

Report on an unannounced inspection visit to police custody suites in Cleveland

9 – 11 May 2011

**by HM Inspectorate of Prisons and
HM Inspectorate of Constabulary**





Inspecting policing
in the public interest

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1. Introduction

This report is one of a series on police custody carried out jointly by our two inspectorates. These inspections form an important part of the joint work programme of the criminal justice inspectorates. They also make a key contribution to the United Kingdom's response to its international obligation to ensure regular and independent inspection of all places of detention¹. The inspections look at strategy, treatment and conditions, individual rights and health care.

The unannounced inspection looked at the custody suites run by Cleveland police. The force operates three suites designated under the Police and Criminal Evidence Act (PACE). Each operates 24 hours a day and together they provide a total cell capacity of 71.

There was good strategic management of custody, assisted by a positive relationship with the Police Authority and an active independent custody visitors scheme. Management of custody was centralised and there was a sufficiently resourced body of permanent staff, who had good initial training – although refresher training was limited. Too much responsibility for quality assurance of custody records was left to the private provider of contracted designated custody officers, and this needed to be picked up by police managers.

The physical environment of the suites was good and safety procedures were generally satisfactory, although health and safety walk-throughs were underdeveloped and there was inappropriate dependence on CCTV for supervising those at risk of self-harm. Interactions with detainees were generally positive, although there was limited attention to diversity and particular vulnerabilities. The booking-in arrangements allowed only limited privacy. Some basic hygiene needs, for example showers and toilet paper, were only available on request. As we have found elsewhere, there was a lack of appropriate monitoring of the use of force.

An appropriate balance was maintained between progressing cases and the rights of individuals, and PACE was adhered to. Immigration detainees were too often held for lengthy periods. There were examples of serious delays in accessing appropriate adults to support juveniles and vulnerable adults. Arrangements for managing DNA and forensic samples were good but complaint procedures were poor.

Health care provision was generally good, supported by effective clinical governance and satisfactory medicines management. Substance misuse services were sound. Despite a newly introduced mental health diversion scheme, police custody was too often used as a place of safety under the Mental Health Act and further partnership work was needed with the local Mental Health Trust to address this.

Overall, police custody in Cleveland was well managed. Detainees were generally well treated, their rights respected and their most pressing needs attended to. This report provides a small number of recommendations to assist the force and the Police Authority to improve provision further. We expect our findings to be considered in the wider context of priorities and

¹ Optional Protocol to the United Nations Convention on the Prevention of Torture and Inhuman and Degrading Treatment.

resourcing, and for an action plan to be provided in due course.

Sir Denis O'Connor
HM Chief Inspector of Constabulary

Nick Hardwick
HM Chief Inspector of Prisons

July 2011

2. Background and key findings

- 2.1 HM Inspectorates of Prisons and Constabulary have a programme of joint inspections of police custody suites, as part of the UK's international obligation to ensure regular independent inspection of places of detention. These inspections look beyond the implementation of the Police and Criminal Evidence Act 1984 (PACE) codes of practice and *Safer Detention and Handling of Persons in Police Custody* 2006 (SDHP) guide, and focus on outcomes for detainees. They are also informed by a set of *Expectations for Police Custody*² about the appropriate treatment of detainees and conditions of detention, which have been developed by the two inspectorates to assist best custodial practice.
- 2.2 At the time of this unannounced inspection, Cleveland Police had three custody suites designated under PACE for the reception of detainees, operating 24 hours a day. These dealt with detainees arrested as a result of mainstream policing; we visited them all during the inspection. The force had a cell capacity of 71, with 32,865 detainees being held in the year to April 2011. In the same period, 206 detainees had been held for immigration matters. There was a standby custody suite at Stockton which was rarely used.
- 2.3 The designated custody suites and cell capacity of each was as follows:

Custody suite	Number of cells
Middlesbrough	50
Hartlepool	15
Redcar	6

- 2.4 HM Inspectorate of Prisons inspectors carried out a survey of prisoners at HMP Holme House who had formerly been detained at custody centres in the force area, to obtain additional evidence (see Appendix II).³
- 2.5 Comments in this report refer to all custody suites, unless specifically stated otherwise.

² <http://www.justice.gov.uk/inspectorates/hmi-prisons/expectations.htm>

³ **Inspection methodology:** There are five key sources of evidence for inspection: observation; detainee surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from detainees in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*.)

Strategic overview

- 2.6 There was good strategic leadership. The custody suite estate was well developed. Relationships between the Cleveland Police Authority (PA) and the force were positive, and there was an active independent custody visitors (ICV) scheme.
- 2.7 There was a centralised model of custody, with oversight and management from the criminal justice directorate (CJD). Staff working in custody were permanent and staffing levels were adequate. Custody sergeants were supported by designated detention officers (DDOs) employed by Reliance. All staff had custody-specific training, although there was limited refresher training. Partnership arrangements were well developed.
- 2.8 Quality assurance was mainly carried out by Reliance. 'Learning the lessons' information was disseminated to staff. Use of force information was not collated from custody.

Treatment and conditions

- 2.9 Custody staff treated detainees respectfully and team working was well developed. Awareness of some diversity issues was limited. Some aspects of privacy were poor, which had implications for respectful treatment and the safety of detainees.
- 2.10 Some of the initial risk assessments we observed lacked depth, and some risk management arrangements were overly cautious and there was an over reliance on closed-circuit television (CCTV) for monitoring very vulnerable detainees. Arrangements for handovers were inadequate.
- 2.11 The physical environment of custody suites was good; they were clean, bright and free of graffiti. We found some ligature points in cells. Staff were aware of fire evacuation arrangements but these had not been practised. Health and safety walk-throughs were in place but underdeveloped.
- 2.12 Detainees were given a mattress but blankets were not routinely issued at night. Paper suits were generally provided when clothes were removed and, if needed, track suits on release from custody. We saw limited evidence that showers, outside exercise or reading materials were offered. The food provided was adequate but not all custody records showed that it had been offered.

Individual rights

- 2.13 There was a positive approach to balancing the priorities of progressing investigations with the rights of detainees. Custody sergeants checked to ensure that detention was appropriate and had a focus on alternatives to custody. PACE was adhered to.
- 2.14 Detainees were usually asked if they had any dependency obligations. Pre-release risk assessments were not always completed, and some we saw were poor. Detainees held for immigration matters were routinely detained for over two days. Arrangements for providing appropriate adults (AAs) were mixed, with problems out of hours and for supporting vulnerable adults.

- 2.15 Arrangements for storing and managing DNA and forensic samples were good. Court cut-off times were generally reasonable. Detainees were not told how to make a complaint, and when they did, the arrangements for dealing with them were poor.

Health care

- 2.16 Primary care services were provided by Reliance and there were good clinical governance arrangements. Clinical rooms were in good condition. The management of medications was robust. All the custody suites had full resuscitation kits and staff were trained in their use.
- 2.17 Detainee health care provision was generally good. Waiting times were reasonable but delays sometimes occurred.
- 2.18 Arrangements for providing symptomatic relief for substance users were good and detainees could continue to receive their prescribed medications. Substance use services included support for alcohol issues but there was only signposting for juveniles.
- 2.19 A newly introduced mental health diversion service was operating which was a positive development, but too many detainees were held in police custody under section 136 of the Mental Health Act 1983.⁴

Main recommendations

- 2.20 Staff should ensure that detainee risk assessments reflect all available information and regular management checks on risk assessments and detention records should be undertaken.
- 2.21 Closed-circuit television (CCTV) should not be used when it is deemed necessary for constant observation of a detainee to take place.
- 2.22 The Mental Health Trust should improve access to section 136 suites to minimise the extent to which people with mental health problems are held in police custody.

⁴ Section 136 enables a police officer to remove someone from a public place and take them to a place of safety – for example, a police station. It also states clearly that the purpose of being taken to the place of safety is to enable the person to be examined by a doctor and interviewed by an approved social worker, and for the making of any necessary arrangements for treatment or care.

3. Strategy

Expected outcomes:

There is a strategic focus on custody that drives the development and application of custody specific policies and procedures to protect the wellbeing of detainees.

- 3.1 There was evidence of sound strategic leadership and planning of custodial provision, with strong support from the PA. The assistant chief constable (ACC) had the strategic lead for custody provision. He maintained an overview of custody through a superintendent in the CJD. The force also had a 'custody gold group', which scrutinised performance in custody to ensure that key targets were met.
- 3.2 The force operated a centralised custody structure. This was managed through a team based at headquarters (HQ), led by the CJD superintendent, who was well supported by a chief inspector and a custody team. This command structure ensured corporacy, and permanent staffing in the custody suites reduced risk while allowing delivery of a good service. There were clear and accountable chains of command which all staff understood, and they knew whom to contact if they needed to escalate an issue. Police inspectors were custody managers for the main custody suites.
- 3.3 The custody suites at Middlesbrough and Redcar were relatively new Private Finance Initiative (PFI) buildings, which had been provided by a private company, Reliance. Reliance also provided the DDOs and some of their management staff worked alongside the central custody team at HQ. There were strong and collaborative relationships with Reliance. The custody suite at Hartlepool was a PA-owned building and had been recently refurbished to the same standards as the PFI builds.
- 3.4 The ACC sat on the Local Criminal Justice Board (LCJB), which included representatives from the Crown Prosecution Service, the Youth Offending Service and defence solicitors but there was no representative from the UK Border Agency (UKBA). Partnerships were described as strong. Although the LCJB was undergoing change, we picked up no negative feedback from the partners. All of those we spoke to reported good working relationships, which were professional and mutually respectful.
- 3.5 The PA ran an ICV scheme, which was very active. There was one PA-employed ICV scheme coordinator and one panel coordinator for each custody suite. They were seen and supported quarterly by the PA lead officer for custody. ICVs had recently received training, which they had welcomed, and two further training sessions were planned for 2011. ICVs told us that they felt welcomed by the force and its staff. There were good systems for capturing their feedback, with consistent updating and quick resolution of concerns.
- 3.6 All police staff had received nationally accredited custody training. Custody sergeants were permanently deployed on two-year tenures. They had completed a two-week custody course and refresher first-aid/personal safety training but no other custody-specific ongoing refresher training was provided (for example, in working with vulnerable groups). DDOs had their own internal line management structure. Reliance provided training to DDOs before they started work in the custody suites.
- 3.7 Up to 25% of custody records were dip-sampled by Reliance staff, who reported the results to the force. This was limited because it used only quantitative measures to gauge contractual performance indicators, precluding any proper focus on managing the risk of harm in custody

and on outcomes for detainees. The force did not dip-sample custody records; this was a weakness, resulting in too much dependency on information provided by Reliance.

Recommendation

- 3.8** Cleveland police should undertake regular dip-sampling of custody records, focusing on the management of risk of harm and on the quality of detainee care.

4. Treatment and conditions

Expected outcomes:

Detainees are held in a clean and decent environment in which their safety is protected and their multiple and diverse needs are met.

Respect

- 4.1 Most detainees were brought to the custody suites in vans. Those that we inspected were reasonably clean.
- 4.2 There was a monitoring system to help to minimise waiting times for detainees to be booked in, and waiting times were brief. We observed staff interacting positively and respectfully with detainees, using their first names.
- 4.3 Some booking-in desks were too high. The desk at Redcar had a particularly high screen, so some staff stood while booking in detainees. Detainees were allowed to approach the desks at all custody suites, and the friendly manner with which most staff addressed them helped to overcome the somewhat obstructive layout. However, conversations could be overheard easily, and there were no special facilities for booking in those who might need to disclose sensitive information in private.
- 4.4 There was limited awareness of diversity, and the 'one size fits all' approach taken to booking in detainees sometimes seemed to result in the particular needs of women, juveniles and members of minority groups being overlooked. We spoke to a juvenile at Middlesbrough who had been in custody for 10 hours without having an AA provided or being given anything to read. There were no hearing loops available for those with a hearing impairment, or any information in Braille, although some staff were trained in the use of sign language. Home Office online resources for booking in deaf detainees were inaccessible, owing, we were told, to the Cleveland Police computer firewall. Staff told us that they dealt with children and young people in an age-appropriate manner, and our observations supported this claim. However, staff had not attended awareness training dealing with child protection or the safeguarding of children.
- 4.5 All bed plinths in the cells were low, which made them unsuitable for some older detainees and those with disabilities. This was the case even in the cell at Hartlepool, which, with the installation of a low-level cell call bell, had been adapted for the use of detainees with disabilities.
- 4.6 Female detainees were asked if they wanted to speak to a female officer, and a custody sergeant at Redcar told us that a transgender detainee would be offered a choice of being searched by male or female staff.
- 4.7 At Hartlepool, we observed a Muslim foreign national detainee being booked in, with staff asking him appropriate questions about his religion and diet. We were told that a Bible and Qur'an were available at all custody suites but items for religious observance were not always stored respectfully. At Middlesbrough, we found a prayer mat not stored appropriately. At Redcar, the prayer mat could not be found and staff did not have the means to ascertain the direction of Mecca.

Recommendations

- 4.8 Arrangements in booking-in areas should allow for private communication between detainees and staff.
- 4.9 Staff should be trained to recognise and provide for the individual needs of detainees, particularly those who are deemed to be vulnerable for some reason.

Housekeeping point

- 4.10 Items for use in religious observance should be stored respectfully.

Safety

- 4.11 Staff conducted risk assessments with detainees on arrival at the custody suite; in many instances they worked through the standard questions carefully, asking detainees for clarification and further information, but we also observed some rushing through the questions too quickly, giving detainees little time to think about their responses. Our custody record analysis raised further concerns about the quality of risk assessments and recording. For example, there were cases where self-harm was not cited in the risk assessment, yet the care plans specified that frequent observation was necessary because of indications of self-harm.
- 4.12 While Police National Computer (PNC) warning markers about previously identified risks were checked, we were not convinced that the system in which DDOs were asked to put new markers onto the PNC was practicable at busy times, or subject to sufficient checks. There was evidence that care plans were reviewed appropriately, although some custody officers made almost all detainees subject to 30-minute checks, which seemed disproportionate. DDOs knew how to check detainees and use proper rousing to elicit responses. We were told that vulnerable detainees were normally detained at Middlesbrough, where they could better be offered appropriate levels of supervision.
- 4.13 There was a police system for reporting incidents in custody but there appeared to be some confusion about the meaning of terms such as 'near miss'. A parallel incident reporting system operated by Reliance seemed to duplicate this and was confusing. The Independent Police Complaints Commission (IPCC) 'learning the lessons' information was disseminated from HQ through email, a bulletin and an intranet page, which was comprehensive, but some staff did not know where to find this information. In addition, some very minor points were being reported, which risked clogging up the system and causing important lessons to be lost.
- 4.14 At Middlesbrough, one DDO's role was to watch a bank of CCTV monitors but he had other duties which could distract him from observation work. With the large number of cells and the vulnerability of many detainees at that particular custody suite, this procedural weakness presented a potential threat to the safety of detainees and staff.
- 4.15 Staff at Middlesbrough and Redcar carried anti-ligature knives but not all did so at Hartlepool.
- 4.16 There were separate staff handovers for custody sergeants and DDOs. The handover we observed at Middlesbrough was disorganised; staff arrived and left during the process, and there was no attempt to suspend the booking-in of detainees until the handover had been completed. With custody sergeants DDOs responsible for up to 46 detainees at

Middlesbrough, we were not convinced that the handover would provide them with sufficient knowledge about all the detainees for whom they were responsible.

Recommendations

- 4.17 The process for placing new risk markers on the Police National Computer should be more robust.
- 4.18 All staff should carry anti-ligature knives.
- 4.19 Handover arrangements should allow for comprehensive briefing for staff to take place, and should include both custody sergeant and detention officers.

Housekeeping point

- 4.20 The system for recording incidents should be reviewed to simplify it and to clarify the meanings of the terms used.

Use of force

- 4.21 All staff had been trained in restraint techniques and received regular refresher training. Detainees were not usually examined by a health care professional after force had been used, unless there had been a reported injury.
- 4.22 Police officers appropriately considered the necessity and proportionality of handcuffing, so relatively few detainees arrived in handcuffs.
- 4.23 Although police officers were expected to complete a form each time they used force, custody staff recorded use of force in custody only on detention logs. Staff told us that they could not recall completing a use of force form for incidents in the custody suite. The use of force was not monitored in the custody suites, and use of force data were not collated and analysed.

Recommendation

- 4.24 Cleveland police should monitor the use of force at each custody suite by ethnicity, age, location and officers involved, in line with Association of Chief Police Officers (ACPO) guidance.

Physical conditions

- 4.25 All custody suites were clean, bright, well decorated and mainly free of graffiti. Staff at all custody suites were proactive in ensuring that repairs were undertaken regularly, including the removal of graffiti, and there was a systematic programme of regular deep cleaning. Although the heating could be controlled by staff, some detainees at Hartlepool told us that they were cold.
- 4.26 There was no systematic programme of health and safety walk-throughs by custody managers. Reliance carried out daily cell checks but police inspectors did not perform weekly

or monthly checks in accordance with the safer detention guidance⁵ and they relied almost totally on the checks carried out by Reliance. Health and safety quarterly checks were undertaken by the force but they were not custody specific.

- 4.27 Staff explained the use of cell call bells and we saw them responding to them promptly.
- 4.28 We found some ligature points in cells but they presented a relatively low risk and were not obvious. These were pointed out to the force during the inspection.
- 4.29 We were told that there was a programme of fire drills but the staff we spoke to could not recall having been involved in practice evacuations. Plastic handcuffs for use in the event of an evacuation were available beside each cell. Smoking was not allowed in the custody suites or exercise yards.

Recommendations

- 4.30 A systematic programme of health and safety walk-throughs should be established and staff appropriately trained to carry them out, and the results should be reviewed by custody managers.
- 4.31 Regular fire practice evacuations should be conducted.

Personal comfort and hygiene

- 4.32 Mattresses and blankets were clean but detainees were not routinely offered blankets. Pillows were not available. In our survey, 61% of respondents held overnight said that they had not been offered clean bedding, against the 28% comparator.
- 4.33 All cells contained CCTV and coverage of the toilet area was not obscured on monitors. Toilet paper and female hygiene packs were given to detainees only on request. Razors, soap and other hygiene materials were also available.
- 4.34 Showers were clean and efficient but were offered only rarely. They were poorly screened, allowing little privacy, particularly for female detainees at Middlesbrough. In our survey, no detainees reported having been offered a shower, and this finding was supported by our analysis of custody records.
- 4.35 Two-piece paper suits were provided to detainees who did not want cords to be removed from their clothing. Those whose clothing was heavily soiled, or seized for evidential purposes, were issued with track suit tops and bottoms, of which good stocks were available. Plimsolls were also issued when needed. We were told that replacement underwear was available but none could be found at the time of the inspection.

Recommendations

- 4.36 Pillows should be provided, and every detainee should be offered a blanket.
- 4.37 Toilet areas should be obscured on closed-circuit television monitors and detainees should be informed of this.

⁵ NCPE (2006) *Guidance on the Safer Detention and Handling of Persons in Police Custody*; London, Home Office

- 4.38 All detainees held overnight, or who require one, should be offered a shower, which they should be able to take in private.

Housekeeping point

- 4.39 Toilet paper should be available in each cell, and all female detainees should be informed that sanitary products are available if they need them.

Catering

- 4.40 Pot Noodle and ambient microwave meals were available, offering a reasonable choice of food, including meals suitable for Muslim detainees, vegetarians and other diets. The temperature of microwave meals was not tested or recorded. Breakfast consisted of a 'Frosties' bar, which was inadequate. No attempts were made to offer food from the police station canteens as a way of improving the variety and calorific value of detainees' meals.
- 4.41 Custody records indicated that many detainees had not been offered food at regular intervals. In our survey, 29% of detainees said that they thought the food they had been offered was sufficient for their dietary needs, which was similar to the comparator.
- 4.42 Detainees were offered hot and cold drinks at suitable intervals.

Recommendation

- 4.43 Food provided should be of sufficient quality and calorific content to sustain detainees for the duration of their stay or their court appearance. It should be offered to all detainees at mealtimes, and always be recorded in the custody log.

Housekeeping point

- 4.44 The temperature of microwave meals should be checked and recorded before serving.

Activities

- 4.45 Each custody suite had a small but bright and airy exercise yard, although they were used infrequently.
- 4.46 Some custody suites had a small stock of magazines and newspapers but at Redcar and Hartlepool there was nothing available in languages other than English, or that might be of interest to juvenile detainees. At Middlesbrough, there was a small stock of books but all appeared to be in Asian languages. Very few of our survey respondents had been offered anything to read.
- 4.47 There were good facilities for closed visits at Middlesbrough and Hartlepool. Staff told us that these were used infrequently, mainly for foreign national detainees likely to be in custody for several days.

Recommendation

- 4.48 Detainees held for long periods should be offered outside exercise.

Housekeeping point

- 4.49 Reading materials suitable for a range of detainees, including young people and those whose first language is not English, should be made available.

5. Individual rights

Expected outcomes:

Detainees are informed of their individual rights on arrival and can freely exercise those rights while in custody.

Rights relating to detention

- 5.1 We observed custody staff asking arresting officers detailed questions about the reasons for, and purpose of, arrest, occasionally suggesting alternative processes such as voluntary attendance. Custody sergeants were able to offer examples of when they had refused to detain because they had not been satisfied that it would be lawful.
- 5.2 On booking-in, detainees were told that they could inform someone of their whereabouts. Access to legal advice was offered, and those who declined were told that they could change their mind later. Although we observed detainees being given the opportunity to make a telephone call, our survey indicated that only 28% of respondents, against the 50% comparator, had been offered a free telephone call.
- 5.3 A total of 206 detainees had been held for immigration matters for the year to April 2011. Staff told us that it was not unusual for them to be held for two or three days before being collected by UKBA. In the booking-in area at Redcar, there was a poster designed to help identify detainees speaking minority languages but staff could not find copies of information about detainees' rights translated into languages other than English. A telephone interpreting service and two-handset telephones were used with detainees whose English was limited, and face-to-face interpreters when required.
- 5.4 Custody sergeants assured us that they would not allow the custody suites to be used as places of safety for children and young people under section 46 of the Children Act 1989.⁶
- 5.5 We observed staff asking detainees if they had had any dependency obligations and checking that suitable arrangements had been made.
- 5.6 Pre-release risk assessments were very basic, often involving a simple re-statement of the original risk assessment, with no attempt made to identify any actions needed. There was little provision of advice and information for vulnerable detainees about sources of further help.

Recommendations

- 5.7 Subject to risk assessment, all detainees should be offered the opportunity to make a telephone call and enabled to do so.
- 5.8 Senior police officers should engage with the UK Border Agency to ensure that the time spent in police custody by immigration detainees is minimised.

⁶ Section 46(1) of the Children Act 1989 empowers a police officer, who has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, to remove the child to suitable accommodation and keep him/her there.

- 5.9 Pre-release risk assessments should be completed, and detainees who disclose problems on release should be offered information about sources of help.

Housekeeping point

- 5.10 Information about rights and entitlements should always be available in a range of formats that meet specific needs.

Rights relating to PACE

- 5.11 During the booking-in process, detainees were told that they could read the PACE codes of practice, copies of which were available at the booking-in desks. At Middlesbrough, there was a designated PACE inspector, who travelled to the other custody suites to undertake reviews or completed them by telephone when necessary. The reviews we observed were conducted fairly and detainees were given the opportunity to ask questions. Our custody record analysis showed that reviews were conducted at the required intervals.
- 5.12 Staff told us that they usually tried to find relatives to act as AAs. When relatives were unavailable, AAs were sought from the social services emergency duty team (EDT). However, most staff we spoke to were dissatisfied with the service provided, as there were often long waits, AAs were not available after 10pm and an AA would sometimes refuse to see another vulnerable detainee who had been brought to the custody suite in the meantime. We came across a juvenile who had waited over 12 hours to be told of his rights, as his mother had been unavailable. At Middlesbrough, a service for adults with mental health difficulties was provided by the local branch of Mind, and staff were more satisfied with that provision. PACE beds for juveniles were apparently never available. The force adhered to the PACE definition of a child instead of that in the Children Act 1989, which meant that those aged 17 were not provided with an AA unless otherwise deemed vulnerable.⁷
- 5.13 Custody staff told us that detainees were not interviewed while under the influence of drugs or alcohol, and our check of those in custody during the inspection supported that assertion.
- 5.14 There were several clean, well-equipped interview rooms at each custody suite for consultations with solicitors. Solicitors we spoke to were generally appreciative of custody staff and were satisfied that detainees' rights were upheld. Posters advertising the ICV scheme and the availability of free legal advice were displayed in the Middlesbrough and Redcar booking-in areas. We saw solicitors being provided with copies of detainees' custody records.
- 5.15 Court cut-off times varied but were reasonable, being approximately 3pm on weekdays and 11am on Saturdays.
- 5.16 The management of DNA and forensic samples was good. There were clear procedures in respect of continuity of evidence and collection of samples. We identified only some limited local issues regarding some old forensic samples that had not been removed from the custody suites for onward storage or processing.

⁷ Although this met the current requirements of PACE, in all other UK law and international treaty obligations, 17-year-olds are treated as juveniles. The UK government has committed to bringing PACE into line as soon as a legislative slot is available.

Recommendation

- 5.17 Appropriate adults should be available to support without undue delay juveniles and vulnerable adults in custody, including out of hours.

Rights relating to treatment

- 5.18 We were told that detainees who wished to make a complaint would be asked on leaving custody to go to the front desk to see the duty inspector. Staff were unable to say how detainees remanded in custody might complain. Detainees were not advised of the complaints process on arrival.

Recommendation

- 5.19 Detainees should be routinely informed about how they can make a complaint about their care and treatment and be able to do this before they leave custody.

6. Health care

Expected outcomes:

Detainees have access to competent health care professionals who meet their physical health, mental health and substance use needs in a timely way.

Clinical governance

- 6.1 Reliance provided primary care health services, and both nurses and forensic medical examiners (FMEs) were supplied. The service was reasonably good, with effective clinical governance. Drug and alcohol services were integrated and provided by ADOCT, which provided a 24-hour service, seven days a week. Seven weeks before the inspection, a new, reconfigured mental health service had started operating in the custody suites. The criminal diversion team function had changed to the Criminal Justice Liaison Service (CJLS).
- 6.2 Reliance worked closely with frontline police staff and the lead chief inspectors for health and community services, and there was good teamwork. Forums existed for detention and health care staff to discuss practice issues and lessons learnt were used. Those we spoke to referred to a forum on the intranet called 'the good, the bad and the ugly', which was used for sharing issues. Police inspectors oversaw the respective health, mental health and substance use services contracts. The force and NHS partners believed that the combination of Reliance health care services, ADOCT and CJLS provision offered more integrated offender supervision and health care pathways, with increased opportunities for diversion from custody for those with physical and mental health problems, and early indications were positive.
- 6.3 Nursing staff that we observed were courteous and caring, and staff had access to telephone interpreting services if required. Female detainees usually had access to health care staff of their own gender; when this was not possible, female custody staff or female police constables were made available to accompany male health care staff. In our survey, 39% of detainees said that they had been seen by a nurse, compared with the 21% comparator.
- 6.4 Clinical governance arrangements included clear lines of management and accountability, and Reliance checked staff members' credentials. FMEs were from a variety of backgrounds, including general practice, psychiatry, forensic medicine and other medical specialties. At the time of the inspection, not all FMEs were approved clinicians under section 12 of the Mental Health Act but Reliance had been working with Teesside University to create an accredited course which would address the matter. There was an induction programme, which included opportunities to shadow more experienced staff, and nurses and FMEs completed mandatory training, some of which related to working in the criminal justice system and with people who had mental health needs. There were opportunities for staff working for all three health care providers to receive clinical supervision and a programme of annual appraisal. Both the force and Reliance reported very few health care complaints and none had been received in the current year to date.
- 6.5 The clinical rooms at all three custody suites were in good order. The examination couches were robust but the heights could not be varied. There was good attention to the privacy and confidentiality of detainees during consultations, with the doors being closed, although privacy screens were not available in every room. An infection control audit had been carried out and clinical rooms were clean, spacious and well equipped. Rooms were not used by custody staff and all rooms were locked when not in use. We saw patient information leaflets in the clinical rooms but Middlesbrough was the only site to display health screening or promotion materials.

- 6.6 Medicine management was satisfactory and supported by appropriate policies and protocols. All medications were administered by health care staff, and nurses had a satisfactory range of medications that could be given using patient group directions. All stock was managed by the lead nurse and all medicines were recorded in a loose-leaf folder. Although the Reliance medicines policy indicated that any controlled drug would be recorded in a bound controlled drug register, this was not the case. Stock was checked regularly and we did not find any out-of-date medicines. There were few discrepancies and all were investigated appropriately. All clinical rooms had the facility to store heat-sensitive products. We found out-of-date pharmacological reference materials in the clinical rooms.
- 6.7 In our survey, 28% of detainees previously on medications said that they were able to continue on them while in custody. Custody staff made attempts to retrieve medications from detainees' home and the local pharmacy if necessary. Depending on police availability, officers obtained methadone from the pharmacy. Only the prescribing FME supervised the self-administration of methadone though this was dependent on the availability of the FME. Symptomatic relief was available for those withdrawing from substances and alcohol.
- 6.8 Emergency treatment and resuscitation equipment were available and accessible in all of the custody suites. The equipment included oxygen with masks and tubing, and automated external defibrillators. First-aid kits were not available at Redcar. First-aid and resuscitation training was delivered on a rolling programme for custody staff. We were told that equipment was checked regularly but we did not see records of checks.

Recommendations

- 6.9 Controlled drugs specified in Schedule 2 to the Misuse of Drugs Regulations 2001 should be recorded in the controlled drug register.
- 6.10 Custody staff should have access to a full range of appropriate first-aid and resuscitation equipment that is checked and recorded regularly.

Housekeeping points

- 6.11 Privacy screens should be provided in the consultation rooms.
- 6.12 Out-of-date pharmacological reference materials should be discarded and replaced by up-to-date materials.

Patient care

- 6.13 Reliance provided one nurse and one doctor per shift and they covered the three custody suites. There was a 24-hour service, managed through two 12-hour shifts.
- 6.14 New arrivals were asked if they wanted to see a health care professional, or custody officers referred them to one if they presented any health-related concerns. Custody staff rang a call centre to request the attendance of a health care professional, and call-out and response times were entered on the custody record. Nursing staff were based in Middlesbrough and visited the other custody suites when needed. FMEs were on call and required to attend within a set time of between 35 and 150 minutes, depending on the situation. In our sample of 33 custody records, nine detainees had been seen by a health care professional; the longest wait had been approximately 3.5 hours but seven had waited under an hour. Custody staff were

generally happy with response times but there were issues with some FMEs, who were reluctant to attend out of hours.

- 6.15 Clinical records were maintained on paper and electronically, and relevant entries were made to custody records. Information was shared appropriately and ensured that detainees were managed safely and cared for professionally. Clinical records were all stored at Middlesbrough in line with data protection requirements and Caldicott principles.⁸

Substance use

- 6.16 In our survey, 65% of respondents said that they had a drug or alcohol problem, which was similar to the comparator. Of these, 59% had been offered the chance to see a substance use worker but only 17% had been offered symptomatic relief.
- 6.17 The ADAPT team provided care in each of the custody suites but only Middlesbrough was staffed 24 hours a day. The evening and night shift addictions worker provided on-call cover to the other two custody suites. In addition to seeing those who fell within the criteria for drug testing, they saw other detainees who were under the influence of drugs or alcohol. Drug workers also attended court if necessary. Substance use services were offered to adults aged 18 or above, and juveniles were signposted to services for young people. The service was monitored by ADAPT and found to be successful.
- 6.18 A needle exchange service was available but rarely required, and detainees who needed it were also signposted to needle exchange services in the community.

Mental health

- 6.19 Operational policies and protocols for mental health working were up to date and included the information-sharing- and multi-agency safeguarding protocols.
- 6.20 Staff from the CJLS were based in the Middlesbrough custody suite from Monday to Friday, from 9am to 5pm, and offered in-reach to the other custody suites. Mental health workers provided information to custody staff about detainees' previous contact with mental health services. They also met relevant detainees and supported them to link in with the community mental health services. After-hours provision was limited; at the time of the inspection, the contracts manager was reviewing the service, with a view to extending the hours of operation. At the time of the inspection, CJLS staff did not have access to the police electronic custody record system, as the relevant checks had not been completed.
- 6.21 The EDT was called out of hours but we were told that response times were poor, which meant that people remained detained for longer than was necessary. Mind had been contracted to provide AAs for those with mental health problems.
- 6.22 Although the constabulary had tried to ensure that the local mental health trusts improved their section 136 services, people were still being routed via the custody suites, as the hospital would not accept them. Since 2008, the number of section 136 detainees coming into police custody had reduced from 50 to, on average, 27 per month, which was still unacceptably high. The Tees, Esk and Wear Valley Mental Health Trust had a policy of not accepting people who were violent or intoxicated but their assessment of cases was not sufficiently robust, as anyone

⁸ The Caldicott review (1997) stipulated certain principles and working practices that health care providers should adopt to improve the quality of, and protect the confidentiality of, service users' information.

who smelled of alcohol or was slightly agitated was not accepted. In addition, people were sometimes turned away because there were insufficient staff to operate the section 136 suite. A police inspector scrutinised all section 136 cases using police custody as a place of safety, and the chief inspector lead for community services discussed the assessment of usage with the Trust.

- 6.23** Police officers had not undergone any recent mental health awareness training. A new comprehensive risk assessment tool was available, although not yet in use, which assisted DDOs in assessing whether people needed to be detained under section 136.

Recommendation

- 6.24** Custody staff should have appropriate training to recognise and take appropriate action when a detainee may have mental health problems, and work effectively with health care staff to ensure a detainee's care.

Housekeeping point

- 6.25** Criminal Justice Liaison Service (CJLS) staff should have access to the police electronic custody record system, in order to contribute relevant information to detainees' records.

7. Summary of recommendations

Main recommendations

- 7.1 Staff should ensure that detainee risk assessments reflect all available information and regular management checks on risk assessments and detention records should be undertaken. (2.20)
- 7.2 Closed-circuit television (CCTV) should not be used when it is deemed necessary for constant observation of a detainee to take place. (2.21)
- 7.3 The Mental Health Trust should improve access to section 136 suites to minimise the extent to which people with mental health problems are held in police custody. (2.22)

Recommendations

Strategy

- 7.4 Cleveland police should undertake regular dip-sampling of custody records, focusing on the management of risk of harm and on the quality of detainee care. (3.8)

Treatment and conditions

- 7.5 Arrangements in booking-in areas should allow for private communication between detainees and staff. (4.8)
- 7.6 Staff should be trained to recognise and provide for the individual needs of detainees, particularly those who are deemed to be vulnerable for some reason. (4.9)
- 7.7 The process for placing new risk markers on the Police National Computer should be more robust. (4.17)
- 7.8 All staff should carry anti-ligature knives. (4.18)
- 7.9 Handover arrangements should allow for comprehensive briefing for staff to take place, and should include both custody sergeant and detention officers. (4.19)
- 7.10 Cleveland police should monitor the use of force at each custody suite by ethnicity, age, location and officers involved, in line with Association of Chief Police Officers (ACPO) guidance. (4.24)
- 7.11 A systematic programme of health and safety walk-throughs should be established and staff appropriately trained to carry them out, and the results should be reviewed by custody managers. (4.30)
- 7.12 Regular fire practice evacuations should be conducted. (4.31)
- 7.13 Pillows should be provided, and every detainee should be offered a blanket. (4.36)

- 7.14 Toilet areas should be obscured on closed-circuit television monitors and detainees should be informed of this. (4.37)
- 7.15 All detainees held overnight, or who require one, should be offered a shower, which they should be able to take in private. (4.38)
- 7.16 Food provided should be of sufficient quality and calorific content to sustain detainees for the duration of their stay or their court appearance. It should be offered to all detainees at mealtimes, and always be recorded in the custody log. (4.43)
- 7.17 Detainees held for long periods should be offered outside exercise. (4.48)

Individual rights

- 7.18 Subject to risk assessment, all detainees should be offered the opportunity to make a telephone call and enabled to do so. (5.7)
- 7.19 Senior police officers should engage with the UK Border Agency to ensure that the time spent in police custody by immigration detainees is minimised. (5.8)
- 7.20 Pre-release risk assessments should be completed, and detainees who disclose problems on release should be offered information about sources of help. (5.9)
- 7.21 Appropriate adults should be available to support without undue delay juveniles and vulnerable adults in custody, including out of hours. (5.17)
- 7.22 Detainees should be routinely informed about how they can make a complaint about their care and treatment and be able to do this before they leave custody. (5.19)

Health care

- 7.23 Controlled drugs specified in Schedule 2 to the Misuse of Drugs Regulations 2001 should be recorded in the controlled drug register. (6.9)
- 7.24 Custody staff should have access to a full range of appropriate first-aid and resuscitation equipment that is checked and recorded regularly. (6.10)
- 7.25 Custody staff should have appropriate training to recognise and take appropriate action when a detainee may have mental health problems, and work effectively with health care staff to ensure a detainee's care. (6.24)

Housekeeping points

Treatment and conditions

- 7.26 Items for use in religious observance should be stored respectfully. (4.10)
- 7.27 The system for recording incidents should be reviewed to simplify it and to clarify the meanings of the terms used. (4.20)

- 7.28 Toilet paper should be available in each cell, and all female detainees should be informed that sanitary products are available if they need them. (4.39)
- 7.29 The temperature of microwave meals should be checked and recorded before serving. (4.44)
- 7.30 Reading materials suitable for a range of detainees, including young people and those whose first language is not English, should be made available. (4.49)

Individual rights

- 7.31 Information about rights and entitlements should always be available in a range of formats that meet specific needs. (5.10)

Health care

- 7.32 Privacy screens should be provided in the consultation rooms. (6.11)
- 7.33 Out-of-date pharmacological reference materials should be discarded and replaced by up-to-date materials. (6.12)
- 7.34 Criminal Justice Liaison Service (CJLS) staff should have access to the police electronic custody record system, in order to contribute relevant information to detainees' records. (6.25)

Appendix I: Inspection team

Sean Sullivan	HMIP team leader
Paddy Craig	HMIC inspector
David Thompson	HMIC inspector
Gary Boughen	HMIP inspector
Peter Dunn	HMIP inspector
Mick Bowen	HMIP health care inspector
Kate Tucker	CQC inspector
Rachel Murray	HMIP researcher
Amy Summerfield	HMIP researcher

Appendix II: Summary of detainee questionnaires and interviews

Detainee survey methodology

A voluntary, confidential and anonymous survey of the prisoner population, who had been through a police station in Cleveland, was carried out for this inspection. The results of this survey formed part of the evidence-base for the inspection.

Choosing the sample size

The survey was conducted on 3 May 2011. A list of potential respondents to have passed through Middlesbrough, Hartlepool or Redcar police stations was created, listing all those who had arrived from Middlesbrough or Hartlepool magistrate's court within the previous three months.⁹

Selecting the sample

On the day, the questionnaire was offered to 48 respondents; one questionnaire was returned blank and there were five non-returns. All of those sampled had been in custody within the previous three months.

Completion of the questionnaire was voluntary. Interviews were offered to any respondents with literacy difficulties. No respondents were interviewed.

Methodology

Every questionnaire was distributed to each respondent individually. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- to fill out the questionnaire immediately and hand it straight back to a member of the research team;
- have their questionnaire ready to hand back to a member of the research team at a specified time; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Response rates

In total, 42 (88%) respondents completed and returned their questionnaires.

⁹ Researchers routinely select a sample of prisoners who have been held in police custody suites within the previous two months. Where numbers are insufficient to ascertain an adequate sample, the time limit is extended up to six months. The survey analysis continues to provide an indication of perceptions and experiences of those who have been held in these police custody suites over a longer period of time.

Comparisons

The following details the results from the survey. Data from each police area have been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses were excluded from the analysis.

The current survey responses were analysed against comparator figures for all prisoners surveyed in other police areas. This comparator is based on all responses from prisoner surveys carried out in 40 police areas since April 2008.

In the comparator document, statistical significance is used to indicate whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not held over night' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up, as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2 % from that shown in the comparison data, as the comparator data have been weighted for comparison purposes.

Survey results

Police custody survey

Section 1: About you

Q2	What police station were you last held at?			
	Middlesbrough – 27; Hartlepool – 12; Redcar – 2; Unknown - 1			
Q3	How old are you?			
	16 years or younger.....	0 (0%)	40-49 years.....	2 (5%)
	17-21 years	5 (12%)	50-59 years.....	1 (2%)
	22-29 years	16 (38%)	60 years or older	2 (5%)
	30-39 years	16 (38%)		
Q4	Are you:			
	Male.....			42 (100%)
	Female			0 (0%)
	Transgender/transsexual			0 (0%)
Q5	What is your ethnic origin?			
	White - British.....			39 (93%)
	White - Irish			0 (0%)
	White - other			1 (2%)
	Black or black British - Caribbean.....			2 (5%)
	Black or black British - African			0 (0%)
	Black or black British - other.....			0 (0%)
	Asian or Asian British - Indian.....			0 (0%)
	Asian or Asian British - Pakistani.....			0 (0%)
	Asian or Asian British - Bangladeshi			0 (0%)
	Asian or Asian British - other			0 (0%)
	Mixed heritage - white and black Caribbean			0 (0%)
	Mixed heritage - white and black African			0 (0%)
	Mixed heritage- white and Asian			0 (0%)
	Mixed heritage - other			0 (0%)
	Chinese			0 (0%)
	Other ethnic group			0 (0%)
Q6	Are you a foreign national (i.e. you do not hold a British passport, or you are not eligible for one)?			
	Yes			3 (8%)
	No			35 (92%)
Q7	What, if any, would you classify as your religious group?			
	None.....			14 (35%)
	Church of England			14 (35%)
	Catholic			9 (23%)
	Protestant.....			1 (3%)
	Other Christian denomination			1 (3%)
	Buddhist.....			0 (0%)

Hindu	0 (0%)
Jewish	0 (0%)
Muslim.....	1 (3%)
Sikh	0 (0%)

Q8	How would you describe your sexual orientation?	
	<i>Straight/heterosexual</i>	39 (98%)
	<i>Gay/lesbian/homosexual</i>	0 (0%)
	<i>Bisexual</i>	1 (3%)

Q9	Do you consider yourself to have a disability?	
	<i>Yes</i>	8 (20%)
	<i>No</i>	33 (80%)

Q10	Have you ever been held in police custody before?	
	<i>Yes</i>	41 (100%)
	<i>No</i>	0 (0%)

Section 2: Your experience of this custody suite

If you were a 'prison-lock out' **some** of the following questions may not apply to you.
If a question does not apply to you, please leave it blank.

Q11	How long were you held at the police station?	
	<i>Less than 24 hours</i>	7 (17%)
	<i>More than 24 hours, but less than 48 hours (2 days)</i>	21 (50%)
	<i>More than 48 hours (2 days), but less than 72 hours (3 days)</i>	6 (14%)
	<i>72 hours (3 days) or more</i>	8 (19%)
Q12	Were you given information about your arrest and your entitlements when you arrived there?	
	<i>Yes</i>	29 (71%)
	<i>No</i>	8 (20%)
	<i>Don't know/can't remember</i>	4 (10%)
Q13	Were you told about the Police and Criminal Evidence (PACE) codes of practice (the 'rule book')?	
	<i>Yes</i>	26 (63%)
	<i>No</i>	13 (32%)
	<i>I don't know what this is/I don't remember</i>	2 (5%)
Q14	If your clothes were taken away, were you offered different clothing to wear?	
	<i>My clothes were not taken</i>	17 (41%)
	<i>I was offered a tracksuit to wear</i>	6 (15%)
	<i>I was offered an evidence/paper suit to wear</i>	10 (24%)
	<i>I was offered a blanket</i>	1 (2%)
	<i>Nothing</i>	7 (17%)
Q15	Could you use a toilet when you needed to?	
	<i>Yes</i>	39 (95%)
	<i>No</i>	2 (5%)
	<i>Don't know</i>	0 (0%)

Q16	If you have used the toilet there, was toilet paper provided?			
	Yes	13	(33%)	
	No	27	(68%)	
Q17	Did you share a cell at the police station?			
	Yes	1	(2%)	
	No	40	(98%)	
Q18	How would you rate the condition of your cell:			
		<i>Good</i>	<i>Neither</i>	<i>Bad</i>
	Cleanliness	19 (48%)	6 (15%)	15 (38%)
	Ventilation/air quality	8 (21%)	8 (21%)	22 (58%)
	Temperature	3 (8%)	6 (15%)	31 (78%)
	Lighting	17 (43%)	7 (18%)	16 (40%)
Q19	Was there any graffiti in your cell when you arrived?			
	Yes	22	(54%)	
	No	19	(46%)	
Q20	Did staff explain to you the correct use of the cell bell?			
	Yes	7	(17%)	
	No	34	(83%)	
Q21	Were you held overnight?			
	Yes	40	(98%)	
	No.....	1	(2%)	
Q22	If you were held overnight, which items of clean bedding were you given?			
	Not held overnight	1	(2%)	
	<i>Pillow</i>	0	(0%)	
	<i>Blanket</i>	15	(37%)	
	<i>Nothing</i>	25	(61%)	
Q23	Were you offered a shower at the police station?			
	Yes	0	(0%)	
	No	41	(100%)	
Q24	Were you offered any period of outside exercise while there?			
	Yes	1	(2%)	
	No	40	(98%)	
Q25	Were you offered anything to:			
		<i>Yes</i>	<i>No</i>	
	Eat?	33 (87%)	5 (13%)	
	Drink?	29 (76%)	9 (24%)	
Q26	What was the food/drink like in the police custody suite?			
		<i>Very good</i>	<i>Good</i>	<i>Neither</i>
		<i>Bad</i>	<i>Very bad</i>	<i>N/A</i>
		0 (0%)	2 (5%)	4 (10%)
				4 (10%)
				25 (61%)
				6 (15%)
Q27	Was the food/drink you received suitable for your dietary requirements?			
	<i>I did not have any food or drink</i>	6	(16%)	

Yes	9 (24%)
No	23 (61%)

Q28 If you smoke, were you offered anything to help you cope with the smoking ban there?

<i>I do not smoke</i>	2 (5%)
<i>I was allowed to smoke</i>	3 (8%)
<i>I was not offered anything to cope with not smoking</i>	32 (82%)
<i>I was offered nicotine gum</i>	0 (0%)
<i>I was offered nicotine patches</i>	1 (3%)
<i>I was offered nicotine lozenges</i>	1 (3%)

Q29 Were you offered anything to read?

Yes	1 (2%)
No	41 (98%)

Q30 Was someone informed of your arrest?

Yes	13 (31%)
No	17 (40%)
<i>I don't know</i>	3 (7%)
<i>I didn't want to inform anyone</i>	9 (21%)

Q31 Were you offered a free telephone call?

Yes	12 (29%)
No	30 (71%)

Q32 If you were denied a free phone call, was a reason for this offered?

<i>My telephone call was not denied</i>	14 (34%)
Yes	1 (2%)
No	26 (63%)

Q33 Did you have any concerns about the following while you were in police custody?

	Yes	No
Who was taking care of your children	2 (6%)	31 (94%)
Contacting your partner, relative or friend	19 (51%)	18 (49%)
Contacting your employer	6 (19%)	26 (81%)
Where you were going once released	6 (18%)	28 (82%)

Q34 Were you interviewed by police officials about your case?

Yes	38 (90%)
No	4 (10%) If No, go to Q36

Q35 Were any of the following people present when you were interviewed?

	Yes	No	Not needed
Solicitor	33 (87%)	3 (8%)	2 (5%)
Appropriate Adult	1 (5%)	7 (35%)	12 (60%)
Interpreter	0 (0%)	8 (40%)	12 (60%)

Q36 How long did you have to wait for your solicitor?

<i>I did not requested a solicitor</i>	4 (10%)
<i>2 hours or less</i>	6 (15%)
<i>Over 2 hours but less than 4 hours</i>	7 (18%)
<i>4 hours or more</i>	23 (57%)

Section 3: Safety

- Q38 Did you feel safe there?**
 Yes 25 (63%)
 No 15 (38%)
- Q39 Had another detainee or a member of staff victimised (insulted or assaulted) you there?**
 Yes 14 (35%)
 No 26 (65%)
- Q40 If you have felt victimised, what did the incident involve? (Please tick all that apply to you.)**
I have not been victimised 26 (65%) *Because of your crime* 5 (13%)
Insulting remarks (about you, your family or friends) 9 (23%) *Because of your sexuality* 0 (0%)
Physical abuse (being hit, kicked or assaulted) 3 (8%) *Because you have a disability* 2 (5%)
Sexual abuse 1 (3%) *Because of your religion/religious beliefs* 0 (0%)
Your race or ethnic origin 0 (0%) *Because you are from a different part of the country than others* 0 (0%)
Drugs 5 (13%)
- Q41 Were your handcuffs removed on arrival at the police station?**
 Yes 30 (75%)
 No 8 (20%)
I wasn't handcuffed 2 (5%)
- Q42 Were you restrained whilst in the police custody suite?**
 Yes 9 (23%)
 No 31 (78%)
- Q43 Were you injured while in police custody, in a way that you feel was not your fault?**
 Yes 6 (15%)
 No 34 (85%)
- Q44 Were you told how to make a complaint about your treatment if you needed to?**
 Yes 4 (10%)
 No 35 (90%)

Section 4: Health care

- Q46 Did you need to take any prescribed medication when you were in police custody?**
 Yes 21 (51%)
 No 20 (49%)
- Q47 Were you able to continue taking your prescribed medication while there?**
Not taking medication 20 (49%)
 Yes 6 (15%)
 No 15 (37%)
- Q48 Did someone explain your entitlements to see a health care professional if you needed to?**
 Yes 15 (37%)
 No 22 (54%)
 Don't know 4 (10%)

Q49	Were you seen by the following health care professionals during your time there?					
		Yes			No	
	Doctor	12 (33%)			24 (67%)	
	Nurse	14 (38%)			23 (62%)	
	Paramedic	2 (7%)			28 (93%)	
	Psychiatrist	2 (7%)			27 (93%)	
Q50	Were you able to see a health care professional of your own gender?					
	Yes					7 (18%)
	No					20 (50%)
	Don't know					13 (33%)
Q51	Did you have any drug or alcohol problems?					
	Yes					27 (66%)
	No					14 (34%)
Q52	Did you see, or were offered the chance to see a drug or alcohol support worker?					
	I didn't have any drug/alcohol problems.....					14 (34%)
	Yes					16 (39%)
	No					11 (27%)
Q53	Were you offered relief or medication for your immediate symptoms?					
	I didn't have any drug/alcohol problems.....					14 (36%)
	Yes					4 (10%)
	No					21 (54%)
Q54	Please rate the quality of your health care while in police custody:					
	I was not seen by health care	Very good	Good	Neither	Bad	Very bad
	18 (44%)	2 (5%)	4 (10%)	3 (7%)	4 (10%)	10 (24%)
Q55	Did you have any specific <u>physical</u> health care needs?					
	No					29 (71%)
	Yes					12 (29%)
Q56	Did you have any specific <u>mental</u> health care needs?					
	No					28 (68%)
	Yes					13 (32%)



Prisoner survey responses for Cleveland Police 2011

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Cleveland Police 2011	Police custody comparator
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		42	1441
SECTION 1: General information			
3	Are you under 21 years of age?	12%	9%
4	Are you transgender/transsexual?	0%	1%
5	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	4%	31%
6	Are you a foreign national?	9%	14%
7	Are you Muslim?	2%	11%
8	Are you homosexual/gay or bisexual?	2%	2%
9	Do you consider yourself to have a disability?	20%	20%
10	Have you been in police custody before?	100%	91%
SECTION 2: Your experience of this custody suite			
For the most recent journey you have made either to or from court or between prisons:			
11	Were you held at the police station for over 24 hours?	84%	66%
12	Were you given information about your arrest and entitlements when you arrived?	71%	74%
13	Were you told about PACE?	63%	52%
14	If your clothes were taken away, were you given a tracksuit to wear?	25%	43%
15	Could you use a toilet when you needed to?	96%	90%
16	If you did use the toilet, was toilet paper provided?	32%	49%
17	Did you share a cell at the station?	2%	3%
18	Would you rate the condition of your cell, as 'good' for:		
18a	Cleanliness?	48%	31%
18b	Ventilation/air quality?	22%	22%
18c	Temperature?	8%	15%
18d	Lighting?	43%	43%
19	Was there any graffiti in your cell when you arrived?	53%	54%
20	Did staff explain the correct use of the cell bell?	17%	22%
21	Were you held overnight?	98%	92%
22	If you were held overnight, were you given no clean items of bedding?	61%	28%
23	Were you offered a shower?	0%	10%
24	Were you offered a period of outside exercise?	2%	7%
25a	Were you offered anything to eat?	87%	81%
25b	Were you offered anything to drink?	76%	84%
	For those who had food:		
26a	Was the quality of the food and drink you received 'good'/'very good'?	5%	10%
26b	Was the food/drink you received suitable for your dietary requirements?	29%	44%
27	For those who smoke: were you offered nothing to help you cope with the ban there?	86%	93%
28	Were you offered anything to read?	2%	14%
29	Was someone informed of your arrest?	30%	43%
30	Were you offered a free telephone call?	28%	50%

Key to tables

	Any percentage highlighted in green is significantly better	Cleveland Police 2011	Police custody comparator
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
31	If you were denied a free call, was a reason given?	3%	14%
32	Did you have any concerns about:		
32a	Who was taking care of your children?	5%	15%
32b	Contacting your partner, relative or friend?	52%	53%
32c	Contacting your employer?	18%	20%
32d	Where you were going once released?	18%	32%
34	If you were interviewed were the following people present:		
34a	Solicitor	87%	72%
34b	Appropriate adult	4%	7%
34c	Interpreter	0%	7%
35	Did you wait over four hours for your solicitor?	64%	65%
SECTION 3: Safety			
39	Did you feel unsafe?	38%	39%
40	Has another detainee or a member of staff victimised you?	35%	41%
41	If you have felt victimised, what did the incident involve?		
41a	Insulting remarks (about you, your family or friends)	23%	20%
41b	Physical abuse (being hit, kicked or assaulted)	8%	14%
41c	Sexual abuse	2%	2%
41d	Your race or ethnic origin	0%	5%
41e	Drugs	13%	14%
41f	Because of your crime	13%	17%
41g	Because of your sexuality	0%	1%
41h	Because you have a disability	4%	3%
41i	Because of your religion/religious beliefs	0%	3%
41j	Because you are from a different part of the country than others	0%	4%
42a	Were your handcuffs removed on arrival at the police station?	78%	75%
42b	Were you restrained while in the police custody suite?	23%	18%
43	Were you injured while in police custody, in a way that you feel is not your fault?	15%	24%
44	Were you told how to make a complaint about your treatment?	11%	13%
SECTION 4: Health care			
46	Did you need to take any prescribed medication when you were in police custody?	51%	49%
47	For those who were on medication: were you able to continue taking your medication?	28%	37%
48	Did someone explain your entitlement to see a health care professional if you needed to?	37%	35%
49	Were you seen by the following health care professionals during your time in police custody:		
49a	Doctor	33%	47%
49b	Nurse	39%	21%
	Percentage seen by either a doctor or a nurse	51%	54%
49c	Paramedic	6%	4%
49d	Psychiatrist	6%	3%
50	Were you able to see a health care professional of your own gender?	17%	28%
51	Did you have any drug or alcohol problems?	65%	54%
For those who had drug or alcohol problems:			
52	Did you see, or were offered the chance to see a drug or alcohol support worker?	59%	42%
53	Were you offered relief medication for your immediate symptoms?	17%	31%
54	For those who had been seen by health care, would you rate the quality as good/very good?	26%	29%
55	Do you have any specific physical health care needs?	29%	33%
56	Do you have any specific mental health care needs?	31%	24%

