self or to others. Was later found with his trousers around his neck and therefore had clothing removed and safety suit provided.
	<ul style="list-style-type: none"> • Shoes removed but no risk assessment found.
	<ul style="list-style-type: none"> • Yes, trainers removed but no rational available

No evidence in any of the CRs examined that there were continuing risk assessments for these DPs.

CONCLUSION

As this criteria was only added during the month of September we are unable to provide comparative data.

The data is very surprising as the majority of DPs appear to have their footwear removed with no corresponding rationale to explain why.