

LEARNING THE LESSONS

IOPC Independent
Office for
Police Conduct

Improving policing policy and practice



USE OF FORCE

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WELCOME



Proportionate responses - a focus on use of force

Frontline policing sometimes means attending volatile or violent incidents where use of force can become necessary. Any use of force, however, must be reasonable, proportionate and necessary and only used where attempts to de-escalate an incident have failed or are not appropriate. Split second decisions can have profound and lasting impacts on everyone involved, and when force is used excessively it can seriously undermine confidence in policing.

The IOPC investigates and reviews cases where there are concerns about use of force by officers. This edition of *Learning the Lessons* brings together findings and experiences from a range of perspectives to help inform future policy and practice around this subject.

We begin with a less commonly heard viewpoint: those who have experienced police use of force. Their reflections offer valuable insight into how force is perceived by those subjected to it, as well as how factors such as mental health can shape a person's responses and influence officers' assessments of compliance.

As policing continues to develop its understanding of the needs of neurodivergent people, we look at how communication with autistic individuals can be improved. The importance of recognising and acting on simple adaptations—such as the use of alert cards—is highlighted as a way to prevent unnecessary escalation and reduce the likelihood of the need for force.

Where situations do escalate, it is important that any force used is proportionate and that safety is central to any decision-making. This issue includes consideration of practices around handcuffing, restraint around the neck, and Taser deployment.

We also examine how robust data and meaningful community scrutiny can inform learning. The UK National Preventive Mechanism outlines how to make best use of its Reporting Dashboard, while examples from local oversight bodies show the value of genuine community engagement and independent challenge.

This edition also includes ten case studies drawn from real incidents investigated or reviewed by the IOPC. They provide an opportunity to reflect and consider a key question: what would you have done in these situations? Each case includes the outcome, any recommendations, and what forces have done to prevent similar issues recurring.

I hope this edition provides useful insights that support ongoing conversations and learning around the use of force.

Rachel Watson
Director General, IOPC

Content warning



This magazine contains descriptions of incidents involving issues such as death and serious injury, mental ill health, physical restraint, firearms, Taser, and alcohol and drugs.

Reading this content can have a triggering impact. You can call Samaritans for free on 116 123 or visit www.samaritans.org if you would like support.

See [page 49](#) for organisations you can contact if you are affected by any of the issues in this publication.

Key to case topics

Custody and detention

Firearms

Mental health

Neighbourhood policing

Operations

Personal safety

Professional standards

Public protection

Taser

Guidance

CONTENTS

CASE STUDIES

Introducing our case studies	7
1 Restraint of a man displaying symptoms of Acute Behavioural Disturbance	8
2 Officer dismissed for using force to take a detainee's fingerprints	12
3 Failure in duty of care for intoxicated man left at the roadside	16
4 Man resists arrest despite use of incapacitant spray and Taser	20
5 Unintentional discharge of a police firearm	24
6 Use of force on a man at a mental health incident	28
7 Use of restraint and incapacitant spray involving a wheelchair user	32
8 Restraint and use of a spit guard on a girl	36
9 Incapacitant spray used on a person at height	42
10 Girl restrained by the throat	46

ARTICLES

Learning from the views of those who have experienced police use of force	4
Using the UK NPM's Reporting Dashboard to support good practice	10
Strengthening scrutiny through data: Bedfordshire's evolving use of force panel	15
Insights and reflections from a subject matter expert	18
Supporting the introduction of the new Taser 10	22
Culture, myths, and missed potential: who belongs in firearms and tactical policing?	26
Understanding officer decision-making in handcuffing: learning from frontline experience	30
Communicating with neurodivergent people	34
A local voice at the heart of community scrutiny	39
The impact of tactical cycle officers in public order policing	40
The risks of restraint around the neck	44

OTHER CONTENT

Support and information	49
Your feedback on issue 46 (frontline policing)	50
Embedding learning from issue 46 across Staffordshire Police	51

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University
of Exeter

Learning from the views of those who have experienced police use of force

Abi Dymond and **Tom Rice** discuss their recent work, together with David Lindsay, listening to the experiences of this 'hard-to-reach' group on use of force.

Research on use of force is often based on quantitative data and police accounts. We instead embarked on a project listening to the views and experiences of those on the receiving end of police force, specifically formerly imprisoned people. Such perspectives are valuable and can help produce a fuller picture of use of force, its impacts and consequences.

We conducted interviews with nine participants who were recruited through a researcher linked to an arts project run in prisons. The participants continued to engage with the project after their release. We sought to understand their accounts of use of force incidents in which they were involved, any after-effects they experienced, their views on the police and how these may have changed, and suggestions for improvement. As with many interviews, the resulting data should be understood as views expressed to researchers, not as 'objective' descriptions.

Findings

While the views of this group towards the police might be expected to be negative, all but one participant gave some positive views of the police in general. With regard to the use of force specifically, some participants described interactions where they felt the police had used force appropriately. Other participants talked about incidents where officers were seen as aggressive. Although describing force that was not appropriate, participants deemed it understandable and offered explanations for officers' behaviours.

Yet, at the same time, participants also raised concerns over excessive force, police neutrality and handling of mental health crises. Several participants highlighted issues around the use of handcuffs which challenged the distinction between 'compliant' and 'non-compliant' handcuffing (as discussed by Avon and Somerset Police elsewhere in this issue). Participants raised concerns about inherent power differentials between officers and members of the public. This was exacerbated by the shock of the incident, as well as the type of handcuff, the method, tightness and length of application, and the use of other force and treatment while restrained.

For some, lack of trust was more damaging than the use of force itself. For a third of the participants, their perception that officers lied during the incident was given prominence in interviews and was sometimes explicitly stated as being of more significance than the force that was used. For example, one participant stated that officers told them that their parents were picking them up, but instead they were placed in a police van. The participant said their biggest problem was people lying to try and calm them down.

All but two of the participants spoke about the long-lasting negative impact of their experiences. However, where encounters with the police were procedurally just, this could counteract prior bad experiences.

Implications for policy and practice

Participants offered a range of suggestions for the police but shared a common call for greater empathy,

“ Several participants highlighted issues around the use of handcuffs which challenged the distinction between 'compliant' and 'non-compliant' handcuffing ”





respect, and de-escalation in their encounters. This included considering mental health as an explanation for behaviours and acting accordingly and with compassion. This can be reinforced through police training in general, and in particular through Taser training, as Taser is often used in incidents involving mental health.

Participants also felt there were some situations in which police should not be involved at all, either because police intervention was unnecessary and/or because the situation would, ideally, be better handled by those with more specialist mental health training.

Our findings challenge the distinction between compliant and non-compliant handcuffing. They highlight the need to revisit local and national policies (such as the College of Policing's Authorised Professional Practice) and training to ensure, among other measures, that:

- handcuffs are not applied as standard, but only where strictly necessary and justifiable
- clear definitions of, and guidance on, compliant and non-compliant handcuffing is provided (see [the work undertaken by Avon and Somerset Police](#) elsewhere in this issue)

- as long as compliant handcuffing continues — and the concerns above indicate a presumption against its use — it is documented in use of force reporting. Guidance should make clear though that the requirement to document does not legitimise this practice.

This work helps demonstrate the value of listening to those subjected to force. It can be tempting to dismiss such accounts, but we found that where force was seen as justified, those on whom it was used understood it. When people do therefore express concerns, these should be taken seriously. By listening to these voices and acting on their insights we can improve police practice for the better. ■

You can find out more information about this research at: academic.oup.com/policing/article/doi/10.1093/police/paaf064/8425590

Abi Dymond is Associate Professor in Criminology and **Tom Rice** is Associate Professor in Anthropology at the University of Exeter's Department of Social and Political Sciences, Philosophy, and Anthropology



Our case studies: an overview



The IOPC oversees the police complaints system, reviewing police complaint handling and investigating the most serious and sensitive matters involving the police. We also share learning from our work to improve police policy and practice, to improve trust and confidence in policing.

Between 1 April 2024 to 31 March 2025, there were over 812,000 use of force reports recorded. While the number of complaint allegations about use of force was comparatively lower (8,826 allegations in the same period, representing 5% of total allegations), this area of policing has the potential to significantly impact on public confidence, which informed our focus for this issue of Learning the Lessons.

The ten case studies included in this magazine are based on real investigations and reviews the IOPC has completed. We have carefully selected these cases because they highlight key themes we see in our work, and because of the opportunities they represent to spark discussion and reflective thinking.

Many of the case studies demonstrate the range of situations that officers can encounter, with these incidents often involving vulnerable individuals. We share these case studies and ask readers to reflect on existing training and guidance around communication and de-escalation, so that force is only used where necessary and reasonable.

Other case studies explore themes that might be seen in use of force, such as the importance of risk assessment and decision-making. These case studies are designed so that you can consider your own knowledge and confidence to help increase your understanding of these issues and support your development.

“ This area of policing has the potential to significantly impact on public confidence ”

While this issue discusses more recent IOPC cases, previous issues of the magazine—covering areas such as **custody**, **mental health**, **young people** and **frontline policing**—contain case studies that are still relevant to use of force. We encourage you to continue to think about the learning raised in these issues to identify opportunities to improve policy and practice.

All our case studies include reflective questions, designed to unpack key learning. We ask you to consider your own answers to these questions and encourage your team to do the same. By doing this, you can help identify opportunities to improve how you and your colleagues might approach future incidents so that everyone can have trust and confidence in policing.

To read previous issues of the Learning the Lessons magazine, please visit: www.policeconduct.gov.uk/our-work/learning/learning-the-lessons ■

David Lee is the Learning and Improvement Lead at the IOPC.



CASE STUDY 1



Restraint of a man displaying symptoms of Acute Behavioural Disturbance

This case was independently investigated by the IOPC.

A woman called 999 reporting that her son was breaking everything, and he needed help.

PCs A and B arrived at the house. The man had barricaded himself in a small room upstairs and the police were unable to gain access. The parents of the man were distressed and concerned that he may jump out of a window. Officers requested an ambulance and additional police support. Eight more officers attended.

PC B repeatedly pushed the door, eventually forcing it halfway open, and officers were able to enter. PC B found the man laying on the floor, “thrashing around” and shouting. His speech was rapid and incoherent. Due to the man’s large build, the layout of the house, and the lack of suitable equipment, officers were unable to safely move him.

The officers attempted to calm the man but he continued kicking and screaming. PC B briefly held the man’s ankle, but he kicked out and knocked PC B off balance.

PCs C and D decided to handcuff the man’s hands behind his back. PC D instructed PC C to turn the man onto his side and highlighted the need to be “aware of positional asphyxiation.” PCs E and B applied restraints around the man’s ankles and knees to prevent injury to himself and others. Officers informed the control room that the man had been restrained and may be “under the influence of something”.

PC D monitored the man’s condition, ensuring his airway was clear and adjusting his position as needed.

The man’s father asked PC A to speak with the man’s mother, who was crying, believing she could calm her down. PC A said she didn’t think the mother would understand because her first language wasn’t English. The father reassured her his wife would understand and repeated his request.

Body-worn video footage captured a conversation between PC E and PC H. PC E remarked that he suspected the man was experiencing **Acute Behavioural Disturbance** (ABD).

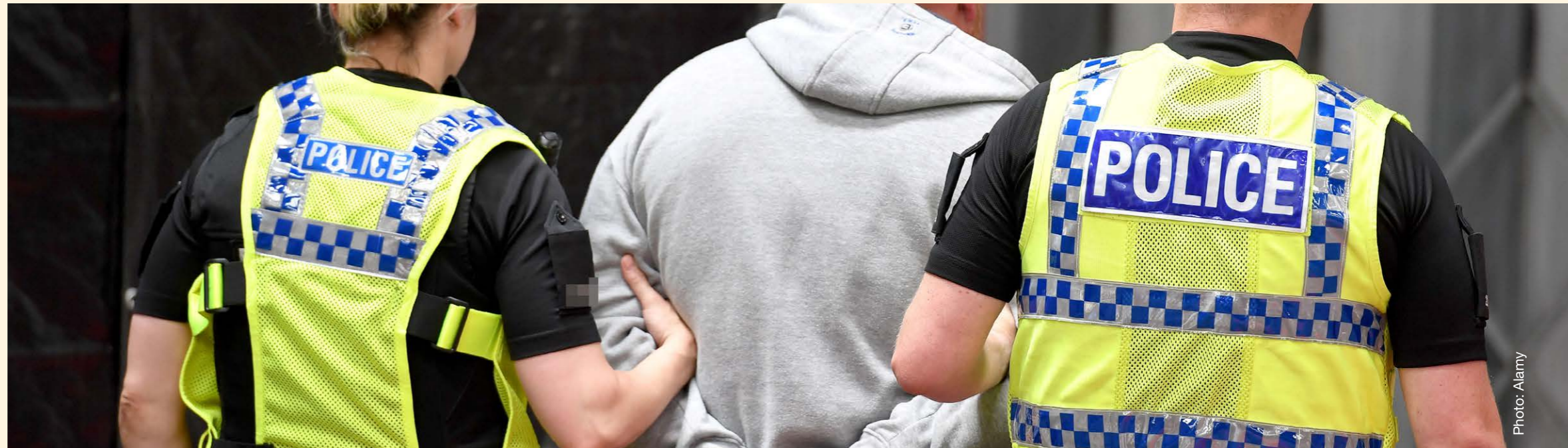


Photo: Alamy

“ Four of the officers said they did not know what a safety officer was ”

PC H agreed, referencing the man’s breathing. However, there is no evidence that they communicated this to the ambulance service.

At the time of the incident, the ambulance service did not have a protocol for responding to police calls involving suspected ABD. Even if the officers had shared their concerns, it may not have influenced how the call was prioritised.

Officers saw that the man’s breathing was rapid and shallow, and a pulse oximeter confirmed very low oxygen levels. Officers continued to monitor the need for restraints.

Authorised Professional Practice says when a person is restrained in a prone position, a safety officer should be appointed to monitor the person’s condition, particularly their airway and breathing. Although the officers present watched the man closely, no one officially took on this role. When asked about this in interview, four of the officers said they did not know what a safety officer was.

When the man calmed down, PC D removed the handcuffs to improve his comfort and allow better monitoring of his vital signs. The leg restraints remained in place.

PC G provided regular updates to the ambulance service and control room, reporting that the man’s condition fluctuated. The man went from “boiling

hot” to “ice cold” sweating profusely and becoming unresponsive. His breathing remained shallow, and fluid appeared to be obstructing his airway.

The officers kept the man on his side to prevent asphyxiation and covered him with a blanket when his temperature dropped. They repeatedly urged the ambulance to arrive sooner.

The ambulance arrived one hour after the initial call. The man’s condition worsened on the way to hospital, and he went into cardiac arrest. Three officers assisted paramedics with CPR, but the man later died. ■

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- What guidance or training do you provide to reinforce that intoxication does not rule out ABD, and that both must be considered during risk assessments?
- What protocols do you have in place with ambulance services to ensure effective management of ABD related calls?
- Does current training give officers sufficient practical guidance on recognising when to change or stop a restraint to reduce the risk of harm?
- How do you ensure officers are encouraged and supported to speak up if they spot a risk to a person’s wellbeing during a restraint?
- What training do you provide to make sure officers understand the purpose of a safety officer and when one should be used?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- Are you clear about when a safety officer should be used and what their responsibilities are?
- When you restrain someone of a large build, how do you assess whether handcuffing them to the rear might restrict their breathing? What steps could you take to reduce this risk? For example, using two handcuffs linked together or adjusting the person’s position.

LEARNING RECOMMENDATIONS AND ACTION TAKEN

- The National Police Chief’s Council issued an online training package on ABD. It was incorporated into the Public and Personal Safety Training Programme and First Aid Training.

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

PC A was referred to the Reflective Practice Review Process after their conduct fell short of the standards expected under the Code of Ethics and was assessed as requiring improvement. The concerns related to the officer’s communication with the family at the scene.



Using the UK NPM's Reporting Dashboard to support good practice

Sherry Ralph and **Sarah Rennie** introduce the UK NPM's Reporting Dashboard and explain how police forces can use it to identify learning and improve practice in relation to use of force.

The UK National Preventive Mechanism (UK NPM) brings together 21 independent organisations that monitor a range of settings where people are deprived of their liberty, including police custody. The UK NPM was established in 2009 to prevent torture and ill treatment, and to strengthen the protection of people in detention through independent monitoring.

Two UK NPM bodies play a particularly important role in relation to monitoring police custody in England and Wales. HMICFRS conducts unannounced inspections of police forces, while Independent Custody Visitors Association (ICVA) volunteers regularly visit police custody establishments.

UK NPM bodies collectively publish hundreds of reports and thousands of recommendations every year to improve treatment and conditions in places of detention. Until recently, this information was spread across separate reports and websites, making it hard to spot common themes, identify improvements, or recognise good practice. To address this, the UK NPM created the Reporting Dashboard, which brings all UK NPM findings since 2020 into one space.

The Reporting Dashboard currently holds over 19,000 recommendations and 5,000 examples of good practice. It includes:

- **recommendations**, which can be easily filtered by nation, detention setting, populations, or thematic tags to identify relevant learning in an area – for example, 'use of force on children in England'

- **dashboards**, which can be created to visualise data through interactive charts and maps. This enables users to examine trends over time and view recommendations by geographical location
- **reports**, which can be filtered by organisation, detention setting, or publication date to identify individual reports and recommendations

The recommendations page in particular can help users discover recurring issues, which in many cases are reported across multiple years and by multiple UK NPM bodies. Looking at key themes in police custody in 2025, the Reporting Dashboard shows that recommendations were most commonly made about staffing levels, data recording and detainee access to information.

In 2025, there were nine recommendations published in UK NPM reports relating to use of force in police custody in England and Wales. These recommendations focused mainly on the need for clearer and more consistent recording and oversight of use of force in custody. Several recommendations highlighted gaps in documenting incidents, including when force is used inside cells or as part of strip search procedures. They also emphasised the importance

of custody officers recording key details, such as the application and removal of restraints, the justification for any removal of clothing, and whether officers involved in an incident have completed use of force forms. A further theme from the recommendations concerned the use of handcuffs and other restraints, including the length of time detainees are kept restrained. Collectively, these recommendations point to a need for stronger governance arrangements to ensure that all uses of force are properly justified, recorded and monitored.

The recommendation page also contains a collection of good practice examples, which offers opportunities for cross-sector learning, as practices shown to be effective in one detention setting can often be adapted to strengthen practice in another.

The following examples from the Reporting Dashboard illustrate good practice in use of force across different detention settings.

Robust data systems

Effective governance of use of force data is essential to ensure accountability, organisational learning and

safer practice. Embedding this into police oversight arrangements can drive continuous improvement.

- HMP Whitemoor and HMP Littlehey complete regular detailed reviews of use of force incidents to identify trends and capture any training needs
- in the secure children's estate, better data governance, such as an incident-tracking system at Clayfields House Secure Unit, has improved monitoring of restrictive practices

Staff development and reflective practices

Staffing and staff training are crucial issues across different settings, with 380 recommendations made on staffing across UK NPM reports last year.

- a pilot training programme on managing neurodivergent detainees was delivered at HMP Brixton. The training programme covered understanding neurodivergent needs and de-escalation techniques
- Rossie Secure Accommodation Services in Scotland has reduced its use of force incidents through in-depth analysis, reflection from incidents and regular staff training

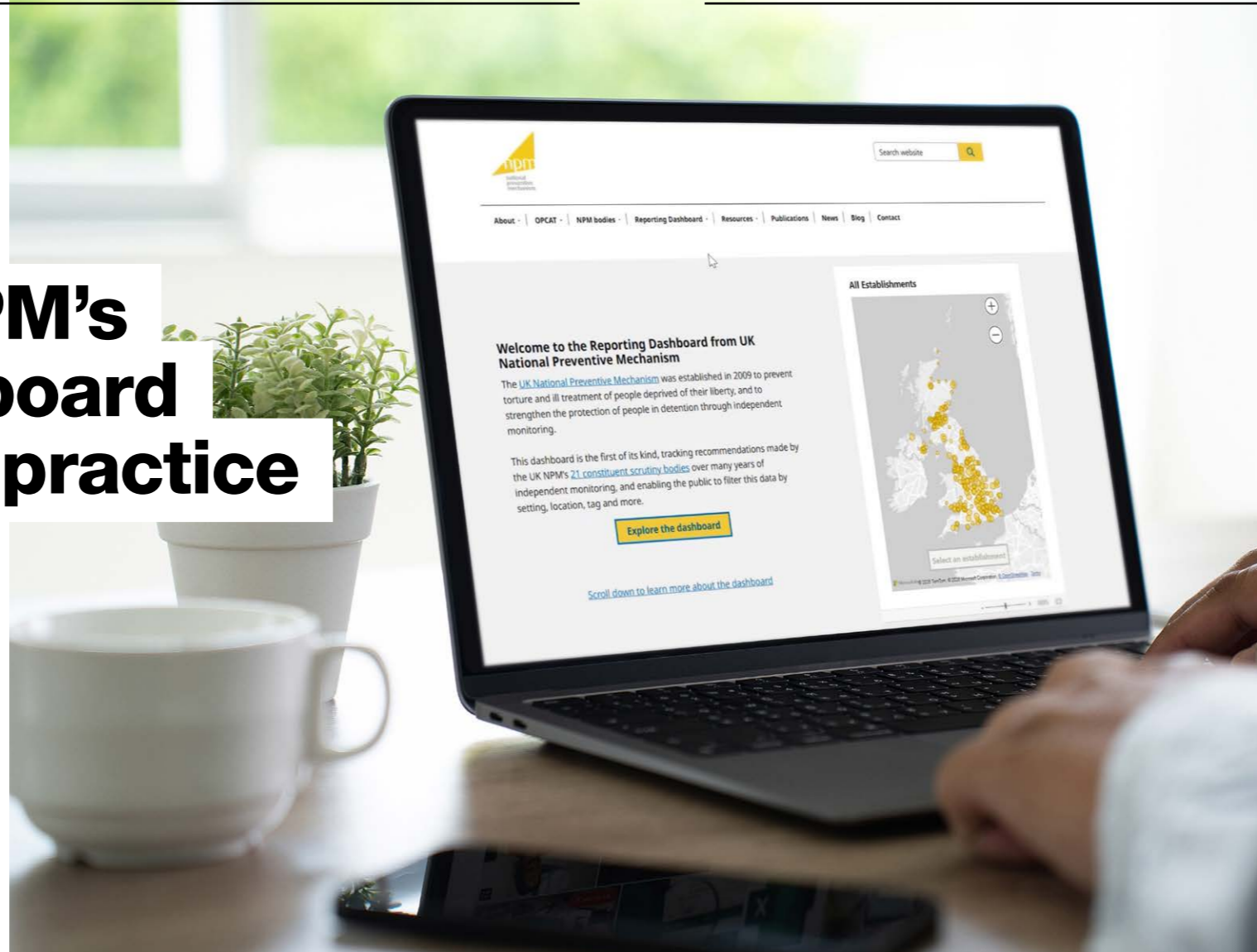
Person-centred approaches

Person-centred approaches are proven to underpin reductions in use of force. Many establishments where good practice is found prioritise relationships, communication and post-incident reflection to prevent future escalation and improve outcomes.

- staff at Broadmoor hospital work to manage risks by thinking holistically, providing a service that meets people's needs and is safe and supported
- across secure children's homes in England, staff promote mediation and reflection after incidents, which helps to ensure they understand the reasons behind children's actions

The Reporting Dashboard can support police forces to explore opportunities to enhance and strengthen their practices, and improve the safety and treatment of members of the public. Visit the UK NPM's website to explore the [Reporting Dashboard](#) and watch [a short video](#) explaining how it works. ■

Sherry Ralph is Chair of the UK NPM. She is also Chief Executive Officer at ICVA. **Sarah Rennie** is a Research and Engagement Officer at the UK NPM.



CASE STUDY 2



Officer dismissed for using force to take a detainee's fingerprints

This case was independently investigated by the IOPC.

A man was involved in a minor road traffic collision. A breathalyser test showed he was over the legal drink drive limit so officers transported him to custody.

PS A authorised the detention of the man, who refused to provide his personal details without legal advice. PS A noted the man was intoxicated and not fit for interview. He also required an interpreter, which was provided over the phone.

The man was escorted by PS B and Special Police Constable (SPC) C to a room containing an evidential breath test machine and a fingerprinting device.

Detention Officer (DO) D told the IOPC that PS B asked him to fingerprint the man, as he believed he was lying about his identity.

DO D said they used an interpreter, but the man didn't answer their questions properly, kept changing his stance, and was aggressive. SPC C spoke with the man following the five-step appeal. Although he responded in English, it was clear it was not his first language.

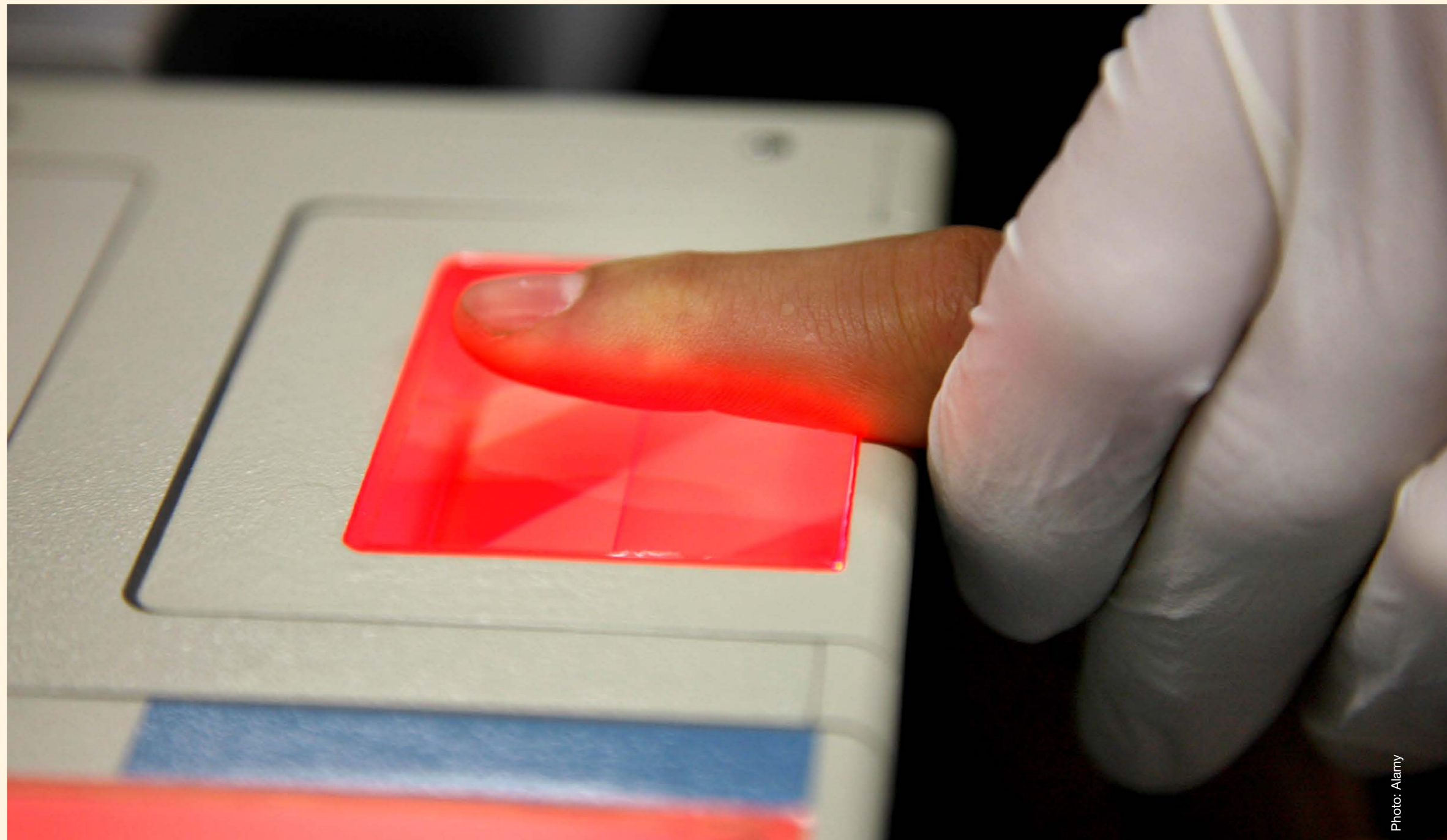
G College of Policing Authorised Professional Practice on Conflict Management Skills: five-step appeal (Personal safety manual)

This model provides officers and staff with a way of dealing with resistance and involves giving the person every chance to comply with their requests.

1. Simple appeal – ask the person to comply with your request.
2. Reasoned appeal – explain why the request has been made, what law (if any) has been broken, and what has caused the request.
3. Personal appeal – remind the person that they may be jeopardising things that are high priorities to them.
4. Final appeal – tell the person what is required and use a phrase that means the same as the following: “Is there anything I can reasonably do to make you cooperate with me/us?”
5. Action – reasonable force may be the only option left in the case of continued resistance.

More information

www.college.police.uk/guidance/conflict-management/conflict-management-skills



“ CCTV footage showed PS B putting on black gloves over his latex gloves. All other officers were wearing standard latex gloves. ”

PC E left the room and approached PS A to request authority to use force to obtain the man's fingerprints. PS A was unsure about the procedure and checked with an inspector to confirm whether their authority was required; he was informed that it was not.

CCTV footage showed PS B putting on black gloves over his latex gloves. All other officers were wearing standard latex gloves. The black gloves had reinforced knuckles and had been issued to him when he served

as a firearms officer. The IOPC asked why PS B chose to wear these gloves and whether he anticipated needing to use force on the man. PS B declined to answer.

Footage showed the man continued to refuse to provide his fingerprints and argued with officers. SPC C continued to negotiate with him calmly.

PS B re-entered the room and asked whether the man was complying. Officers confirmed that he was

not. DO D asked if they could take the fingerprints by force, and PS B authorised it. The man became physically resistant, clenching his hands and refused to open them.

CCTV captured PS B crossing the room, pointing at the fingerprint scanner and saying, "... put your fu***ng hand on there or I'll slap the fu***ng shit out of you..." PS B then struck the back of the man's head.

Footage showed PS B placing his left hand on the man's neck, then moving his right hand to the right side of the man's neck and appearing to press his thumb behind the man's jaw. At this point, four officers were attempting to force the man's hand open. PS B then took hold of the man's left arm and appeared to twist it upwards behind his back.

The man started to lower his body while his arms were held up, and PS B told him to "fu***ng stop resisting."

CCTV footage showed PS B raising his arm with a clenched fist and bringing it down quickly in a punching motion. The punch contacted PC E's thumb, which was positioned on the man's ear, pressing against a pressure point.

Officers then attempted to pull the man upright, and he raised his knee, which hit SPC C's groin. Officers took the man to the floor and PC E arrested him on suspicion of assaulting a police officer. Officers restrained the man. PS B withdrew his baton and used it; footage and evidence from the healthcare practitioner indicate at least one strike, with marks on the side of the man's back consistent with baton use.

PS B then used his baton as a lever to extract the man's arm from under his body. The man said PS B would break his arm to which PS B replied, "yeah, I fu***ng will."

PS B held the man's head to the floor with his left hand and used his right hand to deploy incapacitant spray at very close range, estimated to be between 10 and 22 centimetres. This was significantly closer than the Personal Safety Manual guidance of 1 to 3.5 metres. PS B gave no warning before using the spray and said, "...Let that marinate for a minute."

The man released his arms and was handcuffed. He was held up by officers and had his fingerprints taken. PS A and PC F checked on his breathing.

After returning the man to his cell, PS B continued to make derogatory remarks. He was heard saying, "I don't know if that's a fu***ng pastime... wherever this gentleman's from," and commented that he just wanted to see what the man would do when force was used against him.

No charges were brought against the man for assaulting a police officer. ■

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- What mechanisms are in place to make sure custody staff understand the correct procedures to follow when taking fingerprints?
- Does your force require custody staff to consult with an inspector when considering whether to use force to take fingerprints?
- How does training help officers understand when force is necessary to take fingerprints? What advice is given to officers about alternative strategies that could achieve the same outcome without resorting to force?
- How does your force scrutinise incidents where force is used in custody?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- What factors would influence your decision to continue to engage with an uncooperative person, or move them to a cell?
- When there is a language barrier, how do you ensure effective two-way communication and understanding?

LEARNING RECOMMENDATIONS AND ACTION TAKEN BY THE FORCE

- The IOPC recommended that the force provide translation services and facilitate access to legal advice for non-English speakers at the earliest opportunity when in custody.

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

The IOPC referred the case to the CPS, which authorised charges against PS B for racially aggravated assault by beating and assault by beating. The court later found the officer not guilty of both charges.

PS B attended a gross misconduct hearing. The panel dismissed him without notice for his use of force and discriminatory language.



Strengthening scrutiny through data: Bedfordshire's evolving use of force panel

Tarushi De Cruze explores how data is helping shape community scrutiny of use of force.

The Bedfordshire Community Scrutiny Panel is made up of 35 members from a wide range of backgrounds and age groups. It reviews data, outcomes and body-worn video (BWV) from stop and search (S&S), use of force (UoF), and vehicle stops under section 163 of the *Road Traffic Act 1988*.

A review of the Panel's processes highlighted an opportunity to strengthen the use of data in selecting BWV for scrutiny. In response, a Data Panel was introduced to provide a clearer, evidence-based approach to scrutiny, increasing transparency and opportunities for learning.

Bedfordshire Police representatives attend Data Panel meetings and present information on S&S and UoF covering the previous three months. This can include data on the number of incidents, reasons force was used, demographic breakdowns, the types of tactics used, incident locations, and officers with the highest levels of force. This helps members see patterns and emerging trends, which supports focused, evidence-based scrutiny. The Panel enables members to review incidents in context, to better understand operational challenges and identify areas for organisational learning.

Each quarterly scrutiny cycle has three stages. Panel members first review the data and identify key themes for further exploration. These themes inform the selection of BWV for examination within three Sub Panels, which examine S&S, UoF and vehicle stops. Finally, all Panel members meet with police leadership to discuss any incidents of concern. During this stage, the Panel provides reflections and recommendations to Bedfordshire Police, who then respond to the Panel's questions and feedback.

Recent areas of focus include:

- **disproportionality involving minority groups:** Incidents are reviewed where data suggests overrepresentation, assessing proportionality, consistency and any signs of potential bias
- **location-based trends:** Repeated hotspots are examined to understand local context, operational pressures and whether specific policing practices may be contributing to repeated incidents
- **rises in specific types of force:** Sudden increases in tactics such as Taser use or non-compliant handcuffing are examined to determine whether officers employed appropriate de-escalation before resorting to force
- **teams or officers with higher UoF levels:** BWV from teams or individuals with elevated UoF reports are reviewed to ensure actions are proportionate and to identify any potential cultural or compliance issues

The Panel continues to evolve, strengthening transparency, accountability and reflective practice across Bedfordshire Police. We encourage other forces to develop data-led panels, to support consistency and evidence-based decisions. This approach increases public confidence and a culture of continuous improvement. ■

Tarushi De Cruze is a Compliance Officer at Bedfordshire's OPCC. She holds the portfolio for the community stop and search and use of force scrutiny panels.



CASE STUDY 3



Failure in duty of care for intoxicated man left at the roadside

This complaint was locally investigated by the force. Following the outcome of the force's investigation, the complainant exercised their right of review to the IOPC.

In the early hours of the morning, PC A and student officer PC B, arrived at the city centre.

A man had been removed from a nightclub. PC B told him several times to leave the area, but he refused. PCs A and B escorted him away, but he kept returning.

The officers took the man to a police car to remove him from the area. The man was intoxicated and PC A handcuffed him as he was concerned for the man's safety.

The man was not under arrest and asked to be dropped near his home.

The man complained that the handcuffs were hurting him. Both officers said they would remove them later. The man repeated his concerns, and PC A replied that it would teach him not to be a "pr**k."

PC A pulled into a junction and told the man this was as far as they would take him. The man refused to get out, as he was concerned for his safety.

PC B told the man to bring his legs out of the car, or she would pull him out. The man repeated his concerns.

PC A physically dragged the man from the car onto the ground and removed the handcuffs. PC A said the police were not a taxi service and this was his chance to go home.

The man tried to get back into the car. PC A pushed him against a shop wall and told him to "p**s off" and go away. PC A kept pushing him away, but the man kept coming back.

PC A pulled the man's arm and turned him away from the car, which caused him to fall. As he stood up, PC A pushed him again, making him fall a second time. The man stood up and PC A walked him to the pavement.

PC A then used a leg sweep twice, and on the second attempt, took the man to the ground. PC A told him to leave them alone or he would be arrested for assaulting a police officer. PC B told the man to stay on the ground and pushed him. The man shouted for the officers to arrest him.

The officers returned to the car and tried to drive off but couldn't because the man stood in front of the car. They got out, and PC B suggested arresting him for being drunk and disorderly.



“ Over PC B's shoulder, and without warning, PC A sprayed the man in the face with incapacitant spray ”

The man turned his back to the officers, put his hands behind him and asked them to arrest him. PC A drew his Taser, aimed it at the man, and arced it, causing a spark. PC A told the man to move away and said, "this is 50,000 volts mate if I have to use it I'll use it" but did not fire the Taser. The man stood still with his hands in the air.

PC B went up to the man, who had moved his hands onto his head, and pulled him across the road onto the pavement, warning that if he carried on, he would be arrested for being drunk and disorderly.

In interview, PC A was asked why he didn't arrest the man. He explained that he didn't want to give him a record.

PC A mentioned in his statement that they were 11 hours into a 12-hour shift. In interview, PC A was asked whether he was annoyed with the man because he would have to work late. PC A denied this was a factor.

PC B held the man's wrist and told him to sit on the ground. The man did not act aggressively. Over PC B's shoulder, and without warning, PC A sprayed the man in the face with incapacitant spray.

In interview, PC A was asked what offence he was trying to prevent by using force. He suggested "drunk and disorderly." He also suggested that the man could have possibly obstructed the highway or assaulted an officer.

The man fell to the ground on his side and asked

what they had done. PC A pulled the man up by his waistband and sat him up against a wall. As they left, the man asked if they were leaving him there, and PC A replied, "absolutely".

The man returned to the car and officers took his details and told him the effects of the incapacitant spray would wear off. They offered him a lift home, but the man declined. Officers left the scene less than ten minutes after the man had been sprayed. ■

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- What does your force's guidance say about transporting a person in a police car when they are not under arrest?
- How does training reinforce to officers that any use of force must be a proportionate response to an identified risk or threat, and should not be used to simply gain compliance?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- How would you have chosen to manage this incident? What other options would you have considered before resorting to using force?
- How do you ensure your communication remains professional when dealing with intoxicated individuals?
- After using incapacitant spray, what aftercare do you provide? How soon do you leave the effected individual?

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

Both PCs attended gross misconduct hearings. PC A received a final written warning, remaining on file for two years. The panel found PC B's conduct fell short of the standards of professional behaviour but did not find this amounted to misconduct as PC B was new in service and being tutored by PC A.

Insights and reflections from a subject matter expert

We spoke with **Graeme Turnbull** to find out more about his important work as a Taser subject matter expert.

How did you become a subject matter expert (SME)?

As the Chief Taser Instructor for Northumbria Police and member of the National Practitioner Working Group for Taser, I was invited to complete the Taser SME course. This provided a foundation around knowledge, processes and experience of expert cross-examination. Upon completion, I became part of a national framework of SMEs.

The course was developed through an NPCC led collaboration involving the IOPC, College of Policing, National Police Federation and the Crown Prosecution Service. Its creation responded to the clear need to provide trusted, contemporary expertise for investigations involving Taser. The course also ensures that courts and tribunals can draw on authoritative expertise in cases of significant public interest. We now have 120 accredited Taser SMEs operating across all police forces in England and Wales.

What is the role of an SME?

My role is to provide guidance and support for investigations, court proceedings and coronial processes. This may include the preparation of a report or statement and may require attendance at court or at a hearing.

For example, an IOPC investigation might need the assistance of an SME to:

- identify and provide context around applicable training, use of force principles, Authorised Professional Practice (APP) and legislation
- provide analysis and opinion on compliance with relevant training and practice

What is the biggest misconception about your role?

The biggest misconception is that we will provide a definitive response regarding whether the use of Taser or use of force was justified in the circumstances.

If you undertake the role of an SME for an investigation, how do you assess a case?

I would review and agree the terms of reference (TOR) provided by the requesting body or organisation. The TOR is vital in clearly setting out the specific issues that the SME will consider. I would then assess the relevant information and material provided by the requesting organisation. This would include, but not be limited to, statements, reports, training records, body-worn video (BWV), CCTV and Taser download evidence.

It is common practice for detailed notes to be made before

“ My role is to provide guidance and support for investigations, court proceedings and coronial processes ”

any report is authored, and reports may have several versions before a final draft is signed off. As with most investigative processes, all relevant material used for the completion of the report would be retained and potentially disclosed as unused material.

It is also important to factor in regular breaks away from report building as it can become an addictive process. It is also a very solitary process, and I have found the use of other SMEs helpful in assisting with version control, quality assurance and clarity of purpose.

Assessing prospective timelines for the completion of any report or statement is an important element of the initial assessment. There needs to be a realistic expectation from all parties about when the report or statement will be completed.

What is covered in your SME statement or report?

This very much depends on the nature of the incident and request made. For example, a formal report or statement for the IOPC would consist of several sections, including a professional introduction setting out the SME's experience and qualifications, a summary of the incident, and the TOR.

The main body of the report or statement is constructed around answering the questions and/or issues raised in the agreed TOR which, where appropriate, would reference:

- the appropriate elements of the Taser training curriculum, APP and legislation
- the training that individual officers may have received. This could include the quantity and frequency of training, and if it was in line with national standards
- any review of CCTV, BWV and technical data, which would be linked to the relevant section of the training curriculum

The report or statement would generally contain a conclusion, based on all the considered factors, setting out the SME's objective assessment of the tactics deployed in an incident and whether training, guidance and/or practice had been followed.

What key ask do you have of those who are considering using an SME?

An early discussion between the SME and the relevant body or organisation helps provide a clear understanding of what the SME can provide and makes it easier to formulate appropriate TORs.

Most SMEs will also have a role within their own force or organisation, which requires consideration. An early discussion can help to set realistic timeframes for the SME to complete their work. ■

Graeme Turnbull is a Taser SME at the National Police Chiefs' Council (NPCC) and the Chief Taser Instructor for Northumbria Police.



CASE STUDY 4



Man resists arrest despite use of incapacitant spray and Taser

Photo: Alamy

This case was independently investigated by the IOPC.

A woman called the police to report that her partner had assaulted her, and expressed concerns about his mental health.

PCs A and B arrived at the address. They saw a man standing at the door and a woman with a swollen nose behind him. Officers entered the property and went into the living room.

PC A saw that the man was sweating, his pupils were dilated. The man pushed passed PC A toward the door. She told him to stay and placed one handcuff on his wrist. The man said, "You're not cuffing me." PC A told him to give his other hand, but the man refused.

PC B stood in the doorway to stop the man from leaving. PC A kept hold of the handcuffs and tried to control the man's arm and arrested him for assault. The man then tried to pull away from PC A, so PC B grabbed his arm, believing he was attempting to escape.

PCs C and D arrived and told the man to calm down. PC C grabbed the man's arm and moved him into the centre of the room to give PC D space to assist.

PC C told the officers to "pull him to the floor," believing it would give them a tactical advantage. PC C and the man fell onto the sofa, and the man dragged PCs A and B down with him.

“ After the Taser’s five-second electrical cycle ended, the man stood up, pulled the barb out, and lunged at PC D ”

In her statement, PC A said that when tactical communication failed, she told the man to stay still, or she would use incapacitant spray. He continued to resist and PC A then sprayed him for several seconds.

The spray had no effect and the man grabbed PC A's hand. PC B held the handcuff that was on the man's wrist and applied pressure to his joint to gain compliance, but this did not work. PC A punched the man's hand, which made him release his grip.

Since incapacitant spray had failed, PC C considered using his baton but decided it was unsuitable in the confined space. He thought his only remaining tactical option was Taser. He stated that due to the size of the room, he was closer than he would have preferred.

PC C withdrew his Taser, shouted, "Taser, Taser, Taser" and fired at the man's stomach and waist. He dropped to the floor.

After the Taser's five-second electrical cycle ended,

the man stood up, pulled the barb out, and lunged at PC D. PC D tried to pull the man down by his head, but he broke free.

PC C fired a second Taser cartridge, hitting the man's lower abdomen. The discharge had no effect. The man shouted that he wanted to leave, then walked out of the living room with a handcuff still attached to his wrist. He left the house, and PC's A, B, and D followed.

The man subsequently climbed a structure over some railway tracks, was electrocuted by overhead wires, and fell onto the railway. Officers waited for confirmation from the force duty officer that trains had been stopped before entering the tracks. They then provided first aid to the man who was later taken to hospital with severe injuries.

A post-incident procedure (PIP) was declared. An inspector instructed officers over the radio to keep their body-worn video (BWV) activated unless directed to turn it off by the post-incident manager. Officers were also told not to confer with each other before giving their accounts.

There was evidence that PC's A, B, C and D had spoken about the incident. Several officers stated they did not know what a non-conferring warning was, and some had not completed the PIP process before.

PS E incorrectly told officers they could turn off their BWV before arriving at the police station. PS E

explained that she had not received training or experienced a PIP and believed BWV could be turned off once officers left the scene. ■

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- How do you ensure officers understand their responsibilities once a PIP has been declared?
- What steps does your force take to make sure guidance on conferring is reinforced to officers and staff?
- Are your force's policies clear on how BWV should be used after incidents where a PIP has been declared?
- Are your force's PIP procedures in line with the [IOPC's statutory guidance on achieving best evidence in death and serious injury matters](#) and APP?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- Do you know what a non-conferring warning is and why it matters?
- Do you understand the PIP process and your responsibilities within it?

LEARNING RECOMMENDATIONS AND ACTION TAKEN BY THE FORCE

- The IOPC issued one learning recommendation to the force. It asked them to update its BWV policy and procedure to include clear guidance for officers on how to use BWV during the PIP process.
- The force accepted the recommendation and updated its BWV policy and procedure in line with the NPCC's guidance.

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

There was no case to answer for misconduct for PCs A, B, C, D and PS E.



Supporting the introduction of the new Taser 10



Gary Wedge discusses new training and guidance introduced by the College of Policing following the approval of a new model of Taser.

Taser has been in use in UK policing for over 20 years, with over 30,000 UK police officers now Taser trained. These officers all follow a single curriculum, with nationally standardised training products, produced by the College of Policing.

The introduction of a new Taser

Most police forces currently use the Taser X2, but this model is no longer being made. Many forces are therefore planning to move to a newer model.

Having been involved in the evaluation of previous Taser models, the College was asked to support the Home Office evaluation of the new Taser 10. This led to the College team designing and conducting a comprehensive user handling trial, involving 27 officers from nine different forces in 13 different exercises. During the exercises, over 4,500 cartridges were fired, with each cartridge containing one probe.

Every single probe was tracked for accuracy and the officers' opinions captured. The team then evaluated this data and produced a report for the Home Office,

which informed the decision on whether Taser 10 should be approved for use in the UK. Taser 10 was formally approved in October 2025.

Features of Taser 10

When an officer uses a Taser, they fire probes designed to pierce clothing and skin. When two probes connect, they deliver an electric charge which disrupts the body's neuromuscular system.

Existing Taser models fire two probes at a time and can fire up to four probes. The Taser 10 is different in that it fires one probe at a time and can fire up to ten probes. This gives officers more chances to mitigate a threat if earlier attempts fail.

Most existing Tasers are typically used at up to four to five metres. However, due to the Taser 10's increased range we are training officers to use it up to a distance of ten metres. This distance between officers and subjects gives more space to help de-escalate an incident and increases the safety margin for officers.

Taser 10 also has other features to help de-escalate incidents including a green laser sight, a bright strobe light and a loud warning sound; all of which can be activated to act as a deterrent.

All Taser devices record data relating to their use, such as the time, date and duration of any Taser discharge. However, Taser 10 records more information than any previous model. For example, Taser 10 records when it is removed from the holster and raised to the aim position before it has even been turned on.

Taser 10 is not capable of direct contact mode (previously known as 'drive stun'). This is where Taser is discharged in direct contact with the body causing pain but it does not deliver an incapacitating effect.

New training and guidance

Taser training is delivered in accordance with the [Code of Practice on Armed Policing and Police Use of Less Lethal Weapons 2020](#). The Code requires forces to have 'due regard' to the training curriculum. The College manages the licensing process which quality

assures forces' compliance with that curriculum and associated standards.

Taser training is modular, with sections relating to areas like decision making, handling of the device, vulnerable people, and aftercare. This modular approach allows prior learning to be recognised when a new model is introduced.

The College has developed new modules to support the introduction of Taser 10, which have been tested and piloted. The College has trained over 100 instructors in the new model, so that they are familiar with it and can use it accurately and confidently. For the first time, the College has introduced virtual reality (VR) to train instructors in Taser 10. While still in its infancy, this is starting to present some new training opportunities, particularly as some issues are difficult to simulate in conventional scenario-based training. We have found VR provides an immersive environment that allows us to simulate a broad variety of situations that officers might encounter with greater realism and limited risk. It also allows officers to repeatedly train key skills, without the significant expense of firing cartridges, which would otherwise limit how much officers can practice.

To support the introduction of Taser 10, [authorised professional practice \(APP\)](#) has been reviewed and updated. The updated APP explains the key differences between the various models of Taser, but most aspects remain unchanged as they are not model specific.

UK policing has a long tradition of a largely 'unarmed' profile, and Taser is a key less-lethal tool in ensuring public and officer safety. It is only one such tool, and training remains focused on ensuring officers make sound decisions and consider all options, including de-escalation.

Approximately 90% of forces have plans to introduce Taser 10 over the next year. This is one of the biggest changes in Taser capability since its introduction. Our updated training and guidance ensures that officers are prepared to the highest standards, and that they use Taser 10 safely, responsibly and effectively.

You can read more about the [College of Policing's new national guidance and training for Taser 10](#) on our website. ■

Gary Wedge is the Taser Curriculum Lead at the College of Policing.



CASE STUDY 5



Unintentional discharge of a police firearm

This case was independently investigated by the IOPC.

The police received a 999 call from a member of the public reporting that they had seen a person driving around with a firearm.

The police assessed the call and declared a firearms incident. Two armed response vehicles (ARVs), containing authorised firearms officers (AFOs) A, B, C and D were deployed to the last known location.

AFO B was the operational firearms commander (OFC) and instructed officers over the radio.

G College of Policing Authorised Professional Practice on Armed Policing: Command

Operational firearms commander(s)

Commands a group of officers carrying out functional or territorial responsibilities related to a tactical plan.

More information

www.college.police.uk/app/armed-policing/command

The car was located and was stationary with the engine running. Officers noted that the car's windows had fogged up, which indicated that somebody was inside.

Officers confirmed there was a firearm in the car. The driver was asked to turn off the engine.

Officers withdrew to behind the ARVs and raised their weapons. AFO B asked the driver to open the window and if anyone else was in the car.

AFO B instructed AFO A to retrieve a ballistic shield from the ARV. AFO A then swapped positions with AFO B, who moved to the rear of the ARV.

Body-worn video (BWV) footage showed that AFO A repeatedly adjusted their grip on the shield. AFO A stated that they had been trained to use all types of shields, but had received limited training with the heavier ballistic shield stored on the ARVs. AFO A further said that shooting while using a shield had not been included in any qualification shoots. They also



“ BWV footage showed that as AFO A approached the driver, their carbine had discharged ”

noted that, during training, they typically used the lighter shield.

A third ARV arrived containing AFOs E and F. AFO B informed the control room the car was contained but the driver was uncooperative.

Officers asked the driver to leave the car. After a few minutes, the driver complied and BWV captured them exiting the car and AFO E telling them to raise their hands above their head. The driver failed to comply.

Officers advanced toward the driver; AFO B had drawn their Taser and AFO A aimed their carbine (a shortened lightweight rifle). AFO A stepped back to apply their carbine's safety catch as AFO B moved forward.

As the officers approached the driver, there was a loud bang. They all withdrew to their previous positions.

BWV footage showed that as AFO A approached the driver, their carbine had discharged. AFO A said in their interview, the carbine discharged as they attempted to apply the safety catch.

The IOPC investigation noted that AFO A typically used their other hand to apply the safety catch, but carrying the shield prevented this. When interviewed, AFO A explained they had adapted the usual method for applying the safety catch. The IOPC spoke with a subject matter expert (SME) who confirmed this adaptation was safe and acceptable.

Following the discharge, BWV footage captured the driver falling to the ground, having been shot. Officers provided first aid.

AFO B handcuffed the driver despite ongoing first aid, stating they had not been searched and might still have a weapon.

The driver was taken to hospital for treatment and later recovered from their injuries. ■

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- Does your force's firearms training incorporate the use of ballistic shields during scenario-based exercises or qualification shoots?
- Do you provide different types of equipment in training scenarios to ensure officers are confident in the use of all equipment and weapons?
- What adaptations are made in training to accommodate people's physical differences?
- How do you capture feedback from officers to inform future training scenarios?

KEY QUESTION FOR POLICE OFFICERS AND STAFF

- How do you ensure that any adaptations you make to equipment or weapon handling are safe and effective? Do you consult an SME?

ACTION TAKEN BY THE FORCE

- Following this incident, the force purchased new smaller and lighter shields for all their ARVs.

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

AFO A had a case to answer for misconduct. They faced disciplinary proceedings for discharging their carbine when this may not have been necessary, proportionate or reasonable.

It was determined that this use of force had not breached the standards of professional behaviour and AFO A was instead referred to the Reflective Practice Review Process.

Culture, myths, and missed potential: who belongs in firearms and tactical policing?

Dr Ashleigh Bennett looks at how culture and unspoken assumptions about “fit” affect perceptions of who belongs in specialist policing teams.

“All the ones [officers] I’ve got have fitted in so well... all you need is one, and it changes the whole group dynamic. I think the boys police themselves because they know my way of working.”

Tactical Support Group manager

Initially, this sounds like good leadership: a manager is proud that their team works smoothly and standards are being upheld. It also reveals though how specialist police teams often think about difference.

The message is subtle but powerful: if everyone fits in, things run well—but one person who doesn’t fit can upset the balance.

My research into firearms and tactical teams in the Police Service of Northern Ireland (PSNI) set out to understand why, despite years of recruitment activity and equality initiatives, specialist units remain overwhelmingly male and resistant to change. I found that culture, not capability, is often the barrier.

I worked with officers from PSNI’s Tactical Support Group (TSG), using a combination of structured exercises and in-depth interviews to understand how ideas about the ‘ideal’ officer, team identity and belonging operate in practice.

In my research, officers described the ‘ideal’ TSG officer as competent and knowledgeable, dependable and loyal, calm and adaptable, and a good team player.

Although on paper these sound fair and inclusive, when officers discussed who was most respected, trusted, and listened to in practice, another pattern emerged. The people seen as truly belonging were often those who were physically strong, emotionally tough, and

comfortable with confrontation. Historically, these roles were heavily focused on dealing with public order incidents, which had become part of the team’s identity and pride.

This is how the ‘ideal officer’ myth forms. Certain traits become quietly associated with competence, while others are seen as risks. Over time, a narrow image of who looks and behaves like a ‘proper’ firearms or tactical officer takes hold.

When managers say people have “fitted in well”, they often mean those people have not challenged how things are done. While that may feel positive in a high-risk environment where trust is vital it creates a forced-fit culture, where new people must adapt to the team rather than the team adapting to new people.

This has consequences. Officers who feel or think differently learn to stay quiet and people become careful about raising concerns. Talented individuals decide that specialist roles are not for them. Slowly, teams become more alike rather than more effective. Difference starts to feel dangerous instead of valuable.

One of the strongest myths in specialist policing roles is that you need a certain physicality or emotional hardness to succeed. Yet firearms and tactical officers spend much of their work assessing risk, communicating under pressure, making complex decisions, working as a disciplined team, and de-escalating dangerous situations.

These skills rely far more on judgement, emotional control and teamwork than on physical

dominance, but recruitment, training and reputation still lean heavily on outdated ideas of strength and toughness. This shapes who is encouraged to join, who applies, and who belongs. When we confuse tradition with operational need, we lose people who could make teams more effective and trusted.

Culture is built through small, everyday signals. In my research, teams were often described as “the boys” or “the guys”. While usually meant harmlessly, in male-dominated spaces, this reinforces the idea that men are the default.

The same applies to expectations about banter, such as not being “too sensitive”, and not showing vulnerability. These messages quietly tell people how unsafe or risky it can be to be different, to ask for help, or to challenge poor behaviour. Over time, people either mask who they are or leave.

A final thought

While specialist policing will always be demanding, a strong team is not one where everyone is the same; it is one where people with different strengths can belong, speak up and be trusted.

If we only feel comfortable when everyone ‘fits’, we may be protecting the culture, but we are not protecting the future of policing.

Use this article as a starting point for discussion in your team. What does ‘fitting in’ mean where you work, and how might it be affecting who stays, who speaks up, and who progresses?

Key questions for managers and policy makers:

- When we say someone ‘fits’, what do we mean?
- Are our physical and behavioural expectations based on operational need?
- Do our selection and promotion processes reward similarity over skill?
- Are we listening to people who experience the culture differently?
- What would it look like to move from ‘culture fit’ to ‘culture add’?

Key questions for officers:

- When someone new joins, do you expect them to fit in, or do you adapt too?
- Who feels confident speaking up in your team, and who doesn’t?
- Do you define professionalism by toughness, or by judgement and teamwork?
- How might your language or behaviour affect someone who already feels different? ■

Dr Ashleigh Bennett is a Visiting Academic at The Open University.



CASE STUDY 6



Use of force on a man at a mental health incident

This case was independently investigated by the IOPC.

Police received a concern for welfare call from a woman regarding her son's mental state.

PCs A and B were dispatched and told that the man had warning markers for weapons and assault, and there had been multiple domestic incidents at the address.

On arrival, PC B activated her body-worn video (BWV), PC A did not. The officers entered the property and arrested the man. PC A handcuffed him to the front because of the warning markers and pulled him from where he was hiding. The IOPC investigation noted that the use of handcuffs as a pre-emptive use of force was justified.

BWV showed the man saying, "please don't grab me [...] I've got severe mental health." Officers said they would take him to hospital.

When exiting the property, PC B led the way while PC A controlled the man, who stumbled and hit his head. PC A said he pushed the man out of the property, fearing he was going to headbutt him. The IOPC investigation noted it was unclear whether there was an attempted headbutt because it was not captured on BWV.

PC A pressed the man against a fence, then moved him to the ground, despite PC B's BWV showing no resistance. PC A shouted, "do not f**k around with me." In her statement, PC B said that PC A "seemed really angry" and the man was not resisting. The IOPC found the use of force when exiting the property was not justified.

PC A lifted the man from the floor by the handcuffs and walked him to the police van.

The officers placed the man into the rear cell area of the police van. BWV footage captured the man telling PC A, "wait till you're off job." PC A pulled him to the floor and restrained him with a knee to his chest and his hands on his shoulders.

The man began to kick. PC B held his legs, while PC A held the man's upper body on the ground. The man repeatedly told PC A to get off him.

In her statement, PC B explained that PC A was "p**ed off" and that she grabbed the man's legs to

“ BWV showed PC A dragging the man by handcuffs before placing him in the van. The IOPC investigation highlighted that this was unnecessary ”

stop him from injuring himself and PC A. She also said that PC A kned the man in the face.

In his statement, PC A said he thought the man was about to headbutt the cell door of the van and pulled him out to gain control. PC A also said that his use of language was to "scare" the man into complying but denied kneeling him. The IOPC investigation noted the use of force by PC A was unnecessary and unreasonable.

A/PS C and another officer arrived and held the man's legs.

BWV showed PC A dragging the man by handcuffs before placing him in the van. The IOPC investigation highlighted that this was unnecessary, as the presence of four officers meant the man could have been safely moved without being dragged.

PC A walked away from the van, activated his BWV, and spoke with the man's mum about her son's mental health.

As PC A left the property, A/PS C approached

him and asked if the man had assaulted him. PC A described the incident and said the man had not assaulted him.

The man remained calm and had his handcuffs removed. PCs A and B took him to hospital.

The IOPC investigation noted that PC B and A/PS C said what they witnessed did not feel right and reported PC A. ■

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- How do you ensure officers feel confident reporting concerns about a colleague's use of force?
- What processes are in place to ensure officers and staff are supported when they report concerns about a colleague's conduct?
- Does your force review and evaluate mental health related incidents where force was used? How is any learning shared to improve practice?
- What support, guidance and resources are available to officers responding to mental health related incidents, and how do you ensure they know how and when to access them before, during and after an incident?
- How does your force ensure BWV is activated during incidents, especially those involving use of force?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- Would you feel confident reporting concerns if you witnessed a colleague using force that appeared to be unjustified?
- How do you regulate your emotions at a stressful incident?

ACTION TAKEN BY THE FORCE

- The force has introduced a service-wide dip sampling audit process to identify learning and development opportunities and address any conduct concerns.

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

The case was referred to the Crown Prosecution Service. PC A was convicted of assault and received an 18-week sentence, suspended for 18 months. PC A had a case to answer for gross misconduct. He faced disciplinary proceedings for breaching the standards of professional behaviour for authority, respect and courtesy, use of force, discreditable conduct, honesty and integrity, and equality and diversity.

PC A resigned during the investigation. He would have been dismissed had he still been serving. He was placed on the barred list.



Understanding officer decision-making in handcuffing: learning from frontline experience

Chief Inspector Jason Sims discusses how learning from an anonymous internal survey has informed clearer guidance and training around the use of handcuffing.

In late 2023, an internal review identified a growing concern about the regularity with which 'compliant handcuffing' — the application of handcuffs to a cooperative person — was being used in stop and search encounters. Feedback from community groups also highlighted concerns that handcuffing was being applied disproportionately towards Black communities.

Recognising the impact that stop and search encounters have on public confidence and legitimacy, we undertook focused internal research to better understand officer decision-making around handcuffing in these scenarios.

Developing the survey

A key principle guiding this work was the need to gather candid insight from frontline officers without fear of individual scrutiny. To facilitate honest reflection, we created an anonymous digital survey using Microsoft Forms. A tactical operational lead developed the question set, drawing on operational experience, community feedback and emerging internal themes.

Officers were invited to explore their reasons for applying handcuffs, including contextual factors, such as being single-crewed, environment, detainee behaviour and perceived threat. Importantly, the survey

“ Officers consistently reported applying handcuffs when they feared being assaulted ”

explored perceptions and understanding of 'compliant handcuffing', a concept that had had no clear national definition.

The survey generated approximately 500 responses from a workforce of just over 3,000 officers, reflecting a strong level of engagement.

What the survey revealed

Officers consistently reported applying handcuffs when they feared being assaulted or believed an individual might escape. Use of handcuffing was more likely when officers were working single-crewed, alongside other influencing factors such as the detainee's age, gender and the location of the encounter. The survey also highlighted mixed understanding of what constituted compliant handcuffing.

While officers often provided legitimate operational and safety reasons for handcuffing, the survey also revealed that the majority of stop and search encounters did not result in items being found. This insight, combined with community concerns, highlighted the need to consider the proportionality of the tactic and ensure consistency in decision-making across the force.

Turning insight into action

To ensure learning was acted on, a cross-departmental 'task and finish' group was established, bringing together operational training, professional standards, corporate communications, the Police Federation, the community outreach team and frontline officers. Their collective role was to identify opportunities for improvement and support a trauma-informed, evidence-based approach.

One of the most significant outcomes from this group was the creation of a clear, force-wide definition of 'compliant handcuffing', providing clarity where none had existed previously. This definition is now embedded into training and guidance, supporting officers to apply and record this tactic consistently and accurately.

Enhancements to training and operational guidance

The learning from the survey has been integrated into handcuffing training materials. Scenario-based learning now places greater emphasis on decision-making under pressure, the assessment of necessity and proportionality, and the situational factors found to influence an officer's judgement.

Training explicitly encourages officers to consider community trauma, and how unconscious bias may influence use of force decisions. Learning from high-profile local incidents is used to prompt reflective discussion, assisting officers to understand how tactical decisions can be experienced differently by individuals and communities.

The data from the survey also identified groups of officers more likely to rely on handcuffing. This was not treated as evidence of inappropriate usage, but as an opportunity to provide targeted support. Learning was fed into staff networks to support peer-led discussion and mentoring, enabling officers to share practical experiences, discuss perceived risk and build confidence in decision making.

Positive impacts

Most importantly, this work has supported a culture of reflective practice. The strength of engagement with

the survey demonstrated officers' willingness to share candid reflections in an anonymous forum, and in turn allowed leaders to gain a clearer understanding of the realities of frontline decision-making.

The creation of a force-wide definition for compliant handcuffing represents a significant development for policing practice locally, contributing to greater consistency and transparency. Improved training materials have strengthened officer decision-making when handcuffing, ensuring this tactic is used legitimately.

Officers have expressed increased confidence to examine their own decision-making, while organisational leaders have strengthened mechanisms for listening and engaging with workforce and community concerns.

Advice for other forces

This initiative has shown that meaningful organisational insight does not require significant financial investment. Key learning includes:

- **accessible tools make research achievable** – Microsoft Forms provided a simple, free platform to gather high quality feedback quickly and anonymously
- **anonymity encourages genuine reflection** – Officers are far more likely to be open when they feel protected from individual scrutiny
- **frame the work carefully** – Early involvement of corporate communications helped position the survey as supportive rather than punitive
- **collaboration strengthens outcomes** – Involving legal services, community scrutiny groups and training teams ensured the work was ethically robust, operationally grounded and aligned with public expectations
- **sustained follow through is key** – Insight only matters if it leads to real change. The task and finish group ensured that learning translated into real-world improvements, not just documented findings ■

Chief Inspector Jason Sims is the use of force lead for Avon and Somerset Police.



CASE STUDY 7



Use of restraint and incapacitant spray involving a wheelchair user

This case was independently investigated by the IOPC.

In the early hours of the morning, PCs A and B saw a paraplegic wheelchair user repeatedly wheeling his chair against the glass doors of a shopping centre.

CCTV showed PCs A and B approaching the man. PC B took hold of the man's wheelchair from behind and pulled it away from the doors. The man then swung his right arm three times behind him, striking PC B once on his right arm. PC B released the wheelchair and stepped backwards.

PC A activated his body-worn video (BWV). It showed him threatening to "gas" the man "if you threaten to set fire to me again". The man moved his right arm towards PC A; there was a small object in his right hand. PC A stood in front of the man and pointed a canister of incapacitant spray at his face, holding it at close range to the man. PC A did not deploy the spray at this point. The man pushed PC A's hand away and spat on the floor.

BWV showed a struggle between the man and PC A, who discharged his incapacitant spray, shouting, "right that's it, spray spray, spray, fu**ng spit at me again you dirty ba**rd, get on the ground, get on the ground." PC A held the man's upper left arm, and PC B took hold of his shoulders. PC A appeared to strike the man on his left arm with a closed fist, before the officers removed him from his wheelchair and placed him face down on the ground. PC A handcuffed the man to the rear and arrested him for assaulting a police officer.

PC A was interviewed by the IOPC. He explained

“ PC A stood in front of the man and pointed a canister of incapacitant spray at his face, holding it at close range to the man ”



that the man had held a lighter near his arm, spat at him and threatened to bite PC B. He expressed concerns that the man might have a weapon or shatter the glass door with his wheelchair. PC A justified his use of incapacitant spray as the least amount of force necessary to control and handcuff the man.

PC A stated he handcuffed the man to the rear despite his disability because the man was not compliant and he thought he might use the handcuffs as a weapon. PC A explained that because of this, he had to remove the man from his wheelchair. He denied punching the man on his arm. PC A stated that his training did not cover how to manage incidents involving wheelchair users.

PC B gave a statement in which he said that he thought the man was under the influence of alcohol. He also thought that the glass door might shatter when the man rammed it with his wheelchair. PC B noted that the man had struck him, but that he felt the best outcome would be for the man to leave the area. PC B stated that the man threatened to spit at him, before spitting at PC A. He assisted PC A in removing the man from the wheelchair.

BWV showed the man seemingly suffering the effects of incapacitant spray. The officers did not advise the man on how to deal with this or provide any aftercare.

When a police van arrived, PC A told his colleagues that the man had spat at him. The officers who had arrived in the van and PC B lifted the man into his wheelchair, while he was still handcuffed to the rear, and took him to custody. ■

G Faculty of Forensic & Legal Medicine Irritant sprays: clinical effects and management

Aftercare guidance following the use of incapacitant spray suggests the following:

- It is very important to reassure the affected individual that the effects will decrease after initial exposure.
- Advise the patient not to rub their eyes. Water should not be used in the first 2–3 hours to attempt to remove the residue as it will exacerbate symptoms.

More information

www.fflm.ac.uk/wp-content/uploads/2025/01/Irritant-sprays-clinical-effects-and-management-Prof-J-Payne-James-December-2024.pdf

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- What guidance is provided to officers on managing incidents and/or using force on people with physical disabilities?
- What factors or adjustments should officers consider when interacting with someone with a physical disability?
- What does your force's policy say about handcuffing detainees who have a physical disability?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- How would you have de-escalated this situation?
- Do you know what is the recommended distance for deploying incapacitant spray? Do you understand the potential risks if incapacitant spray is discharged at close range to a person's face?
- Do you feel confident giving aftercare to a person who has been sprayed with incapacitant spray? What advice would you give them?
- How do you take into account that a wheelchair user may see their wheelchair as an extension of their body, and that moving it without warning can escalate a situation?

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

The IOPC investigation found that PC A had a case to answer for misconduct due to his use of incapacitant spray. He was also directed to undertake a Reflective Practice Review Process in relation to his offensive language towards the man and his failure to offer aftercare for the effects of incapacitant spray.

Because PC A already had a final written warning on file, he would have faced a misconduct hearing, however, due to him resigning prior to the hearing taking place no proceedings could be brought.

PC B did not have a case to answer for misconduct and did not face disciplinary proceedings.



Communicating with neurodivergent people

John Nelson explains what officers and staff can do to improve how they interact with neurodivergent individuals and signposts key guidance designed to prevent situations escalating.

Autism, as a form of neurodiversity (ND), broadly affects how a person communicates socially, their sensitivity to sensory stimuli such as noise and touch, and their range of interests and behaviour, which can be highly focused. Along with other ND conditions such as ADHD and dyslexia, autism is found in all walks of life and affects everyone differently.

As an autistic police sergeant, diagnosed with the condition after eight years' service, I understand the day-to-day difficulties that autistic people face, and the situations that can lead them to come into contact with the police. In 2015 I founded the National Police Autism Association (NPAA), a staff support network for autistic and ND police colleagues. Our association provides support to our members and champions good practice for working with the autistic community.

Dealing with an incident involving an autistic person in distress can be uniquely challenging for police officers. For example, take the following situation:

A train arrives at a station, but the doors remain locked so no one can board. An announcement says there's a signalling fault. However, one man bangs on the glass and keeps trying to open the doors to get on. A member of staff notices and asks him to step back; the man ignores him, becoming increasingly flustered and repeating that he must get on the train. More staff arrive and someone takes the man's arm, but he pushes back — all he can think about is keeping to his routine and getting to his destination on time.

A 999 call is made reporting "Aggressive male, staff assaulted - police needed." The officers who are

dispatched are mentally preparing for a potentially violent situation with a possible arrest. But the officers are missing one vital piece of information which could make all the difference to how the incident is handled: the passenger is autistic.

An autistic individual may respond to the police's presence in a variety of ways. Many autistic people may avoid eye contact, which has traditionally (and wrongly) raised suspicion about a person's honesty or criminal intent. Other ways in which an autistic person may react, include:

- ignoring officers, refusing to answer questions, or finding it difficult to talk
- displaying repetitive behaviour
- appearing anxious, agitated or even scared
- running from or attempting to avoid officers
- becoming verbally aggressive or abusive
- experiencing a 'meltdown' caused by over-exposure to sensory stimuli, which can present as a person involuntarily losing control — shouting, screaming, lashing out and self-harming

In order to respond appropriately, officers need to consider whether autism is, or may be, a factor. This information is not always volunteered, so we encourage colleagues to maintain awareness of a person's behaviour being unusual or out of proportion to the situation. Officers should not be afraid to ask a person if they are autistic or have any other conditions that the police should be aware of.



An autistic person may choose to carry an autism alert card or 'passport'. This document states that the holder is autistic, and contains vital information about their needs, which can help communication with first responders. Most police forces have developed their own card schemes, or support schemes run by local autism groups — a list is maintained on the [NPAA website](#).

If colleagues consider a person could be autistic, we encourage them to ask if the person has an alert card and follow the information on it. However, simply because a person does not have a card, officers should not rule out that they could be autistic.

If you think a person could be autistic:

Do

- speak calmly and slowly, one person at a time
- give simple unambiguous instructions
- if an arrest is necessary, ensure the custody sergeant is aware of the detainee's autism and that provision of an appropriate adult is considered

Don't

- crowd the person — give them space and guide them to a quiet place if possible
- expect an immediate response to questions or instructions — allow them extra time to process and respond

Autistic people have been reported to have extreme physical and psychological reactions when force is used on them. Colleagues should first seek to de-

escalate a situation and only use physical restraint as a last resort. If unavoidable, any physical contact should be kept to a minimum, avoiding the use of handcuffs or other restraints if possible. It might be useful to later explain to the person any force that was used to help them process and understand what has happened.

The National Autistic Society (NAS) has produced a [comprehensive guide](#) for police officers and staff coming into contact with autistic people, which includes simple dos and don'ts and examples of best practice. The NAS has also produced [educational videos available on YouTube](#).

Examples of good practice include:

- a [stop and search guide](#) for police officers and autistic people
- a [guide to autistic meltdowns](#) for first responders
- wearable technology, such as [wristbands](#), to help non-verbal autistic people communicate with emergency services

To find out more, we encourage colleagues to join our network. It's free to join and offers advice and information for those with a professional, as well as a personal interest, in ND. ■

John Nelson is Chair of the National Police Autism Association.



CASE STUDY 8



Restraint and use of a spit guard on a girl

This case was independently investigated by the IOPC.

A White child was in custody as she had been arrested on suspicion of assault. She disclosed to her appropriate adult that she had taken an overdose of paracetamol. Custody staff requested officers to take her to hospital. PCs A and B arrived at the custody suite.

Officers were provided with a person escort record (PER) form to take with them to hospital. The form is used to ensure that when a detainee is moved from a police station to another destination, those responsible are aware of any risks or vulnerabilities. The custody log noted that the child had markers for violence against police.

Officers were instructed by a sergeant to transport the child by police car, as there were no vans available.

The child was brought into the main custody area and recognised PC A from a previous interaction. She refused to be taken to hospital by PC A, telling him she would end up being racist towards him.

PC A handcuffed the child to the rear and led her out to the car. In the car, the child complained about the tightness of the handcuffs. PC A, who was driving, said they'd be loosened at hospital.

During the journey, the child was verbally and racially abusive towards the officers. She removed her seatbelt and PC B, who was in the backseat with her, held onto her handcuffs. The child threatened to headbutt PC B and told officers she hadn't taken an overdose. PC A explained they still had to take her to hospital.

“ PC B immediately stated that the child was going to be put in a spit guard. The child said that the officers hadn't given her a warning, but both officers replied that they didn't need to ”



Photo: Alamy

The child continued to insult PC A, who then engaged in a back and forth with the child, which included insulting her appearance.

The child kicked PC A after he made comments about her appearance. PC A told the child she was under arrest for assaulting a police officer. She told him to “f**k off”, and PC A insulted her appearance again. The child then kicked PC A again.

PC B told the child she was putting them in danger by kicking PC A while he was driving.

G College of Policing Authorised Professional Practice on detention and custody: Moving and transporting detainees

Safe movement of detainees

Officers responsible for any movement of a detainee should be fully briefed on any heightened risk or increased vulnerabilities that have been identified for that detainee prior to departure.

Cages and containment

If a detainee becomes violent, staff should, where practicable, stop the vehicle, regain control and only then resume the journey. It may be necessary to call for assistance and to change to a more suitable vehicle.

More information

www.college.police.uk/app/detention-and-custody/moving-and-transporting-detainees

When they arrived at the hospital the child was moved to a room. A nurse asked the officers about her overdose, but they were unable to provide her with sufficient answers as they had not received a briefing. PC A passed the PER form to the nurse and asked her to check it.

The nurse left the room. PC A held the child's handcuffs while she was sat on a bed. She asked why he was doing this. PC A replied, “if you rub your two brain cells together you'll figure it out”. The child then spat on the floor.

PC B immediately stated that the child was going to be put in a spit guard. The child said that the officers hadn't given her a warning, but both officers replied that they didn't need to. The force's policy stated that, where practicable, a verbal warning should be given prior to applying a spit guard.

Officers placed a spit guard over the child's head,

which she tried to remove. PC B then held the back of the spit guard in her fist, so it tightened around the child's face.

PC A recalled a previous incident with the child, noting how funny it was when she spat on herself. PC B said that was "retarded". The child then kicked her legs out. PC B pushed her down onto the bed, so she lay face down, in a prone position, with her left shoulder against the wall. PC A took hold of the spit guard and handcuffs, while PC B applied leg restraints. PC B further arrested the child for assault on an officer. Force policy states that anyone wearing a spit guard should not be in a prone position but seated or kneeling.

While in a prone position, the child rubbed the spit guard against the bed to try and remove it. PC A pulled the spit guard back down and held the side of the child's head against the bed. The child then became quiet, during which time officers made sarcastic comments towards her.

After 16 minutes being restrained face down, PC A sat the child up and she moved her head. The officers took this as the child misbehaving and laid her back down. The child said she moved her head because PC A's grip on the spit guard was restricting her breathing. PC A then momentarily let go of the spit guard.

A doctor discharged the child.

PC A removed the child's spit guard and made her walk to the police car in leg restraints. A few minutes into the return journey, the child kicked again.

PC A stopped the car and placed the spit guard back on. PC A continued driving and the child managed to remove the spit guard; she then spat into the front of the car. PC B put the spit guard back on the child and held it in place under her chin and behind her head. The officers then returned the child to custody.

When PC A later completed his use of force form, he did not record the second use of the spit guard. ■



KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- How are officers trained to recognise and respond appropriately to trauma responses in children?
- Does training include content on adolescent brain development and how this affects impulsivity, risk taking and understanding of consequences among children?
- What is your force's policy on providing verbal warnings in clear child friendly language prior to a spit guard being used?
- What training and guidance is provided to officers on managing a detainee who is trying to remove a spit guard?
- What guidance is provided to officers on moving a person who is in leg restraints?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- How do you recognise mental distress in a child and adjust your actions?
- If you believed the available methods of transport were unsuitable for a detainee because of their risks or vulnerabilities, what actions would you take? How would you challenge or escalate this?
- Are you familiar with best practice on monitoring a person's welfare once a spit guard has been applied?
- How do you consider the potential long-term psychological impact when assessing whether force against a child is necessary and proportionate?

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

Both officers received an 18-month written warning for their language, use of force, and behaviour towards the child.

There was no indication that any other person serving with the police may have committed a criminal offence or behaved in a manner which would justify the bringing of disciplinary proceedings.



A local voice at the heart of community scrutiny

Natalie Cox discusses how localised community scrutiny is driving improvements in the West Midlands.

Community scrutiny is crucial to how the West Midlands Police and Crime Commissioner (WMPCC) engages with communities and supports holding the police to account.

There are ten Stop and Search Use of Force Scrutiny Panels (SSUOF), which are made up of members of the public and are independently chaired. The panels scrutinise stop and search (S&S) and use of force (UoF) records, using body-worn video (BWV) footage. They are focused on assessing whether police powers are used in a legal, fair and proportionate way.

The West Midlands has seven Local Policing Areas (LPAs), with at least one panel covering an LPA. Birmingham has four panels due to its size and increased police activity. Members live, work or study in the LPA their panel covers ensuring local knowledge informs scrutiny.

Learning from SSUOF Panels feeds back into community policing, with findings and recommendations reported to and acted on via West Midlands Police's (WMP) internal governance boards. A localised focus on UoF has improved both local and force-wide practice, including:

- levels of BWV recorded during UoF incidents have increased from 90.8% in 2024 to 94.5% in 2025. Arrest rates following UoF have also risen, from 77.8% to 91.3%
- WMP has seen an increase in the number of UoF forms being completed without seeing an increase in incidents
- when a UoF form submitted by an officer meets pre-defined thresholds (for example, UoF on a child under 10), a trigger review takes place where a supervisor reviews the incident to assess whether the force used was reasonable, justifiable, and proportionate. This data is shared with SSUOF Panels to support openness and transparency



Photo: Alamy

- LPA inspectors attend SSUOF Panels to discuss UoF incidents and hear feedback from panel members. These observations help them to reflect and deliver more tailored and meaningful feedback to officers

Any actions taken by WMP as a result of findings and recommendations from SSUOF Panels are shared with them so they can monitor how any learning has been addressed.

External scrutiny plays a vital role in driving change and continuous improvement. Our independent scrutiny panels amplify community voices and ensure that WMP practices are transparent, accountable and responsive to the public. Local oversight challenges us to reflect and adapt but also helps build trust and confidence in the police. ■



Natalie Cox is a Policy Officer at the Office of the West Midlands Police and Crime Commissioner. She is the policy lead for fair and effective use of police powers.



The impact of tactical cycle officers in public order policing

PC Sophia Hannelly and PC Iestyn Llewellyn talk about the work of the tactical cycle unit and the positive changes it has made in public order policing.

Introducing the tactical cycle capability

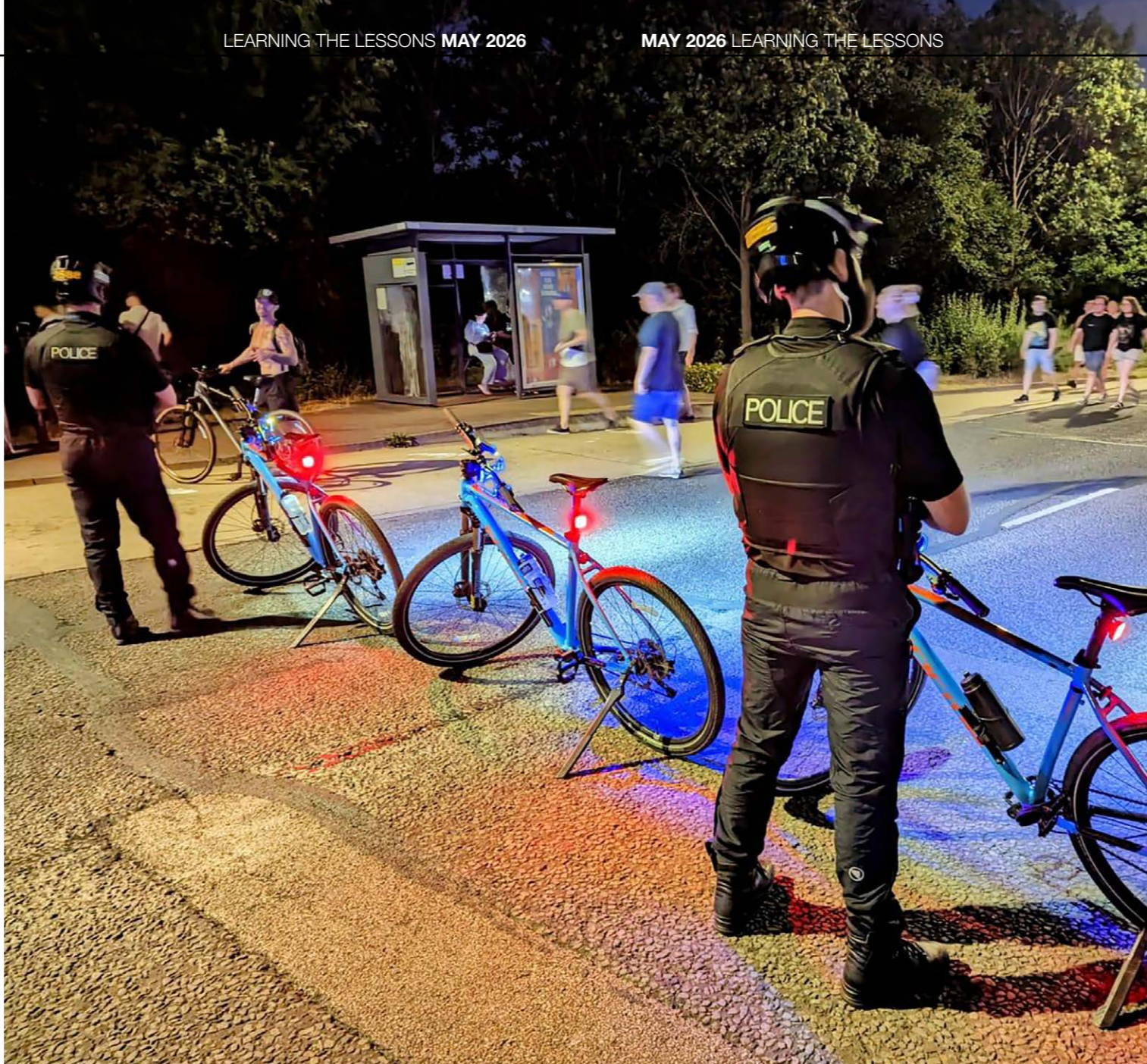
Use of police bicycles is included as one of the College of Policing's Authorised Professional Practice (APP) public order tactical options. Thames Valley Police decided that it wanted to implement this tactic across public order events that it policed each year.

Prior to this, cycle officers assigned to operations were drawn from local area teams and they would often lack experience of public order events and tactics. The bicycles and equipment used by these officers were also not suitable.

The Thames Valley Police tactical cycle capability (Tac Cycles) addresses these shortcomings by training and equipping officers to deliver this capability. A Tac Cycle unit is made up of a sergeant and six constables. These officers are level 2 public order trained and undergo an additional five-day training course to become a tactical cyclist. They also complete two refresher training days per year. A unit uses a dedicated fleet of bicycles and specialist kit to deploy at public order events.

The role of the tactical cyclist

Tactical cyclists are a valuable part of how the police keep people safe during major events, demonstrations and large gatherings. They have supported events



such as the Queen's funeral, the King's Coronation, the Japanese state visit in Oxford, Reading Festival, the Women's Euros, and Royal Ascot. They are also deployed in local operations where they have achieved strong results.

Tac Cycles offer a wide range of options, including managing crowd flow, forming barriers, escorting groups, and supporting arrests, while working effectively alongside existing foot, mounted and vehicle units.

Their key advantage is mobility, with officers on bicycles able to move quickly through crowds and busy urban areas far faster than officers on foot, and with greater agility than vehicles, allowing them to respond rapidly in fast-moving situations.

Tactical cyclists' agility and speed also make them especially useful for:

- helping guide the movement of crowds, keeping routes clear and making sure people can safely move in and out of areas
- providing fast, reliable escorts when groups or individuals need to be moved through busy spaces
- supporting arrest teams by giving immediate assistance during fast-moving situations

By combining speed, flexibility and strong capability, tactical cyclists bring a highly effective approach to public order policing, helping ensure major events run smoothly and safely.

Tac Cycles are also cost efficient, with initial expenses mainly limited to the purchase of bicycles, basic maintenance equipment and specialist equipment. Routine servicing is carried out at low cost.

In addition, we have found that Tac Cycle deployment provides clear benefits for officers' fitness, health and

wellbeing, by promoting regular physical activity as part of operational duties. The use of tactical cyclists in public order events also reduces the carbon footprint of the force with a more environmentally friendly deployment of officers.

An **academic review** of Tac Cycles noted this capability can help to reduce the resource burden in public order deployments, increasing efficiency and freeing up policing resources. It also highlighted the opportunities for Tac Cycles to build positive engagement with the public during large gatherings, stating that:

"The proactive nature of tactical cycle deployments means that police resources become much more visible to the public and provide better engagement, which is essential for enhancing police legitimacy and meeting the strategic objectives of the police force."

Looking ahead

One of the most important areas for the future of Tac Cycles is national development. As more forces recognise the value of bicycle-based tactics in public order policing, there is real potential to refine and standardise the approach across the UK.

A key part of this development is ensuring these tactics are formally recognised and supported by the College of Policing. National recognition would help establish consistent training standards, shared tactics and a unified approach to deployment, making the capability scalable and transferable between forces. This would also enable seamless interoperability during large multi-force operations, where consistency and shared understanding are essential.

By working collaboratively and sharing lessons learned, best practice and equipment recommendations, the Tac Cycle model can be adopted confidently by other forces, helping build a national network of public order trained cycle officers. Over time, this would ensure this capability is fully professionalised and embedded in police practice, which would strengthen public order resilience across the UK.

If you would like to find out more about the tactical cycle capability, please reach out to us to discuss our practice, processes and learning. ■

PC Sophia Hannelly is a public order instructor in the Joint Operations Unit of the Public Order Department at Thames Valley Police.

PC Iestyn Llewellyn is a public order instructor in the Joint Operations Unit of the Public Order Department at Thames Valley Police.

CASE STUDY 9

Incapacitant spray used on a person at height

This case was independently investigated by the IOPC.

PCs A, B and C were conducting an arrest enquiry for a man involved in several knifepoint robberies. The officers were in plain clothes.

The man lived in flat 1, on the twelfth floor of the building. PC A announced they were police and instructed the man to open the door. After nine requests to open the door, PC B began to force entry.

PC A went outside to check that no one was trying to escape via the balconies. PC A spoke with four other officers outside and asked one to watch flat 1's balcony. PC A then returned inside the building.

While heading back to flat 1, PC A was told via radio that someone was attempting to flee through a window.

The man had begun scaling down an exterior drainpipe. As PC A approached the window, he drew his incapacitant spray and reached through the window to use it on the man. PC A believed the man posed a risk to occupants of other flats and said he believed the incapacitant spray was ineffective. However, the man said it caused some irritation.

The IOPC investigation noted that the man had a history of violence, but when the incapacitant spray was deployed he was 11 floors up and evading police without resistance. It also noted that PC A did not consider the risk of death or serious injury in his risk assessment prior to spraying the man. The investigation found the use of incapacitant spray was not a reasonable response.

The man stopped on a balcony on the tenth floor. PC A saw this, and with PC C ran down to flat 2 on the tenth floor. The man was about to leave flat 2 but spotted PCs A and C. He shut the door and ran back inside. PC A requested additional officers to cover the remaining floors.

An officer outside the building said the man climbed back onto the drainpipe and made his way down to the eighth floor. Once on the eighth floor, PCs A and C requested entry to flat 3. PC A also reported that the man had been sprayed with incapacitant spray.

PC A told PC C he had no incapacitant spray left and had dropped his baton. PC C handed him his canister of incapacitant spray.

Other officers gained entry to flat 4, where they



“ When the incapacitant spray was deployed he was 11 floors up and evading police without resistance ”

believed the man was. They were informed that he was in the flat above. PCs A and D went into flat 5, saw the man and told him to stop. He did not stop and continued climbing down the building. PC A then sprayed the man a second time and told him to stay where he was.

The IOPC investigation highlighted that PC A had not considered alternative options to detain the man. Although 15 minutes had passed between the first and second uses of the incapacitant spray, no further risk assessment appeared to have been conducted by PC A.

PC A then ran to flat 4 where the man had stopped. PC A and two other officers entered flat 4 and began talking to the man to stop him jumping from the balcony. The man was subsequently arrested. No further force was used.

Following the arrest, PC A completed a use of force form where he noted that he did not feel that officer safety training had effectively prepared him for an incident like this. ■

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- How effective is training in ensuring that officers assess the surrounding environment and consider the risk of injury when making decisions about whether to use force?
- What training do officers receive to safely manage incidents involving individuals in an unsafe location, such as being at height?
- What does your force's guidance say is best practice when a person avoids arrest by endangering themselves?
- What processes are in place to review force training, guidance, or support when officers report they were faced with a scenario they did not feel they were prepared for?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- When a suspect is evading police officers, but not resisting, how do you assess whether force is necessary and proportionate?
- How do you ensure control of a dynamic incident so that there is clear communication, ongoing assessment, and a shared understanding of any working strategy among officers?
- Would you consider challenging a colleague's decision to use incapacitant spray at height where there are serious risks, such as death or serious injury?

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

This case was referred to the Crown Prosecution Service. PC A was convicted of two counts of common assault and sentenced to 100 hours of unpaid work.

PC A had a case to answer for gross misconduct and faced disciplinary proceedings for breaching the standards of professional behaviour for use of force and discreditable conduct. PC A was dismissed without notice and placed on the barred list.

There was no indication that any other person serving with the police may have committed a criminal offence or behaved in a manner which would justify the bringing of disciplinary proceedings.

The risks of restraint around the neck

Professor Cath White explains the Institute for Addressing Strangulation's guidance on the risks of using force around the neck.

Introduction to IFAS

The Institute for Addressing Strangulation (IFAS) was established in October 2022, following the introduction in England and Wales of new legislation on strangulation and suffocation as a stand-alone offence. The Institute aims to raise awareness of strangulation and the associated risks, conduct research, develop resources, and to train professionals in responding to and supporting victims/survivors of these assaults.

What is strangulation and suffocation?

Strangulation is the obstruction or compression of blood vessels and/or the airway by external pressure to the neck, impeding normal breathing or circulation of the blood.

Non-fatal strangulation (NFS) is where strangulation has not directly caused death. Fatal strangulation is where death ensues.

There are four main methods of strangulation:

1. Manual strangulation is the application of pressure to the neck using the hands
2. Choke hold or head lock is where external pressure is applied by an arm around the neck. A choke hold involves an assailant holding their arm across the person's neck from behind, so that pressure is applied to the neck by the upper arm and forearm. The amount that the elbow is bent determines the amount of pressure applied to the neck. This is a known martial arts grappling hold and is variably termed a sleeper hold or vascular/carotid restraint
3. Ligature, such as a scarf or belt tightened around the neck
4. Hanging

“ The message is clear: There is no safe way to use force around the neck ”

Less common is pressure on the neck from a foot or knee. All these methods can lead to external pressure on the neck causing partial or complete obstruction of the blood vessels or airway.

Strangulation does not require a particular level of pressure or force, and it does not require any injury. Experiencing strangulation is often described as a terrifying experience, with many believing that they are about to die.

Suffocation is different to strangulation. Suffocation is the obstruction of the airway at the nose or mouth, depriving a person of air, which affects their normal breathing. Suffocation is sometimes referred to as asphyxiation or smothering.

What happens during strangulation

Strangulation can cause physical injury as well as having a psychological impact. The nature of any injuries will depend on the length of time and the amount of pressure used.

Structures in the neck may be damaged, such as muscles, bones, nerves and blood vessels. A huge risk is that strangulation may cause the brain



Therefore it is vital for police officers to appreciate that applying any form of pressure to the neck, whether gently or with some force, could obstruct or compress the airways or blood flow.

Officers should also be aware that strangulation does not always result in obvious external injury. In many case studies, only 50% of survivors of strangulation had any visible injury to their head or neck as a result of the strangulation.

Further information and resources

The **prevalence of NFS**, particularly in sexual assault and domestic abuse, is high and rising. This rise may be a combination of both a true increase but also greater awareness in the police and Crown Prosecution Service.

Victims of strangulation should be assessed by a clinician who will take a detailed history. This is useful for the victim's ongoing medical care and may also be useful for any ongoing investigation. IFAS has created **proformas** for history taking as well as **guidelines on the clinical management** of NFS adult patients.

IFAS has worked with the police to develop guidance for police officers when responding to reports of strangulation. We have created a **full guidance document** for officers as well as a **1-page "pocket guide"**.

IFAS has also worked with survivors of NFS to create **information leaflets for victims of strangulation**, available in multiple languages.

Recognising the risks of strangulation and suffocation is vital to ensuring officers continue to only use force where it is reasonable, necessary and proportionate. The message is clear: There is no safe way to use force around the neck. ■

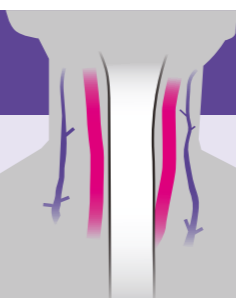
to be deprived of oxygen which can have immediate as well as long-term effects.

The brain is particularly sensitive to decreased oxygen levels. Experiments on healthy adult male volunteers in the 1940s showed that loss of consciousness took on average 6.8 seconds. Often these volunteers were dazed and confused afterwards for a short period of time. Some insisted that they had not lost consciousness. With prolonged strangulation, some lost bladder control between 15 to 40 seconds, two lost bowel control at 30 seconds. There was considerable variation in terms of response between the different volunteers.

It takes surprisingly little force to obstruct the blood vessels and airways in the neck, causing problems as oxygen levels in the brain fall.

Pressure required to block structures in the neck

- Jugular vein 4psi
 - Carotid artery 11psi
 - Trachea 34psi
- (psi = pounds per square inch)



Professor Cath White is the Medical Director at IFAS.



CASE STUDY 10



Girl restrained by the throat

This case was independently investigated by the IOPC.

PCs A and B were on patrol when they saw a group involved in an altercation on the pavement. A child was among them.

The officers stopped to intervene. Some of the group left the scene, but a child remained. PC A approached the child, who was from a mixed ethnic background, and told her to stop shouting and swearing. PC A then took hold of the child's arm and told her to listen to him. The child stepped away, and PC A instructed her to get into the police car.

PC B took hold of the child's other arm and pulled her toward the car. She tried to break free and asked the officers why they were taking her to the car. CCTV footage showed the officers interacted with the child for 17 seconds before escorting her to the car.

PC A used a knee strike to buckle the child's legs to help put her into the rear passenger side of the car. She immediately got out and continued to resist. PC A said to the child, "right, you're gonna get in handcuffs you're gonna be arrested alright" to which the child replied, "why am I fu***ng being arrested".

PC A placed his hand on the back of the child's neck and shouted at her to stop struggling and get in the car. PC A pulled her back and pushed her inside the car. In doing this, the child hit her head on the car roof and fell on her back onto the backseat, with her legs hanging outside the car.

In this time, PC B walked around to the other side of the car. PC B's body-worn video showed PC A had his hands around the child's throat, and she appeared to be struggling to breathe. The child used her hand to remove PC A's hand from her throat. The child stated PC A was choking her. PC A then repositioned his hand, placing it lower down the child's neck.

In interview, PC A said he had to lean into the car and put his hand on the child's breastbone to get her attention, pin her down and then turn her over. This is not a technique taught in training. PC A did not think to ask PC B for assistance.

PC A pulled the child upright in the car, holding both of her hands behind her back. PC B leaned into the police car and held the child's right wrist to keep it in place while PC A applied handcuffs and informed the child she was under arrest for a public order offence.

A member of the public asked PC A for his badge number, as he had witnessed PC A being "awfully

aggressive", to which PC A replied that he did not have one. He later told the IOPC it was not practicable to have a conversation with the member of the public as the child was screaming.

The child shouted, "You just fu***ng strangled me, and I couldn't breathe. I'd never ever ever felt like that in my life". PC A replied, "well maybe you should've behaved and do as you're told".

Officers ask for the child's address, which she provided, but PC A said they would take her to custody. The child explained she lived in a care home and was in the area visiting her mother. PC A said he would take her to her mother's house. The child tried to explain she didn't live with her mother so couldn't be taken there.

“ In interview, PC A said he had to lean into the car and put his hand on the child's breastbone to get her attention, pin her down and then turn her over. This is not a technique taught in training. ”

PC A was asked in interview why he did not take the child to her care home. He said he thought it could be a safety issue as it was in another county.

At the mother's address, PC A left the car. The child questioned why PC B did not say anything when he saw PC A strangling her. PC B claimed he did not see her being strangled. In interview, the child said she was disappointed that PC B did not challenge PC A's behaviour.

PC A spoke with the child's mother. She gave PC A the phone to speak to the care provider. PC A said he had to "manhandle" the child, and he thought she had "bashed" her head. The care provider stated that the child was alleging that PC A had beaten her up and strangled her. PC A provided his details to the care provider in case they wanted to make a complaint. PC A later de-arrested the child. A care provider arrived and collected the child.





“ PC A did not record his use of force on the child’s neck on the use of force form ”

PC A did not record his use of force on the child’s neck on the use of force form he completed after the incident.

The investigation considered whether discrimination influenced the child’s treatment but found no evidence that she was treated unfavourably because of her race. ■

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- How does your force make sure training and oversight reflect the specific experiences of girls, including those who may have histories of abuse, exploitation or care experience, and understand how trauma may affect their responses to police contact?
- How are officers trained to recognise and respond appropriately to trauma responses in children?
- What training or guidance is provided to officers on applying handcuffs prior to placing a person in a police car?
- Does current training clearly explain the risks of applying force to the neck area?
- What approaches are provided to officers to help them de-escalate situations involving children during dynamic, high-pressure incidents?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- What steps would you take to de-escalate this incident without using force?
- What adjustments do you make to communicate in a child-friendly way so the child can understand what you are doing and why? How do you make sure a child understands the grounds for arrest?
- How do you take account of the possibility that a child’s behaviour may reflect trauma, neurodivergence or fear, rather than deliberate non-compliance?
- When you interact with a child who is in the care system, how do you make sure they are properly safeguarded? Do you check that the person you release them to is an approved and safe caregiver?
- Do you understand your force’s procedures for raising concerns after an incident about a colleague’s use of force?

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

The IOPC referred the case to the Crown Prosecution Service. The officer was found not guilty of non-fatal strangulation of a child.

PC A had a case to answer for gross misconduct in relation to his use of force and the way he arrested the child. He was dismissed and placed on the barred list.

PC B had a case to answer for misconduct and received a written warning for failing to intervene or challenge his colleague’s behaviour.

Support and information



Mental health

Oscar Kilo

www.oscarkilo.org.uk

Oscar Kilo is the National Police Wellbeing Service, providing support and guidance for police forces across England and Wales to improve and build organisational wellbeing. It provides resources and support developed specifically for policing, by policing, and is designed to meet the unique needs of officers and staff, their families and those who leave the service.

Samaritans

www.samaritans.org

When life is difficult, Samaritans are here to listen – day or night, 365 days a year. You can call them for free or visit their website for more ways to speak to a Samaritan. Tel: 116 123

Shout

www.giveusashout.org

Shout is the UK’s first and only, free, confidential, 24/7 text messaging support service for anyone who is struggling to cope. Text: ‘SHOUT’ to 85258

Children and young people

Childline

www.childline.org.uk

Childline is here to help anyone under 19 in the UK with any issues they’re going through. Childline is free, confidential and available at any time, day or night. You can talk to Childline by phone, email or through 1-2-1 counsellor chat. Tel: 0800 1111

Young Minds

www.youngminds.org.uk

Young Minds supports children and young people, their families and professionals by providing guidance and advice. It offers emotional signposting and support through its parents helpline or webchat service. Tel: 0808 802 5544

Substance misuse

With You

www.wearewithyou.org.uk

With You is a charity providing free, confidential support to adults and young people facing challenges with drugs, alcohol and mental health.

Turning Point

www.turning-point.co.uk

Turning Point is a leading social enterprise, designing and delivering health and social care services in the fields of substance use, mental health, learning disability, autism, acquired brain injury, sexual health, homelessness, healthy lifestyles, and employment.

YOUR FEEDBACK ON ISSUE 46: Frontline Policing (November 2025)



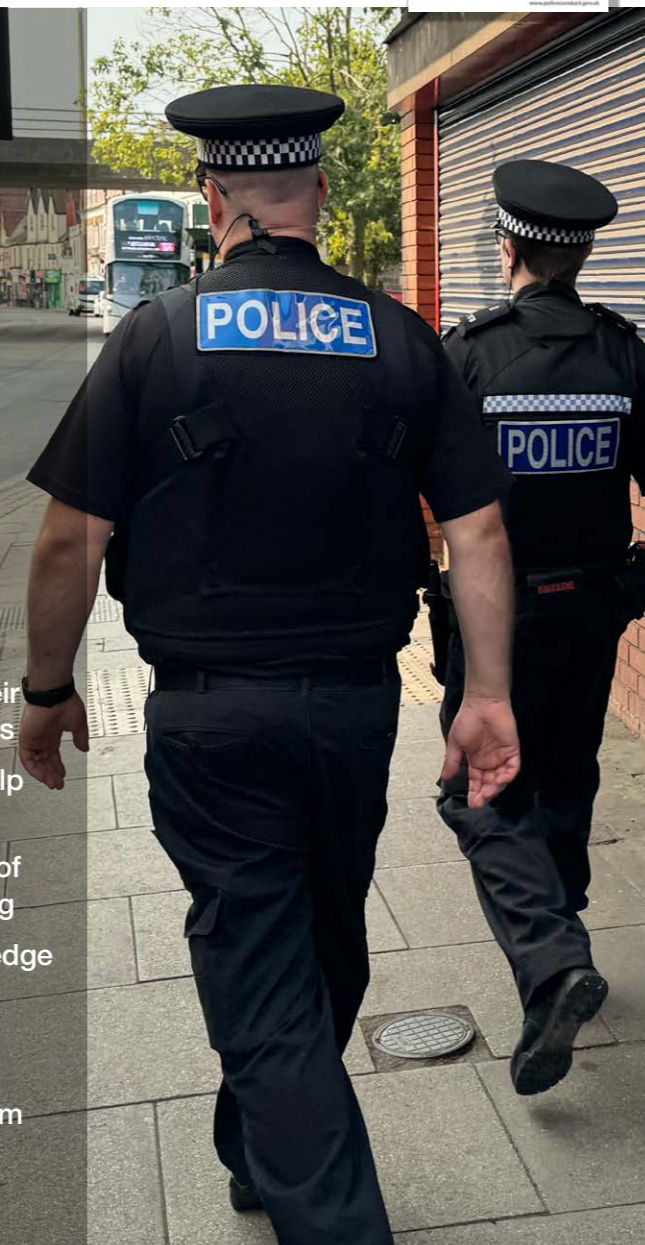
Thinking about the content of issue 46

- 95%** said this magazine was relevant to their work
- 100%** said the case summaries were clear and easy to understand
- 95%** said the mix of cases and articles felt about right
- 95%** said the key questions helped them identify learning in the cases
- 95%** said the case studies were relevant and explored the key issues

Thinking about the impact of issue 46

- 87%** said they intend to share issue 46 with their colleagues to share the learning it contains
- 95%** said this magazine was a useful tool to help drive change in police policy and practice
- 95%** said it had increased their understanding of issues that are relevant to frontline policing
- 95%** said the magazine provided useful knowledge to supplement information received from training, briefings or practical experience
- 77%** said reading issue 46 helped them to identify areas where they could benefit from additional training or development

Based on 22 responses to the survey.



**YOUR
FEEDBACK
NEEDED**

What do you think about the latest issue?

How useful did you find it?

What topics would you like to see covered in future issues?

Please complete our three-minute feedback survey:

[https://www.smartsurvey.co.uk/s/](https://www.smartsurvey.co.uk/s/LearningTheLessons47UseOfForce/)

[LearningTheLessons47UseOfForce/](https://www.smartsurvey.co.uk/s/LearningTheLessons47UseOfForce/)

The survey is open until **1 July 2026**.

The magazine is available to everyone.

Email learning@policeconduct.gov.uk to be notified when we publish a new issue.



YOUR FEEDBACK ON ISSUE 46: Frontline Policing (November 2025)



Embedding learning from issue 46 across Staffordshire Police

Detective Superintendent Clair Langley discusses improving force practice following publication of issue 46 of Learning the Lessons.

Staffordshire Police took a structured and coordinated approach to acting on the content of issue 46. Our aim was simple: to make sure every theme and question in the issue prompted real consideration and, where needed, meaningful organisational improvement.

After publication of issue 46, we promoted its key messages through internal channels, including email briefings, senior leader updates and local management meetings. These channels highlighted the case studies and early learning points, ensuring teams understood why the issue was important. We also promoted the issue via force-wide TV screens directing staff to the magazine to encourage frontline supervisors and their teams to explore the learning behind each case study.

We undertook a detailed review of every key question posed in the issue. Using a force-wide action tracker, shared at the force Organisational Learning Board, we allocated each question to the force leads for specific areas, such as frontline operations, missing persons, mental health, and training. Force leads were asked to review their area against each question to identify gaps requiring action, or provide evidence that our policies and practices were compliant with the learning. This approach allowed us to understand where we were meeting expectations and where improvements were needed.

The responses showed strong existing practice in several areas, including missing person decision making, 'Right Care Right Person' related escalation and Acute Behavioural Disturbance training. Force leads also highlighted areas for development. For



example, work is now underway to update our uniform policy to provide clearer guidance on non police-issued equipment, and we are reviewing processes for replenishing first aid supplies. Other improvements include updating our memorandum of understanding with the fire and rescue service, to support them in forcing entry to premises to assist the ambulance service. All new learning is being incorporated into officer refresher training.

This process has helped reinforce good practice, identify risk and support consistency across teams. Most importantly, it ensures that national learning does not sit on a magazine page and drives real action, that improves how we protect the public and support our officers and staff in challenging situations.

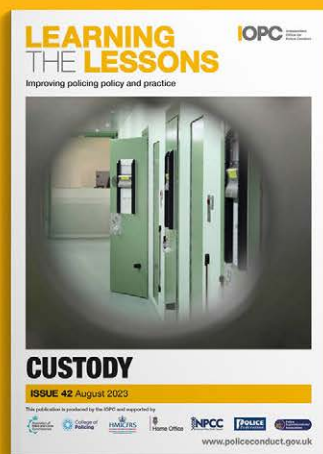
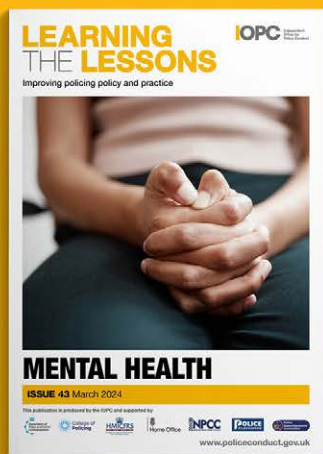
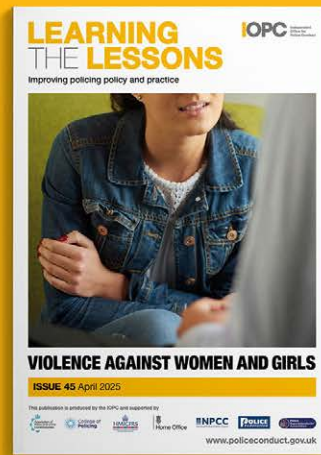
If your team would like to explore our approach, we are always happy to share our processes, templates and learning. ■

Detective Superintendent Clair Langley is Head of the Professional Standards Department at Staffordshire Police.



Interested in receiving new issues of Learning the Lessons?

The magazine is available to everyone.
Email learning@policeconduct.gov.uk
to be notified when we publish a new issue.



Want to get involved in the development of Learning the Lessons?

We have created a virtual panel, bringing together stakeholders from policing, academia, and community and voluntary sectors, to shape the development of future issues of the magazine. We invite panel members to review and provide feedback on drafts before publication.

Email learning@policeconduct.gov.uk if you are interested in joining the panel.

