



**Border Force**

## **Border Force response to the joint HM Inspectorate of Prisons and HM Inspectorate of Constabulary Report:**

**An inspection visit to Border Force customs custody suites in England and Scotland**

The Home Secretary and The Director of Border Revenue welcome the publication of the first joint HM Inspectorate of Prisons and HM Inspectorate of Constabulary Report on Border Force customs custody suites in England and Wales and are pleased to publish the Border Force response.

<b>RECOMMENDATIONS</b>		<b>ACTIONS PLANNED / IMPLEMENTED</b>
	<b>Strategy</b>	
1.	The Border Force custody policy should be updated as a priority in line with the Association of Chief Police Officers approved Safer Detention and Handling of Persons in police custody (SDHP) 2012 guidance for England and Wales and corresponding guidance in Scotland.	We have started to review our policy in line with the Association of Chief Police Officers approved Safer Detention and Handling of Persons in police custody (SDHP) 2012 guidance for England and Wales and corresponding guidance in Scotland.
2.	The strategic governance of health services in custody should be reviewed to ensure effective outcomes for detainees.	We are working with the National Health Service England Commissioning Board Authority to agree a timeline for the transfer of healthcare commissioning. A NHS Commissioner for Border Force has recently been identified.
3.	SDHP-based custody training should be implemented for all staff who undertake the custody officer and custody assistant roles. Regular custody refresher training should be introduced.	We have begun to review our current training against the SDHP and plan to roll out refresher training for all COs from September. Border Force does not have the ability to contract dedicated custody assistant services in the same way as the police. We are however reviewing the basic training package for frontline officers.
	<b>Treatment and Conditions</b>	
4.	When it is deemed necessary to keep accompanying children with their parents who have been arrested, they should not be left unsupervised and should be held in locations other than in cells with their parents.	We have started to work with social services to develop alternative options and to provide guidance as to what accommodation should be provided for children and/or what equipment is necessary. We agree that accompanying children should not be left unsupervised. We agree that any accompanying children should remain with their parents, only for the minimum amount of time in order for social services to find a placement. We have concerns about splitting children from their parents without the support of social services and feel that in certain circumstances, for example in the cases of very small children and infants, remaining with the parent is the best solution.
5.	Custody suites should be accessible to detainees with disabilities	We are reviewing our custody estate. Where suitable facilities do not exist an alternative custody suite will be used.
6.	The safety implications of the lack of	We will review the implications of this and the viability of any identified alternatives.

	escape hatches in cellular vehicles should be established and, if necessary, vehicles should be adapted to allow a means of egress in the event of fire or collision.	
7.	Care plans for detainees at risk of self-harm should include information from risk assessments to ensure effective management of potential risk factors	We are reviewing the custody record and risk assessment forms
8.	All custody staff should carry anti-ligature knives while on duty in the custody area	Anti-ligature knives are available in the suite. We are investigating what items are used by police, which would be safe for our officers to carry on their person.
9.	Pre-release risk assessments should be thorough and based on an ongoing assessment of detainees' needs while in custody. The custody record should reflect the position on release and any action that needs to be taken.	This policy in the process of being finalised.
10.	Risk management should be proportionate to the individual risk assessment of the detainee	We are reviewing our risk management processes.
11.	Custody staff should have appropriate, up-to-date personal safety training to work in a custody environment	PST training is being rolled out to any custody staff, who have not previously been trained. It is Border Force policy for trained staff to have an annual refresher course.
12.	Detainees should only be handcuffed when it is necessary, justified and proportionate.	This is current Border Force policy.
13.	Glasgow spine suite should be refurbished to the required standard to hold detainees safely.	A new suite is being built and will be completed in October 2014
14.	All sites should receive daily and weekly checks for safety and any necessary repairs, recorded systematically and regularly checked	A central coordination process has been implemented to record and monitor all maintenance and improvements work. All sites complete these checks but we are developing a Border Force form for this purpose.
15.	There should be facilities for outdoor	We are reviewing all of our custody estate to consider what major structural changes of this kind are

	exercise	feasible within current budgets.
	<b>Individual Rights</b>	
16.	Court-video links should be available in all custody spine suites to reduce the incidence of detainees suspected of ingesting drugs being conveyed to courts	Border Force would like to implement this as soon as possible. We are reliant on local magistrates' courts agreeing and having the suitable facilities and have started this process of engagement.
17.	Border Force should have the power to charge and bail suspects.	We will review existing legislation to test whether the powers already exist and, if not, make a proposition for new legislation.
18.	Appropriate adults should be available out of hours to support juveniles aged 17 and under and vulnerable adults in custody.	An instruction to staff has been issued as a result of the recent Judicial Review. Border Force will be following the advice to ACPO forces until such a time as legislation is amended.
19.	The complaints procedure should be simplified and staff should be aware of it; detainees should be given the opportunity to make a complaint while in custody	Detainees are currently able to make a complaint to the custody officer or manager. We are reviewing the current process within custody to identify how this could be simplified and made clearer.
	<b>Healthcare</b>	
20.	All health service contracts should include performance measures and robust monitoring arrangements	Existing contracts are to be reviewed with advice from the NHS. New contracts will include standards required to be met and monitoring schemes.
21.	All Border Force staff should receive adequate first aid training to meet the needs of detainees, and appropriate resuscitation and first aid equipment should be available	A doctor has been contracted to design and develop a medical training package which includes a higher level of First Aid training. He will advise what equipment is necessary when the module is complete.
22.	Detainees should be able to see a health professional at any time and should be treated appropriately.	We have reviewed our existing medical contracts and are replacing those deemed inadequate. We will be working with our new NHS Commissioner to ensure that this is in place.
23.	Detainees who are seen by a health professional should have a clinical record which includes an assessment and care plan conforming to professional guidance from regulatory bodies and in line with Caldicott	Now that a NHS Commissioner has been identified we will be working with them to develop this guidance.

	guidance.	
24.	All medications should be stored securely according to relevant legislation. There should be safe pharmaceutical stock management and safe prescribing, and medications should only be administered by staff competent to do so.	As above
25.	A substance misuse service should be provided for detainees.	As above
26.	There should be a liaison or diversion scheme for detainees with mental health conditions	As above