



Inspecting policing  
in the public interest

HM Inspectorate of Prisons and HM Inspectorate of Constabulary

# EXPECTATIONS

## FOR POLICE CUSTODY

Criteria for assessing the treatment of and conditions for  
detainees in police custody

Version 2, 2012



HM Inspectorate of Prisons and  
HM Inspectorate of Constabulary

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**EXPECTATIONS**

**Introduction**



# Introduction

In 2008 HM Inspectorate of Prisons and HM Inspectorate of Constabulary began a programme of joint inspections of police custody suites in England and Wales. These inspections form part of a wider programme of joint work by criminal justice inspectorates and contribute to the United Kingdom's compliance with its international obligations to ensure regular independent inspection of all places of custody.<sup>1</sup>

The programme of police custody inspections is based on a mixture of chronology and risk assessment. Inspections take place at a minimum every six years, with a risk-based approach used to decide the chronology of inspections and which forces will receive earlier, unannounced follow-up visits. Most inspections are completed within one week, but they may take longer if more custody suites are involved.

When inspecting police custody suites, inspectors use detailed criteria, or *Expectations*, to assess the treatment and conditions of those detained in police custody. These *Expectations* also offer a guide to senior police officers and police authorities as to the standards that the two Inspectorates expect to find in these settings and the sources of information and evidence upon which they will rely.

*Expectations* are informed by, and referenced against, the Police and Criminal Evidence Act (PACE) codes (1984), Home Office guidance on the safe detention and handling of persons in custody (2006) and international human rights norms. They are also based on the experience of the two inspectorates over many years and the contributions of a wide range of organisations, including the Association of Police Authorities, the Independent Custody Visitors Association, the Independent Police Complaints Commission, the Association of Chief Police Officers, the Police Superintendents Association, the Police Federation, the National Police Improvement Agency, the Home Office, Inquest, the Care Quality Commission and representatives of forensic medical examiners.

Police expectations are grouped under four inspection areas:

- strategy
- treatment and conditions
- individual rights
- health care

Each expectation has a set of indicators which provide evidence to help judge whether the expectation has been achieved. A further list of evidence sources offers guidance as to how the evidence can be gathered. References under each expectation link them to the relevant international and national legislation and guidance.

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



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**EXPECTATIONS**

Section 1: **strategy**



# Strategy

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.

## Expectations

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### 1. There is a strategic focus, supported by the Chief Officer group, which promotes the safe and decent delivery of custody.

| Indicators   | References  |
|--|---|
| <ul style="list-style-type: none"><li>• There is a policy focus on custody issues at a chief officer level.</li><li>• There is an effective management structure that ensures:<ul style="list-style-type: none"><li>- appropriate policies and procedures for custody are in place and fully implemented</li><li>- custody delivery is proactively monitored against agreed standards and performance measures</li><li>- use of force, adverse incidents and complaints are proactively monitored locally and at force-wide level</li><li>- there are partnership arrangements and constructive engagement, including at Local Criminal Justice Board level.</li></ul></li></ul> | BOP 1, 5, 29, 36(2);<br>BPUF 1, 18–20, 22;<br>CCLEO 2;<br>CRC 3;<br>ICCP 10(1);<br>JDL 85;<br>OPCAT 4;<br>RTWP 56;<br>PACE Codes of Practice Code C 3.7 |

#### Evidence

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#### Chief officer

- Ask if the policy focus includes:
  - developing and maintaining the custody estate
  - staffing of custody suites with trained staff
  - managing the risks of custody
  - meeting the mental and physical health and wellbeing needs of detainees
  - meeting the diverse needs of detainees – including vulnerable adults and safeguarding children
  - working effectively with commissioners and providers of health services, immigration services, youth offending services, criminal justice teams, Crown Prosecution Service (CPS), courts and other law enforcement agencies.

## Section 1: strategy

- Ask:
  - about the oversight of the Police Authority, independent custody visitors (ICVs) and other mechanisms – how effective and proactive is it?
  - what quality assurance procedures are in place
  - what the procedures are for monitoring the use of force, and whether use of force is monitored by diversity, location and the officer involved.

### **Documentation**

Check:

- the minutes of custody manager meetings
- the numbers of staff, gender balance, training, development and succession planning
- the availability of management information on trends and patterns
- custody records for quality assurance and scrutiny.

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Section 2: **treatment and conditions**



# Treatment and conditions

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

## Expectations – Respect

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### 2. Detainees are treated with respect and their diverse needs, while in custody, are met.

| Indicators  | References   |
|---|--|
| <ul style="list-style-type: none"><li>• The diverse needs of detainees are met. This includes the specific needs of:<ul style="list-style-type: none"><li>- women</li><li>- black and minority ethnic detainees</li><li>- foreign nationals</li><li>- those with disabilities</li><li>- immigration detainees</li><li>- those with religious needs</li><li>- older detainees</li><li>- detainees of all sexualities</li><li>- transgender detainees</li><li>- those with dependency needs</li><li>- those with obvious vulnerabilities.</li></ul></li><li>• All custody staff recognise and understand the distinct needs of children and treat them accordingly.</li></ul> | Beijing 10.3, 12;<br>BOP 1, 5, 36(2);<br>CCLEO 2;<br>CEDAW 2;<br>CERD 2;<br>CRC 3, 37, 40;<br>CRPD 4;<br>DEDRB 2;<br>DHRIN 5;<br>DRM 4;<br>ECHR 8;<br>ICCP 2, 3, 10(1);<br>JDL 1, 85;<br>POP 17;<br>RTWP 56;<br>PACE Codes of Practice Code C 3(b) Detained persons – special groups |
| <b>Evidence</b>   |  |
| <b>Custody officer and staff</b><br>Ask staff to describe their interaction with detainees. Specifically, ask: <ul style="list-style-type: none"><li>• how the diverse needs of detainees are identified and assessed</li><li>• how they address the diverse needs of their detainees, for instance if they understand the differential impact of detention on women</li><li>• what training, including child protection awareness, they have had and what skills they have to deal with detainees' diverse needs</li></ul>   |  |

## Section 2: treatment and conditions

- whether all custody and health care staff, including agency staff, have been vetted to work with vulnerable groups, including children
- how they ensure children are kept separate from those who might pose a risk to them
- whether all girls under the age of 18 remain in the care of a woman during detention as required under section 31 of the Children and Young Persons Act 1933
- how and why they make referrals to youth offending teams.

### Documentation

- Check custody records for evidence that the diverse needs of detainees are correctly identified and catered for. For instance, are searching procedures sensitive to gender, age, different religions, etc? Specifically, check:
  - children's custody records for recognition of their distinctive needs
  - the recording of any child protection concerns.
- Check:
  - that children are not held overnight without good reason
  - that there are effective joint arrangements in place which cover the provision and accessibility of both secure and non-secure accommodation for those children who have been charged with an offence and had bail refused by police
  - that legal requirements are being met in respect of children who have been charged with an offence and had bail refused.

### Observation

Check:

- how staff talk to and about detainees in their care
- that arrangements at the booking in desk allow sufficient privacy to disclose any vulnerabilities or for confidential information to be passed on to custody officers
- that reasonable adjustments have been made in line with the Equality Act 2010.

### Detainees

- Ask if they feel they have been treated respectfully by staff.
- Ask about their diverse needs and whether they feel these have been met.

## Expectations – Safety

### 3. Custody staff are competent to assess and manage risks presented by detainees.

| Indicators  | References   |
|---|--|
| <ul style="list-style-type: none"> <li>• Staff receive initial and refresher training in risk assessment procedures.</li> <li>• Staff have a knowledge and understanding of self-harm and how to manage it.</li> <li>• Staff have a knowledge and understanding of detainees’ risk to others and how to manage it.</li> <li>• Risk management plans are proportionate and are developed and reviewed dynamically.</li> </ul>  | <p>BOP 1, 36(2);<br/>           CCLEO 6;<br/>           ECHR 2;<br/>           ICCPR 6, 10(1);<br/>           JDL 85;<br/>           UDHR 3;</p> |
| <p><b>Evidence</b></p> <hr/> <p><b>Custody officer and staff</b></p> <p>Ask:</p> <ul style="list-style-type: none"> <li>• about the normal procedure for assessing the risk detainees pose to themselves and/or others</li> <li>• what happens if a detainee is unwilling or unable to cooperate with the risk assessment</li> <li>• how high numbers of detainees coming into custody at peak times are managed</li> <li>• whether staff alert them if they are bringing a violent detainee into the custody suite and what arrangements are made</li> <li>• what the arrangements are for monitoring those assessed as a risk</li> <li>• whether staff understand the importance of regular monitoring and rousing</li> <li>• whether staff carry keys to cells and ligature knives at all times</li> <li>• if cells are checked thoroughly for any unauthorised items between use</li> <li>• if prisoners’ escort record forms are completed for all detainees to be transported, by whom and what information is passed on to escorting staff about those considered a risk to themselves.</li> </ul> | <p>PACE Codes of Practice Code C 3.6–3.10 and 8.1;<br/>           SDHP Section 2</p>   |

## Section 2: treatment and conditions

### Documentation

Check:

- the policy on cell sharing. Is cell sharing only authorised in exceptional circumstances and on the basis of a thorough risk assessment?
- a sample of risk assessments.

### Observation

Observe:

- assessment procedures on reception
- whether actual checks are carried out at the cells
- whether the CCTV is working, whether it records and how long the recordings are kept
- staff handovers for the sharing of risk information
- cells and whether they are checked by staff for any unauthorised items between occupants
- the skills and competence of staff
- that detainees' offence details are not on display for others to see.

### Detainees

Ask those identified as at risk what level of attention they have received from custody staff.

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#### 4. Pre-release risk management planning for detainees is conducted to ensure they are released safely.

##### Indicators

- Formal procedures are in place for pre-release risk assessment that acknowledge known risks and specify any actions needed.
- Any relevant information about risk, vulnerability or safeguarding is communicated to relevant agencies.

##### References

BOP 1;  
CCLEO 2;  
CRC 3;  
ECHR 2;  
ICCPR 10(1);  
UDHR 3;  
SDHP 8.3

##### Evidence

##### Documentation

Check:

- custody records for evidence of pre-release risk management plans

## Section 2: treatment and conditions

- that information about and the contact details for support organisations are provided and available in a range of languages
- the processes for safeguarding children, including those aged 17
- the processes for communicating to relevant police departments or external agencies any information about risk or vulnerability.

### 5. Any force used within a custody suite is proportionate and lawful.

| Indicators   | References  |
|--|---|
| <ul style="list-style-type: none"><li>• Where force is used, staff use only techniques in line with training the force has provided, with no more force and for no longer than is necessary.</li><li>• Detainees are examined by an appropriately qualified health care professional if requested, or if there are health care concerns.</li><li>• Use of force within custody suites, including the use of control and restraint equipment, is documented within the individual custody record and a separate 'use of force' form is submitted in line with Association of Chief Police Officers (ACPO) policy.</li></ul> | BOP 24;<br>BPUF 1, 2,<br>4–6, 15,<br>18–20, 22;<br>CCLEO 3, 6;<br>ECHR 3, 8;<br>SDHP<br>section 4 |

#### Evidence

##### Custody officer and staff

Ask:

- how they define use of force
- what methods of restraint they think can be appropriately applied in the enclosed custodial setting: for example, what is the guidance on the use of incapacitant sprays, Tasers, etc?
- what methods of de-escalation they use before force is applied
- in what circumstances they would apply force and how they make a decision about what level of force to use
- if the consequences of and potential injuries resulting from different methods of force are recognised and taken into account

## Section 2: treatment and conditions

- what alternative procedures are applied to those with a known health problem, children or with women who are known to be pregnant
- what training they have had in the use of force, when this occurred and whether they have had any refresher training.

### Documentation

Check:

- the use of force guidance and whether consideration is given to the use of Tasers, incapacitant sprays, handcuffs, limb restraints and empty hand techniques
- staff training records
- the use of force form and custody records. Look for evidence that a health examination took place after the use of force in custody, if appropriate, how quickly the detainee was seen after the use of force incident and the outcome of the examination.

### Observation

Check CCTV recordings.

### Detainees

Ask detainees if they have been subject to the use of force in custody.

## Expectations – Physical conditions

### 6. Detainees are held in a custody suite that is clean, safe and in a good state of repair.

| Indicators   | References   |
|--|--|
| <ul style="list-style-type: none"><li>• All cells are equipped with call bell systems, detainees understand their purpose and they are responded to promptly.</li><li>• There are good maintenance arrangements.</li><li>• Cells are free from ligature points, or the risks they present are managed.</li><li>• There are practices for the use of cells with restricted natural light and facilities.</li><li>• Custody suite staff can safely evacuate detainees from the custody suite in the event of an emergency.</li></ul> | <p>BOP 1;<br/>CCLEO 2;<br/>ECHR 3, 8;<br/>ICCPR 10(1);<br/>PACE Codes of Practice Code C 8.2;<br/>SDHP 7.10, 12.1.5 and 15.4</p> |

## Section 2: treatment and conditions

### Evidence

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#### Documentation

Check:

- the cleaning contract and schedules, and the policy on clearing up spills and graffiti
- staff training records
- the frequency of fire evacuation drills and their type
- contingency plans
- records detailing the maintenance and testing of fire and smoke detection.

#### Custody officer and staff

Ask:

- how a decision is made about required maintenance work
- what the maintenance procedure is and what impact it has on provision of custody
- what excess custody capacity the force has to allow suites to be shut so that essential maintenance can be carried out
- what fire safety training they have received
- how frequently fire evacuation drills are held and whether these are just desktop exercises or also include a practice evacuation
- when the force last carried out a cell smoke test at each site
- whether custody suites can be evacuated safely in emergencies, taking into account the physical security, the need for ready access to keys and the fact they may have detainees with disabilities
- what they would do in the event of a fire.

#### Observation

- Check holding areas, cells, interview and detention rooms and showers.
- Observe whether staff check cells before and after occupancy. Ensure that checks and findings/damage are recorded.
- Listen to what detainees are told about the call bells when they are placed in cell and how understanding is ensured, especially for those whose first language is not English and those with a disability, such as hearing difficulties or learning disabilities.
- Check that call bells are connected and working.

## Section 2: treatment and conditions

### Detainees

Ask:

- what they were told they could use call bells for and if they understood
- if they have used their call bell and how long it took for staff to respond
- if they find their cells clean, safe and in good repair.

### Expectations – Detainee care

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#### 7. Detainees are able to be clean and comfortable while in custody.

##### Indicators

- Detainees are provided with a mattress, pillow and clean blankets.
- Hygiene packs for women are available, and are routinely offered on arrival and on request.
- Detainees are able to use a toilet in privacy, and toilet paper and hand washing facilities are provided.
- Detainees who require a shower are offered the opportunity to do so.
- Detainees whose clothing is seized are provided with suitable alternative clothing, as soon as practicable.
- Changes of clothing, especially underwear, are facilitated.
- Nicotine replacement is provided by a health care professional to detainees on request and they are informed of this on arrival.

##### References

BOP 1, 24;  
CCLEO 2, 6;  
ECHR 3, 8;  
ICCPR 10(1);  
PACE Codes of Practice  
Code C 8.3,  
8.4, 8.5;  
SDHP 7.8.4,  
7.8.1 and  
6.6.3

##### Evidence

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### Detainees

Ask if they need/have received the means to be clean and comfortable while in custody.

### Documentation

Check:

- for the policy on mattress and pillow cleaning between uses
- the protocol for bringing in clothes
- custody records.

## Section 2: treatment and conditions

### Observation

Check:

- that there is sufficient privacy for those using integral sanitation
- that toilet paper and hand washing facilities are provided in cell where integral sanitation exists
- that detainees who require a shower are offered the opportunity to do so and are given clean and suitable towels for this purpose
- that detainees can have a shower in private, and the arrangements for women and children
- that a supply of appropriate alternative clothing is available (not paper suits) for detainees of different genders and age
- that adequate supplies of clean bedding are available.

### Staff

Ask:

- how detainees get access to the toilet if there is no integral sanitation
- if the facilities are sufficient for the number of detainees held at any one time
- if hygiene packs are available and offered to women
- when alternative clothing was last used
- if family/friends are able to bring in items of clothing for a detainee
- whether nicotine replacement is provided by a health care professional to detainees on request and whether they are informed of this on arrival.

### Defence solicitors

Ask whether their clients are ever released in replacement clothing and what form this takes.

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## 8. Detainees are offered sufficient food and drink.

### Indicators

- Detainees are offered food and drink at recognised mealtimes, and at other times that take into account when the detainee last had a meal and on reasonable request.

### References

BOP 1;  
CCLEO 2;  
ECHR 9;

## Section 2: treatment and conditions

- There is a suitable range of food and drink available.
- Food and drink is of adequate nutritional value.

ICCPR 10(1);  
ICESCR 11;  
PACE Codes  
of Practice  
Code C 8.6,  
8.9 and  
guidance  
note 8B

### Evidence

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#### Staff

Ask:

- when detainees are offered food and/or drink
- what type of food is offered and how this meets special, including clinical, diets and religious requirements
- if further food can be supplied by friends and family.

#### Documentation

Check:

- custody records
- food hygiene training records for staff preparing food.

#### Observation

Check:

- whether detainees are asked at reception when they last had a meal/drink and offered appropriate refreshment
- that food is prepared in a hygienic environment, that meets religious, cultural and other special dietary requirements
- that food is healthy, balanced and there is enough of it
- that a temperature probe is used to ensure food is of the correct temperature at the point of serving
- that detainees have access to drinks.

#### Detainees

Ask:

- when they have been offered suitable food and drinks
- what type of food was offered and whether this was sufficient.

**9. Detainees are offered outside exercise, reading materials and, in the case of children or other vulnerable detainees and those held over 24 hours, the opportunity to have visits.**

**Indicators**

- Detainees have access to a period of outside exercise.
- They are offered suitable reading material.
- Visits are allowed, especially for those held for more than 24 hours or those under 18 years old.

**References**

BOP 1, 19, 28;  
 CCLEO 2;  
 CRC 37(c);  
 ICCPR 10(1);  
 JDL 18;

**Evidence**

**Staff**

Ask:

- if detainees are allowed access to an exercise area and, if so, when it would be offered, if it is supervised and what the barriers are to its use. Ask what the arrangements are for men, women and children.
- if visits are offered and to whom
- if parents or carers are able to visit detainees, especially children, particularly if they are held overnight
- what reading material they provide for detainees and how long after arrival it is offered. What is provided for those with learning difficulties, for example material in easy read format, and for those who do not speak English?

PACE Codes of Practice Code C 5.4 and C 8.7;  
 SDHP 7.5.1

**Documentation**

Check custody records.

**Observation**

Check:

- whether there is an outdoor exercise area, and whether it appears to be used regularly
- whether reading material is available and offered to detainees
- the visiting facilities.

**Detainees**

Ask if they have been offered anything to read/keep them occupied, and whether they have had the opportunity for outside exercise or visits.



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**EXPECTATIONS**

Section 3: **individual rights**



# Individual rights

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

## Expectations – Rights relating to detention

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### 10. Detention is appropriate, authorised and lasts no longer than is necessary.

| Indicators   | References   |
|--|--|
| <ul style="list-style-type: none"><li>• In the case of immigration detainees alternative disposals are expedited.</li><li>• Appropriate grounds for detention are established.</li><li>• Alternatives to custody are considered.</li><li>• Police custody is not used as a place of safety for children under section 46 of the Children Act 1989.</li></ul> | BOP 2, 4, 9, 11, 37;<br>CRC 37(b);<br>ECHR 5;<br>ICCPR 9;<br>JDL 2, 17;<br>UDHR 3, 9 |

#### Evidence

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#### Custody officer

Ask:

- how they decide whether detention is appropriate
- how they ensure the period of detention is kept to a minimum
- whether there is regular contact with UKBA and whether this is effective in ensuring progression of their cases, with detention lasting no longer than two days
- whether police custody has been used as a place of safety in the last six months and what arrangements are in place to prevent this from happening again.

#### Documentation

Check custody records for:

- the reasons for initial detention
- the subsequent reviews of detention before charge by an inspector and extensions by a superintendent or magistrate
- the number of times authority for detention or an extension of detention has been given/refused.

#### Documentation

Check that details and management information are kept in respect of Section 46 Children Act 1989 detainees.

## Section 3: individual rights

### 11. Those under the age of 18 and vulnerable adults are not interviewed without a relative, guardian or appropriate adult present.

#### Indicators

- Appropriate adult (AA) schemes are in place and used.
- Relatives or guardians suitable for the role are used.

#### References

BOP 1, 5(2);  
CRC 3, 37(c),  
40;

#### Evidence

ICCPR 10(1);

#### Custody officer

JDL 18

Ask:

- how they make a decision about who would act as an AA
- what the arrangements are for providing an AA.

#### Documentation

Check custody records for:

- the time taken to call an AA
- the reason for any delays
- the time of arrival of an AA.

#### Observation

Check the booking in procedures and the identification of those requiring an AA.

#### Detainees

Check if they may require an AA and if one was supplied.

### 12. Detainees who have difficulty communicating are provided for.

#### Indicators

- Telephone and face to face translation services are provided promptly.
- Information is in a range of formats.

#### References

BOP 1, 14,  
16(3);  
CCLEO 2;  
CRC 40(2)(b)  
(vi);

cont.

## Section 3: individual rights

### Evidence

#### Staff

Ask:

- if translation services are available, when they would be used and by whom
- what arrangements are in place for those with learning difficulties/disabilities
- what other communication formats and aids are available for those who need them.

CRPD 13;  
DRM 4;  
ECHR 5(2);  
ICCPD 10(1);  
JDL 6;  
PACE Codes of Practice  
Code C 3.12

#### Documentation

Check the use of telephone interpretation services.

#### Observation

Check:

- that information is available in different languages and formats
- what aids are in place for those who require them, for example hearing loops, etc.
- if written information is in easy read format.

#### Detainees

Check if they require any help with communication and if any was supplied.

## Expectations – Rights relating to PACE

### 13. All rights relating to PACE are adhered to.

#### Indicators

- All detainees are able to consult with legal representatives in private for free.
- Detainees have timely legal representation.
- Detainees, including immigration detainees, are told that they are entitled to have someone concerned for their welfare informed of their whereabouts.
- All detainees can consult a copy of PACE.
- Detainees are not interviewed by police officers while under the influence of alcohol or drugs, or if medically unfit, unless in circumstances provided for under PACE.

#### References

BOP 1,  
10–13, 16,  
17, 21, 23;  
BPR 1, 5–8;  
ECHR 5;  
ICCPD 10(1);  
JDL 18(a);

cont.

### Section 3: individual rights

- Detainees are not deliberately denied any services they need during the interview process and are granted a period of eight hours continuous break from interviewing in a 24-hour period.
- Detainees or their legal representatives are able to obtain a copy of their custody record on release, or at any time within 12 months following their detention.
- Immigration detainees spend no longer in police custody than is necessary.

PACE Codes of Practice Code C paragraphs 3 and 5;  
PACE Codes of Practice Code C 3.1 (iii) and C 3(b)  
Detained persons – special groups;

#### Evidence

##### Documentation

Check:

- that requests by detainees for legal advice are dealt with and managed in accordance with PACE and the Defence Solicitor Call Centre (DSCC) and Criminal Defence Service (CDS) direct operating procedures
- that immigration detainees have access to solicitors or others who are authorised by the Immigration and Asylum Act 1999 to provide free immigration advice and services
- that detainees are able to have a private consultation with their legal advisor face to face or by phone in accordance with the arrangements described in PACE
- that reasons are recorded if detainees decline the right to speak to a legal advisor
- that detainees are able to have a legal advisor present when interviewed by police officers
- custody records for evidence that PACE procedures have been followed, and for the length of time that elapses before legal advisors or advocates arrive
- custody records to see if detainees have requested to consult PACE
- custody records for evidence that detainees have been informed of their rights and entitlements and that any delay in being able to exercise this entitlement is authorised at inspector level or above
- custody records to ensure detainees are not automatically left for eight hours when they are arrested, i.e. is their case dealt with expeditiously?

PACE Codes of Practice Code C 6  
Right to legal advice;  
PACE Codes of Practice Code C 3.1–3.5;  
PACE Codes of Practice Code C 12.3;  
PACE Codes of Practice Code C 12  
Interviews at police stations;  
PACE Codes of Practice Code C 2.4A

## Section 3: individual rights

### Observation

- Check:
  - that information describing a detainee's legal rights is displayed in various languages and formats
  - what detainees are told about their right to a legal advisor
  - video and audio recordings, especially if detainees claim to have experienced oppressive conduct
  - that detainees are told and provided with written information about this entitlement and that their understanding is confirmed
  - that their entitlement is put into effect
  - that this information is displayed in the custody suite.
- Check:
  - that immigration officials have served and explained to detainees, in a language they can understand, decision documents that have important consequences or that address rights of appeal
  - that custody officers communicate daily with UKBA to expedite case progression
  - that custody staff know of the Legal Services Commission (LSC) telephone advice line and encourage immigration detainees to use it.

### Detainees

Ask:

- if they have been told about PACE and that they can consult a copy
- if they have been informed of their rights and entitlements and whether contact was made on their behalf.

### Detainees and defence solicitors

Ask if they have concerns about the handling of detainees' individual rights.

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## 14. Effective mechanisms for ensuring continuity of evidence are in place.

### Indicators

- There is a force policy in place regarding the taking, submission and management of DNA and forensic samples.

### References

CCLEO 1

### Section 3: individual rights

- DNA and forensic samples are processed onwards from the custody suite within one week of being taken.
- There is an effective management structure in place to monitor the use of fridges and freezers for the storage of DNA and forensic samples.

#### Evidence

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#### Custody staff

Ask:

- what the procedure is for taking DNA/forensic samples
- who is responsible for the upkeep of the fridges and freezers.

#### Documentation

Check the submission records for DNA/forensic samples.

#### Observation

Check:

- the quality and upkeep of fridges and freezers
- that fridges and freezers storing exhibits and DNA do not contain any other items such as food
- the number of samples and the dates of collection, including whether they have been submitted for processing
- the integrity of forensic samples.

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## 15. Detainees who have been charged and refused bail appear at court promptly either in person or via video link.

#### Indicators

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Court cut off times are reasonable.

#### Evidence

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#### Custody officer

Ask what the arrangements are with the local court for transport and video link.

#### References

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Beijing 10.2;  
BOP 4, 9, 11,  
37;  
CRC 37(d);  
ECHR 5;  
ICCPR 9;  
JDL 17

## Section 3: individual rights

### Documentation

Check:

- custody records for the timeliness of court appearances
- for the existence of video link and usage.

### Defence solicitors

Ask about timings.

## Expectations – Rights relating to treatment

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### 16. Detainees know how to make a complaint and are enabled to do so if they wish.

#### Indicators

- Detainees are told how to complain and there are systems in place to facilitate complaints.
- Complaints are taken at the earliest practicable time.
- Patterns and trends in complaints are monitored.

#### References

BOP 7, 33;  
PACE Codes  
of Practice  
Code C 9.2

#### Evidence

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### Custody officers

Ask how detainees are informed about complaints procedures and if their understanding is confirmed.

### Documentation

Check the records of complaints and their outcomes.

### Detainees

Ask if they have been able to make complaints.



HM Inspectorate of Prisons and HM Inspectorate of Constabulary  
**EXPECTATIONS**

Section 4: **health care**



# Health care

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

## Expectations – Governance

### 17. Detainees are cared for by health care professionals and substance use workers who have the appropriate skills and training, in a safe, professional and caring manner that respects their decency, privacy and dignity.

| Indicators  | References  |
|---|---|
| <ul style="list-style-type: none"><li>• Health care professionals and drug treatment workers are sensitive to detainees' situations and diverse needs, including language needs.</li><li>• Clinical governance arrangements include the management, training and supervision and accountability of staff.</li><li>• Patients are treated by health care staff who receive ongoing training, supervision and support to maintain their professional registration and development. Staff have the appropriate knowledge and skills to meet the particular health care needs of detainees in police custody.</li><li>• Clinical examinations are conducted confidentially unless risk assessment suggests otherwise. Treatment rooms provide conditions that maintain decency, privacy and dignity. Infection control facilities are implemented. There is at least one room that is appropriate for taking forensic samples, and it is clean.</li><li>• All equipment (including the resuscitation kit) is ready for use and regularly checked and maintained, and all staff (health care and custody staff) understand how to access and use it effectively.</li></ul> | BOP 1, 24;<br>CCLEO 2, 6;<br>ICCPR 10(1);<br>ICESCR 12(1);<br>PME 1;<br>PPPMI 1, 20;<br>RTWP 62;<br>PACE Codes of Practice Code Note 9A and C 9.5–9.14;<br>SDHP 7.2.1, 7.2.4, 9.3, 10.2.5, 10.2.8, 12.6.5 and Appendix 11, 12 and 14;<br>HSfW 1, 2, 5, 6, 8, 10, 14, 19, 22, 24, 27, 28;<br><a href="http://www.resus.org.uk/siteindx.htm">http://www.resus.org.uk/siteindx.htm</a> |
| <b>Evidence</b>   |   |
| <b>Staff/observation</b>  |   |
| Ask/observe:  |   |
| <ul style="list-style-type: none"><li>• whether detainees can see a health professional of the gender of their choice on request and if there are arrangements for a chaperone to be present if required</li><li>• what arrangements are in place for detainees who cannot speak English, and check the use of interpreters or telephone translation services</li></ul>   |   |

## Section 4: health care

- whether the clinical notes or notes made by arrest referral workers provide evidence of involvement of family/carers/caseworkers/advocates
- to whom staff (FMEs, nurses, other health care professionals) report in the police
- where their line manager is located
- which clinical governance arrangements are explicit in the service level agreement/contract and whether they include specifics about the need for staff to receive ongoing training and support to maintain professional registration
- who is responsible for monitoring the contracts – police and/or contractor
- whether doctors are contracted solely to FME duties when on duty and whether their hours of work are appropriate
- where professional registration details are held and the systems for verifying registration
- what the arrangements are for clinical supervision
- what training, supervision and support health care staff receive, and whether they feel they have the skills, knowledge and competencies to meet the health care needs of all detainees
- the condition of treatment rooms, infection control measures and procedures, whether they provide decency and privacy, and if they are solely for the use of health professionals
- whether resuscitation equipment is readily available, including equipment for the maintenance of an airway, oxygen and defibrillator
- whether all staff know the location of resuscitation equipment, how to use it and if they receive annual resuscitation training.

### Documents

Check:

- the contract specification/service level agreement
- the clinical governance policy
- staff rotas
- training registers and training plans relevant to the service being delivered
- the infection control policy; regular audits; cleaning schedules
- documented checks of resuscitation equipment.

## Section 4: health care

### Detainees

Speak to detainees about their treatment and whether their diverse needs are respected.

### Observe

- Interactions between detainees and health care staff.
- The time given for each consultation.
- Consultations (with the detainee's permission).

### Expectations – Patient care

- 18. Detainees are asked if they wish to see a health care professional and are able to request to see one at any time, for both physical and mental health needs, and are treated appropriately.**

#### Indicators

- Each detainee seen by health care staff has a clinical record containing an up to date assessment and any care plan conforms to professional guidance from the regulatory bodies. The ethnicity of the detainee is also recorded.
- Any contact with a doctor or other health care professional is also recorded in the custody record, and a record made of any medication provided. The results of any clinical examination are made available to the detainee and, with detainee consent, his/her lawyer.
- Treatments are appropriate to the clinical needs of the detainee.

#### References

BOP 24, 26;  
CCLEO 6;  
ICESCR 12(1);  
PME 1;  
PPPMI 1, 20;  
PACE Codes of Practice Code C 9.15–9.17;  
HSfW 2, 3, 7, 8, 25, 26;  
SDHP 7.2

#### Evidence

##### Staff

Ask:

- what the procedure is for calling a health professional
- what the arrangements are for recording health interventions and transferring information about medication to the custody record
- how the consent of detainees is obtained and how the results of clinical examinations are shared with detainees and their legal representatives
- what the arrangements are for out of hours cover
- how staff check mental capacity.

## Section 4: health care

### Documentation

- Check:
  - that a sample of clinical records from the last six months includes the detainee's signature to determine consent for the sharing of information, a record of the detainee's ethnicity, the problems experienced, the diagnosis, treatment, care plan and referral letters
  - that records are kept confidentially, in line with Caldicott guidelines
  - record of calls and response monitoring
  - complaints concerning health care provision.
- Cross-reference clinical records with custody records.

### Detainees

Ask whether their health needs have been met.

### Defence solicitors

Ask:

- whether the detainees they represent have made any complaints concerning health care provision
- if the results of a detainee's clinical examination are shared
- whether their consent is sought in advance.

### Observation

Observe whether custody staff offer detainees the opportunity to see a health services professional.

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## 19. Detainees receive prescribed medication if needed.

### Indicators

- All medications on site are stored safely and securely, and disposed of safely if not consumed. There is safe pharmaceutical stock management and use.
- Detainees are prescribed medication to meet any clinical signs, symptoms or conditions.
- Detainees receive medication to provide relief for drug and alcohol withdrawal symptoms if clinically indicated.
- Prescribed medication is received at the designated times.

### References

BOP 24, 26;  
CCLEO 6;  
ICESCR 12(1);  
PACE Codes of Practice Code C 9.9–9.12 and 9.15–9.17;  
SDHP 7.2.4;  
HSfW 7

## Section 4: health care

### Evidence

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#### Staff

Ask:

- what the procedures are for the prescribing and administration of medications
- how liaison between health care staff, drug/alcohol referral workers or community drugs workers functions
- how prescribed medications are obtained, who is able to administer the medications, and how administered medications are recorded
- about the arrangements for the storage, dispensing and disposal of pharmaceuticals, and whether they are appropriately labelled
- how stock levels of medications are decided, reviewed, recorded and monitored
- how the administration of medications is recorded
- if health professionals carry medications and, if so, whether they are in a secure container at all times
- whether health care staff have 24-hour access to the support of a pharmacist
- if medications that are brought in by the detainee are returned to them when they are released.

#### Detainees

Ask about access to prescribed medication and drug/alcohol withdrawal relief.

### Expectations – Substance use

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- 20. Detainees are offered the services of a drugs or alcohol arrest referral worker where appropriate and referred to community drugs/alcohol teams or prison drugs workers as necessary.**

#### Indicators

A service is provided for all drug and alcohol users.

#### References

BOP 24;  
CCLEO 6;  
ICESCR 12(1);  
cont.

## Section 4: health care

### Evidence

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### Staff

Ask:

- what arrangements are in place to provide services and liaison between health care staff, drug/alcohol referral workers and community drugs workers
- whether the services include children.

### Observation

Are detainees who are to be released into the community offered clean needles by drug referral workers?

### Detainees

Ask whether they have been offered the services of a drug or alcohol arrest referral worker.

RTWP 62;  
SDHP –  
custody  
process map

## Expectations – Mental health

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21. **A liaison and/or diversion scheme enables detainees with mental health problems to be identified and diverted into appropriate mental health services, or referred on to prison health services.**

### Indicators

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- The scheme exists and there are arrangements for referral.
- Staff have an awareness of mental health issues, their identification and dealing with them.

### References

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BOP 24;  
CCLEO 6;  
CRPD 14;  
ICESCR 12(1);  
PPPMI 1, 9,  
20;  
SDHP 2.4.5

### Evidence

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### Staff

Ask what works well and what the barriers are to effectiveness.

### Observation

Check:

- the published rota for mental health staff cover and on call arrangements
- that there are information sharing protocols in place to ensure that there is efficient sharing of relevant health and social care information
- the monitoring of response times and outcomes.

**22. Police custody is not used as a place of safety for section 136 Mental Health Act (1983) (MHA) assessments.**

| Indicators  | References  |
|---|---|
| <ul style="list-style-type: none"> <li>• There are local arrangements in place with the relevant mental health trust.</li> <li>• There are arrangements in place with local authorities for assessments under the Mental Health Act.</li> <li>• Details and management information are kept in respect of Section 136 detainees.</li> <li>• Standardised data collection on the use of Section 136 is routinely reviewed.</li> <li>• The police are represented on liaison groups or a local multi-agency Section 136 group, which monitors the use of Section 136, identifies any problems with interagency working and develops solutions to address problems.</li> </ul> | <p>ICCPR 9;<br/>ICESCR 12(1);<br/>PPPMI 9, 20;<br/>PACE Codes of Practice Code C<br/>Annex E;<br/>SDHP 2.4.5, 3.4</p> |

**Observation**

Check:

- local protocols
- the nature of the local arrangements – look for exclusion clauses that might result in police custody being used as a place of safety
- the timescales for police to contact an approved mental health practitioner for an initial assessment to begin, and that timescales are met
- the arrangements made for medical attendance in Section 136 cases
- any issues that have arisen over transfer between the place of safety and the timescales recorded
- the Section 136 suite at local NHS facilities.

**Detainees**

Ask about how they were conveyed to the place of safety (ambulance/police transport) and the information given about their rights.



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**EXPECTATIONS**

Annex: **list of abbreviations**



# Annex: List of abbreviations

## International human rights instruments

### Legally binding

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|        |   |
|--------|---|
| CEDAW  | Convention on the Elimination of All Forms of Discrimination against Women  |
| CERD   | International Convention on the Elimination of All Forms of Racial Discrimination                                 |
| CRC    | Convention on the Rights of the Child   |
| CRPD   | Convention on the Rights of Persons with Disabilities   |
| ICCPR  | International Covenant on Civil and Political Rights  |
| ICESCR | International Covenant on Economic, Social and Cultural Rights  |
| OPCAT  | Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment |

### Normative

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|         |  |
|---------|--|
| Beijing | United Nations Standard Minimum Rules for the Administration of Juvenile Justice   |
| BOP     | Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment   |
| BPRL    | Basic Principles on the Role of Lawyers  |
| BPUF    | Basic Principles on the Use of Force and Firearms by Law Enforcement Officials   |
| CCLEO   | Code of Conduct for Law Enforcement Officials  |
| DEDRB   | Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief   |
| DHRIN   | Declaration on the Human Rights of Individuals Who are not Nationals of the Country in which They Live   |
| DRM     | Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities  |
| JDL     | United Nations Rules for the Protection of Juveniles Deprived of their Liberty   |
| PME     | Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment |
| POP     | United Nations Principles for Older Persons  |
| PPPMI   | Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care   |

**Annex:** list of abbreviations

|      |  |
|------|--|
| RTWP | United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) |
| UDHR | Universal Declaration of Human Rights  |

## Regional human rights instruments

### Legally binding

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|      |   |
|------|---|
| ECHR | European Convention for the Protection of Human Rights and Fundamental Freedoms |
|------|---|

## Additional acronyms

|      |  |
|------|--|
| PACE | Police and Criminal Evidence Act 1984<br>Code C sets out the requirements for the detention, treatment and questioning of suspects in police custody other than in terrorism cases to which Code H applies |
| SDHP | Safer Detention and Handling of Persons in Police Custody (2006)   |

## References

Equality Act 2010  
Mental Capacity Act 2005  
Mental Health Act 1983, Code of Practice (updated 2008) Ch. 10  
Standards for Better Health (2004)  
UK Border Agency (2011), *Enforcement Instructions and Guidance: Detention and Temporary Release*, Ch. 55





HM Inspectorate of Prisons and HM Inspectorate of Constabulary

# EXPECTATIONS FOR POLICE CUSTODY



HM Inspectorate of Prisons is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.