



Expectations

Criteria for assessing the treatment of and conditions for detainees held in designated TACT custody suites

Version 1, 2018

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Introduction

Welcome to the first edition of *Expectations: Criteria for assessing the treatment of and conditions for detainees in designated TACT custody suites*, the standards by which we inspect outcomes for people detained for terrorism-related offences. The *Expectations* arise from the requirement to inspect treatment and conditions in these suites. This edition builds on our *Expectations for police custody* while recognising the distinct experience detainees held in designated TACT custody may have. These *Expectations* allow us to fulfil our responsibility to deliver independent and objective assessments of outcomes for detainees in TACT custody.

The requirement to inspect TACT custody suites 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 of and conditions for detainees
- 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.¹ 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.² The joint HMICFRS/HMI Prisons national programme of unannounced police custody inspections ensures that custody suites in all 43 police forces in England and Wales are scrutinised, at a minimum, every six years. TACT custody suites have, until now, fallen outside of that national programme.

The *Expectations* set out the framework and criteria used by the inspectorates to assess police custody arrangements and the outcomes for those detained in TACT custody. They are independent but are informed by the Police and Criminal Evidence Act 1984 (PACE) and its codes, relevant legislation, professional guidance to the police on detention and custody³ and relevant international and regional human rights standards. The *Expectations* are also drawn from inspection experience and wider consultation with external experts. They incorporate learning from the HMICFRS-led thematic inspection of the welfare of vulnerable people in police

¹ Under Section 54(2), Police Act 1996.

² Under Schedule 4A, Police and Justice Act 2006.

³ *Authorised Professional Practice on Detention and Custody*, College of Policing, July 2015.

custody⁴ and from the cumulative experience of our joint inspections of police custody to date.

The *Expectations* will be used by HMICFRS and HMI Prisons inspectors to assess the custody arrangements of TACT custody suites in England, with a particular focus on the treatment and conditions of those detained. They also offer a guide to the public, senior police officers, the National Counter Terrorism Policing HQ and police and crime commissioners as to the standards we expect police forces 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 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 is not exhaustive and does not exclude other means of achieving the outcome.

This version of the *Expectations* takes effect from December 2018.



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⁴ Vulnerability is linked, in many cases, to a minority status that increases the risks of stigmatisation and ill-treatment. Individuals may therefore be vulnerable in a given context and not in another. *The welfare of vulnerable people in police custody*, HMIC, March 2015.

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 TACT detainees.

Expectations – Leadership

1.1 There is effective leadership by the Chief Officer Group which communicates a clear focus on safeguarding vulnerable people in custody and promotes the safe and respectful delivery of custody under both TACT and PACE.

Indicators (what we expect to see)

- The Counter Terrorism Network has objectives in relation to the diversion of vulnerable adults and children away from custody which are promoted and monitored.
- There is an effective management structure that ensures appropriate policies and procedures for the end-to-end custody process are in place under both TACT and PACE, are fully implemented and are reviewed regularly to ensure compliance with PACE Code H (Terrorism) and relevant human rights standards. Policies and procedures are accessible and staff understand them.
- There are sufficient resources to carry out the TACT custody functions to ensure the safety and well-being of detainees. TACT custody suites are staffed with personnel who are trained, with the right skills and security clearance, who understand how to respond to detainees and whose training needs are assessed, met and evaluated to perform the requirements of the role.
- Services provided externally to support TACT custody are appropriately vetted, monitored and scrutinised to hold providers to account.

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

- **the best interests and welfare of children are promoted and safeguarded and where possible this avoids their criminalisation**
- **the welfare of vulnerable adults is promoted and safeguarded.**

Indicators (what we expect to see)

- Safeguarding of children is embedded at a strategic level, supported by clear policies and procedures specific to the needs of children. Custody officers and staff are trained to recognise children who have been groomed for terrorism and to understand the need to safeguard and

promote the best interests and welfare of children. They are supported to do so in the context of TACT.

- Staff are provided with training and awareness of human trafficking, sexual abuse (including exploitation), extortion and grooming. All staff are alert to the signs that a detainee has potentially been a victim of trafficking, sexual abuse or grooming, know how to report it and do so appropriately.
- The relevant Force area has a robust safeguarding policy for vulnerable adults 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.

Expectations – Accountability

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

Indicators (what we expect to see)

- Data are routinely collated (including custody throughput, demographics, adverse incidents, strip-searching, complaints and use of force), analysed to identify trends, and used to inform organisational learning and improve outcomes for detainees.
- The Force has mechanisms in place to assure itself and the public that the use of force in relation to detention and custody is strictly necessary, safe and proportionate for TACT detainees.
- 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.

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 (what we expect to see)

- All staff are trained in and aware of the public sector equality duty under section 149 of the Equality Act 2010 and the protected characteristics. The Force collates adequate evidence to understand the impact of their decisions on those categories covered by the Act and take appropriate steps to ensure the duty is complied with.
- There is effective and regular monitoring in place, including but not limited to analysis of data on custody throughput by ethnicity, religion and mental health.
- Regular equality impact assessments are conducted across detention and custody operations. They include an element of external challenge and are published and used to develop improvement action plans.
- A race and religion equality governance and accountability framework is established, linked to the Force's risk register, which includes:
 - collection of core data sets by ethnicity and religion 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 improvements are carried out.
- Where staff come across unfair or discriminatory treatment they are able and required to take action in challenging, eliminating and reporting it.
- Results of race and religion equality monitoring, and any other monitoring required by protected characteristics, are communicated to all staff and staff understand how they can implement and monitor appropriate action.
- Staff have been trained in recognising and meeting 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.

1.5 The Force facilitates access as required for effective external scrutiny.

Indicators (what we expect to see)

- The Force responds to issues and complaints raised by Independent Custody Visitors (ICVs). 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 scheme to raise issues with senior officers.
- The Force has an effective mechanism in place to facilitate the Independent Reviewer of Terrorism Legislation.

Expectations – Partnerships

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

- There is constructive engagement with all relevant partner agencies (including appropriate adult services, ICVs, relevant safeguarding bodies, health care providers and commissioners, local authorities, youth offending services, escort providers, immigration authorities, the ambulance service, the Independent Reviewer of Terrorism Legislation and the terrorism liaison group at Westminster Magistrates Court) to support the safe and respectful delivery of custody. Outcomes can be clearly demonstrated.

References

In relation to expectations 1.1–1.6: Human rights standards require that all places of detention are managed to ensure that detention is prescribed by law and that detainees' human rights are respected, protected and fulfilled. That means that the humanity and inherent dignity of each and every detainee is recognised in policy and practice, that vulnerable detainees are identified and safeguarded and that managers ensure that all staff have the requisite knowledge, aptitude and skill to perform their duties so as to be human rights compliant. A child (any person under the age of 18 years) must be treated as vulnerable by reason of age and their best interests remain a primary consideration. See ECHR 2, 3, 5; ICCPR 10(1); ICESCR 12(1); CERD 2, 5, 6; CAT 10, 11, 12, 13, 16; OPCAT 19, 20, 21, 22; BOP 1, 4, 5, 7, 9, 29; PPMI 1, 2, 20; CCLEO 2, 3, 6, 7; BPUFF 1, 15; DEDRB 2; DRM 4; DHRIN 5. In relation to children specifically see CRC 3, 19, 24, 34, 25, 26, 27, 40.

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 TACT detention, officers and staff are alert to, identify and make effective assessments of risk and vulnerability. Through cooperation with the Counter Terrorism Senior Investigating Officer (SIO) they divert individuals, whose detention in a police cell might not be appropriate, from police custody.

Indicators (what we expect to see)

- All officers and staff are trained to identify the needs of persons with vulnerabilities and have access to training to improve decision-making on diversion, detention, custody provision and their own practice.
- Detainees are provided as soon as possible with sufficient information to understand the reason(s) for their arrest and their legal rights.
- Officers understand that if a detainee does not speak or understand English or has a hearing or speech impediment special provision must be made for them.
- All officers and staff having contact with children recognise them as vulnerable by virtue of their age and treat them accordingly. There is a presumption that police custody is not the most appropriate place for children. Officers and staff are trained to identify when diversion is appropriate and the alternatives to custody.
- There are systems and protocols in place to support officers and staff in identifying individuals with known vulnerabilities and relevant history.
- Officers and staff are trained to identify when medical assessment is required (for physical or mental health) and have access to suitable medical practitioners when necessary. Medical practitioners will be trained in the management of those healthcare problems associated with detention such as drug and alcohol withdrawal.
- All officers and staff are trained in conflict management and apply de-escalation techniques.
- All officers and staff are trained in the use of force and the use of restraint. In particular, they will not use force unless it is necessary to do so and the force used is reasonable and proportionate in all the circumstances.

- Information obtained about detainees' needs and vulnerabilities, particularly information about medical needs, is shared appropriately between all relevant staff.
- Officers and staff apply the principles of the Mental Capacity Act in their decision-making, where appropriate.
- Arresting officers communicate as necessary all relevant information to contribute to the risk assessment process. Any detainee who is identified as vulnerable should be treated as a priority.
- Any detainee in need of medical assessment or treatment will receive that as a matter of urgency.
- Detainees are not made to wait outside the police station in vehicles for lengthy periods of time. There is an ongoing risk assessment of all detainees where there is a delay in booking in.
- All detainees are given adequate comfort breaks and refreshment, particularly if detained in vehicles awaiting booking in. In particular, staff will consider and provide for the needs of detainees with disabilities or physical or mental health needs.
- The Force has systems in place to ensure that transport used for detained individuals is sanitary, safe and appropriate.
- All officers and staff are aware of the detainee's rights as set out in the current PACE Code H and trained to ensure compliance. The Code will be available for consultation by officers, staff, detainees and members of the public.

References

In relation to expectation 2.1: Human rights standards provide a range of measures to ensure detainees, from the first point of contact to release, are treated with dignity and respect and are safe from harm. Forces are under a positive obligation to identify and make provision for the particular health and other needs of detainees. Moreover, they must ensure that detainees have been provided with information relating to their rights on arrest and detention in a language and manner they understand and that those rights are protected. See ECHR 2, 3, 5, 6, 8; ICCPR 6, 7, 10(1); CAT 10, 11, 12, 13, 16; CRPD 14; BOP 1, 2, 6, 10, 12, 13, 16, 20, 21, 24, 29; PPMI 1, 2, 20; CCLEO 2, 3, 6; DRM 4. In relation to children specifically see CRC 3, 37, 40.

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 (what we expect to see)

- All officers and staff interact with detainees courteously and all detainees are treated with dignity throughout.
- Detainees are able to disclose, in a private setting, confidential information and explain any circumstance or condition that makes them vulnerable.
- Custody officers and staff listen to detainees and are alert to and understand the impact of detention, particularly for those detainees identified as vulnerable and/or those held for extended periods of time. Effective support to enable detainees to cope with their detention is provided.
- Custody officers and staff positively engage with detainees during their detention and, in particular, with those who are vulnerable and high risk.

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

- **children**
- **women (including women who are pregnant or breastfeeding)**
- **different racial groups**
- **physical and mental disability and intellectual impairment (e.g. learning disabilities)**
- **different religious groups**
- **older people**
- **sexual orientation**
- **transgender and intersex identity.**

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

Indicators (what we expect to see)

- There is provision for detainees to have access to information in a language and format they can easily understand for example in an easy

read format, Braille, or audio format and they are helped with clear explanations by staff when needed (see also section on Communication below).

- There are sufficient female custody staff members with appropriate provision and facilities to respond to the welfare needs of female detainees; 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 show a good understanding of needs that can arise from diverse groups and show awareness of, for example:
 - appropriately responding to detainees' religious observations
 - searching detainees in a religiously and culturally sensitive manner and taking account of gender and gender identity
 - recognising the distinct needs of older detainees, such as signs of mental and physical health problems and the onset of dementia and any safeguarding issues.
 - appropriately identifying and responding to the particular needs of children, such as learning disabilities and signs of autism as well 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 it. Homophobic, transphobic, racist, sexist 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.

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

Indicators (what we expect to see)

- 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 are told that they can contact their relevant Consulate, Embassy or High Commission, and are enabled to consult with them on request.

Expectation – Communication

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

Indicators (what we expect to see)

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

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. Staff recognise they have a positive obligation to intervene to protect detainees from harm to themselves and to or from others.

Indicators (what we expect to see)

- Custody officers and staff know how to assess effectively and respond to any risk detainees pose to themselves and/or others.
- Custody officers and staff are trained to apply de-escalation techniques, do not use force unless necessary and proportionate and are trained to identify the need for medical attention.
- Custody officers and staff use all existing, up-to-date information about a detainee to complete any risk assessment.
- Custody officers and staff make sufficient enquiries to ascertain whether there is any additional information about which they should be aware to reduce the risk of harm to the detainee or to others.
- Custody officers and staff have access to appropriate medical services and understand when referral is appropriate.
- 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 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 relevant staff, are recorded and conducted in private and result in the accurate sharing of relevant information.
- Staff are aware of the risks of sleep deprivation for detainees' well-being, particularly for those in extended detention, and take all necessary steps to mitigate such risks.

Expectation – Individual and legal rights

3.6 Detention is authorised or reviewed in accordance with the relevant Code of Practice, lasts no longer than is necessary and extensions are appropriately authorised.

Indicators (what we expect to see)

- Detention is appropriately authorised as soon as reasonably practicable after arrest by a review officer who is satisfied that continued detention is necessary.
- The detainee is made fully aware of the grounds for continued detention.
- Circumstances of detention are established, recorded and, where relevant (under Code C), the grounds are recorded and explained.
- Information on vulnerability and associated risk factors is communicated between relevant custody officers and staff, including 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.

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

Indicators (what we expect to see)

- All detainees receive and are helped to understand their rights and entitlements. Any delay in being able to exercise this entitlement is authorised according to law.

- 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 are advised that they are entitled to have legal representation of their choice or to have independent legal representation provided and that they are able to speak with their 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; in which case a record is made of those circumstances.
- Detainees are informed of the reasons for their arrest (if applicable under Code C) and continued detention during the review of the necessity to detain. This is clearly recorded in the detainee's presence.
- Detainees, their legal representatives and/or appropriate adult are able to inspect the detainee's custody record at any time while the person is detained.
- Detainees, their legal representative and/or appropriate adult are able to obtain a copy of their custody record in accordance with the relevant Codes.
- Staff explain to detainees, in a language they can understand, documents that have important consequences or that concern their rights.
- Detainees are informed of the Force retention and disposal policy for biometric data, including fingerprints, photographs and DNA, and that these may be subject to relevant checks.
- PACE Code C and Code H reviews are conducted on time and focus on safeguarding the interests of the detainee and progression of the case. Where held under a warrant (authorised by a court), a welfare review is conducted.
- Reviews are carried out in person.

3.8 Detainees have access to swift justice. Where the investigation is being conducted under Code C, there are appropriate mechanisms for ensuring regular review of pre-charge bail.

Indicators (what we expect to see)

- Forces finalise investigations during the first period of detention wherever possible. Bail is only used where it is necessary and proportionate. Where bail is used, forces have an investigation plan and management regime in

place to monitor the progress of the investigation and the person on bail. This is documented.

- In addition:
 - bail up to 28 days is inspector-approved
 - any single extension of up to three months is approved at the level of Superintendent or above
 - bail beyond three months is approved by the Magistrates' Courts.
- There is a reviewing officer to provide oversight and establish the need for bail, whether enquiries have been conducted expeditiously, whether there is supervisory oversight, and to establish with the officer in charge the risk to witnesses and the community, for example.
- The bail period is proportionate to the investigation still to be completed. It is realistic and in line with the lead time for other agencies and departments.

Expectation – Complaints

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

Indicators (what we expect to see)

- Detainees are told about how to complain and are provided with relevant information.
- Complaints are taken and recorded before detainees leave custody.
- Detainees' complaints are investigated fully, fairly and swiftly and are monitored, with any concerns addressed appropriately and outcomes recorded.
- Detainees are not discouraged or deterred in any way from complaining and are not subject 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/HMI Prisons inspectors, the Independent Reviewer of Terrorism Legislation or custody visitors, and custody visitors inform HMICFRS/HMI Prisons inspectors of any repercussions against detainees outside inspections. Such reports are communicated to the Independent Reviewer of Terrorism Legislation.

References

In relation to expectations 3.1–3.9: Human rights standards prescribe a range of measures which apply to safeguard the rights of detainees as they arrive at the suite and in the early stages of detention. The measures aim to ensure that detainees are

treated with dignity and in a manner that respects and meets their individual needs, that their vulnerabilities (including from detention itself) are identified and met, that they are safe from harm (whether self-harm or from others) and that they receive the medical attention (for both physical and mental ill-health) required. They also provide that detainees should be provided with and assisted to understand if necessary their legal rights, including: to contact those concerned for their welfare; to seek legal representation of their choice; to speak with their legal representative in private; to speak with other relevant persons such as lay visitors; and to complain without fear of adverse consequences. Moreover, nothing should be done to infringe a detainee's subsequent right to a fair trial. The standards also recognise that some people may be too vulnerable to be held in such detention and other lawful options should be explored. The standards apply as soon as a detainee is deprived of his or her liberty and throughout detention. See ECHR 2, 3, 5, 6, 7, 8, 9, 10, 14; ICCPR 6, 7, 9, 10(1), 14; ICESCR 12; CAT 10, 11, 12, 13, 16; OPCAT 19, 20, 21, 22; CERD 2, 5, 6; DEDRB 2, 4; CRPD 14; BOP 1, 2, 5, 6, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 21, 24, 29, 33, 38, 39; PPMI 1, 2, 20; BPUFF 4, 5, 6, 15, 16; DRM 4; UNHR 17, 18; CCLEO 2, 3, 4, 5, 6; DHRIN 5; BPRL 1, 5, 6, 7, 8. In relation to children specifically see CRC 3, 37, 40 and HR 17, 18.

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 is safe

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

Indicators (what we expect to see)

- 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, which is followed, 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 (cross reference with governance of health care).
- All staff understand how to access and use the emergency equipment effectively (cross reference with governance of health care).

Expectation – Safety: use of force

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

Indicators (what we expect to see)

- 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 strictly necessary and proportionate.
- 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.
- Conductive Energy Devices and incapacitant sprays should be used in exceptional circumstances only. When used detainees are examined by an appropriately qualified health care professional if requested, or if there are health care concerns.
- Detainees in need of mental health care who are restrained for their own or others' safety are treated as a medical emergency. Custody officers and staff have easy access to mental health guidance and a mental health practitioner.
- Strip-searching is conducted only when absolutely necessary, is appropriately authorised, is 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. If a detainee is strip-searched it is recorded.

Expectations – Detainee care

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

Indicators (what we expect to see)

- Detainees are offered sufficient food and drink and if in extended detention there is a varied diet.
- Detainees are able to be clean and comfortable, and alternative clothing is available while in custody.
- Women detainees are provided with suitable sanitary products as necessary.
- Detainees are offered exercise, suitable reading materials and/or activities. Children and other vulnerable detainees are provided with the opportunity to have visits by family members and/or appropriate agencies that can provide support.

- Custody staff are aware of the impact of isolation for those detained over several days – and take suitable steps to mitigate associated risks, especially for those detainees identified as vulnerable.

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

Indicators (what we expect to see)

- Staff are trained in safeguarding and have the knowledge required to identify and protect vulnerable groups in their care, including arrangements for contacting appropriate adults and making appropriate referrals to partner agencies.
- Current government and local guidance about safeguarding children and vulnerable adults is accessible and safeguarding procedures are known and used by all staff.
- Persons responsible for the welfare of detained children are informed of the child's detention (and the grounds, where appropriate, for their being detained) at the earliest opportunity.

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

Indicators (what we expect to see)

- The Force works actively with local partners to ensure provision of independent, effective, and suitably vetted appropriate adults for vulnerable adults and children where the parent or guardian is unwilling, unable or unsuitable to act.
- For those under 18, parents or guardians are used whenever they are willing, able and suitable for the appropriate adult role. They are given guidance in writing on the role and are encouraged to be active in protecting 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 are able to speak to vulnerable adults or children in private and to sit with them if the appropriate adult considers that this is necessary to ensure their welfare.
- The Force collects data in relation to the provision of appropriate adults, including those who performed the role (for example parents/guardians, youth offending teams and social workers). The data should include waiting times and which aspects of the process they were present for, and

should be 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 the safeguarding procedures and appropriate authorities are notified immediately.

4.6 Safeguarding issues concerning children are identified at the earliest opportunity.

Indicators (what we expect to see)

- 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, recognising 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.
- Custody officers and staff are alert to the signs that a child may have been a victim of child sexual exploitation, trafficking or grooming for terrorism, know how to report it and do so appropriately.
- 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.

4.7 Children are not held in custody overnight, except as a measure of last resort.

Indicators (what we expect to see)

- 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.

- Female detainees 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. The search is recorded.

Expectations – Governance of health care

4.8 Patients are cared for by competent health care practitioners in a safe, professional and caring manner that respects their decency, privacy and dignity.

Indicators (what we expect to see)

- The requirement for health services for detainees in TACT suites is assessed and the services provided are appropriate to need.
- Clinical governance arrangements are robust and effective, including partnership working between the force and health providers, incident management, information sharing, a confidential health complaints process and processes to improve provision based on lessons learned.
- Patients are seen promptly by competent health staff who receive regular relevant training, supervision and support.
- Patients are treated with dignity, respect and compassion.
- Clinical examinations are conducted confidentially unless risk assessment suggests otherwise.
- Clinical facilities, including rooms where forensic samples are taken, are fit for purpose and meet required infection prevention and control standards.
- Patients are kept safe and are safeguarded from abuse.

Expectations – Patient care

4.9 Detainees are advised they have a right to see a health care practitioner, are able to request to see one at any time for all their needs, and are treated appropriately in a timely manner.

Indicators (what we expect to see)

- All detainees who are held in TACT detention are seen promptly by a health professional including on arrival, daily and prior to release.
- Arrangements to gain and review patient consent are appropriate. When patients lack mental capacity to make a decision, health professionals make 'best interests' decisions in accordance with legislation.
- Interventions are appropriate to the clinical needs of the detainee and are in line with national guidance.
- 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.
- Professional language interpretation and translation services are used as required.
- Health professionals monitor patients for adverse effects on health and well-being linked to prolonged detention, and implement appropriate plans of care to counteract this.
- Each patient has a single clinical record which meets contemporaneous record-keeping and storage standards.
- Information is shared within the bounds of medical confidentiality to promote continuity of care and maintain patient safety.
- Health care professionals liaise with other agencies and services, as necessary, to ensure all health and substance misuse needs are met and that there is continuity of care during detention and on release.

4.10 Patients receive prescribed medication if needed and, subject to validation, detainees are able to continue with previously prescribed medications.

Indicators (what we expect to see)

- Patients are prescribed and receive required medication promptly.
- Detainees who smoke have prompt access to nicotine replacement treatment.

- Medications are administered at clinically appropriate times by competent staff, and appropriate records made.
- All medications (including detainees' own) are stored safely and securely, and are disposed of safely if not consumed. There is safe pharmaceutical stock management and use.
- Patients going to court or being released receive adequate supplies of medication or a community prescription to meet their needs.

Expectations – Mental health

4.11 Patients 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.

Indicators (what we expect to see)

- Custody officers and staff receive regular training on mental health and learning disability issues, to help them identify and support detainees who have related needs.
- All staff involved in the care of detainees, including health professionals, are cognisant of the potential adverse impact of prolonged detention on mental health and well-being and take appropriate action to mitigate this.
- There is a clear mental health referral pathway that ensures prompt assessment, appropriate support and continuity of care during detention and on release.
- Patients who require assessment or treatment under the Mental Health Act are assessed and transferred promptly.

References

In relation to expectations 4.1–4.11: Human rights standards require detainees to be held in safe and sanitary conditions that pay due respect to their dignity and do not adversely affect a detainee's mental or physical well-being. There is a positive obligation to protect detainees from harm, including self-harm, while also giving due weight to the detainee's other rights, such as the right not to be subjected to inhuman or degrading treatment or punishment and the right to privacy and personal autonomy. The duty to protect from harm does not permit unnecessary or disproportionate infringements of other rights. These standards are applied commensurate with the period during which a detainee is held. See ECHR 2, 3, 8; CAT 10, 11, 12, 13, 16; OPCAT 4, 9; ICCPR 6, 9, 10; ICESCR 12; CRPD 3, 4, 13(2); 14, 15, 21; CCLEO 2, 3, 6, 7, 10; BOP 1, 6, 16, 24, 26, 29; BPUFF 1, 4, 5, 6, 18, 19, 20; PME 1; PPMI 1, 2, 20. In relation to children specifically see CRC 3, 6, 37 and HR 17, 18.

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 (PRRA)

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

Indicators (what we expect to see)

- Good quality pre-release risk assessments are completed with the detainee. They are documented and identify any risks and vulnerability identified throughout their period of detention. Action is taken to reduce any identified risks and welfare concerns prior to release. This should include attention to, and support as necessary for, the means by which detainees will return home, particularly where TACT detention has resulted in their displacement a long way from home.
- Appropriate information about risk, vulnerability or safeguarding is communicated confidentially to relevant agencies and support organisations.
- Particular attention is given to safely managing the release of vulnerable detainees.
- Detainees are seen by a health care professional prior to release where possible (release should not be delayed to allow this to take place).
- If there were identified health care concerns during the period of detention every reasonable effort must be made for the detainee to be seen by a health care professional, unless release would be delayed as a direct result. In this case the detainee should be referred to relevant health care professionals.
- 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 are completed with all relevant detail, especially any issues relating to risk or self-harm, and shared with relevant agencies and support organisations.

Expectation – Courts

5.2 Detainees for whom police are seeking a warrant of further detention or who have been charged and refused bail, appear at court promptly, either in person or via video link.

Indicators (what we expect to see)

- Detainees are able to 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 of their individual need. Person escort records are completed clearly and accurately.
- Detainees appearing at court in person and via video link are suitably dressed.
- Detainees who appear at court via video link, who are remanded in custody beyond a period of 14 days from the time of their arrest, are held in police custody for no longer than necessary after the hearing has concluded.

References

In relation to expectations 5.1 and 5.2: Human rights standards require consideration to be given to a detainee's health needs both during detention and prior to release. Consideration must be given to the detainee's need for assistance on release. Furthermore, the right to a fair trial must be protected and nothing done that might interfere with due process. See ECHR 2, 3, 6, 8; ICCPR 9, 10(1), 14; ICESCR 12; CCLEO 2, 6; BOP 1, 6, 13, 36, 37, 38, 39; PPMI principles 1, 2, 20; PME 1.

Glossary of acronyms

BOP	Body of Principles for the Protection of all Persons under any Form of Detention or Imprisonment
BPUFF	Basic Principles on the Use of Force and Firearms by Law Enforcement Officials
BPRL	Basic Principles on the Role of Lawyers
CAT	United Nations Convention against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment
CCLEO	Code of Conduct for Law Enforcement Officials
CERD	Convention on the Elimination of all Forms of Racial Discrimination
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DEDRB	Declaration on the Elimination of all Forms of Intolerance and of Discrimination based on Religion or Belief
DHRIN	Declaration on the Human Rights of Individuals who are not Nationals of the Country in which they live
DRM	Declaration on the Rights of Persons Belonging to National Minorities or Ethnic, Religious and Linguistic Minorities
ECHR	European Convention for the Protection of Human Rights and Fundamental Freedoms
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
HR	United Nations Rules for the Protection of Juveniles Deprived of their Liberty (known as the Havana Rules)
OPCAT	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment
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

PPMI

Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care