



Inspecting policing
in the public interest

Report on an inspection visit to police custody suites in Kent

29 November – 3 December 2010

by

HM Inspectorate of Prisons and

HM Inspectorate of Constabulary

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Printed and published by:
Her Majesty's Inspectorate of Prisons
Her Majesty's Inspectorate of Constabulary

Ashley House
Monck Street
London SW1P 2BQ
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1. Introduction

This report is part of a programme of inspections of police custody carried out jointly by our two inspectorates and which form a key part of the joint work programme of the criminal justice inspectorates. These inspections also contribute to the United Kingdom's response to its international obligation to ensure regular and independent inspection of all places of detention.¹ The inspections look at strategy, treatment and conditions, individual rights and health care.

During this announced inspection, the team visited all nine 24-hour custody suites designated under the Police and Criminal Evidence Act (PACE).

There was clear strategic leadership for the provision of custodial services and a clear strategy for improving the estate, supported by the police authority. Staffing levels were, in the main, adequate, although greater flexibility could be employed in covering shortfalls. There was scope to improve recording of the use of force and analysis of the consequent data captured to identify trends or issues for attention. Similarly, greater quality assurance through dip-sampling of custody records would provide a better chance to identify areas for improvement.

There was a positive approach to balancing detainees' rights against case progression but improvements were required in the provision of appropriate adults. Staff were aware of diversity issues and routinely questioned detainees about any dependencies, but the overall approach to initial risk assessment, and hand-over of details of risk, was mixed and there was a lack of privacy at booking-in desks.

Cells were generally clean and free from graffiti but we found ligature points in some. Detainees were well provided with hygiene packs, clean mattresses and pillows; meals, drinks and showers were generally provided on request.

Health services were provided in-house and primary care services were extremely good. There were well-developed clinical governance arrangements and robust medicines management, although clinical rooms varied in quality. There were excellent mental health diversion services but too many detainees were still held in police stations as a place of safety under Section 136 of the Mental Health Act.

Overall this inspection identified some good, and indeed some excellent, aspects of custody provision in Kent. However, this report sets out a number of findings and recommendations which we believe will assist the Chief Constable and Police Authority to further improve the quality of custody provision.

Sir Denis O'Connor
HM Chief Inspector of Constabulary

Nick Hardwick
HM Chief Inspector of Prisons

January 2011

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

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 announced inspection, Kent police had nine custody suites designated under PACE for the reception of detainees. The custody suites operated 24 hours a day and dealt with detainees arrested as a result of mainstream policing; we visited them all during the inspection. The force had a cell capacity of 189 in the designated suites. The force also had two standby non-designated suites at the Bluewater shopping centre and Longport that jointly had a capacity of 12 cells. In the year to September 2010, 42,353 detainees had been held. In the six months to September 2010, 345 detainees had been held for immigration matters.
- 2.3 The designated suites and cell capacity of each was as follows:

| Area | Custody suite | Number of cells |
|-----------------|-----------------------|-----------------|
| North Kent area | North Kent, Gravesend | 40 |
| Medway area | Medway, Gillingham | 40 |
| Mid Kent area | Maidstone | 19 |
| | Sittingbourne | 12 |
| West Kent area | Tonbridge | 19 |
| East Kent | Canterbury | 15 |
| | Margate | 15 |
| South Kent area | Dover | 13 |
| | Folkestone | 16 |

- 2.4 HM Inspectorate of Prisons and HMI Constabulary researchers and inspectors carried out a survey of prisoners at HMP Elmley who had formerly been detained at custody suites in the force area to obtain additional evidence (see Appendix II).³

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

- 2.5 Comments in this report refer to all suites, unless specifically stated otherwise.

Strategic overview

- 2.6 There was clear leadership by a chief officer and a strategy for the provision of custodial services. The force operated devolved day-to-day management for custody but was looking to centralise it within the strategic criminal justice department. This was part of a wider restructuring of the force.
- 2.7 The force had a clear strategy for developing and improving the custody estate, which was supported by the police authority (PA). Relationships with the PA were described as positive but challenging. There was a well-supported and active independent custody visitors (ICV) scheme operating.
- 2.8 Staffing levels were mostly adequate although there were opportunities to deploy staff more flexibly to cover shortfalls. There was a custody manager based in each basic command unit (BCU) who attended a monthly custody management meeting. Staff training arrangements were satisfactory and refresher training was offered. 'Learning the lessons' information was gathered and staff were aware of this. Some quality assurance arrangements needed to be improved. This was part of a more general problem with recording in custody records.
- 2.9 Partnership work was well developed, although there were ongoing problems in developing adequate provision for detainees with mental health issues. A large number of immigration detainees were held and relationships with the UK Border Agency (UKBA) were described as good.
- 2.10 There was a system for gathering use of force data but this was not always reported on effectively and the force did not use the available data adequately.

Treatment and conditions

- 2.11 The staff culture was good and the interactions we witnessed were professional and appropriate. The approach to the diverse range of detainees held was also good, and there had been real efforts to recognise and meet the specific needs of women in custody. A strategy for managing detainees with disabilities was being developed and there had been some adjustments to suites to improve access. Interpreting services were used when needed. There was a lack of privacy at the booking-in desks.
- 2.12 The approach to initial risk assessment was mixed. In most cases, staff appeared to take a proportionate approach to managing risk and were clear about the importance of rousing

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 the *Dictionary of Forensic Psychology: HM Inspectorate of Prisons.*)

detainees unfit due to drink or drugs; we saw this happening appropriately. However, changes to risk assessments were not clearly recorded in the custody records.

- 2.13 We found ligature points in some cells. However, all the suites we visited were clean and there was little graffiti. Health and safety monitoring was inconsistent.
- 2.14 The use of cell call bells was routinely explained to detainees and most staff carried anti-ligature knives. Fire safety and evacuation arrangements were good. Mattresses and pillows were provided and wiped down between each use, and blankets were available when needed.
- 2.15 Showers were usually only provided on request. There were adequate supplies of underwear, tracksuits and plimsolls, but there was some rationing of these.
- 2.16 Meals and drinks were generally offered when requested or at set mealtimes but the quality of microwave meals was poor. Exercise was sometimes offered, mainly to longer stay detainees. Some reading materials were available to detainees but these were generally poor, and few visits were facilitated.

Individual rights

- 2.17 We found a positive approach to balancing the priorities of progressing cases with the rights of individuals. Detainees were offered a copy of PACE and comprehensive leaflets in a range of languages.
- 2.18 Legal assistance was offered and freely available. Staff made calls to notify someone of the detainee's arrest.
- 2.19 We found no examples of children who had been held in custody under section 46 of the Children Act 1989, but getting access to a PACE secure accommodation bed for juveniles where bail had been refused under section 38 PACE, was a problem.
- 2.20 Staff routinely asked detainees if they had responsibilities for any dependants, and carried out pre-release risk assessments with some appropriate action taken.
- 2.21 Staff mainly called on family to act as appropriate adults (AAs) for juvenile and vulnerable adult detainees. When this was not possible or appropriate, social services provided an AA through a volunteer scheme for both juveniles and vulnerable adults. Response times to AAs provided by the force appeared good, although staff and ICVs complained to us about delays. The service was poor out of hours and we found examples of detainees who had not been provided with an AA when it was not clear from custody records why this had not been required.
- 2.22 The management of DNA was largely satisfactory, with just a few minor issues to be addressed. The cut-off times for courts was mainly good. Detainees were not routinely told how to make a complaint, and the arrangements for taking complaints were confused.

Health care

- 2.23 Health services were provided in house and primary care services were extremely good. Clinical governance arrangements were well developed and medicines management robust, including CCTV coverage of medicine cabinets. The force made efforts to collect medications from detainees' home addresses. Resuscitation equipment was available to custody staff who were trained in its use.

- 2.24 We observed some excellent care provided to detainees by health services professionals, and waiting times were reasonable. Clinical rooms were variable in quality but there was effective infection control.
- 2.25 Substance misuse services were delivered by a single provider across the county and were adequate. The force had taken a strong lead in seeking to develop mental health services, which were improving, although too many detainees were held under section 136 of the Mental Health Act 1983.⁴ There were excellent mental health diversion services.

Main recommendations

- 2.26 Staff should submit a use of force form in every appropriate instance, and the force should monitor the use of force at each custody suite by ethnicity, age, location and officers involved.)
- 2.27 A representative sample of completed custody records should be dip sampled locally on each BCU to ensure standards in custody are maintained.
- 2.28 Appropriate adults should be available to support juveniles aged 17 and under and vulnerable adults in custody, including out of hours.
- 2.29 Police custody should only be used as a place of safety for Section 136 assessments in exceptional cases.

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 clear and strong strategic leadership of custody by the chief officer group and managers. Under a Kent Police rationalisation programme, which had been examining custody provision since 2009, the number of custody suites had been reduced from 10 to nine with plans to reduce the remaining custody suites to seven, following consultation with interested parties.
- 3.2 There have been two recent private finance initiative (PFI) builds of custody suites at North Kent and Medway and there were outline plans for a third in the south east of the county, but this was being kept under review by Kent Police Authority (PA) in light of the comprehensive spending review.
- 3.3 The force was going through a period of reorganisation due for finalisation by the summer of 2011. The reorganisation would streamline the current six basic command units (BCUs) to three, with consideration of a move from the present devolved management of custody to the BCUs to centralised management. It was anticipated that centralisation would allow for greater corporacy, reducing risk as well as increasing efficiency for the force.
- 3.4 An assistant chief constable was the portfolio holder for custody provision and he managed custody through a chief superintendent under the area operations directorate. Custody provision was directly managed by a detective superintendent who was head of profession for strategic criminal justice (SCJ), supported by a chief inspector. There were custody managers (CMs) in each BCU, with most carrying additional responsibilities, though the two CMs at North Kent and Medway were dedicated solely to custody. Regular monthly custody management group meetings with the CMs looked at all adverse incidents that occurred in custody among a range of custody issues.
- 3.5 The deputy chief constable sat on the local criminal justice board (LCJB) and the detective superintendent for SCJ was the chair for the performance and delivery group, which was an operational group of the LCJB. We were told that the Kent police authority (PA) was very supportive on criminal justice and custody generally, and its lead officer for custody was also the chair for the professional standards portfolio.
- 3.6 There were some challenging problems with mental health partners that the chief officer group was involved in resolving in collaboration with its health partners. The force had volunteered itself as possible pilot area for National Health Service-commissioned provision of forensic medical examiners (FMEs).
- 3.7 Due to its geographic location, Kent Police processed a large number of immigration detainees. It had good relationships with the United Kingdom Border Agency (UKBA), which was described as supportive of the force with staff provided for processing immigration detainees in a timely manner. For UKBA specialist operations, Kent Police provided the top floor at Medway custody suite, which could hold up to 20 detainees.
- 3.8 The PA ran an independent custody visitor (ICV) scheme that had six panels, mirroring the number of BCUs, and two ICV scheme coordinators. The ICVs told us that managers in the

force took an active interest in custody matters. ICVs had recently been given training by the Independent Custody Visitors' Association, which they had welcomed. The force also had strategic and local independent advisory groups for advice and assistance as required.

- 3.9 All full-time custody staff had attended nationally approved custody training before they were deployed into custody, although a few detention officers had to wait for suitable custody courses to be fully trained. There was a rolling refresher training regime that was controlled from HQ and there were also suitably trained and experienced BCU staff to supplement staffing in custody when needed. We saw some strong and appropriately intrusive supervision at some of the larger suites.
- 3.10 Dip sampling of custody records was inconsistent and not carried out by all CMs. The dip sampling that we saw was ad hoc and unfocused with no central overview from HQ. No dip sampling was cross-referenced with CCTV to quality assure the accuracy of custody records. The Genesis custody record system was mainly a paper-based manual system and we found a number of recording errors and omissions in our analysis of custody records. This was a weakness that exposed the force to potential risks of which it might not have been aware.
- 3.11 There was a system for reporting the use of force but some staff were not clear about the level of force that required the submission of a report. For example, in Maidstone we were told that staff only completed paperwork if a taser or PAVA (incapacitant spray) had been deployed, and staff at Medway did not submit a use of force form if force was used inside the custody suite.
- 3.12 This lack of corporacy and inconsistent staff approach to documentation had affected management information on the use of force. The force admitted that it was aware of this issue and hoped to resolve it as it moved to centralised management. However, this issue needed to be addressed sooner rather than later.

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 journeys to custody suites for detainees were over short distances and all we spoke to had been transported in police cars; the vehicles we saw were safe, secure and clean.
- 4.2 Interactions between custody staff and detainees were very good and use of first names was routine. There was a good level of care – for example, a detainee exhibiting claustrophobia was offered time out on the exercise yard whenever he felt distressed. Detainees were searched and their property removed respectfully.
- 4.3 Staff paid attention to the diverse needs of detainees. All women detainees were informed that they could speak to a female member of staff at any time. They were told routinely that hygiene packs were available on request, and notices to this effect were clearly displayed. Staff at Medway were very knowledgeable about transgender issues.
- 4.4 The force was developing a comprehensive strategy for assisting detainees with disabilities and there had been some adaptations to suites. The four newest suites – at North Kent, Medway, Canterbury and Folkestone – were allocated to hold detainees with more severe disabilities, although there were very few cells adapted for detainees with disabilities. In our survey, 42% of former Kent detainees, against the comparator of 20%, said they had a disability.
- 4.5 Juvenile detainees were dealt with in an age-appropriate way, and we saw some good examples of this. For example, a juvenile detainee and their accompanying parent were initially left together in a consultation room, and the parent was later allowed to wait with the young person in the cell. All custody sergeants were clear that they would contact an appropriate adult at the earliest opportunity, but in most cases this had been done by the arresting officer if the juvenile's parent/guardian was contactable.
- 4.6 All custody staff showed a basic awareness of religious and cultural needs of detainees, and detainees were asked if they had any specific religious needs. Custody suites had Bibles, prayer mats and Qur'ans available on request. Telephone interpreting services were available for any detainee whose first language was not English (see individual rights).
- 4.7 The layout of booking-in areas gave little privacy for detainees when they were required to disclose often confidential and sensitive information. Some booking-in desks were particularly high which added to this problem, which could inhibit detainees from disclosing information about any vulnerability. We saw this problem compounded at Tonbridge and North Kent by the number of staff and others present in the booking-in area.

Recommendations

- 4.8 There should be cells adapted for detainees with disabilities at the four nominated custody suites.

- 4.9 Booking-in areas should have sufficient privacy for effective communication between staff and detainees.

Good practice

- 4.10 *There was a good focus on the diverse needs of detainees and adjustments made where necessary or practicable.*

Safety

- 4.11 Custody sergeants were well attuned to issues of risk management and showed concern for detainees in their charge. They carried out initial risk assessments on arrival using the local force IT system, Genesis. The custody sergeants we observed took into account information from the arresting officer and the detainee, and carried out an active risk assessment based on their own observations of the detainee's behaviour and mood.
- 4.12 There were four levels of risk that a detainee could be placed on, ranging from a minimum of hourly observations for those on the lowest level through to constant physical observation for those on the highest, and these appeared to be applied appropriately. Our analysis of custody records indicated that risk assessments were dynamic in that the level of observation changed with circumstances. While this was evident from comments in custody logs (the ongoing record of custody), we found examples of risk assessments that did not indicate changes in observation levels. Staff were aware of the importance of rousing and getting a response from detainees who were unfit due to drink or drugs. Custody staff were given regular training in safer custody procedures. In all custody suites, other than Dover, staff carried ligature cut-down knives.
- 4.13 There were arrangements to review risk assessments during staff handovers but these sometimes relied on the goodwill of the incoming shift to arrive early rather than a formal handover period built into the profile. There was good CCTV coverage of custody suites, including cells, and this was not over-relied on to ensure the safety of detainees.

Recommendation

- 4.14 Any changes to the risk assessment management plan should be recorded in the risk assessment section of the custody record.

Housekeeping point

- 4.15 Formal handover time should be built into each shift changeover.

Use of force

- 4.16 Detention officers were required to complete personal protection training with annual refreshers, all those we spoke to confirmed that they had done so. Staff emphasised the use of de-escalation as the main technique for managing difficult and aggressive detainees.
- 4.17 Most detainees were not handcuffed when they arrived in custody but if they were, handcuffs were usually quickly removed. We observed one juvenile detainee at Tonbridge held in

handcuffs in the holding area for over 10 minutes despite being totally passive. Velcro restraints were available in custody. Their use was noted on the custody record but there was no central record of how often they were used.

- 4.18 The use of force in planned interventions could be authorised by custody sergeants. Most reported that the most common incident involving the use of force was the removal of prescribed items from non-compliant detainees. However, some custody sergeants in several suites said that they would not complete additional paperwork for submission centrally if force was used in custody (see strategy section).

Physical conditions

- 4.19 Cells were very clean and brightly decorated. Graffiti was minimal, with some initials and names etched into the backs of some doors and headrests on the ends of plinths at Tonbridge but little elsewhere. All cells were checked after each occupation and a comprehensive cell condition checklist was completed. Force policy was to charge any detainee discovered to have written graffiti in their cell with criminal damage. In the event of spillages, there was a contract with a local cleaning company for deep cleaning the affected cell. Custody sergeants reported that this was an excellent service and cells were rarely out of use for more than a few hours. Most cells had internal toilets and some at the more modern suites had internal washing facilities.
- 4.20 We found ligature points in some cells in the older suites. There were also some concerns about older ventilation grilles that needed updating, although these design issues could be readily addressed. Inspectors gave the force a detailed breakdown of these issues. The arrangements to carry out health and safety walkthroughs were inconsistent and lacked corporate oversight.
- 4.21 The custody sergeant told all detainees how to use cell call bells while booking them in and we observed prompt response times to these.
- 4.22 Fire evacuation instructions were displayed in all suites and staff were clear about what they would do in the event of a fire, giving preservation of life the priority. There were sufficient handcuffs to evacuate detainees safely and securely if needed.
- 4.23 There was a no-smoking policy for all the custody suites which appeared to be strictly enforced. We were told that nicotine replacements were not available at all the suites, although this was not raised as an issue by the detainees we spoke to.

Recommendations

- 4.24 The force should address the safety issues around ligature points and, where resources do not allow them to be dealt with immediately, the risks should be managed.
- 4.25 Health and safety walk through arrangements should be thorough and consistently applied at all custody suites.

Personal comfort and hygiene

- 4.26 All custody suites had showers. In our survey, more former detainees than the comparator said they had been offered a shower. Staff told us that showers were routinely offered to any

detainee held overnight or any in obvious need of one when they arrived. However, we found examples of detainees who had been held overnight and not offered a shower. Staff were sensitive to the additional issues of privacy for female detainees and gave examples of adjustments made to facilitate this.

- 4.27 Mattresses and pillows were in good condition and were wiped down after each use. Toilet paper was not routinely provided and detainees had to request it each time they needed it. Blankets were provided on request.
- 4.28 All cells had CCTV coverage with toilet areas electronically obscured. However, in some cases this was not entirely effective and did not allow detainees appropriate dignity. In addition, detainees were not told that the toilet area was obscured.
- 4.29 Jogging bottoms, sweatshirts, plimsolls and underwear (male and female) were available and we saw them offered at some suites, not just to replace clothing taken for evidential reasons but also in addition to detainees' own clothes if they felt cold. However, at Dover and Folkestone we were told that replacement clothing could only be provided on an inspector's authority, due to costs, and paper clothing was provided instead. The family and friends of detainees were allowed to bring in replacement clothing if needed.

Recommendations

- 4.30 All detainees held overnight, or who require one, should be offered a shower.
- 4.31 Suitable alternative clothing should always be provided to detainees when needed.

Catering

- 4.32 Food was served at regular mealtimes or on request. We observed this at most of the suites we visited, but at Tonbridge on one day during the inspection this had not happened for detainees who had spent several hours in custody. In our analysis of custody records we also found some examples where an offer of food was not noted. Most food provided were microwaveable meals, which were of poor quality and not substantial enough for detainees held over several mealtimes. Some stations with staff canteens provided meals to detainees from these.
- 4.33 Food preparation areas were clean and staff we spoke to reported receiving basic food hygiene training. Hot and cold drinks were routinely offered to new arrivals and on request thereafter.

Recommendation

- 4.34 Food offered to detainees should be of sufficient quality and calorific content to sustain them for the duration of their stay, and it should be offered at mealtimes.

Housekeeping points

- 4.35 All toilet areas covered by CCTV should be effectively obscured, and detainees should be informed of this.

- 4.36 Detainees should be routinely provided with toilet paper.

Activities

- 4.37 All custody suites had an exercise yard. Staff said they were happy to let detainees use the yard on request, but detainees were not routinely told that it was available. All suites had a small stock of magazines and books, and Maidstone had a good initiative with the local library to replace the small stock of books regularly. Closed visits facilities were available in some custody suites but were rarely used.

Housekeeping point

- 4.38 Detainees should be routinely informed of the provision for outside exercise.

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 Custody sergeants ascertained the circumstances of the detainee's arrest and checked the grounds for detention. They were generally well focused on ensuring detention lasted no longer than necessary. However, we found a case at Folkestone where a detainee had been held for far longer than was necessary awaiting charging. Custody sergeants indicated that they would check whether it was necessary to detain the person and gave some examples where they had directed officers to deal with investigations in a different manner.
- 5.2 A high number of foreign national detainees were held due to the proximity of the Channel ports – 345 had been held in the six months to September 2010. A UKBA member of staff was based permanently at Maidstone and contacted all the custody suites every morning to ascertain if any new foreign nationals had been detained overnight and, where necessary, arrange for UKBA staff to visit them for interview.
- 5.3 The initial risk assessment of detainees on arrival in custody included a question on whether they had caring responsibilities and if their dependents were being looked after. We saw examples of appropriate action to contact family members regarding this. The telephone numbers of the local social service departments and the emergency duty team were published and known to custody sergeants if any concerns remained.
- 5.4 Most custody sergeants told us that the suites were not used as a place of safety for children under Section 46 of the Children Act 1989.⁵ Custody sergeants at Folkestone indicated that while they would be personally reluctant to hold children under Section 46, they could recall instances when this had occurred, but were unable to provide us with the details.
- 5.5 We saw detainees given explanation of their entitlement to have someone informed of their whereabouts; staff made some of these calls and detainees made others. To facilitate privacy, some calls at the newer custody suites were put through to detainees via the intercom in their cell, although typically most calls took place at the custody front desk. Our analysis of custody records for 1-14 November 2010 showed that 23% of detainees had made at least one telephone call during their time in custody; one detainee held for 21 hours had called a relative and his employer.
- 5.6 A telephone interpreting service was used for detainees who had difficulty communicating in English. Posters were displayed in a range of languages that non-English speakers could use to indicate their spoken language. We saw evidence in custody records of use of this service and of interpreters. Rights and entitlements information was available in a range of languages, and a 'hearing and sight impaired support pack' included the rights and entitlements information in Braille, a magnifying sheet and on a CD. We highlighted one case to the force of

⁵ 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.

a detainee who had his rights explained through the telephone interpreting service but who had apparently been interviewed without an interpreter present. We were told that this was a recording error on the custody record and that an interpreter had been present.

- 5.7 A thorough risk assessment was undertaken pre-release, similar to the booking-in process, and included with the custody record. Some custody suites had a range of leaflets with contact details for support and advice agencies for ex-servicemen and covering drugs and alcohol, health care and homelessness, which the custody sergeant gave to detainees if necessary. We also saw relevant appointments being made with health care professionals. Despite this, staff felt that they had limited options to offer support at this stage.

Recommendation

- 5.8 Detainees should be held no longer than is necessary before a charging decision is made.

Rights relating to PACE

- 5.9 All detainees were informed, in clear language, of their right to consult the PACE codes of practice at any time. We were told that no one would be interviewed while still under the influence of drugs or alcohol, and that the eight-hour lie down period was always adhered to. Reviews were carried out in a timely manner, and we observed some where there had been lengthy conversations with the detainee.
- 5.10 All detainees were told of their right to consult a legal representative free of charge, and this was advertised in custody suites in several languages. Our analysis of custody records showed that 50% of detainees accepted the offer, but that documentation was not always routinely updated during their time in custody. For example, where a detainee had signed to refuse legal advice, records did not always state clearly when they had changed their mind – a comment simply stated that a solicitor had been contacted. Detainees could speak to a legal representative in private, and solicitors were mainly positive about working relationships with custody staff. Detainees and their legal representatives could obtain copies of their custody record.
- 5.11 Family members or family friends were usually contacted to act as an appropriate adult (AA) for juveniles as long as the arresting officer was satisfied that they were suitable to take on the role. Otherwise, a volunteer AA was used from the county-wide appropriate adult scheme, developed and funded by Kent social services. The service was not generally available between 10pm and 7am. Staff from the social services emergency duty team (EDT) were asked to respond during these times, although they rarely did so in practice, which could result in unnecessary delays. The service also covered vulnerable adults held in custody. ICVs expressed concern about the scheme, which they felt relied overly on a small number of volunteers, and echoed concerns by staff about delays out of hours.
- 5.12 We highlighted cases to the force where information in the custody record had indicated the need for an AA without one being provided, and with no explanation of this. The force adhered to the PACE definition of a child (as a person under 18) instead of the Children Act definition, which meant those aged 17 were not provided with an AA unless they were otherwise deemed to be vulnerable. Police were aware of the requirements for local authorities to provide place of safety beds for juveniles but told us these were not available in the county.

- 5.13 The force's handling and processing of DNA samples from detainees was very good. We identified only a couple of minor issues concerning blood samples taken from drink-drive suspects, which were processed ineffectively, with several old samples still being held.
- 5.14 The North Kent custody suite had recently introduced a video link with the local magistrates court, which ensured that detainees were dealt with quickly. There was no similar provision at the other custody suites but cut-off times for obtaining places in most local magistrates courts was reasonable at 3pm, although the cut-off time at Tonbridge could be much earlier.

Recommendations

- 5.15 Senior police officers should engage with the local authority to ensure the provision of remand in custody beds for juveniles.
- 5.16 Police managers should liaise with court managers to ensure court cut off times at Tonbridge should be later to prevent unnecessarily long stays in custody.

Rights relating to treatment

- 5.17 The situation for taking complaints from detainees was unclear. Some CMs insisted that complaints would be taken while the detainee was in custody, but other CMs and staff said they would only take complaints from detainees on their release from custody. The force did, however, provide information to detainees on how to make a complaint in the revised 'rights and entitlements' sheet and information, but this version was not used everywhere. In some suites, the Independent Police Complaints Commission information on making complaints had been placed into the property of some detainees who had indicated a wish to complain. This was the first time we had seen this practice, which we welcomed.

Recommendation

- 5.18 Detainees should be told how to make a complaint and facilitated to do so before they leave custody.

Good practice

- 5.19 *Information from the Independent Police Complaints Commission on making complaints was placed into the property of detainees who indicated a wish to complain.*

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 A 24-hour health service was provided by directly employed forensic nurse practitioners (FNPs) as well as forensic medical examiners (FMEs) who are not directly employed by the police. This system had been in place for almost 10 years. FMEs supported nurses and covered any gaps in the nursing rotas. Mental health services were provided by the Kent and Medway NHS and Social Care Partnership Trust. The relationship between police and local primary care trusts (PCTs) appeared to be good.
- 6.2 The forensic medical service (FMS) manager was a registered nurse. She was supported by two deputy managers and all were professionally very well qualified. Nurse staffing levels were generally good with 23 whole-time-equivalent level one nurses in post. The gender mix was 19 female and five male nurses. Detainees could see a health professional of their own gender but information on this was not displayed and in our survey detainees were less positive than the comparator about being able to do so. Nurses were well qualified and held a broad range of professional qualifications. They worked in teams and generally covered more than one custody suite, but were considered a force-wide resource. There had been a reduction from five to four teams. Staff felt that the overall service had not suffered as a result, but there was concern that any further reductions would affect the level of care for detainees.
- 6.3 There were 12 FMEs, including four females, from several professional specialities. Nurses told us they felt well supported by the FMEs.
- 6.4 Initial custody training for nurses was broad based and there was a month's orientation with another custody nurse. Nurse managers were well aware of the difficulties custody nurses faced and were very supportive to staff. Ongoing professional training was fully supported with regular updates on custodial nursing, including forensic sampling. E-learning was actively encouraged. All staff were compliant with the need for clinical supervision and had monthly one-to-one supervision with senior staff.
- 6.5 We visited all the medical rooms except those at Dover and Folkestone (due to bad weather). We found that equipment in medical rooms was stored correctly and there was no evidence of overstocking of clinical goods. Rooms were clean and tidy. The infection control nurse from West Kent Primary Care Trust had been asked to provide guidance on infection control in custody suites. Suites contained identical policies and procedures, as well as equipment and medicine management arrangements. Sharps bins were replaced as necessary and all were correctly signed and dated on commencement of use. Rooms had examination couches but not all had mobile screens to ensure privacy.
- 6.6 The management of pharmacy items was very good with minimal stocks of medication. Medicine cabinets were placed in the custody area and all were covered by CCTV.
- 6.7 There were defibrillators in all custody areas and the custody staff were responsible for checking the equipment. All custody and detention officers were trained to use the defibrillators

and annual updating was mandatory. All custody suites also held first aid equipment, which police staff checked regularly and maintained records of checks.

Housekeeping point

- 6.8 Signs should be clearly displayed to notify detainees that they can see a health care professional of their own gender.

Good practice

- 6.9 *The location of medicine cabinets in the custody areas under CCTV surveillance reduced the risks of misappropriation and mismanagement of medicines.*

Patient care

- 6.10 In our survey, only 7% of detainees who were seen by a health care professional rated the quality of care as good against the comparator of 29%. This was at variance with what detainees told us and the services we found in place. Our observations were that staff were highly professional and treated detainees with courtesy and sensitivity. Staff had access to telephone interpreting services if required.
- 6.11 In those suites that had on-site nursing support, response times were very good. However, in other suites we were told that response times from nurses could be lengthy depending on individual circumstances. Because of the large area to be covered, travel times could be long. However, we found that police staff would not hesitate to call out an FME or, if necessary, take the detainee to the nearest accident and emergency department for treatment.
- 6.12 If a detainee was sent to hospital they were accompanied by a police officer and nurse if available. In these cases, there was usually a hospital form to accompany the detainee that provided a resume of their health while at the police station and, if known, previous to being brought into custody. The form contained a section for hospital staff to complete if the detainee received any treatment and ongoing management.
- 6.13 New detainees were asked if they had any health needs when they were booked in by custody staff. If they did, the nurse was called to see them. Some nurses told us they routinely visited all the cells to see detainees whether or not they had health needs. If appropriate, a full health assessment was completed and appropriate action taken. A copy of the assessment, evaluation, treatment and advice given was completed and placed in the custody record. Nurses gave a copy of the detainee's clinical record to their solicitor with their consent. The records we saw were generally well managed. FMEs managed their own records and we were told that they held their notes at their place of residence.
- 6.14 Medicines belonging to detainees were stored in the medicine cabinets and returned to them on release. Unused medicines were returned to the local pharmacy for disposal, but in some suites the register of disposals had not always been completed. Prescribed medications were administered by the FNP if on site or by custody staff. If custody staff administered medicines this was from a properly labelled and secure container. The administration of medicines to detainees was carried out in the custody area under the supervision of CCTV. Only health staff had access to the medicine cabinets. Patient group directions were in place and used appropriately.

- 6.15 In our survey, only 18% of detainees said they were able to continue with their prescribed medication, against the comparator of 45%. The explanation for this was that no detainee could receive any medication they brought in with them unless it had been verified as their own and six hours had passed since their arrival at the station. This was to prevent any possible overdosing. We were confident that as soon as these criteria had been met the detainee was given their medication. Police also went to some lengths to collect detainees' medication from their homes where necessary.
- 6.16 In the North Kent area, the local PCT was piloting a free NHS health check, which included checks on all 40-74 year-old detainees. Checks were made on their heart as well as their susceptibility to diabetes and stroke. All detainees in that bracket were offered the check and given advice on health issues. All checks were documented and the detainee given a resume of the assessment and findings for them to pass to their GP.

Housekeeping point

- 6.17 Medicines disposed of by health or custody staff should be entered into the disposal of medicines register.

Good practice

- 6.18 *The North Kent areas, in conjunction with West Kent primary care trust, was piloting free NHS general health checks that included checks on all 40-74 year old detainees.*

Substance use

- 6.19 Substance use services were provided by crime reduction initiative (CRI), which also provided services in local prisons. Local drug intervention programme (DIP) teams worked with custody staff and detainees to provide an holistic service for substance users. Nurses reported that they had good support from DIP workers. Although there were no drug workers based in any of the suites, drug workers visited the suites once or twice every weekday. They checked for written referrals and responded to calls to see detainees.
- 6.20 Custody staff told us that drug workers always spoke with them and did a sweep of the cells to offer support to any detainee. Detainees released from custody but who had not have the opportunity to see a drug worker and would have welcomed this were referred to the drug worker.
- 6.21 Methadone users were offered symptomatic relief while in custody and, once it was verified that they were prescribed methadone, were directed to the local pharmacy on release. Needle exchange was not available in custody suites but detainees were directed to local pharmacies where these facilities were available. Alcohol-dependent detainees were supported by the community drug workers and signposted to relevant organisations in their local area.

Mental health

- 6.22 The force demonstrated a clear commitment to seeking to improve mental health services available to detainees in Kent. It was generally agreed that progress was being made and meetings were taking place and ongoing at a senior level to resolve the remaining problems (see below).

- 6.23 The superintendent for SCJ leads on mental health for the force, with support from the health services manager. There were nominated mental health champions for all the BCUs, who provided a dedicated focus, at a senior level, to address mental health problems within that suite. They provided a point of contact for any mental health issues in that area which were then discussed at quarterly mental health champion meetings. All custody sergeants attended a two-week course that included mental health awareness training.
- 6.24 Four community psychiatric nurses (CPNs) provided mental health diversion support in eight of the nine custody suites, with only North Kent not covered. Detainees at North Kent who required mental health support were seen by the local mental health crisis team. A CPN was based at Medway and one at Sittingbourne. The Medway post was part of an extended pilot scheme to model a service for police custody suites and court liaison/diversion mental health services. The aim of the programme was to prevent inappropriate placement of people with mental health problems, including learning disabilities, into custody. There were ongoing discussions to make this an additional post permanent. The two other CPNs were on call for the other custody suites and contacted the stations they supported every day to see if their expertise was needed. This support was available every weekday between 8am and 4pm.
- 6.25 There was a joint Mental Health Act Section 136⁶ policy between the police, the mental health trust and Kent County Council. Custody staff and nurses reported very different levels of service depending on their location. The service in the west of the county appeared to operate smoothly but this was not the case in the east of Kent covered by the Canterbury Section 136 suite. This had resulted in police custody being used as a place of safety more often than was necessary. A senior police officer held the portfolio for mental health and was working closely with the mental health trust and psychiatric hospitals to resolve the difficulties. There were also concerns about delays in carrying out mental health assessments out of hours on weekdays and at the weekend.
- 6.26 There had been an overall increase in the number of detainees held under Section 136 and there are five Section 136 suites. In the six months to September 2010, there had been 61 admissions under the Mental Health Act with an average detention time of eight and a half hours.

Good practice

- 6.27 *Mental health champions in all BCUs provided a dedicated focus, at a senior level, to address mental health problems and a point of contact for any mental health issues in that area, which were then discussed at regular meetings.*

⁶ 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.

7. Summary of recommendations

Main recommendations

- 7.1 Staff should submit a use of force form in every appropriate instance, and the force should monitor the use of force at each custody suite by ethnicity, age, location and officers involved. (2.26)
- 7.2 A representative sample of completed custody records should be dip sampled locally on each BCU to ensure standards in custody are maintained. (2.27)
- 7.3 Appropriate adults should be available to support juveniles aged 17 and under and vulnerable adults in custody, including out of hours. (2.28)
- 7.4 Police custody should only be used as a place of safety for Section 136 assessments in exceptional cases. (2.29)

Recommendations

Treatment and conditions

- 7.5 There should be cells adapted for detainees with disabilities at the four nominated custody suites. (4.8)
- 7.6 Booking-in areas should have sufficient privacy for effective communication between staff and detainees. (4.9)
- 7.7 Any changes to the risk assessment management plan should be recorded in the risk assessment section of the custody record. (4.14)
- 7.8 The force should address the safety issues around ligature points and, where resources do not allow them to be dealt with immediately, the risks should be managed. (4.24)
- 7.9 Health and safety walk through arrangements should be thorough and consistently applied at all custody suites. (4.25)
- 7.10 All detainees held overnight, or who require one, should be offered a shower. (4.30)
- 7.11 Suitable alternative clothing should always be provided to detainees when needed. (4.31)
- 7.12 Food offered to detainees should be of sufficient quality and calorific content to sustain them for the duration of their stay, and it should be offered at mealtimes. (4.34)

Individual rights

- 7.13 Senior police officers should engage with the local authority to ensure the provision of remand in custody beds for juveniles. (5.15)

- 7.14 Police managers should liaise with court managers to ensure court cut off times at Tonbridge should be later to prevent unnecessarily long stays in custody. (5.16)
- 7.15 Detainees should be told how to make a complaint and facilitated to do so before they leave custody. (5.18)

Housekeeping points

Treatment and conditions

- 7.16 Formal handover time should be built into each shift changeover. (4.15)
- 7.17 All toilet areas covered by CCTV should be effectively obscured, and detainees should be informed of this. (4.35)
- 7.18 Detainees should be routinely provided with toilet paper. (4.36)
- 7.19 Detainees should be routinely informed of the provision for outside exercise. (4.38)

Health care

- 7.20 Signs should be clearly displayed to notify detainees that they can see a health care professional of their own gender. (6.8)
- 7.21 Medicines disposed of by health or custody staff should be entered into the disposal of medicines register. (6.17)

Good practice

- 7.22 There was a good focus on the diverse needs of detainees and adjustments made where necessary or practicable. (4.10)
- 7.23 Information from the Independent Police Complaints Commission on making complaints was placed into the property of detainees who indicated a wish to complain. (5.19)
- 7.24 The location of medicine cabinets in the custody areas under CCTV surveillance reduced the risks of misappropriation and mismanagement of medicines. (6.9)
- 6.28 The North Kent areas, in conjunction with West Kent primary care trust, was piloting free NHS general health checks that included checks on all 40-74 year old detainees. (6.18)
- 7.25 Mental health champions in all BCUs provided a dedicated focus, at a senior level, to address mental health problems and a point of contact for any mental health issues in that area, which were then discussed at regular meetings. (6.27)

Appendix I: Inspection team

| | |
|------------------|----------------------------|
| Sean Sullivan | HMIP team leader |
| Paddy Craig | HMIC inspector |
| Fiona Shearlaw | HMIC inspector |
| Mark Ewan | HMIC inspector |
| Gary Boughen | HMIP inspector |
| Joss Crosbie | HMIP inspector |
| Paul Fenning | HMIP inspector |
| Martin Owens | HMIP inspector |
| Lucy Young | HMIP inspector |
| | |
| Bridget McEvilly | HMIP health care inspector |
| Huw Jenkins | CQC health care inspector |
| | |
| Adam Altoft | HMIP researcher |
| Michael Skidmore | HMIP researcher |

Appendix II: Summary of detainee questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of the prisoner population at HMP Elmley, who had been through a police station in Kent, 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 22 November 2010. A list of potential respondents to have passed through police stations in Kent was created, listing all those who had arrived from Maidstone, Medway, Dover, Ashford, Sittingbourne, Folkestone, Sevenoaks, Margate, Canterbury and Dartford magistrates' courts within the past two months.

Selecting the sample

On the day, the questionnaire was offered to 53 respondents; there were three refusals, four questionnaires returned blank and five non-returns. All of those sampled had been in custody within the last two months.

Completion of the questionnaire was voluntary. Interviews were carried out with 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, 41 (82%) respondents completed and returned their questionnaires.

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 refer to the entire sample. All missing responses are 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 34 police areas since April 2008.

In the comparator document, statistical significance is used to indicate whether there is a real difference between the figures, i.e. 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 is excluded). The actual numbers will match up as the data is 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 has been weighted for comparison purposes.

Survey results

Section 1: About you

| | | |
|-----------|--|-----------|
| Q2 | What police station were you last held at? Medway: 9; Margate: 6; Folkestone: 5; Tonbridge: 5; Ebbsfleet: 4; Maidstone: 4; Canterbury: 3; Dover: 3; Unknown: 2 | |
| Q3 | How old are you? | |
| | 16 years or younger..... | 0 (0%) |
| | 17-21 years | 5 (12%) |
| | 22-29 years | 12 (29%) |
| | 30-39 years | 13 (32%) |
| | 40-49 years..... | 10 (24%) |
| | 50-59 years..... | 1 (2%) |
| | 60 years or older | 0 (0%) |
| Q4 | Are you: | |
| | Male..... | 41 (100%) |
| | Female | 0 (0%) |
| | Transgender/transsexual | 0 (0%) |
| Q5 | What is your ethnic origin? | |
| | White - British..... | 32 (78%) |
| | White - Irish | 0 (0%) |
| | White - other | 6 (15%) |
| | Black or black British - Caribbean..... | 0 (0%) |
| | Black or black British - African | 1 (2%) |
| | 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 | 2 (5%) |
| | 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 | 5 (13%) |
| | No | 33 (87%) |
| Q7 | What, if any, would you classify as your religious group? | |
| | None..... | 11 (29%) |
| | Church of England | 16 (42%) |
| | Catholic | 7 (18%) |
| | Protestant..... | 1 (3%) |
| | Other Christian denomination | 1 (3%) |
| | Buddhist..... | 0 (0%) |
| | Hindu | 0 (0%) |
| | Jewish..... | 1 (3%) |

| | |
|-------------|--------|
| Muslim..... | 1 (3%) |
| Sikh | 0 (0%) |

| | | |
|------------|--|----------|
| Q8 | How would you describe your sexual orientation? | |
| | <i>Straight/heterosexual.....</i> | 37 (97%) |
| | <i>Gay/lesbian/homosexual</i> | 1 (3%) |
| | <i>Bisexual.....</i> | 0 (0%) |
| Q9 | Do you consider yourself to have a disability? | |
| | <i>Yes.....</i> | 16 (41%) |
| | <i>No</i> | 23 (59%) |
| Q10 | Have you ever been held in police custody before? | |
| | <i>Yes.....</i> | 38 (97%) |
| | <i>No</i> | 1 (3%) |

Section 2: Your experience of this custody suite

| | | |
|------------|---|----------|
| Q11 | How long were you held at the police station? | |
| | <i>Less than 24 hours.....</i> | 8 (21%) |
| | <i>More than 24 hours, but less than 48 hours (2 days)</i> | 19 (50%) |
| | <i>More than 48 hours (2 days), but less than 72 hours (3 days).....</i> | 8 (21%) |
| | <i>72 hours (3 days) or more</i> | 3 (8%) |
| Q12 | Were you given information about your arrest and your entitlements when you arrived there? | |
| | <i>Yes.....</i> | 26 (67%) |
| | <i>No</i> | 9 (23%) |
| | <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> | 21 (54%) |
| | <i>No</i> | 13 (33%) |
| | <i>I don't know what this is/I don't remember</i> | 5 (13%) |
| Q14 | If your clothes were taken away, were you offered different clothing to wear? | |
| | <i>My clothes were not taken.....</i> | 22 (58%) |
| | <i>I was offered a tracksuit to wear.....</i> | 6 (16%) |
| | <i>I was offered an evidence/paper suit to wear</i> | 5 (13%) |
| | <i>I was offered a blanket.....</i> | 3 (8%) |
| | <i>Nothing.....</i> | 2 (5%) |
| Q15 | Could you use a toilet when you needed to? | |
| | <i>Yes.....</i> | 35 (88%) |
| | <i>No</i> | 5 (13%) |
| | <i>Don't know</i> | 0 (0%) |
| Q16 | If you have used the toilet there, was toilet paper provided? | |
| | <i>Yes.....</i> | 20 (51%) |
| | <i>No</i> | 19 (49%) |
| Q17 | Did you share a cell at the police station? | |
| | <i>Yes.....</i> | 1 (3%) |

No 39 (98%)

Q18 How would you rate the condition of your cell?:

| | <i>Good</i> | <i>Neither</i> | <i>Bad</i> |
|-------------------------|-------------|----------------|------------|
| Cleanliness | 13 (33%) | 14 (36%) | 12 (31%) |
| Ventilation/air quality | 7 (18%) | 14 (37%) | 17 (45%) |
| Temperature | 3 (8%) | 6 (16%) | 28 (76%) |
| Lighting | 8 (22%) | 16 (43%) | 13 (35%) |

Q19 Was there any graffiti in your cell when you arrived?

Yes 17 (41%)
No 24 (59%)

Q20 Did staff explain to you the correct use of the cell bell?

Yes 14 (34%)
No 27 (66%)

Q21 Were you held overnight?

Yes 39 (95%)
No 2 (5%)

Q22 If you were held overnight, which items of clean bedding were you given?

Not held overnight 2 (4%)
Pillow 13 (27%)
Blanket 24 (50%)
Nothing 9 (19%)

Q23 Were you offered a shower at the police station?

Yes 9 (23%)
No 31 (78%)

Q24 Were you offered any period of outside exercise while there?

Yes 5 (12%)
No 36 (88%)

Q25 Were you offered anything to:

| | <i>Yes</i> | <i>No</i> |
|--------|------------|-----------|
| Eat? | 32 (78%) | 9 (22%) |
| Drink? | 37 (90%) | 4 (10%) |

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%) | 7 (17%) | 8 (20%) | 16 (39%) | 8 (20%) |

Q27 Was the food/drink you received suitable for your dietary requirements?

I did not have any food or drink 8 (20%)
Yes 12 (29%)
No 21 (51%)

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

I do not smoke 4 (10%)
I was allowed to smoke 4 (10%)

| | |
|--|----------|
| <i>I was not offered anything to cope with not smoking</i> | 33 (80%) |
| <i>I was offered nicotine gum</i> | 0 (0%) |
| <i>I was offered nicotine patches.....</i> | 0 (0%) |
| <i>I was offered nicotine lozenges</i> | 0 (0%) |

| | | |
|------------|---|----------|
| Q29 | Were you offered anything to read? | |
| | Yes | 8 (20%) |
| | No | 33 (80%) |

| | | |
|------------|---|----------|
| Q30 | Was someone informed of your arrest? | |
| | Yes | 21 (51%) |
| | No | 15 (37%) |
| | <i>I don't know</i> | 2 (5%) |
| | <i>I didn't want to inform anyone</i> | 3 (7%) |

| | | |
|------------|--|----------|
| Q31 | Were you offered a free telephone call? | |
| | Yes | 17 (43%) |
| | No | 23 (57%) |

| | | |
|------------|---|----------|
| Q32 | If you were denied a free telephone call, was a reason for this offered? | |
| | <i>My telephone call was not denied.....</i> | 20 (54%) |
| | Yes | 1 (3%) |
| | No | 16 (43%) |

| | | | |
|------------|---|----------|----------|
| 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%) | 29 (94%) |
| | Contacting your partner, relative or friend | 15 (43%) | 20 (57%) |
| | Contacting your employer | 4 (13%) | 26 (87%) |
| | Where you were going once released | 12 (36%) | 21 (64%) |

| | | |
|------------|--|------------------------------|
| Q34 | Were you interviewed by police officials about your case? | |
| | Yes | 36 (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 | 21 (62%) | 7 (21%) | 6 (18%) |
| | Appropriate Adult | 2 (9%) | 4 (17%) | 17 (74%) |
| | Interpreter | 3 (12%) | 6 (23%) | 17 (65%) |

| | | |
|------------|--|----------|
| Q36 | How long did you have to wait for your solicitor? | |
| | <i>I did not requested a solicitor</i> | 14 (36%) |
| | <i>2 hours or less.....</i> | 4 (10%) |
| | <i>Over 2 hours but less than 4 hours</i> | 2 (5%) |
| | <i>4 hours or more</i> | 19 (49%) |

Section 3: Safety

| | | |
|------------|---------------------------------|----------|
| Q38 | Did you feel safe there? | |
| | Yes | 25 (61%) |

No 16 (39%)

Q39 Had another detainee or a member of staff victimised (insulted or assaulted) you there?

Yes 19 (46%)

No 22 (54%)

Q40 If you have felt victimised, what did the incident involve? (Please tick all that apply to you.)

I have not been victimised 22 (31%) *Because of your crime* 7 (10%)

Insulting remarks (about you, your family or friends) 10 (14%) *Because of your sexuality* 1 (1%)

Physical abuse (being hit, kicked or assaulted) 9 (13%) *Because you have a disability* 0 (0%)

Sexual abuse 5 (7%) *Because of your religion/religious beliefs* 1 (1%)

Your race or ethnic origin 3 (4%) *Because you are from a different part of the country than others* 1 (1%)

Drugs 11 (16%)

Q41 Were your handcuffs removed on arrival at the police station?

Yes 32 (78%)

No 5 (12%)

I wasn't handcuffed 4 (10%)

Q42 Were you restrained while in the police custody suite?

Yes 10 (24%)

No 31 (76%)

Q43 Were you injured while in police custody, in a way that you feel was not your fault?

Yes 8 (20%)

No 33 (80%)

Q44 Were you told how to make a complaint about your treatment if you needed to?

Yes 2 (5%)

No 38 (95%)

Section 4: Health care

Q46 Did you need to take any prescribed medication when you were in police custody?

Yes 24 (59%)

No 17 (41%)

Q47 Were you able to continue taking your prescribed medication while there?

Not taking medication 17 (43%)

Yes 4 (10%)

No 19 (48%)

Q48 Did someone explain your entitlements to see a health care professional if you needed to?

Yes 12 (29%)

No 24 (59%)

Don't know 5 (12%)

Q49 Were you seen by the following health care professionals during your time there?

| | Yes | No |
|--------|---------|----------|
| Doctor | 4 (12%) | 29 (88%) |

| | | |
|--------------|----------|-----------|
| Nurse | 21 (51%) | 20 (49%) |
| Paramedic | 0 (0%) | 32 (100%) |
| Psychiatrist | 1 (3%) | 31 (97%) |

- Q50 Were you able to see a health care professional of your own gender?**
Yes 5 (13%)
No 27 (71%)
Don't know 6 (16%)
- Q51 Did you have any drug or alcohol problems?**
Yes 22 (54%)
No 19 (46%)
- 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..... 19 (48%)
Yes 8 (20%)
No 13 (33%)
- Q53 Were you offered relief or medication for your immediate symptoms?**
I didn't have any drug/alcohol problems..... 19 (46%)
Yes 4 (10%)
No 18 (44%)
- 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 |
|-------------------------------|-----------|--------|---------|---------|----------|
| 16 (39%) | 0 (0%) | 2 (5%) | 8 (20%) | 5 (12%) | 10 (24%) |
- Q55 Did you have any specific physical health care needs?**
No 25 (61%)
Yes 16 (39%)
- Q56 Did you have any specific mental health care needs?**
No 30 (73%)
Yes 11 (27%)



Prisoner survey responses for Kent Police 2010

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 | | |
| | 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 | | |
| | | Kent Police | Police custody comparator |
| Number of completed questionnaires returned | | 41 | 1205 |
| SECTION 1: General information | | | |
| 3 | Are you under 21 years of age? | 12% | 8% |
| 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)? | 8% | 34% |
| 6 | Are you a foreign national? | 13% | 15% |
| 7 | Are you Muslim? | 2% | 12% |
| 8 | Are you homosexual/gay or bisexual? | 2% | 2% |
| 9 | Do you consider yourself to have a disability? | 42% | 20% |
| 10 | Have you been in police custody before? | 98% | 90% |
| 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? | 79% | 65% |
| 12 | Were you given information about your arrest and entitlements when you arrived? | 67% | 74% |
| 13 | Were you told about PACE? | 54% | 52% |
| 14 | If your clothes were taken away, were you given a tracksuit to wear? | 37% | 44% |
| 15 | Could you use a toilet when you needed to? | 88% | 90% |
| 16 | If you did use the toilet, was toilet paper provided? | 51% | 51% |
| 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? | 33% | 30% |
| 18b | Ventilation/air quality? | 19% | 21% |
| 18c | Temperature? | 9% | 14% |
| 18d | Lighting? | 22% | 44% |
| 19 | Was there any graffiti in your cell when you arrived? | 42% | 56% |
| 20 | Did staff explain the correct use of the cell bell? | 34% | 22% |
| 21 | Were you held overnight? | 96% | 92% |
| 22 | If you were held overnight, were you given no clean items of bedding? | 23% | 30% |
| 23 | Were you offered a shower? | 22% | 9% |
| 24 | Were you offered a period of outside exercise? | 12% | 6% |
| 25a | Were you offered anything to eat? | 78% | 80% |
| 25b | Were you offered anything to drink? | 90% | 83% |
| | For those who had food: | | |
| 26a | Was the quality of the food and drink you received 'good'/'very good'? | 5% | 7% |
| 26b | Was the food/drink you received suitable for your dietary requirements? | 37% | 45% |
| 27 | For those who smoke: were you offered nothing to help you cope with the ban there? | 80% | 77% |
| 28 | Were you offered anything to read? | 20% | 14% |
| 29 | Was someone informed of your arrest? | 52% | 43% |
| 30 | Were you offered a free telephone call? | 43% | 51% |

Key to tables

| | | | |
|---|--|-------------|---------------------------|
| | Any percentage highlighted in green is significantly better | Kent Police | 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? | 5% | 15% |
| 32 | Did you have any concerns about: | | |
| 32a | Who was taking care of your children? | 5% | 16% |
| 32b | Contacting your partner, relative or friend? | 43% | 53% |
| 32c | Contacting your employer? | 14% | 20% |
| 32d | Where you were going once released? | 37% | 30% |
| 34 | If you were interviewed were the following people present: | | |
| 34a | Solicitor | 62% | 73% |
| 34b | Appropriate Adult | 7% | 8% |
| 34c | Interpreter | 13% | 7% |
| 35 | Did you wait over four hours for your solicitor? | 77% | 66% |
| SECTION 3: Safety | | | |
| 39 | Did you feel unsafe? | 39% | 41% |
| 40 | Has another detainee or a member of staff victimised you? | 46% | 41% |
| 41 | If you have felt victimised, what did the incident involve? | | |
| 41a | Insulting remarks (about you, your family or friends) | 24% | 20% |
| 41b | Physical abuse (being hit, kicked or assaulted) | 22% | 14% |
| 41c | Sexual abuse | 12% | 2% |
| 41d | Your race or ethnic origin | 8% | 6% |
| 41e | Drugs | 26% | 15% |
| 41f | Because of your crime | 18% | 17% |
| 41g | Because of your sexuality | 2% | 1% |
| 41h | Because you have a disability | 0% | 3% |
| 41i | Because of your religion/religious beliefs | 2% | 3% |
| 41j | Because you are from a different part of the country than others | 2% | 4% |
| 42a | Were your handcuffs removed on arrival at the police station? | 87% | 78% |
| 42b | Were you restrained whilst in the police custody suite? | 24% | 12% |
| 43 | Were you injured whilst in police custody, in a way that you feel is not your fault? | 20% | 25% |
| 44 | Were you told how to make a complaint about your treatment? | 4% | 13% |
| SECTION 4: Health care | | | |
| 46 | Did you need to take any prescribed medication when you were in police custody? | 58% | 56% |
| 47 | For those who were on medication: were you able to continue taking your medication? | 18% | 45% |
| 48 | Did someone explain your entitlement to see a health care professional if you needed to? | 30% | 35% |
| 49 | Were you seen by the following health care professionals during your time in police custody? | | |
| 49a | Doctor | 13% | 49% |
| 49b | Nurse | 52% | 17% |
| | Percentage seen by either a doctor or a nurse: | 58% | 54% |
| 49c | Paramedic? | 0% | 4% |
| 49d | Psychiatrist? | 3% | 3% |
| 50 | Were you able to see a health care professional of your own gender? | 13% | 28% |
| 51 | Did you have any drug or alcohol problems? | 54% | 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? | 39% | 43% |
| 53 | Were you offered relief medication for your immediate symptoms? | 19% | 33% |
| 54 | For those who had been seen by health care, would you rate the quality as good/very good? | 7% | 29% |
| 55 | Do you have any specific physical health care needs? | 39% | 33% |
| 56 | Do you have any specific mental health care needs? | 26% | 24% |