

**HM Inspectorate of Prisons and HM Inspectorate of Constabulary and  
Fire & Rescue Services**

# **EXPECTATIONS**

## **FOR POLICE CUSTODY**

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

Version 3, 2016 (updated May 2018)

## **Section 1: Leadership, accountability and partnerships**

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- Accountability
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## Introduction

This is the third version of *Expectations for police custody*, the standards by which we inspect outcomes for detainees in police custody. The Expectations were updated in May 2018 to reflect changes introduced by the Policing and Crime Act 2017.

The requirement to pursue a national programme of police custody inspections arises from Her Majesty's Government's ratification of the Optional Protocol to the UN Convention against Torture (OPCAT).<sup>1</sup> The Protocol acknowledges that detained persons are particularly vulnerable to ill-treatment, and that efforts to stop ill-treatment should focus on prevention through a national system of regular independent visits to places of detention. HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and HM Inspectorate of Prisons (HMI Prisons) are two of the UK's 21 bodies committed to the regular examination of places of detention as members of the National Preventive Mechanism (NPM). In the UK the coordination of the NPM is the responsibility of 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>2</sup> Since the start of the police custody inspection programme in 2008, HMICFRS has delegated certain functions to HMI Prisons to enable a joint approach, drawing on the combined expertise of both inspectorates.<sup>3</sup> The joint HMICFRS/HMI Prisons national programme of unannounced police custody inspections ensures that custody facilities in all 43 forces in England and Wales are scrutinised, at a minimum, every six years.

*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 the Police and Criminal Evidence Act (PACE) 1984 and its Codes, professional guidance to the police on detention and custody,<sup>4</sup> and international human rights standards relevant to police custody.<sup>5</sup> They are also drawn from inspection experience and wider consultation with stakeholders, including police forces and non-police groups. They incorporate learning from HMICFRS's thematic inspection of the welfare of vulnerable people in police custody<sup>6</sup> and from the cumulative experience of our joint inspections of police custody to date. The *Expectations* were updated in May 2018, solely to reflect the requirements of the Policing and Crime Act 2017 in relation to bail and the introduction of released under investigation (see 'Access to swift justice').

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<sup>1</sup> Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment of Punishment, A/RES/57/199, adopted 18 December 2003; came into force 26 June 2006.

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

<sup>3</sup> Under Schedule 4A, Police and Justice Act 2006.

<sup>4</sup> *Authorised Professional Practice on Detention and Custody*, College of Policing, July 2015.

<sup>5</sup> *Monitoring Police Custody – a practical guide*, Association for the Prevention of Torture, 2013.

<sup>6</sup> Vulnerability is linked, in many cases, to a minority status that increases the risks of stigmatisation and ill-treatment. Individuals therefore may be vulnerable in a given context and not in another. *The welfare of vulnerable people in police custody*, HMIC, March 2015.

This updated version continues to focus on the changes made to the *Expectations* in 2016 to promote the welfare and safety of people who will be the most vulnerable<sup>7</sup> in police custody. These include:

- an extension of the scope of inspection to include first contact and opportunities for diversion of vulnerable people
- criteria for inspecting forces on equalities duties as these affect custody
- focused inspection criteria on the use of force
- criteria reflecting strategic and operational outcomes on safeguarding the welfare of children (that is, all those under the age of 18) and vulnerable adults in police custody
- reporting on police cells used as a place of safety for people suffering acute mental ill-health.

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:

- Leadership, accountability and partnerships
- Pre-custody: first point of contact
- In the custody suite: booking in, individual needs and legal rights
- In the custody cell, safeguarding and health care
- Release and transfer from custody.

**Expectations** set out the outcome 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 is not exhaustive and does not exclude other means of achieving the outcome.

This updated version of the *Expectations* takes effect from May 2018.



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<sup>7</sup> The inspectorates adopt the interpretation of 'vulnerability' proposed by the International Association for the Prevention of Torture (APT) (*Monitoring Police Custody – a practical guide*, APT 2013).

## **Section 1: Leadership, accountability and partnerships**

**There is a strategic focus on custody, including arrangements for diverting the most vulnerable from custody. There are arrangements to ensure custody-specific policies and procedures protect the well-being of detainees.**

### **Expectations – Leadership**

**1.1 There is leadership by the Chief Officer Group which communicates a clear focus on protecting and diverting vulnerable people from custody, wherever possible, and promotes the safe and respectful delivery of custody.**

### **Indicators**

- There are force-wide objectives concerning the diversion of vulnerable adults and children away from custody. These are promoted and accessible to staff.
- There is an effective management structure that ensures appropriate policies and procedures for the whole custody process are in place, fully implemented and reviewed regularly. Policies and procedures are accessible and staff understand them.
- There are sufficient resources to carry out the custody functions to ensure the safety and well-being of detainees.
- Services provided externally to support custody are monitored and scrutinised to hold providers to account.
- Custody suites are staffed with personnel (including contracted staff and volunteers) who are trained, have the right skills and understand how to respond to detainees. Their training needs are assessed, met and evaluated to perform the requirements of the role.

### **References**

ICCPR 10 (1)  
CRC 3, 37, 40  
CCLEO 2, 6  
BOP 1, 4, 5, 9, 29  
PPMI 1, 2, 20

**1.2 There is an evident and effective focus on the protection of children and vulnerable adults. In particular:**

- **the welfare of children is promoted and, where possible, criminalisation is avoided**
- **the welfare of vulnerable adults is promoted and police custody is only used as a place of safety for Section 136 Mental Health Act (1983) (MHA) assessments in the most exceptional circumstances.**

**Indicators**

- Safeguarding of children is embedded at a strategic level, supported by clear policies and procedures specific to the needs of children. Police officers and staff are trained to recognise child sexual exploitation and to understand the need to safeguard and promote the welfare of children, and are supported to do so (see section 4).
- The strategic approach recognises the importance of avoiding the criminalisation of children and sets clear objectives in relation to this.
- Staff are provided with training and awareness of human trafficking, extortion and smuggling. All staff are alert to the signs that a detainee has potentially been a victim of trafficking and know how report it, and do so appropriately.
- The force is 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 effective solutions to ensure police custody is not used for Section 136 Mental Health Act assessments or other people in need of specialist mental health care, unless in exceptional circumstances.
- The force has a robust safeguarding policy for vulnerable adults (see section 4) which is informed by the underlying five principles of the Mental Capacity Act 2005:
  - a presumption of capacity
  - the right for individuals to be supported to make their own decisions
  - that individuals must retain the right to make what might be seen as unwise decisions
  - best interests
  - least restrictive intervention.

**References**

ICCPR 10 (1)  
ICESCR 12 (1)  
CRC 3, 37, 40  
CCLEO 2, 6  
PPMI 1, 2, 20

## Expectations – Accountability

### 1.3 Performance management data supports the safe delivery of custody.

#### Indicators

- Data (including custody throughput, demographics, adverse incidents, strip-searching and complaints) are routinely collated and analysed to identify trends, and used to inform organisational learning and improve outcomes for detainees.
- The force has mechanisms in place to assure itself, the Police and Crime Commissioner (PCC) and the public that the use of force in relation to arrest, detention and custody is safe and proportionate.
- Quality assurance processes promote the safe and respectful treatment of detainees and continuing professional development of staff.
- Effective mechanisms are in place to learn from adverse incidents and to identify and share good practice within and across police forces and partnerships.

#### References

ICCPR 10 (1)

ECHR 3

UNCAT 10, 11, 12, 13, 16

CCLEO 2, 3

BOP 1, 4, 7

BPUF 1, 15

### 1.4 The force is meeting its obligations under the Equality Act 2010 and the public sector equality duty. The force promotes respect for people from all backgrounds and with diverse needs and raises awareness of the discrimination that can be faced by particular groups.

#### Indicators

- There is effective and regular monitoring in place, including analysis of data on custody throughput by ethnicity.
- Assessments are conducted across detention and custody operations, including an element of external challenge to identify whether services deliver fair and equal treatment.
- A race equality governance and accountability framework is established, linked to the force's risk register. It includes:
  - collection of core data sets by ethnicity (as above) including strip-searching/use of force
  - arrangements for periodic reviews of the data with the force's Independent Advisory Group and/or relevant local community groups
  - plans to make improvements to practice where this is identified as being necessary

- appropriate leadership and governance structures to oversee and make sure the work is carried out.

- Staff can demonstrate their understanding of the disproportionate outcomes for black, Asian and minority ethnic communities in the criminal justice system. Where staff come across unfair or discriminatory treatment they are able and required to take action in challenging, eliminating and reporting it (see section 3).
- Results of race equality monitoring, and any other monitoring required for protected characteristics, are communicated to all staff and staff understand how they can implement and monitor appropriate action.
- Staff have been trained to recognise and meet the needs of people who have one or more of the protected characteristics under the equality legislation. There are policies and procedures in place to ensure staff understand their obligations under the Equality Act 2010.

## References

CERD 2, 5 (a), 6  
CEDAW 2, 15  
DEDRB 2  
DRM 4  
DHRIN 5  
CCLEO 2  
BOP 5

### 1.5 The force facilitates access as required for effective external scrutiny.

#### Indicators

- The force responds to issues and complaints raised by independent custody visitors (ICV). This includes dealing with immediate complaints and issues raised during visits.
- ICV feedback is used appropriately by the force and there are regular and formal opportunities for the ICV scheme to raise issues with senior officers.
- The Chief Officer Group reports routinely to the PCC on custody, including relevant management information and data. This includes the use of force and equality and diversity information.

## References

OPCAT 19, 20, 21, 22  
UNCAT 10, 11, 12, 13  
BOP 4, 5, 7, 9, 29  
BPUF 1, 15

## Expectation – Partnerships

### **1.6 Partnership arrangements effectively support the identification and management of risks to the welfare of vulnerable detainees (including children) in police custody.**

#### **Indicators**

- There is constructive engagement with all relevant partner agencies (including the Local Safeguarding Children Board, Local Safeguarding Adults Board, Health and Wellbeing Board (or equivalent structure in Wales), health care providers and commissioners, local authorities, youth offending services, criminal justice agencies, escort providers, immigration authorities, ambulance service, courts, etc) to protect and divert children and vulnerable adults from custody, where possible, and to support the safe and respectful delivery of custody. Outcomes can be clearly demonstrated.
- Partners have agreed shared aims and objectives to support vulnerable adults and children to avoid detention in custody and criminalisation, wherever possible.

#### **References**

ICCPR 10 (1)  
CRC 3, 37, 40  
CCLEO 2, 6  
PPMI 1, 2, 20  
BOP 1

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

**Police officers and staff actively consider alternatives to custody and in particular are alert to, identify and effectively respond to vulnerabilities that may increase the risk of harm. They divert away from custody vulnerable people whose detention may not be appropriate.**

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

**2.1 From the first point of contact with the police service, officers and staff are alert to, identify and make effective assessments of risk and vulnerability and divert individuals, whose detention might not be appropriate, from custody.**

#### **Indicators**

- All police officers and staff are trained in the needs of people with vulnerabilities and have access to training to improve decision making on diversion, detention, custody provision and their own practice.
- All police officers and staff who have contact with children recognise them as vulnerable by virtue of their age.
- Call handlers and dispatchers provide relevant information in a timely manner to assist officers in assessing an individual's risk and vulnerability.
- There are systems and protocols in place to support police officers and staff in identifying individuals with known vulnerabilities and relevant history.
- There are evidence-based assessment approaches used by all police officers and staff to help them respond effectively to an individual's risk and/or vulnerability.
- Police officers and staff apply the principles of the Mental Capacity Act in their decision-making where appropriate (see sections 3 and 4).
- Police officers divert vulnerable people, including children, away from custody when appropriate (see sections 3 and 4).
- Police officers are familiar with and use alternatives to custody.
- Detainees in need of mental health care who are restrained for their own or others' safety are treated as a medical emergency. Police officers and staff have easy access to mental health guidance and a mental health practitioner.
- All police officers and staff are trained in and use effective de-escalation techniques.
- All police officers and staff are trained in the safe use of restraint techniques and any use of force is recorded (see section 4).

- Police officers communicate all relevant information to custody staff to contribute to the risk assessment process (see section 3).
- The force has systems in place to ensure that transport used for detained individuals is safe and appropriate.

## **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 receive respectful treatment in the custody suite and their individual needs are reflected in their care plan and risk assessment. Detainees are informed of their legal rights and can freely exercise these rights while in custody. All risks are identified at the earliest opportunity.**

### **Expectations – Respect**

**3.1 Detainees are treated with dignity and their diverse needs, while in custody, are met.**

#### **Indicators**

- Police officers and staff interact with detainees courteously and all detainees are treated with dignity from the first point of contact.
- Detainees are able to disclose confidential information, and any situation or condition that makes them vulnerable, in private.
- Police officers and staff listen to detainees and are alert to and understand the impact of detention, particularly for those detainees identified as vulnerable. Effective support to cope with their detention is provided.
- Police officers and staff engage positively with detainees during their detention, particularly those who are vulnerable and high risk.

#### **References**

ICCPR 10 (1)  
CCLEO 2, 6  
BOP 1  
PPMI 1, 20

## Expectations – Meeting individual and diverse needs

### 3.2 Staff show an understanding of equality and diversity and know how to respond to the specific needs relating to:

- women
- different racial groups
- physical disability and intellectual impairment (learning disability)
- religious groups
- older people
- sexual orientation
- transgender identity.

**There are arrangements that enable these detainees to be treated according to their individual needs.**

### Indicators

- There is provision for detainees to access information in a language and format they can easily understand, for example, easy read format, Braille and DVD. Detainees are helped with clear explanations by staff when needed (see expectation 3.4).
- There are sufficient female custody staff members and appropriate facilities to respond to the welfare needs of detained women. Women are strip-searched only in the presence of two competent female staff.
- Custody staff are equipped to assess mental capacity and to identify detainees with intellectual impairments (learning disabilities) to ensure that effective safeguards are appropriately implemented.
- There is an adequate range of facilities and adaptations for disabled detainees and staff know how to use them.
- Staff have a good understanding of the needs that can arise from diverse groups and are aware that they should, for example:
  - appropriately respond to detainees' religious observations
  - search detainees in a manner that is sensitive to their culture and religion and which takes account of their gender/transgender
  - recognise the distinct needs of older detainees, such as signs of mental and physical health problems and the onset of dementia and any safeguarding issues.
- Inappropriate language and behaviour, if it occurs, is addressed by staff and there is strong leadership to enable a culture of challenge in relation to this. Homophobic and other derogatory language and behaviour is not tolerated.
- There are effective arrangements to raise the awareness of staff to positively respond to the needs of transgender people.

### References

ICCPR 10 (1)  
ICESCR 12  
CEDAW 2, 15 (1)

CERD 2, 5(a), 6  
CRPD 1, 2, 3  
DEDRB 2, 4  
BOP 1, 5, 13  
PPMI 1, 2, 20

### **3.3 Detainees of all nationalities are treated according to their individual needs.**

#### **Indicators**

- Detainees are provided with information about the reason for their detention and, where necessary, have their immigration status and procedures in relation to that status explained in a language/format they can understand.
- Detainees can access the relevant Consulate, Embassy or High Commission where necessary.

#### **References**

ICCPR 9 (2), 10 (1)  
ECHR 5, 6 (3)  
DHRIN 5 (c)  
BOP 1, 10, 13, 14, 16 (2)

### **3.4 The needs of detainees who experience difficulties communicating are met.**

#### **Indicators**

- Staff have access to accredited translation and interpreting services wherever accuracy or confidentiality is important.
- Telephone translation is conducted using equipment that enables effective communication in reasonable privacy.
- Legal rights and entitlements and other relevant documents are provided in a range of formats and languages which reflect the population in the local police force area.

#### **References**

ICCPR 14 (3)  
ECHR 6 (3)  
DHRIN 5 (c)  
BOP 14

## Expectation – Risk assessments

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

#### **Indicators**

- Detainees are not made to wait outside the police station in vehicles. There is an ongoing risk assessment of all detainees where there is a delay in booking in.
- Staff know how to effectively assess and respond to any risk detainees pose to themselves and/or others.
- Staff use all existing up-to-date information about a detainee to complete any risk assessment.
- All staff demonstrate awareness and understanding of the different ways in which detainees may present mental health problems and other vulnerabilities and respond appropriately.
- Care plans reflect risk, and assessments are ongoing and are reviewed throughout the period of detention.
- Staff have knowledge and understanding of self-harm and how to support detainees at risk of harming themselves or others.
- Staff understand the purpose and importance of regular monitoring and rousing, particularly for those under the influence of drugs or alcohol.
- Handovers involve all custody staff where possible, are recorded and conducted in private, and result in the accurate sharing of relevant information.

#### **References**

ICCPR 10 (1)  
ICESCR 12  
CCLEO 2, 6  
BOP 1  
PPMI 1, 20

## Expectations – Individual legal rights

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

#### **Indicators**

- Detention is authorised by custody officers who understand and recognise the needs of people with vulnerabilities and make decisions which take these needs into account.
- Alternatives to custody are considered and used when appropriate.
- Appropriate grounds for detention are established and recorded.
- Information on vulnerability and associated risk factors is communicated between custody officers and investigation teams to inform decisions on the prioritisation and progression of cases.
- Cases are progressed to allow detainees to be released or transferred at the earliest opportunity.
- In the case of immigration detainees there are effective arrangements with Home Office Immigration Enforcement to ensure alternative disposals are expedited.

#### **References**

ICCPR 9, 10 (1), 14

ECHR 5, 6 (3)

BOP 9, 10, 11, 12, 13, 14, 15, 16, 38, 39

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

#### **Indicators**

- All detainees receive and are helped to understand their rights and entitlements. Any delay in being able to exercise this entitlement is authorised.
- Detainees, including immigration detainees, are told that they are entitled to have someone concerned for their welfare informed of their whereabouts and that someone can be contacted as soon as possible.
- All detainees, including immigration detainees, are able to speak with legal representatives in private, free of charge and as soon as possible. If detainees decline the right to speak to a legal representative, the reasons for this are recorded.
- Detainees are not interviewed while under the influence of alcohol or drugs, or if medically unfit, unless exceptional circumstances prevail.

- Detainees are informed of the reasons for their arrest and continued detention during the review of the necessity to detain, and this is clearly recorded.
- Detainees or their legal representatives are able to obtain a copy of their custody record.
- Staff explain to detainees, in a language they can understand, documents that have important consequences or that concern their right of appeal.
- Detainees are informed of the force retention and disposal policy for DNA.

## References

ICCPR 9, 10 (1), 14 (3)  
 ECHR 6 (3), 8  
 BPRL 1, 5, 6, 7, 8  
 BOP 9, 10, 11, 12, 13, 14, 15, 16, 17, 18

## Expectations – PACE Reviews

### **3.8 PACE reviews should be conducted in the best interests of the detainee to ensure that ongoing detention is necessary.**

- PACE reviews are conducted in a timely fashion and focus on safeguarding the interests of the detainee and progression of the case.
- Police, where possible, conduct reviews of detention of a person who is vulnerable, including children, in person.

## References

CRC 3, 40  
 CCLEO 2  
 BOP 9, 11

## Expectations – Access to swift justice

### **3.9 Detainees have access to swift justice, with appropriate mechanisms for ensuring regular review of pre-charge bail conditions. Bail conditions are proportionate, legitimate and necessary to manage the risks posed by the suspect.**

## Indicators

- Forces finalise investigations during the first period of detention wherever possible. Where a detainee is released under investigation (RUI) or bail is used, forces have an investigation plan and management regime in place to monitor the progress of the investigation to ensure timely completion of actions. This is documented.
- Forces apply the following applicable bail periods.

- Up to 28 days – authorised by an inspector or above.
  - Up to three calendar months from the bail start – authorised by a superintendent.
  - A further extension to the applicable bail period of three calendar months for cases designated as being exceptionally complex – authorised by an assistant chief constable or commander.
  - All further extensions to the applicable bail period – authorised by a magistrates court.
- 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. Forces keep all bail conditions under review so that they take account of any changes to the perceived risk posed by detainees.
  - Custody officers warn detainees who are released under investigation not to commit offences such as witness intimidation, harassment and stalking while the investigation continues.
  - The decision whether to bail or RUI is made appropriately and there is oversight of detainees released under investigation or on bail which ensures that enquiries are conducted expeditiously and that the risks to witnesses, the community, and the detainee are established and addressed.
  - Investigations are completed in a timely manner and detainees updated at regular intervals (monthly) throughout lengthy investigations and told of the outcome of investigations as soon as possible after a decision is made.
  - The period of release under investigation or bail is proportionate to the investigation still to be completed. It is realistic and in line with the lead time for other agencies and departments.

## References

ICCPR 9, 14  
 ECHR 5, 6  
 BOP 9

## Expectation – Complaints

### **3.10 Detainees know how to make a complaint and are enabled to do so before they leave police custody.**

#### Indicators

- Detainees are told how to complain and are provided with relevant information.
- Complaints are taken and recorded before detainees leave custody.
- Detainees' complaints are investigated fairly and swiftly and are monitored, with any significant concerns addressed and outcomes recorded.

- Detainees are not disadvantaged because they have made a complaint.
- Detainees are not disadvantaged as a result of speaking to HMICFRS or HMI Prisons inspectors or custody visitors. Custody visitors inform HMICFRS/HMI Prisons inspectors of any repercussions for detainees outside inspections.

## **References**

OPCAT 19, 21  
BOP 13, 14, 29, 33

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

**Detainees are held in a safe and clean environment in which their safety is protected at all points during custody.**

### **Expectation – Physical environment**

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

#### **Indicators**

- All cells are equipped with working call bell systems that cannot be permanently muted. Staff explain to detainees how to use the call bell and activations are responded to promptly.
- Cells and communal areas are clean, free from ligature points and graffiti, of a suitable temperature and well ventilated. Staff carry out daily cell checks to maintain these standards and records are maintained and monitored.
- There are adequate arrangements in place for daily cleaning, removing any biological hazards, regular deep cleaning, and prompt repair of any defects.
- There is written guidance on the use of cells with restricted natural light and facilities.
- Staff can safely evacuate the custody area in the event of an emergency and evacuations are regularly practiced and recorded.
- All equipment (including the resuscitation kit) is appropriate, ready for use and regularly checked and maintained (see 'Expectation – Governance').
- All staff understand how to access and use the emergency equipment effectively (see expectation 4.8).

#### **References**

ICCPR 10 (1)  
ICESCR 12  
CCLEO 2, 6  
BOP 1, 6

## Expectation – Safety: Use of force

**4.2 Any force used from first point of contact is strictly necessary, proportionate and lawful, used as a last resort and subject to robust accountability. It is carried out by trained staff using approved techniques.**

### Indicators

- All staff are trained in and use effective de-escalation techniques.
- Where force is used, staff only use approved techniques in line with their training, with no more force and for no longer than is necessary.
- Staff can demonstrate awareness of risks associated with particular forms of restraint and of how these risks can be minimised. When force is used detainees are examined by an appropriately qualified health care professional if requested, or if there are health care concerns.
- Use of force prior to arrival and 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.
- Tasers are only used in exceptional circumstances, when there is a clear threat or danger. In addition:
  - the force has a policy on their use
  - custody staff are aware of their existence and application in custody
  - Tasers are only authorised after a risk assessment
  - Tasers are not used to gain compliance
  - Tasers are never used in drive stun mode.
- Strip-searching is conducted only when absolutely necessary. It is appropriately authorised, carried out in private by members of staff of the same gender (in the presence of an appropriate adult if required), and is monitored at a senior level to ensure appropriate use.

### References

ECHR 3  
UNCAT 10, 11, 12, 13  
CCLEO 2, 3  
BPUF 1, 4, 5, 6, 18, 19, 20  
PME 1

## Expectation – Detainee care

### **4.3 Detainees are held in a safe and suitable environment, and their care needs are met.**

#### **Indicators**

- Detainees are offered sufficient food and drink
- Detainees are able to be clean and comfortable, with alternative clothing available while in custody.
- Detainees are offered outside exercise and suitable reading materials. Children and other vulnerable detainees are provided with the opportunity to have visits by family members and/or appropriate agencies that can provide support.

#### **References**

ICCPR 10 (1)  
CRC 3, 37, 40  
CCLEO 2, 6  
PPMI 1, 2, 20

### **Officers understand the obligations and duties arising from safeguarding (protection of children and adults at risk).**

## Expectations – Safeguarding

### **4.4 Detainees are protected from harm and neglect. They receive effective care and support.**

#### **Indicators**

- Staff are trained in safeguarding and have the knowledge required to protect vulnerable groups in their care, including arrangements for contacting 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 known and used by all staff.
- Those responsible for the welfare of detained children are informed of a child's detention and the grounds for detention at the earliest opportunity.

#### **References**

ICCPR 10 (1)  
CCLEO 2, 6  
BOP 1, 16 (3)  
PPMI 1, 2, 20

#### **4.5 Independent appropriate adult schemes for children and vulnerable adults are in place, operate to relevant national standards and are used.**

##### **Indicators**

- The force works actively with local partners to ensure the provision of independent and effective appropriate adults for vulnerable adults.
- The parents or guardians of those under 18 are used whenever they are willing, able and suitable for the role of appropriate adult. They are given written guidance on the role and are encouraged to actively protect the child's rights.
- There are no delays in securing an appropriate adult and they are available 24 hours a day.
- Adequate facilities are available to ensure that appropriate adults can speak to children in private and to sit with them if the adult considers this necessary to ensure the welfare of the child.
- The force collects data in relation to 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 the aspects of the process for which the adult was present. They are collated and analysed to assess whether the service is meeting the needs of children and vulnerable adults.
- Staff receive regular safeguarding training and know how to implement the agreed safeguarding procedures.
- Any child suspected of committing a criminal offence is treated under safeguarding procedures and appropriate authorities are notified immediately (see section 1).
- Custody officers ensure that concerns (for example, disclosure of abuse, welfare concerns) are referred to the appropriate agency in accordance with multi-agency arrangements for safeguarding and as part of their in-custody and post-release assessment (see section 5).

##### **References**

ICCPR 10 (1)  
CRC 3, 37, 40  
BOP 1, 16 (3)  
PPMI 1, 2, 20

#### **4.6 Safeguarding issues concerning children are identified at the earliest opportunity, including at the first point of contact (see section 2).**

##### **Indicators**

- Children are diverted from custody where possible.
- When force is used children are always examined promptly by an appropriately qualified health care professional.
- Staff understand and respond to the distinct needs of children. They recognise levels of maturity and how physical, sexual and emotional abuse and exploitation might affect a child's behaviour and any subsequent decisions taken about their care and welfare.
- Risk assessments are based on all relevant information. Particular attention is given to recognised risks associated with:
  - looked after children
  - disabilities, including intellectual impairment (learning disabilities), communication difficulties, health conditions and substance misuse
  - a previous history of abuse
  - those in custody for the first time.

##### **References**

CRC 3, 37, 40  
UNCAT 10, 11, 12, 16  
CCLEO 2, 6  
PPMI 2

#### **4.7 Children are not held in custody overnight, except as a last resort.**

##### **Indicators**

- Children are kept separate from those who might pose a risk to them. Where it is safe to do so, children are not held in cells.
- Children are returned home to their parent/guardian. Where this is not possible and/or there are safeguarding concerns, there are effective arrangements with the local authority that cover the provision of accessible safe accommodation for children.
- Children are kept safe in custody.
- Girls under the age of 18 are allocated and informed of the identity of a named female officer who is responsible for meeting their welfare needs while detained.
- Only age-appropriate approved restraint techniques are used for children. Pain compliance techniques are never used on children.
- No child is subjected to a strip search unless it is intelligence-led, authorised by an officer of superintendent rank and conducted in the presence of an appropriate adult.

## References

CRC 3, 37, 40  
UNCAT 10, 11, 12, 16  
CEDAW 2  
CCLEO 2, 3  
BPUF 5

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

### Expectation – Governance of health care

**4.8 Detainees are cared for by health care practitioners and substance misuse workers, who have the appropriate skills and training, in a safe, professional and caring manner that respects their decency, privacy and dignity.**

### Indicators

- The requirement for health services for detainees in police custody is assessed and the services provided are appropriate for the need.
- Clinical governance arrangements include regular meetings between providers and commissioners, robust incident management, a confidential complaints process, monitoring of response times for all health services and patient outcomes and processes to share lessons learned from complaints and incidents.
- Detainees are treated by health care practitioners who receive ongoing training, supervision and support to maintain their professional registration and development.
- Health care practitioners have the skills, knowledge and competencies to meet the health care needs of all detainees.
- Health care practitioners and substance misuse workers are sensitive to detainees' situations and diverse needs and have access to professional language interpretation.
- Information sharing protocols exist with appropriate agencies to ensure efficient and confidential sharing of relevant health and social care information.
- Clinical examinations are conducted confidentially unless risk assessment suggests otherwise.
- Clinical rooms provide conditions that maintain decency, privacy and dignity.
- Clinical rooms comply with current infection control standards.

- There is at least one room that is appropriate for taking forensic samples, and it is forensically clean.
- Detainees can see a health care practitioner of the gender of their choice on request. There are arrangements for a chaperone to be present if required.
- Providers of health services have registered with the relevant regulatory authorities as required.

## References

ICESCR 12  
 CEDAW 12  
 CCLEO 2, 6  
 BOP 1, 24  
 PPMI 2, 20  
 PME 1

## Expectations – Patient care

**4.9 Detainees are asked if they wish to see a health care practitioner, are able to request to see one at any time for both physical and mental health needs, and are treated appropriately in a timely manner.**

## Indicators

- Consent is sought from detainees for health care interventions and health care professionals apply the principles of the Mental Capacity Act during this process.
- Each detainee has a single clinical record containing an up-to-date assessment, and any care plan conforms to professional guidance from authoritative sources. The ethnicity of the detainee is also recorded.
- The use and storage of clinical records complies with contemporary good practice.
- Any contact with a doctor or other health care professional is recorded in the custody record and relevant information is shared with custody staff, including any medication provided or required.
- The results of any clinical examination are made available to the detainee and, with the detainee's consent, his/her legal representative.
- Treatments are appropriate to the clinical needs of the detainee and are in line with national guidance.
- Health care professionals liaise with other agencies, as necessary, to ensure continuity of care.

## References

ICESCR 12  
CCLEO 2, 6  
BOP 1, 24  
PPMI 1, 2, 20  
PME 1

### **4.10 Detainees receive prescribed medication if needed and, subject to validation, detainees can continue with previously prescribed medications.**

#### Indicators

- Detainees are prescribed medication to treat any clinical signs, symptoms or conditions.
- Detainees receive medication to provide relief for drug and alcohol withdrawal symptoms if clinically indicated, and can continue community prescribed opiate substitution treatment in custody, subject to validation.
- Prescribed medication is administered by competent staff members and is received at the designated times. Appropriate records are made of the receipt of medications.
- Detainees who are due prescribed medication and are being transferred to court custody receive their medication while at court.
- All medications on site are stored safely and securely, and are disposed of safely if not consumed. There is safe pharmaceutical stock management and use.

## References

ICESCR 12  
CCLEO 2, 6  
BOP 1, 24  
PPMI 1, 2, 20  
PME 1

### Expectation – Substance misuse

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

#### Indicators

- A service is provided to all drug and alcohol users.
- The substance misuse service affords access to the range of care services.
- Any contact with a drug or alcohol worker is recorded in the custody record.

- Detainees are made aware of how to access harm minimisation supplies on release.

## References

ICESCR 12  
CCLE 2, 6

## Expectation – Mental health

**4.12 Detainees have prompt access to mental health practitioners who are able to assess their clinical needs, divert/refer to mental health services and/or advise on treatment as necessary. Police custody, unless in exceptional circumstances, is not used as a place of safety for Section 136 Mental Health Act (1983) (MHA) assessments.**

## Indicators

- Police officers and staff receive regular training on mental health and learning disability issues, including identification of such issues and how to support detainees who are experiencing problems.
- Local arrangements with the relevant mental health trust, ambulance service and local authority ensure that timely services are provided to people in urgent need of specialist mental health care, including prompt assessment of those detained on Section 136 of the Mental Health Act 1983.
- Detainees with severe mental health issues have prompt access to mental health professionals where indicated.
- Mental health professionals signpost detainees to and liaise with other relevant agencies to ensure continuity of care, including prison mental health services if required.
- Response times for Mental Health Act assessments and transfers to mental health facilities are monitored.

## References

ICESCR 12  
CCLEO 2, 6  
BOP 1, 24  
PPMI 1, 2, 20  
PME 1

## **Section 5: Release and transfer from custody**

**Pre-release risk assessments reflect all risks identified during the detainee's stay in custody. Detainees are offered and provided with advice, information and onward referral to other agencies as necessary to support their safety and well-being on release. Detainees appear promptly at court in person or by video.**

### **Expectation – Pre-release risk assessment**

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

#### **Indicators**

- Good quality pre-release risk assessments are completed with the detainee: they are documented and identify any risks and vulnerability throughout their period of detention. Action is taken to reduce any risks and welfare concerns prior to release.
- Appropriate relevant information about risk, vulnerability or safeguarding is communicated to relevant agencies and support organisations.
- Particular attention is given to safely managing the release of vulnerable detainees.
- There is up-to-date information, including contact details for support organisations, and this is provided to detainees in a format and language they can easily understand.
- Person escort records (PERs) are completed clearly and accurately with all relevant detail, especially any issues relating to risk or self-harm.

#### **References**

ICCPR 10 (1)  
CCLEO 2, 6  
BOP 1, 13  
PPMI 1, 2, 20

## 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 who are being transferred to another custody facility or court are escorted safely and with consideration to their individual need.
- 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, 14

ECHR 6

BOP 36, 37, 38, 39

# Glossary of acronyms

## International Human Rights Instruments

### *Legally binding*

- 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*

- 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 the 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)