



# **Expectations for police custody**

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

Version 4, 2021

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# Glossary of acronyms

## International Human Rights Instruments

### Legally binding

Acronym	Full title
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women, G.A. res. 34/180, 34 U.N. GAOR Supp. (No. 46) at 193, U.N. Doc. A/34/46 (entered into force Sept. 3, 1981)
CERD	Convention on the Elimination of All Forms of Racial Discrimination, 660 U.N.T.S. 195 (entered into force January 4, 1969)
CRC	Convention on the Rights of the Child, G.A. res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989) (entered into force September 2, 1990)
CRPD	Convention on the Rights of Persons with Disabilities, adopted by the General Assembly, 24 January 2007, A/RES/61/106
ICCPR	International Covenant on Civil and Political Rights, G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171 (entered into force March 23, 1976)
ICESCR	International Covenant on Economic, Social and Cultural Rights, G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 49, U.N. Doc. A/6316 (1966), 993 U.N.T.S. 3 (entered into force January 3, 1976)
OPCAT	Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, Adopted on 18 December 2002 at the fifty-seventh session of the General Assembly of the United Nations by resolution A/RES/57/199 (entered into force 22 June, 2006)
UNCAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, G.A. res. 39/46, [annex, 39 U.N. GAOR Supp. (No. 51) at 197, U.N. Doc. A/39/51 (1984)] (entered into force June 26, 1987)

## Normative

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Acronym	Full title
BOP	Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, G.A. res. 43/173, annex, 43 U.N. GAOR Supp. (No. 49) at 298, U.N. Doc. A/43/49 (1988)
BPRL	Basic Principles on the Role of Lawyers, Eighth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, Havana, 27 August to 7 September 1990, U.N. Doc. A/CONF.144/28/Rev.1 at 118 (1990)
CCLEO	Code of Conduct for Law Enforcement Officials, Adopted by General Assembly resolution 34/169 of 17 December 1979
DEDRB	Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief Proclaimed by General Assembly resolution 36/55 of 25 November 1981
DHRIN	Declaration on the Human Rights of Individuals who are not Nationals of the Country in which they live, adopted by General Assembly resolution 40/144 of 13 December 1985
DRM	Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities Adopted by General Assembly resolution 47/135 of 18 December 1992
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, G.A. res. 37/194, annex, 37 U.N. GAOR Supp. (No. 51) at 211, U.N. Doc. A/37/51 (1982)
PPMI	Principles for the protection of persons with mental illness and the improvement of mental health care. Adopted by General Assembly resolution 46/119 of 17 December 1991

## Regional Human Rights Instruments

### Legally binding

ECHR: European Convention for the Protection of Human Rights and Fundamental Freedoms, as amended by Protocol No. 11 (Rome, 4.XI.1950)

# Introduction

This is the fourth version of *Expectations for Police Custody*, the standards by which we inspect outcomes for detainees in police custody.

The requirement to inspect designated police custody facilities arises from the UK's status as a party to the UN Optional Protocol against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT aims to strengthen the protection of people deprived of their liberty from ill-treatment, including by requiring States to have in place a system of regular, independent visits to all places of detention. OPCAT sets out both an international and a national framework for monitoring detention. At the national level, States Parties must establish or designate an independent National Preventive Mechanism (NPM) to carry out visits to places of detention. The UK's NPM is made up of 21 established bodies, including HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and HM Inspectorate of Prisons (HMI Prisons).

The NPM must:

- regularly examine the treatment of people deprived of their liberty in places of detention;
- make recommendations to the relevant authorities with the aim of improving the treatment and conditions of detainees; and
- submit proposals and observations concerning existing draft legislation.

The responsibility for inspecting and reporting on the efficiency and effectiveness of police forces in England and Wales falls to HMICFRS.<sup>1</sup> Since the start of the police custody inspection programme in 2008, HMICFRS has delegated certain functions to HMI Prisons.<sup>2</sup> This joint approach draws on the combined expertise of both inspectorates. The HMICFRS/HMI Prisons national programme of unannounced police custody inspections ensures that custody facilities in all 43 forces in England and Wales are regularly scrutinised.

*Expectations for Police Custody* sets out the framework and criteria used by the inspectorates to assess police custody arrangements and the outcomes for those detained. The *Expectations* are independent, but are informed by current legislation and professional guidance to the police on detention and custody, and international human rights standards relevant to police custody.<sup>3</sup> They also draw on

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<sup>1</sup> Under Section 54(2), Police Act 1996.

<sup>2</sup> Under Schedule 4A, Police and Justice Act 2006.

<sup>3</sup> *Monitoring Police Custody – a practical guide*, Association for the Prevention of Torture, 2013.

inspection experience and wider consultation with stakeholders, including police forces and non-police groups. The *Expectations* were reviewed and updated in 2021.

The *Expectations* are used by HMICFRS and HMI Prisons inspectors to assess the custody arrangements of all police forces in England and Wales, with a particular focus on the treatment and conditions of those detained. They also offer a guide to the public, senior police officers and police and crime commissioners as to the standards we expect the service to meet.

Expectations are grouped under five inspection areas:

1. Leadership, accountability and working with partners
2. Pre-custody: first point of contact
3. In the custody suite: booking in, individual needs and legal rights
4. In the custody cell, safeguarding and health care
5. Release and transfer from custody.

**Expectations** set out the outcomes we expect police forces to achieve.

**Indicators** suggest evidence that may demonstrate whether the outcomes have been met. Forces do not have to meet each indicator. The list isn't exhaustive and there may be other means of achieving the outcome.

This updated version of the *Expectations* takes effect from [date TBC].

**Wendy Williams CBE**

HM Inspector of Constabulary

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HM Chief Inspector of Prisons

# Section 1. Leadership, accountability and working with partners

Chief Officers have a clear priority to protect the safety and wellbeing of detainees and to divert vulnerable people away from custody.

## Expectation – Leadership

**1.1 The Chief Officer Group promotes the safe and respectful delivery of custody. There is a clear focus on protecting vulnerable adults and children in custody and diverting them away wherever possible.**

Indicators

- There are force-wide objectives concerning the safe and respectful delivery of custody. These include the protection and safeguarding of vulnerable adults and children in custody, diverting them away where possible. The force's commitment to this is promoted and evident.
- There is an effective management structure providing appropriate governance and oversight of custody.
- The force monitors and scrutinises healthcare and other services provided externally under contract to make sure detainees receive the required service.
- There are enough officers and staff working in the custody suite(s) to ensure the safety and wellbeing of detainees. They have the right skills and are trained to perform the role.
- There are policies and procedures for custody that are properly implemented. They reflect legislation, professional guidance and relevant human rights standards. They are reviewed regularly, are accessible and staff understand them.

## Expectation – Accountability

**1.2 Performance management supports the safe delivery of custody.**

Indicators

- Accurate data is routinely collected for a full range of custody activities and this is analysed at strategic and operational levels. The information is used to assess how well custody services perform, to identify trends, inform organisational learning and to improve outcomes for detainees.
- Custody records are maintained to a high standard with comprehensive and accurate recording about the detainee and their journey through police custody.

- Quality assurance processes are used effectively to promote and ensure the safe and respectful treatment of detainees, to improve practice and inform the continuing professional development of staff.
- The force has governance arrangements to assure itself, the police and crime commissioner (PCC), and the public that the use of force in relation to detention and custody is necessary, safe and proportionate.
- Effective mechanisms are in place to learn from adverse incidents and to establish and promote effective working practices.

**1.3 The force understands its obligations under the Equality Act 2010, including the public sector equality duty. It promotes respect for people from all backgrounds and with diverse needs. It assesses that outcomes for all detainees are fair.**

Indicators

- There are accurate data and effective monitoring systems in place to identify any unfair or potential unfair treatment of detainees while in custody.
- Information on the throughput of detainees and services provided to them is collected by ethnicity and other protected characteristics. Any disproportionality of treatment is identified and assessed. The reasons for any over or under-representation of particular groups are understood and actions taken to address any concerns.
- The force seeks external challenge to inform its assessments of whether custody provision is fair for all detainees.
- Custody services are represented in force-wide equality governance arrangements and are held accountable for ensuring the fair treatment of detainees.
- Staff have been trained to recognise and meet the needs of people who have diverse needs and/or one or more of the protected characteristics under the equality legislation.
- Staff are confident to challenge and report unfair or discriminatory treatment and the force's leadership takes appropriate action to address this.

**1.4 The force is open to effective external scrutiny.**

Indicators

- The Chief Officer Group reports routinely to the PCC on custody, with relevant management information and data. This includes the use of force and equality and diversity information about detainees.
- The force responds to issues and complaints raised by independent custody visitors (ICVs). This includes dealing with immediate complaints and issues raised during visits.
- The force uses feedback from ICVs appropriately. There are regular and formal opportunities for the ICV scheme to raise issues with senior officers.
- The force works with advisory groups who have an interest in police custody, to provide independent scrutiny of custody services and achieve better outcomes

for detainees. It seeks to learn from their expert knowledge, making changes when needed.

## **Expectation – Working with partners**

**1.5 The force works with partner services at a senior level to enable the diversion of vulnerable adults and children away from custody, and to protect their welfare when in custody.**

### Indicators

- The force prioritises diverting vulnerable adults and children away from custody. It agrees shared objectives with senior managers in partner services to avoid the detention and criminalisation of vulnerable adults and children.
- The force ensures there are effective multi-agency arrangements to help divert people with mental ill-health and children away from custody and to protect them when they are in, and when they leave, custody.
- The force works with other agencies, including statutory, voluntary and charitable services, to develop schemes to help divert vulnerable adults – especially those with mental ill-health – and children away from custody to prevent them from entering (or re-entering) the criminal justice system.
- The force and its partners evaluate the success of diversion schemes and the outcomes achieved.

### References

- ICCPR 10 (1)
- CRC 3, 37, 40
- CCLEO 2, 3, 6
- BOP 1, 4, 5, 7, 9, 29
- PPMI 1, 2, 20
- ICESCR 12 (1)
- ECHR 3
- UNCAT 10, 11, 12, 13, 16
- BPUF 1, 15
- CERD 2, 5 (a), 6
- CEDAW 2, 15
- DEDRB 2
- DRM 4
- DHRIN 5
- OPCAT 19, 20, 21, 22
- UNCAT 10, 11, 12, 13

## Section 2. Pre-custody: first point of contact

Police officers and staff actively consider alternatives to custody. They effectively identify vulnerabilities that may increase individuals' risk of harm. They divert children and vulnerable adults away from custody when detention may not be appropriate.

### **Expectation – Assessment and diversion at first point of contact**

**2.1 From the individual's first point of contact with the police, officers and staff consider diverting them away from custody, recognising and taking account of a person's vulnerability and individual circumstances.**

#### Indicators

- All police officers and staff understand and are trained in the needs of vulnerable adults and children to help divert them away from custody when appropriate and prevent them from entering the criminal justice system where possible.
- Frontline officers receive relevant and timely information from call handlers and dispatchers to help them assess an individual's risk and vulnerability.
- There are arrangements to help police officers and staff identify individuals with known vulnerabilities and relevant history. This includes access to multi-agency information and advice.
- Police officers are familiar with and use alternatives to custody.
- Police officers recognise all children as vulnerable due to their age and only arrest when all other options have been explored.
- Police officers take full account of an individual's vulnerability when deciding what action to take when responding to an incident.
- Where mental ill-health is a concern, police officers apply current mental health legislation and professional practice in their decision-making.
- Police officers and staff have easy access to mental health services for guidance and support when dealing with individuals with mental ill health.
- The force has systems in place to make sure detainees are transported safely to custody and this meets their individual needs, for example, because of gender, age or disability.

## References

- ICCPR 10 (1)
- UNCAT 10, 11, 12, 13 16
- CRC 3, 37, 40
- CCLEO 2, 3, 6
- BOP 1, 29
- BPUF 1, 4, 5, 18, 19, 20
- PPMI 1, 2, 20

## Section 3. In the custody suite: booking in, individual needs and legal rights

Detainees are treated respectfully in the custody suite and their individual needs are identified and met. Detainees' risks are identified at the earliest opportunity and managed effectively. Detention is appropriately authorised. Detainees are informed of their legal rights and can freely exercise these rights while in custody.

### Expectation – Respect

#### 3.1 Detainees are treated respectfully and with dignity while in custody.

##### Indicators

- Police officers and staff interact and engage with detainees courteously and all detainees are treated respectfully and with dignity during their detention.
- Detainees are able to disclose confidential information (for example, relating to their health, hygiene or welfare), or any situation or condition that makes them vulnerable, in private. They are able to speak with a member of staff of the same sex if they want to.
- Staff recognise the stress that detainees may be feeling and take account of this when communicating and dealing with them.
- Detainees are made aware that CCTV operates in the suites, including in cells. They are told where cameras are in cells and how their privacy is ensured.

### Expectation – Meeting individual and diverse needs

#### 3.2 Staff recognise and meet the individual and diverse needs of all detainees.

##### Indicators

- Staff understand their obligations under the Equality Act 2010. They have a good understanding of and can meet the individual and diverse needs of detainees.
- There are enough female custody staff members readily available to provide appropriate care and facilities that meet the welfare needs of detained women. Menstrual care products are routinely offered and provided, without detainees having to ask. These are suitable for the individual's needs and they are able to use them with sufficient privacy.
- Reasonable adjustments are made for detainees with disabilities, including non-physical disabilities. Staff respond to any signs or information that a detainee may have neurodiverse needs and tailor their treatment and communication accordingly.

- There is a range of religious observance materials readily available to allow detainees to observe their faith while in custody.
- Detainees should be searched in a way that is sensitive to their religion and culture and that takes account of gender and gender identity.
- There is provision for detainees to access information, including their legal rights and entitlements, in a language and format they can easily understand, for example, easy read format. Detainees are helped with clear explanations by staff when needed.
- Translation and interpreting services are readily available and used to help detainees with limited English understand their rights and custody processes.
- Telephone translation is conducted privately and uses suitable equipment.

## Expectation – Risk assessments

### 3.3 All detainees are held safely and any risk they pose to themselves and/or others is competently assessed, managed and kept under review.

#### Indicators

- Detainees are not made to wait outside the police station in vehicles. Delays in booking detainees into custody are minimised and there is an ongoing risk assessment of all detainees during any delays.
- Officers and staff effectively assess and respond to any risk detainees pose to themselves and/or others.
- Officers and staff use all existing up-to-date information about a detainee, including detail from arresting officers, to complete a risk assessment. They make sufficient enquiries to establish whether there is any additional information they should be aware of to reduce the risk of harm to the detainee or others.
- Police officers and staff listen to detainees and are alert to and understand the impact of detention, particularly for those detainees identified as vulnerable. They provide effective support to help detainees cope with their detention.
- All officers and staff understand the different ways in which detainees may present with mental ill-health, neurodiverse needs and other vulnerabilities and they respond appropriately.
- Care plans and observation levels reflect presenting risk. Assessments are ongoing and reviewed throughout the period of detention. Any changes, and the reasons for these, are recorded.
- Custody officers identify the risks posed by detainees under the influence of alcohol, drugs or other substances and set observation levels that reflect these. This is clearly recorded on the custody record.
- Custody staff understand the purpose and importance of regular monitoring and rousing of detainees under the influence of alcohol, drugs or other substances. This is carried out in line with professional guidance.
- Officers and staff have knowledge and understanding of self-harm and know how to support detainees at risk of harming themselves or others.

- The removal of clothing to manage self-harm is based on an individual risk assessment and used as a last resort when all other options have been considered.
- Officers and staff involve health services as needed to assess and manage risks presented by detainees. Relevant health care information is recorded on the custody record, including any medication provided or required.
- Staff explain to detainees how to use the cell call bell. Staff promptly respond to call bell activations from detainees.
- All custody staff carry anti-ligature knives at all times.
- Handovers involve all custody staff where possible, are recorded and conducted in private. They result in the accurate sharing of relevant information.

## **Expectation – Individual legal rights – detention**

### **3.4 Detention is appropriately authorised, understood by detainees and lasts no longer than is necessary.**

#### Indicators

- The grounds and necessity for detention are established and recorded, and detention is appropriately authorised by trained custody officers. Custody officers understand and recognise the needs of vulnerable adults and children and make decisions that take these needs into account.
- Alternatives to custody are considered to avoid unnecessary detention.
- Detainees are provided as soon as possible with enough information for them to understand the reason(s) and necessity for their arrest. This is clearly explained in the presence of the detainee and a written record is kept.
- Written translations of essential documents that explain custody procedures are available and provided to detainees when needed (Annex M of PACE Code C).
- Cases are progressed to minimise the time detainees spend in custody. Officers use information about a detainee's vulnerability and any risks this poses to prioritise cases.
- Forces finalise investigations during the first period of detention wherever possible. Where this is not possible, the force uses bail or release under investigation (RUI) to release the detainees without undue delay.
- Applicable bail periods are authorised by an appropriate senior officer and any bail conditions are necessary and proportionate to the risk posed by the detainee. Conditions are manageable and any restrictions placed on the detainee can be justified.
- Detainees held under immigration legislation are either released or transferred to immigration detention facilities at the earliest opportunity to keep their time in police custody as short as possible.

## **Expectation – Individual legal rights – detainees’ rights and entitlements**

### **3.5 Detainees understand and receive their rights while in police custody.**

#### Indicators

- Custody officers clearly explain to detainees their rights and entitlements.
- Custody officers make sure that they tell detainees they have the right to:
  - have somebody informed of their arrest;
  - have legal representation of their choice or to have independent legal representation provided; they are able to speak with their legal representative in private, free of charge and as soon as possible; if a detainee declines the right to speak to a legal representative, the reasons for this are recorded;
  - consult the codes of practice (a copy of this is available to detainees); and
  - communicate with their relevant consulate, embassy or high commission on request (applicable to foreign nationals).
- Where detainees wish to exercise these rights, custody officers make sure this happens promptly.
- If there are any reasons to delay a detainee’s rights and entitlements, there is appropriate justification and authorisation and this is recorded on the custody record. When these reasons no longer apply, the detainee must be able to exercise their rights and entitlements at the earliest opportunity.
- All detainees receive a copy of, and are helped to understand, their rights and entitlements and are provided with these in a format they can understand.
- Police officers notify foreign embassies of a detainee’s detention as required by the agreed protocols.
- Detainees or their legal representatives are able to obtain a copy of their custody record.
- Detainees are not interviewed while under the influence of alcohol, drugs or other substances, or if they are medically unfit, unless there are exceptional circumstances. In this case, a record is made of those circumstances.
- Detainees are informed about the force retention and disposal policy for DNA, biometric samples, fingerprints and custody images (photos).

## **Expectation – Reviews of detention**

### **3.6 Reviews of detention are carried out by appropriately authorised officers and conducted in the best interests of the detainee to make sure that ongoing detention is necessary.**

#### Indicators

- Police officers of an appropriate rank conduct reviews of detention in accordance with legislation.

- Reviews are conducted in the best interests of the detainee to ensure that ongoing detention is necessary. They are conducted in line with required timescales and focus on the interests of the detainee and progression of the case.
- Detainees are reminded of the reasons for their arrest and are informed why continued detention is necessary. Their continuing rights are clearly explained, and welfare needs discussed. This is clearly recorded.
- Reviews are conducted in person for vulnerable adults and children, unless there is adequate justification not to do so. This is clearly recorded in the custody record.

## Expectation – Complaints

### 3.7 Detainees know how to make a complaint and can do so before they leave police custody.

#### Indicators

- Complaints procedures are well promoted. Detainees know how to complain and are provided with relevant information in a format they understand.
- Complaints are taken and recorded before detainees leave custody. The complaints procedure is explained to them and they are provided with relevant information.
- Detainees are not discouraged or deterred in any way from complaining. They are also not subjected to any form of intimidation or disadvantaged in any way because they have made a complaint.
- Detainees are not discouraged from or disadvantaged in any way as a result of speaking to HMICFRS or HMI Prisons inspectors or independent custody visitors (ICVs). ICVs inform HMICFRS/HMI Prisons inspectors of any repercussions for detainees outside inspections.

#### References

- ICCPR 9, 9(2), 10 (1), 14, 14(3)
- CCLEO 2, 6
- BOP 1, 5, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 29, 33, 38, 39
- PPMI 1, 2, 10, 13, 14, 16(2) 20
- ICESCR 12
- CEDAW 2, 15 (1)
- CERD 2, 5(a), 6
- CRPD 1, 2, 3
- DEDRB 2, 4
- ECHR 5, 6 (3), 8
- DHRIN 5 (c)
- BPRL 1, 5, 6, 7, 8
- CRC 3, 40
- OPCAT 19, 21

## Section 4. In the custody cell, safeguarding and health care

Detainees are held in a safe and clean environment, which protects their safety during custody. If force is used on a detainee this is as a last resort. Their care needs are met, and children and vulnerable adults are protected from harm. They have their physical and mental health, and any substance misuse, needs met.

### Expectation – Physical environment

**4.1 Detainees are held in a custody suite that is safe and in a good state of repair.**

Indicators

- Cells and communal areas are clean, free from potential ligature points and graffiti, of a suitable temperature and well ventilated, with access to natural light. Staff carry out daily cell checks to maintain these standards and keep accurate up-to-date records that are subject to routine monitoring. Any defects are repaired promptly.
- There are effective arrangements to keep cells clean and to remove any biological hazards. This includes regular deep cleaning and having appropriate hygiene measures in place.
- All cells are equipped with working call bell systems that cannot be permanently muted.
- CCTV throughout the suite has enough coverage and quality to offer adequate protection for detainees, staff and visitors to custody.
- Staff understand fire safety policies and procedures and can safely evacuate the custody area in the event of an emergency. Physical evacuations are regularly practised and recorded.

### Expectation – Use of force

**4.2 Any force used in custody is lawful, necessary and proportionate, used as a last resort and subject to robust accountability. It is carried out by trained staff using approved techniques.**

Indicators

- There are clear policies and guidance for the use of force in custody.

- All staff are trained in de-escalation techniques and seek to avoid using force on detainees where possible.
- Where force is used, staff only use approved techniques in line with force policies and their training, with no more force and for no longer than is necessary and proportionate.
- Only approved control and restraint equipment is used, with sufficient scrutiny by senior officers to assure its use was appropriate.
- Force is avoided for the removal of clothing from detainees because of risks of self-harm. Other ways of managing these risks are considered instead.
- Use of force within custody suites, and the control and restraint equipment used, is documented within the individual custody record. A separate 'use of force' form is submitted by each officer/staff member involved that clearly explains what happened and why force was used.
- Staff are aware of the risks associated with particular forms of restraint and how these risks can be minimised. When force is used on detainees, their health needs are considered and they are examined by an appropriately qualified health care practitioner if necessary. Where a detainee asks to see a health care practitioner this is arranged promptly.
- Only age-appropriate and approved restraint techniques are used for children. When force is used on children, they are always examined promptly by an appropriately qualified health care practitioner.
- A health care practitioner should be involved, and present when possible, when detainees in need of mental health care are restrained for their own or others' safety.
- Strip-searching is conducted only when necessary. It is appropriately authorised, with a written record of the justification. It is carried out in private by members of staff of the same sex (in the presence of an appropriate adult if required) and monitored at a senior level to ensure appropriate use. For children, a strip search should be authorised by an officer at the rank of inspector or above.
- Use of force incidents in custody are recorded accurately and reported into the governance structures. There are quality assurance arrangements to show that the force used was lawful and proportionate.

## Expectation – Detainee care

### 4.3 Detainees have their care needs met.

#### Indicators

- Detainees are offered and provided with enough and varied nutritious food and drink to ensure their welfare and to meet their dietary, cultural and religious needs.
- Detainees can use the toilet with respect for their privacy. Toilet paper is routinely provided (subject to an individual risk assessment) and detainees can easily access hand washing facilities.
- Detainees can maintain cleanliness and are offered, and provided with, showers. Suitable alternative clothing, including underwear, is available to them.

- Detainees are made comfortable and warm through the provision of a clean mattress, pillow and blankets.
- Detainees are offered and provided with outside exercise to allow them access to fresh air.
- Detainees' welfare is catered for by providing distraction activities to help relieve boredom and reduce their anxiety.
- There is a selection of reading materials in good condition to meet a wide range of age and language requirements. These are routinely offered and given to detainees.
- Detainees, particularly children and vulnerable adults, are given the opportunity to have visits by family members and/or appropriate agencies that can provide support.

## **Expectation – Safeguarding children and vulnerable people**

### **4.4 Detainees are protected from harm and neglect.**

#### Indicators

- Staff are trained in safeguarding and have the knowledge needed to protect vulnerable groups in their care. This includes arrangements for support from appropriate adults and making suitable referrals to partner agencies.
- Current government and local guidance about safeguarding children and adults is accessible and safeguarding procedures are understood and used by all staff.
- Custody officers take account of safeguarding concerns (for example, disclosure of abuse, welfare concerns) as part of their in-custody and post-release assessments, making sure that appropriate arrangements are in place.

## **Expectation – Appropriate adults**

### **4.5 Children and vulnerable adults receive early support from appropriate adults (AAs).**

#### Indicators

- The force works actively with local partners to ensure the provision of independent and effective appropriate and suitably vetted adults for vulnerable adults and children. Provision is available 24 hours a day.
- The parents or guardians of those under 18 are considered first for the role of appropriate adult whenever they are willing and able and suitable, and where the circumstances of the case don't exclude their use. They are given written guidance on the role and are encouraged to actively protect the child's rights.
- Appropriate adults are called at the earliest opportunity and asked to attend to provide support in helping the detainee understand their rights and entitlements. The request for an AA and their arrival time is recorded. Any delays in securing or the arrival of an appropriate adult are appropriately escalated and the details recorded.

- Custody officers ensure that adult detainees who are vulnerable are appropriately identified and receive the support of an appropriate adult.
- Adequate facilities are available to ensure that appropriate adults can speak to children or vulnerable adults in private and remain with them, if this is agreed as necessary, to ensure their welfare.
- The force collects data about the provision of appropriate adults, including who performed the role (for example, parents/guardians, youth offending team or social worker). The data includes waiting times and which aspects of the custody process the AA was present for. It is collated and analysed to assess whether the service is meeting the needs of children and vulnerable adults.

## Expectation – Children

**4.6 Children are kept safe in custody and treated according to their needs. They are held for the minimum time possible and not overnight, except as a last resort.**

### Indicators

- Children are diverted from custody where possible.
- Parents or guardians or those responsible for the welfare of detained children are informed of a child's detention and the grounds for this at the earliest opportunity.
- Risk assessments take account of and respond to the distinct needs of children. Particular attention is given to recognised risks associated with:
  - looked after children;
  - disabilities, including neurodiverse conditions and communication difficulties;
  - health conditions and substance misuse;
  - a history of abuse or exploitation; and
  - those in custody for the first time.
- Girls under the age of 18 are allocated and informed of the identity of a named female officer who they can speak to and who is responsible for overseeing their welfare needs while detained.
- Children are kept safe in custody, and in a way that minimises the effect that the custody environment may have on them. They are kept separate from adult detainees where possible. Where appropriate, children are not held in a cell.
- Children are offered age-appropriate activities to help reduce any anxieties and help them pass the time.
- Custody officers actively seek to minimise the time children spend in custody. Alternatives to custody are considered if investigations cannot be progressed promptly.
- Children are released to their parent/guardian or those responsible for their welfare. Where this isn't possible and/or there are safeguarding concerns, there are effective arrangements with the local authority to ensure the child's safety and wellbeing.

- There is close monitoring with partner agencies of all children who are detained in custody overnight to establish the circumstances of each case and whether overnight detention could have been avoided.
- Children charged and refused bail are transferred to alternative appropriate or secure accommodation arranged through the local authority. Where children remain in custody because of a lack of alternative accommodation this is monitored at an operational level and addressed strategically with partner agencies.

## Expectation – Healthcare

### 4.7 Detainees in police custody have access to well managed health services characterised by informed commissioning, oversight and robust governance.

#### Indicators

- The requirement for health services for detainees in police custody is informed by health needs assessments to ensure that the services commissioned are suited to meeting patients' needs.
- Health and substance misuse service providers are registered with relevant regulatory authorities and the services provided comply with current regulations.
- The force oversees, at a strategic level, the health services provided. Health data is monitored and scrutinised to make sure the service meets the needs of detainees and to inform future improvements. This includes health response times in seeing detainees; use of mental health legislation prior to police custody; response times for assessments under mental health legislation while in police custody; and the timeliness of transfers to mental health facilities.
- Health service providers are held to account for rectifying breaches of performance and making improvements so that health outcomes for detainees are optimised.
- Clinical governance arrangements enable continual improvements in the quality of patient care by effective partnership working, and the auditing and monitoring of standards.
- Patients know how to make a complaint about health services and can do so before they leave custody. Patient's comments and complaints are analysed and used to inform learning.
- Competent health care practitioners are available to respond to detainees' health needs 24 hours a day. Practitioners receive ongoing training, regular documented supervision and support to maintain their competencies.
- Health care practitioners and substance misuse workers are sensitive to detainees' diverse circumstances and needs. Detainees whose first language isn't English have access to professional language interpretation to help their understanding.
- Information-sharing protocols maintain medical confidentiality between necessary agencies so that patients receive continuity of care while in custody, on transfer and after release.
- Clinical rooms within the custody suite meet infection control compliance standards and are fit for purpose. The facilities enable private clinical consultations to take place and are furnished to preserve the dignity of patients during clinical

examination. Clinical rooms are suitable for taking forensic samples that are free of contamination.

- First aid, emergency resuscitation and medical equipment in the custody suite and clinical rooms are easily accessible, maintained, regularly checked and ready for use. Custody staff and health care practitioners know where to find emergency equipment and how to use it in line with their training.
- Local and serious health incidents are reported and investigated in accordance with national patient safety guidelines. Principles associated with the duty of candour are applied. Lessons are learned and shared with staff, partner organisations, and commissioners for national oversight.
- Health care practitioners are competent in recognising vulnerabilities in patients who require safeguarding and they contribute to/make appropriate onward referrals to specialist health and/or safeguarding services.
- All detainees, including those with protected characteristics and from minority groups, have equal access to health care practitioners.

## **Expectation – Physical health**

**4.8 Patients receive timely assessment and treatment, which responds to their individual needs, from respectful, compassionate and competent health care practitioners in an environment that promotes dignity and maintains privacy.**

### Indicators

- Health services provide enough staff, with the right skill mix, to meet patients' needs 24 hours a day.
- Health care practitioners are recognisable, professional and compassionate in approach. They treat patients with dignity and respect.
- Clinical examinations are conducted in private unless individual risk assessment suggests otherwise. There are arrangements for a chaperone to be present, if required. A patient may be seen by a health care practitioner of the gender of their choice, in non-emergency situations.
- Detainees are aware that medical confidentiality is not guaranteed prior to volunteering any information to health staff.
- Consent to medical consultations is obtained in line with national guidance. When patients lack mental capacity to decide, health care practitioners make 'best interests' decisions in accordance with legislation to ensure optimal outcomes for patients.
- Health care practitioners have access to patients' NHS clinical records. The use and storage of clinical records in police custody suites complies with up-to-date professional health care guidance. Clinical information is not recorded in police custody records and records of forensic examinations remain exclusive to health records.
- All contacts with health care practitioners are recorded in the custody record and information necessary to keep the patient safe and support treatment is shared with custody staff, including medicines provided.

- Health staff recognise and promptly report any signs of trauma, torture or other health issues that affect fitness to detain. They make all necessary referrals, including those under the National Referral Mechanism. Referrals are made with informed consent whenever possible and health staff advise the force accordingly.
- Health staff recognise risks associated with the use of restraints, actual and anticipated use of force situations in the custody suite, and advocate for the safety of the detainee.
- Subject to data-sharing legislation and guidelines, patients' health care information is shared with other relevant agencies within the bounds of medical confidentiality to promote their safe and continual care.
- Individual care and prescribed medicines are continued on transfer and release through effective liaison with other services.
- Health care information accompanying the detainee's personal escort record is transferred confidentially and clearly marked 'medical in-confidence'.

## Expectation – Mental health

### 4.9 Detainees with mental health needs are promptly identified, assessed, and referred to appropriate mental health services.

#### Indicators

- No one detained in the community using mental health legislation is admitted to police custody as a place of safety, unless in exceptional circumstances.
- Custody officers identify detainees with behaviours that may indicate the presence of mental health problems or other conditions and refer them to health care practitioners so that they receive the correct care and support.
- There is a clear mental health referral pathway so that detainees with potential mental health problems have timely access to appropriate mental health services.
- Patients with potential mental health problems receive timely assessment and treatment and/or case management outcomes. Consented information sharing between health and criminal justice services supports the continuation of treatment.
- Patients who require urgent specialist mental health assessment and/or treatment are promptly diverted out of police custody to a health-based place of safety.
- Effective partnerships between the force, ambulance service, health-based places of safety, mental health in-patient providers and local authority ensure that seamless and timely patient transfers take place when required.
- Patients with co-existing mental health problems and substance misuse needs receive consented, integrated care and/or referral decisions.
- Individual care and prescribed medicines are continued on transfer and release through effective liaison with other services.

## Expectation – Substance misuse

### 4.10 All detainees have access to timely drug and alcohol treatment services that meet their needs.

#### Indicators

- Custody officers receive training to recognise when a detainee requires referral to substance misuse services, and there is a clear referral pathway.
- Drug and/or alcohol-dependent detainees are regularly monitored by competent staff for signs of withdrawal, using evidence-based assessment tools.
- Medicines to relieve signs and symptoms of withdrawal are prescribed and administered, as clinically indicated.
- While in custody, patients may continue opiate substitution treatment that was prescribed in the community, subject to validation. A competent prescriber is always available and treatment is not delayed.
- Access to specialist substance misuse support is provided for detainees with drug and alcohol issues. Interventions and prescribing are recorded comprehensively in clinical records and shared as necessary with other care providers, including courts, prisons and GPs.
- Patients with co-existing substance misuse needs and mental health problems receive consented, integrated care and/or referral decisions.
- Onward referrals to other agencies are made prior to release or transfer. Patients are made aware of how to access ongoing support and are given harm minimisation advice. They are also given access to naloxone on release, as clinically indicated.

## Expectation – Medicines management

### 4.11 Patients receive medicines that meet their individual needs while in custody and on transfer or release.

#### Indicators

- Robust governance processes are in place to ensure that the management of medicines is safe and effective. This includes monitoring of supply, prescribing trends and incidents involving medicines.
- Detainees in police custody may access self-care medicines such as paracetamol and nicotine replacement therapy safely and easily.
- Health care providers transport, handle and store medicines legally, safely and securely with effective pharmaceutical stock management and use.
- Medicines are prescribed safely in line with evidence-based practice and are reviewed regularly.
- Patients' named medicines are stored securely and individually and, where necessary, officers obtain patients' medicines from their homes.
- Medicines are administered, as prescribed, in a safe way by competent staff and appropriate administration records are made, including missed doses.

- Detainees going to court or being released/transferred receive adequate supplies of medication or a community prescription to prevent gaps in treatment.
- Prescriptions and drug administration records are available to community health providers to enable continuity of care and patient safety.

#### References

- ICCPR 10 (1)
- ICESCR 12
- CCLEO 2, 3, 6
- BOP 1, 6, 16 (3), 24
- ECHR 3
- UNCAT 10, 11, 12, 13
- BPUF 1, 4, 5, 6, 18, 19, 20
- PME 1
- CRC 3, 37, 40
- PPMI 1, 2, 20
- CRC 3, 37, 40
- UNCAT 10, 11, 12, 16
- CEDAW 2, 12

# Section 5. Release and transfer from custody

Detainees are released or transferred from custody safely. Those due to appear in court in person or by video do so promptly.

## **Expectation – Safe release and transfer arrangements**

### **5.1 Detainees are released or transferred safely.**

#### Indicators

- Custody officers conduct good quality pre-release risk assessments in the presence of the detainee. These are documented and identify any risks and vulnerability throughout the detainee's detention. Action is taken to reduce and mitigate any risks and welfare concerns prior to and on release.
- Appropriate relevant information about risk, vulnerability or safeguarding is communicated to relevant agencies and support organisations.
- Custody officers inform detainees who are released on bail about the requirements on them and explain any conditions. They explain to detainees released under investigation the consequences should they attempt to interfere with the course of justice on release.
- Detainees are given up-to-date information about sources of help and support in the community on release. This is in a format and language they can easily understand.
- There are arrangements to manage the particular risks for vulnerable detainees and children to release them safely.
- Detainees' individual needs are taken into account when considering any special arrangements that may need to be made for them to appear before a court.
- For detainees transferring to court or other agencies, person escort records (PERs) are completed clearly and accurately with all the relevant detail. Any issues relating to risk or self-harm are shared with other agencies to manage detainee risk. Confidential health information that travels with the detainee is securely sealed and is only accessed in an emergency.

## Expectation – Courts

**5.2 Detainees who have been arrested on warrant, or who have been charged and refused bail, appear at court promptly either in person or via video link.**

### Indicators

- Detainees appear in court in a timely manner and are not held in police custody for longer than is necessary.
- Detainees appearing at court in person and via video link are suitably dressed.
- Detainees who appear at court via video link are held in police custody for no longer than necessary after the hearing has concluded.

### References

- ICCPR 9, 10 (1), 14
- ECHR 6
- BOP 1, 13, 36, 37, 38, 39
- CCLEO 2, 6
- PPMI 1, 2, 20

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