LEARNING THE LESSONS

Improving policing policy and practice

FRONTLINE POLICING

ISSUE 46 November 2025

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www.policeconduct.gov.uk

WELCOME

A new challenge – and learning opportunity – every day

Welcome to this edition of Learning the Lessons, looking at frontline policing, where officers interact with the public and deal with difficult and unexpected situations on a daily basis. These interactions present an invaluable opportunity for officers to build the public's respect and trust, but there is also the risk of damaging that fragile relationship if things go wrong.

Officers face daily challenges, usually being the first on the scene when there is a crime, serious incident or crisis. They have to make snap decisions under pressure, in fast-changing and difficult conditions. The IOPC hears the stories of when police contact with the public hasn't gone well, and we are here to help officers, staff and forces learn from when things go wrong. We also get to see examples of first-class police work, practices and officer bravery, and it is important to share these stories too.

In this issue you can find out about work to transform local policing and increase confidence, via the Neighbourhood Policing Guarantee, and research on what people really want from the police. Officer wellbeing is also featured, including important information on suicide prevention, mental health, and how we at the IOPC safeguard police witnesses and subjects in our investigations.

Two of our articles address interacting with young people: how to prevent falling into the trap of 'adultifying' the young, and how overlooking neurodiversity can lead to unnecessary escalation.

We look at important practicalities, such as how the Met are reforming their first aid training. Officers from Warwickshire Police share their reflections on a case demonstrating the importance of body-worn video: captured footage showed them going above and beyond to try to save a driver in a fatal incident.

We also provide ten case studies from real-life incidents that we have investigated or reviewed, involving issues such as use of force, equipment, and encounters with young people. These provide an opportunity for learning, discussion and reflection: what would *you* have done in the same situation? We include the actual outcome of the cases, any recommendations made and what forces did to prevent the same problems occurring again.

I thank everyone who has contributed to this edition of the magazine.

Every interaction between police and the public offers an opportunity to build trust and confidence in policing. To that end, I hope you find this magazine interesting, thought-provoking and, above all, useful.

Rachel Watson
Director General, IOPC

Content warning

This issue contains descriptions of incidents involving death and serious injury, suicide, mental ill health, violence, and strip search.

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.

Please see page 48 for more support organisations you can contact if you are affected by this issue.

Key to case topics

- Call handling
- Custody and detention
- Information management
- Mental health
- Neighbourhood policing
- Personal safety
- Public protection
- Roads policing
- Stop and search
- Guidance

Cover photo: Tim Parker/iStock

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CONTACT US

030 0020 0096
enquiries@policeconduct.gov.uk
www.policeconduct.gov.uk
@policeconduct

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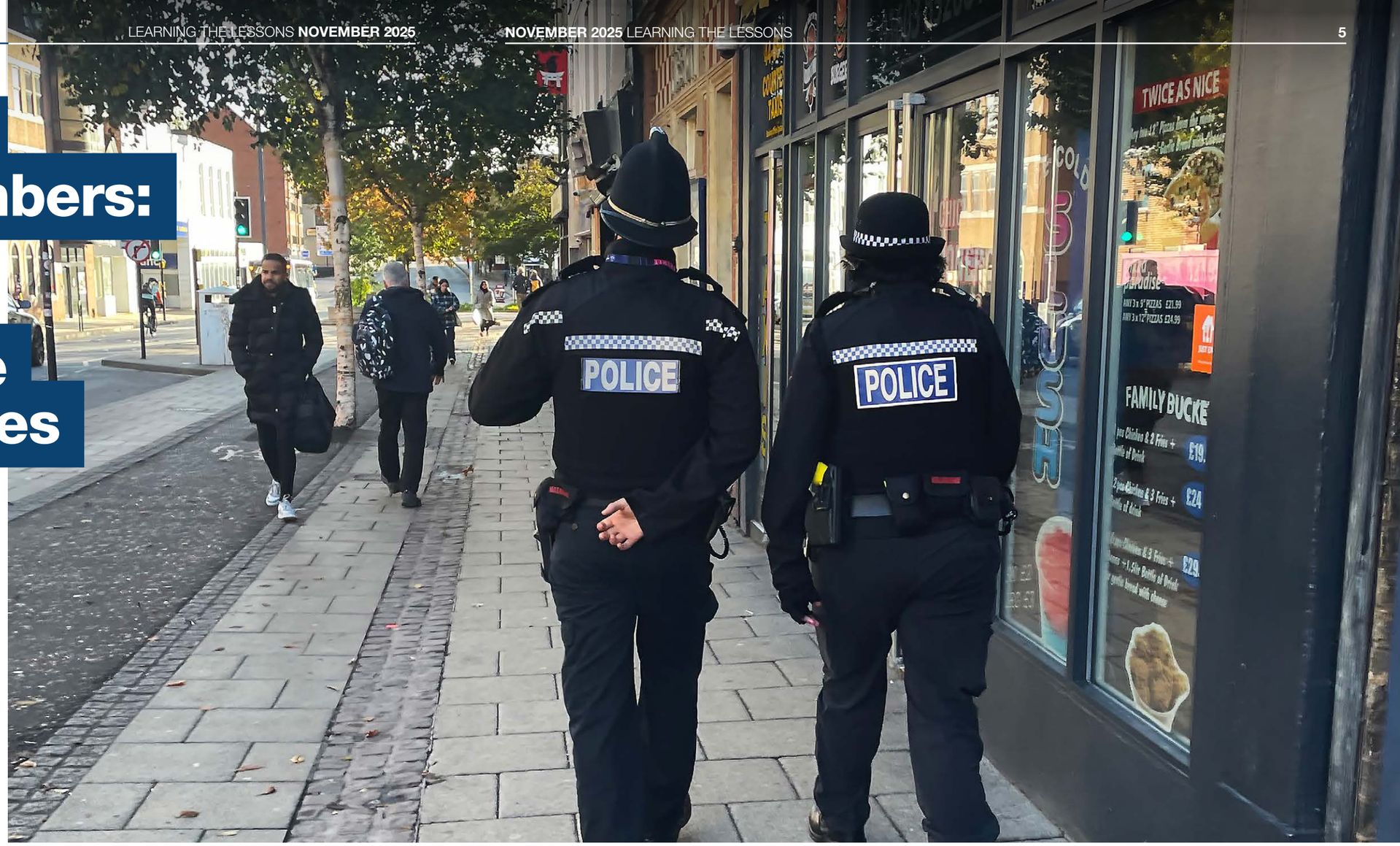
CUSTOMER SERVICE EXCELLENCE® CSE

More than just increasing numbers: rebuilding the connection between police and communities

Catherine Akehurst and **Dennis Murray** discuss the impact of the Neighbourhood Policing Guarantee to strengthen public trust and confidence in policing.



Trust and confidence are fundamental to effective policing, community engagement and legitimacy, and over recent years we have seen a decrease in this nationally.

Many factors play a part in building and maintaining trust and confidence, however we know neighbourhood policing and officers on the street are crucial for us to connect with communities.

Visibility and engagement with communities has always been central to the British policing model and must remain at the heart of what we do.

Through the implementation of its Safer Streets Mission, the Government has made a commitment to support forces in rebuilding neighbourhood policing, with the delivery of its Neighbourhood Policing Guarantee (NPG).

The guarantee, which was announced by the Prime Minister in April, aims to increase public confidence in policing and enhance the capability and capacity of the neighbourhood policing workforce by 13,000 police constables, police community support officers (PCSOs) and special constables to address anti-social behaviour (ASB) and focus on crime prevention.

Delivering the NPG is more than just increasing numbers though; it is about rebuilding the vital connection between the public and the police.

Since the announcement, the National Police Chiefs' Council (NPCC) has been working closely with forces to ensure specific commitments set out to be delivered by July have been met and are now being successfully delivered across all forces in England and Wales.

Every community now has named and contactable officers dedicated to addressing local issues, with neighbourhood policing teams spending the majority of their time in communities, providing visible patrols, engaging with residents and businesses, and offering regular opportunities for the public to raise concerns through community meetings.

A further commitment was made to provide a response to neighbourhood queries such as concerns about ASB, or local issues, within 72 hours. Every force now has a dedicated ASB lead to work with communities to develop action plans that tackle concerns seen on streets every day.

> **"The progress sets a national minimum standard that communities can expect"**

These achievements lay the foundation for the next phase of the guarantee, and the progress sets a national minimum standard that communities can expect.

The next focus is to support forces with achieving a further milestone over this Parliament: having an additional 13,000 neighbourhood policing resources in place to spend time on visible patrol and which are not deployed to plug shortages elsewhere. The first phase of this commitment is to have 3,000 officers, PCSOs and specials in place by the end of March 2026.

The NPCC has also been working with the College of Policing to launch a neighbourhood policing career pathway to provide new training for neighbourhood officers that equips them with the skills and knowledge they need to deliver a trusted and effective service to the public. It also sets out standards for professional excellence to ensure neighbourhood policing is developed as a specialist policing capability.

Part one of the Neighbourhood Policing Programme (NPP1) is exclusively online learning and covers engaging with communities, problem solving and tackling ASB.

Upon completion of NPP1, participants will be able to apply community engagement strategies to build

Five key pillars of the Neighbourhood Policing Guarantee

Photo: Alamy

1. Police back on the beat

A neighbourhood policing team in every area, carrying out intelligence-led and visible patrols, including in town centres and on high streets. Forces will be held to account for ensuring neighbourhood policing teams are protected, so they remain focused on serving communities.

2. Community-led policing

A named, contactable officer for every neighbourhood, responsible for local problems. Residents and local businesses will be able to have their say on the police's priorities for their area.

3. Professionalism

A new neighbourhood policing career pathway will provide new training for officers, and standards for professional excellence will ensure neighbourhood policing is developed as a specialist policing capability.

4. Crack down on ASB

Neighbourhood policing teams will have tougher powers and, supported by other agencies, will tackle persistent anti-social behaviour (ASB). This includes piloting the new 'Respect order' to enable swift enforcement against prolific offenders and a dedicated lead officer in every force working with communities to develop a local ASB action plan.

5. Safer town centres

Neighbourhood policing teams will crack down on shop theft, street theft, and assaults against retail workers, so local people can take back their streets from thugs and thieves.

trust and gather intelligence, and use structured problem-solving techniques to address local issues. They will know how to implement appropriate interventions to tackle ASB, and contribute to creating safer communities through visible, effective neighbourhood policing.

The complete programme will be made up of four parts and is expected to be available in full by 2027. To further support the Government's Safer Streets Mission, earlier this year the NPCC established a new programme to specifically focus on "Trust and Confidence".

The work of the programme will coordinate national efforts to rebuild public trust, enhance police legitimacy, and strengthen community relationships across UK policing. By uniting stakeholders from policing, academia and government, the programme will develop a national Trust and Confidence Strategy – driven by evidence-based practice and community engagement – to ensure policing is fair, transparent and trusted by all.

We are also taking forward initiatives including:

- Developing a programme of national interventions, with the College of Policing and key stakeholders, to deliver the changes required to improve public confidence
- Developing a quarterly symposium, which has been running for over a year, bringing together strategic stakeholders to share information and share thinking on police legitimacy
- Agreeing joint commitments between the Home Office, the Association of Police and Crime Commissioners, and the NPCC to develop a consistent, and sustainable approach to addressing trust and confidence

Maintaining public trust and confidence is not a one-time achievement, but an ongoing responsibility which requires policing to demonstrate a deep commitment to serving with fairness, empathy and transparency. ■

Temporary Deputy Chief Constable Catherine Akehurst is the NPCC programme lead for the Neighbourhood Policing Guarantee. **Assistant Chief Constable Dennis Murray** is the NPCC lead for the Trust and Confidence portfolio

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.

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 those in frontline policing can be confronted by. Officers can often be the first responders to incidents involving vulnerable individuals, having to make decisions in dynamic and fast-moving situations. We share these case studies to ask readers to reflect on existing training, guidance and resources to help prevent adverse incidents in the future.

Some case studies explore wider themes that might be seen in frontline policing, including risk assessment and communication with other emergency services or members of the public. These case studies might reflect scenarios you have or could imagine encountering and are designed to help you consider your own knowledge and confidence.

While this issue discusses more recent IOPC cases, previous issues of the magazine – covering areas such as **roads policing**, **call handling**, **custody**, and **mental health** – contain case studies that are still very relevant to frontline policing. We encourage you to continue to consider the learning raised in these issues to identify opportunities to improve policy and practice.

> **"Previous issues of the magazine contain case studies that are still very relevant to frontline policing"**

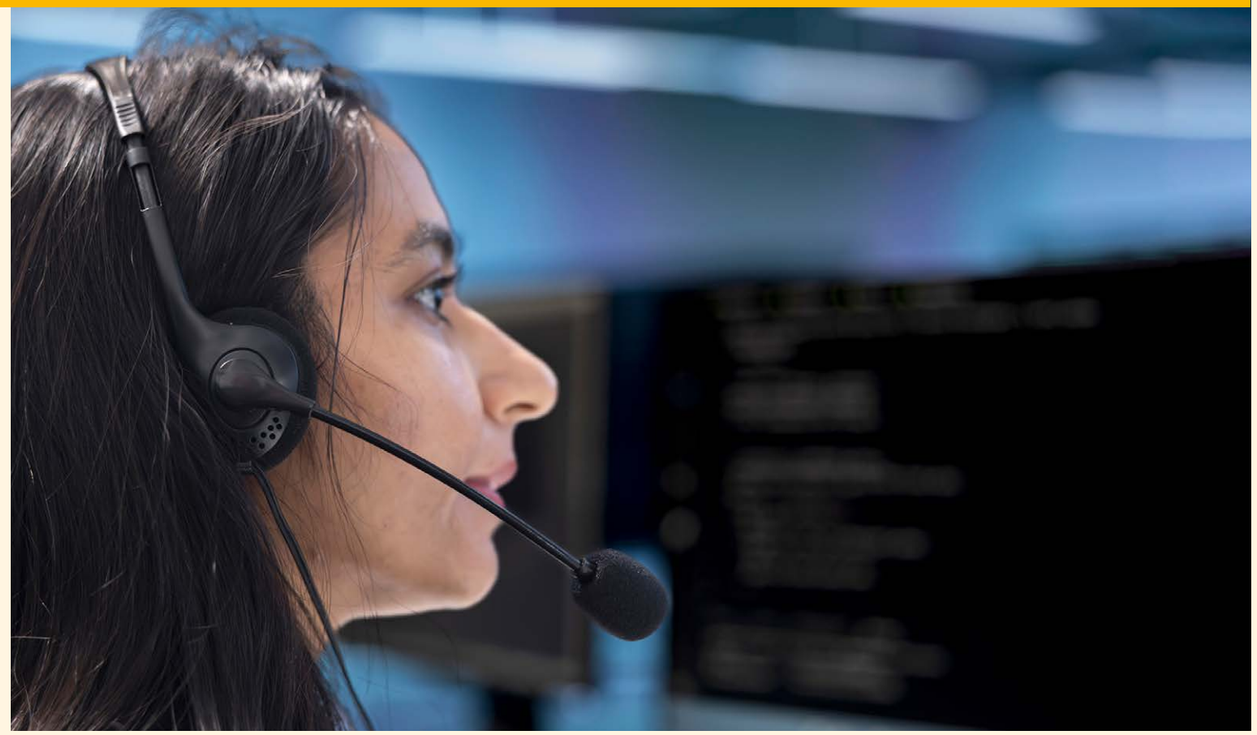
We include symbols at the beginning of each case study so you can quickly identify cases involving themes relevant to your role. All our case studies include reflective questions, designed to unpack key learning. If you are a frontline officer or member of staff, we ask you to consider your own answers to these questions. We hope this can help you to think about how you might approach future incidents that you attend to make sure you are in the best position to support yourself, your colleagues, and members of the public. By doing so you can help everyone to 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

Police response to a report of a missing person



This case was locally investigated by the force. The IOPC reviewed the investigation to decide whether there was an indication that a person serving with the police may have committed a criminal offence or behaved in a manner which would justify disciplinary proceedings.

A key worker at a drug support service, Mr A, contacted the police to report a service user, Mr B, as missing. He explained that Mr B had not been seen for a week and that he had frequent thoughts about suicide.

The call handler recorded that the risk to Mr B was unknown and that his whereabouts were also unknown. They advised Mr A to check Mr B's home address and to call the ambulance service as he had concerns about Mr B's mental health. This appeared to have followed the principles of Right Care, Right Person (RCRP). In reaching this decision no consideration was given to recording Mr B as a missing person.

Inspector C, who was temporarily acting up in this role, updated the incident log with an entry stating that "unless there was a significant and immediate risk of harm", Mr B would not be treated as a missing person, as he was an adult and entitled to a private life.

About 90 minutes later, Mr A's manager, Mr D, contacted the police to report Mr B missing. He explained that Mr B was addicted to heroin, had not collected his methadone and that his phone was switched off. Mr D stated that this was out of character for Mr B. He also confirmed that someone had checked Mr B's home address and that there was no answer. Mr D explained that Mr B had poor mental health and had been suicidal in the past. He confirmed that Mr B was last seen three days ago.

Inspector C updated the log to state that there was nothing to suggest that Mr B was at immediate risk of serious harm and that Mr B did not meet the criteria for a missing person. They did not undertake a further risk assessment based on this new information. It appears RCRP principles were again applied. In the meantime, Inspector C tasked police staff to speak to Mr D, who was unable to provide any more information about Mr B.

G College of Policing Major investigation and public protection Authorised Professional Practice: Missing persons

The College of Policing defines a missing person as follows: "Anyone whose whereabouts cannot be established will be considered as missing until located, and their well-being or otherwise confirmed."

More information
www.college.police.uk/app/major-investigation-and-public-protection/missing-persons/missing-persons

The following day, police were informed that Mr B was found dead at his home.

The IOPC review noted that in the second call to police, it was confirmed that Mr B's home address had been checked, and that Mr D had reported him missing. It found that at this point, Inspector C had misinterpreted the RCRP policy and had used it, when they should have used the missing persons guidance to decide what action the police should take.

The IOPC review also stated that because Inspector C had tasked police staff to conduct further enquiries, this created a duty of care on behalf of the police. It explained that Mr B should have been recorded as a missing person.

The review obtained confirmation from an RCRP lead at the force, that RCRP principles should not be used to help determine whether a person is missing.

G Right Care, Right Person (RCRP)

Right Care, Right Person is an approach designed to ensure that people who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs.

RCRP uses a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents…. The threshold for a police response to a mental health-related incident is:

- to investigate a crime that has occurred or is occurring; or
- to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.

More information
www.college.police.uk/guidance/right-care-right-person-toolkit

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- How does your force make it clear that RCRP shouldn't be applied in missing person incidents?
- How does supervision ensure frontline officers and staff apply the correct policy?
- What measures are in place to ensure a missing person investigation is triggered at the correct point?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- Do you understand the difference between the RCRP and missing persons policies, and when to apply each policy?
- How do you escalate concerns if you believe a case has been misclassified?
- What tools or resources (e.g., flowcharts, checklists) are available to help you make the right decision about the police response to an incident?
- How do you continue to assess risk and the application of RCRP throughout an ongoing incident?

LEARNING RECOMMENDATIONS AND ACTION TAKEN

- Following evidence that there was some confusion with the application of RCRP in relation to missing person cases, the IOPC issued two national learning recommendations to the College of Policing and National Police Chief's Council (NPCC). It asked the national RCRP team to clarify the framework's scope in relation to missing persons, ensuring it is not misapplied to police deployment decisions. It also recommended that call handers are clear and transparent in their communication where the police will not attend.

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

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

During an informal debrief, it was clarified with Inspector C that RCRP principles should not inform decision-making in missing person's reports.

Vulnerability & Policing Futures Research Centre

A minimum policing standard?

Ben Bradford discusses recent work on developing a 'Minimum Policing Standard'.

Photo: Alamy

Public trust in the police in England and Wales has fallen markedly in recent years. This trend has many sources and consequences, but a central issue seems to be a sense of dislocation and distance. Many people feel that police are no longer present, active, and engaged in their communities, and that the service does not deliver appropriate outputs or outcomes.

What is the service police are meant to deliver, though? What do people think police are for? Research conducted by the Vulnerability & Policing Futures Research Centre has probed these questions. Instead of assuming we know what people believe are the primary functions and goals of police – most obviously 'fighting crime' – we ran a series of focus groups that allowed participants to develop and present their own views on the role and purpose of police.

We asked what, under normal circumstances, was the minimum standard of service delivery people expected from police in their neighbourhoods or communities. This included 'neighbourhood policing,' traditionally defined, but also elements such as online crime and domestic abuse.

The focus groups were tasked with generating a list of essential activities and behaviours that all participants could agree on. They established three domains of activity: Response, the way police respond to crimes, calls for service and other stimuli; Behaviour and Treatment, the way officers and organisations interact with the public; and Presence & Engagement, the extent to which police are visible and involved in neighbourhoods and communities.

While dealing with crime and disorder was seen as central to the police role, most striking was participants' concerns with the conduct of policing. They focused on the behaviour of police, and on relationships with the public. The Behaviour and Treatment domain included, for example, criteria such as building trust and relationships with the community, treating people with dignity and respect, and being role models of good behaviour. The Presence and Engagement domain included greater police presence, physical police stations and known local officers, and responsiveness to the community.

Concerns with the conduct of policing were also evident in a definition of what local policing is and should be that was drawn up by participants. This included criteria such as being available at any time, being visible, having good communication with the public, and being respectful and empathetic. Participants felt local police should respond to incidents in a proportionate and appropriate manner, investigate and solve crimes while providing adequate follow-up, engage in crime prevention, and engage meaningfully with all peoples in the community' in ways that foster ongoing communication and collaboration.

> **"Most striking was participants' concerns with the conduct of policing"**

Building on the focus groups, we issued a nationally representative survey in November 2023 that included questions probing whether respondents felt police were meeting the standards set out by the focus groups. In general, they did not. Among the 18 indicators included in the survey in only two areas, both from the Behaviour and Treatment domain, did more than 50% of people agree police were meeting the criteria set out. These were 'behave in a professional manner' (62%), and 'treat people with respect' (51%).

Perceptions of whether police were achieving the standards developed by the focus groups correlated strongly with measures of overall confidence, trust and legitimacy, with the Behaviour and Treatment domain usually the most important factor. Whether or not police appeared to be delivering an adequate level of service and behaviour, as these were defined by the focus groups, was an important factor underpinning public trust and confidence.

These findings correspond closely with data collected by the IOPC. For example, its police complaint statistics show that in 2023/24 53% of allegations related to the delivery of duties and service, which includes concerns about the general level of service, the provision of information, and so on. A lack of courtesy and respect also feature strongly as issues in complaints, including in cases involving racial discrimination. Similarly, the IOPC public perceptions tracker 2024/25 reported that among the one fifth of people who thought their local police were better than the police overall, factors such as being present in the community, responsiveness, and good communication seemed important in explaining this local success.

There is often an assumption that public trust will flow from policing that generates positive outcomes in relation to priority crime types and, in general, demonstrates 'effectiveness' in fighting and preventing crime. However, when we asked people what they really want from policing as a public service we found that while dealing with crime certainly figured, as or more important was the way in which policing is conducted and the relationships between police officers, organisations, and the communities they serve.

We need to develop better ways of understanding, measuring, and responding to the process-based and relational values of responsiveness, fairness, respect, and engagement that seem most important to public trust. People believe that demonstrating and living up to these values is central to the mission and purpose of the police. Expanding the meaning of success in policing to include such criteria, and actively working towards them, may help halt and reverse the recent decline in police-public relations. ■

For more on this research, please visit: vulnerabilitypolicing.org.uk/publications

Ben Bradford is Professor of Global City Policing at University College London and a member of the Vulnerability & Policing Futures Research Centre

CASE STUDY 2

Detainee injured in a fall whilst being transported to custody

This case was locally investigated by the force. The IOPC reviewed the investigation to decide whether the outcome of the investigation was reasonable and proportionate.

The police received a call that a man was making threats to their neighbours with a knife. The police received a further call from the neighbour to say that the man was trying to get into his property.

Five police officers, PCs A, B, D, E and PS C, were dispatched to the incident.

The police investigation noted that before officers arrived, the man had been locked out of his property by his partner. He was described as carrying a 'big kitchen knife' and seen hiding behind a parked car. The man was also seen shouting that he was going to stab somebody in the leg.

Upon arrival, PS C updated the control room and stated the man had left in a car with his mother.

PCs A and B were with the neighbour who described that the man had arrived at his property with a knife and was waving it around. PC B said they found a kitchen knife where the man had been hiding.

PS C, PCs D and E visited the man's last known address. While there, the man arrived in a car.

PC D approached the car and explained why they were there. The man was then detained by PC D and placed in handcuffs. He was arrested on suspicion of being in possession of an offensive weapon.

PCs A and B heard the man had been arrested and made their way to support their colleagues.

The man used racist language towards PC A and was further arrested by PC D for racially aggravated public order.

PC F arrived and noted the man's behaviour was 'volatile', and PS C stated the man was "acting aggressive" when he was arrested. The man then refused to get into the cell area of the van.

The police investigation noted that due to the man's behaviour, the hot weather, and that the custody suite was some distance away, PS C did not want the man to be in the police van for a prolonged period. They requested the van drive to custody under emergency conditions.

PC F drove the police van as he was the only officer who was trained to drive it under emergency conditions. PCs B and PC F were joined by two other officers on the journey to custody.

While travelling to custody, PC B noted the man appeared to be very hot in the back of the police van, despite the air conditioning in the cell area being on. The man also said he was feeling faint due to an undisclosed medical condition and asked for some water.

The police investigation noted that while enroute to custody the man became agitated, stood up and refused to sit down. The IOPC review stated that body-worn video footage only showed the man standing up twice during the journey.

College of Policing Detention and Custody Authorised Professional Practice: Moving and transporting detainees

Every detainee must be properly supervised and monitored at all times during transport. Officers and staff should take particular care with individuals who have been subject to force upon arrest, particularly where they are restrained with handcuffs or leg restraints, as this can increase the risk of injury.

The following principles should be followed when transporting detainees.

- An officer must observe and monitor the detainee and react to any situation that may arise.

…

- Detainees who have struggled violently should not be placed in a vehicle unrestrained or unsupervised – to ensure appropriate control during a journey, the detainee should be seated upright where possible.

More information

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

While in transit, the man fell in the caged area and injured his shoulder. The IOPC review noted the police van was not being driven in an erratic manner.

PC F stopped the van at a nearby service station, where the man was given some water.

PC B tried to give first aid to the man, but he threatened to spit at officers and refused any treatment.

The man was taken directly to hospital where he received stitches for his shoulder injury. After treatment, the man was transported to custody.

The police investigation noted that, had the man remained seated while being taken to custody it was unlikely that he would have received a shoulder injury

The man was charged with possession of a knife, racial harassment and two other offences. ■

> "While in transit, the man fell in the caged area and injured his shoulder. The IOPC review noted the police van was not being driven in an erratic manner"

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- What guidance does your force have on transporting detainees in a cell area of a van, while driving under emergency conditions?
- What training is given to officers on how to safely regain control of a detainee should they refuse to remain seated while in transit?
- How do you support officers/staff who are subject to racial abuse while carrying out their duties?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- Would you have driven under emergency conditions in this case? What are the risks with choosing to do so?
- What would you have done differently in this case?
- What safeguarding measures are available to you, should you be subject to racial abuse while carrying out your duties?

LEARNING RECOMMENDATIONS AND ACTION TAKEN BY THE FORCE

- The IOPC issued one learning recommendation to the force. It asked them to take steps to ensure that if a detainee becomes violent and/or stands up during the journey to custody then officers should, where practicable, stop the vehicle and regain control before continuing with their journey.
- The force accepted the learning recommendation and issued guidance. The guidance will be reinforced during vehicle refresher training and safety training, to ensure officers understand their responsibilities when transporting a detainee in a police van. The guidance will also be shared on the force's intranet and a senior officer will monitor compliance with the guidance.

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

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

WARWICKSHIRE POLICE

The impact of using body-worn video

Mateusz Dabrowski, **Dominic Strange**, **Simon Payne**, and **Patrick Cragg** discuss a fatal police pursuit, the subsequent IOPC investigation, and how body-worn video (BWV) provided crucial evidence.

PC's Mateusz Dabrowski and Dominic Strange had stopped a suspicious car. They instructed the driver to get out so that they could perform a search, but he drove off at speed. Mateusz and Dom pursued the vehicle.

When did you activate your BWV?

Mateusz: My BWV was on as I initially approached the driver and talked to him. After speaking with Dom, we believed we had grounds to search the vehicle. Our decision making and rationale were captured on BWV, showing what was going through our heads.

Dom: I activated my BWV when I got back in our car and the pursuit began, but the 30 seconds before I activated my BWV were captured when we spoke to the driver. [BWV cameras have a buffer feature which captures footage of the last 30 seconds when the user is unable to immediately activate their camera].

National Police Chiefs' Council: Body-worn video guidance 2024

…users should activate their cameras to record when making a decision to stop a vehicle utilising police powers. Best practice will be for users to verbalise their decision-making on BWV. If a vehicle fails to stop, BWV would then have captured the context leading up to that request, and evidence for that offence.

More information
www.npcc.police.uk/SysSiteAssets/media/downloads/publications/publications-log/local-policing-coordination-committee/2024/npcc-bwv-guidance-2024.pdf

Mateusz and Dom pursued the vehicle. Within a minute it had crashed and was on fire, with the driver still inside and unresponsive. Despite resuscitation efforts, the driver sadly died. A Post-Incident Procedure (PIP) was held, and an IOPC investigation was commenced. Simon Payne attended the PIP as the officer's federation representative.

How was the footage used during the PIP?

Simon: At the initial PIP meeting we were able to quickly establish, with the IOPC, that Mateusz and Dom should be treated as Key Police Witnesses (KPW). [KPWs are police officers or staff who can give direct evidence of the death or serious injury or the circumstances leading to it and are not treated as subjects within an investigation].

We had three camera angles: the police dashcam and the officers' BWV. You could see Mateusz attempt to extinguish the fire and both officers getting into the car to recover the driver. You had the complete picture.

Dom: I didn't have much anxiety once I knew we were being treated as KPWs. I knew we'd done everything we could. When we watched our BWV footage back to write our detailed (stage 4) statements, it reinforced for us that we had done a good job.

The IOPC Lead Investigator, Patrick Cragg, facilitated the bereaved family's viewing of the BWV footage. The family then asked to meet with the officers and thanked them.

How did viewing the footage impact the family?

Patrick: The BWV helped the family understand the incident. Prior to watching the BWV, they thought the two officers had just pursued the driver without providing an opportunity for them to pull over and comply. The family watched the BWV and realised what had happened, the officers had been polite and respectful. The family realised that the driver had driven off at speed by choice, and unfortunately a fatal collision occurred.

Mateusz: We explained to the man's family that we tried to save his life. When they wanted to meet us I took this as a positive – they knew what we'd done.

What difference do you feel BWV made in this case?

Simon: If we hadn't had the BWV footage, the officers' status in the IOPC investigation would have remained uncertain. There wouldn't have been closure for the bereaved family or the officers. BWV is there to protect officers and demonstrates how difficult the job can be.

Mateusz: It's a job saver! If you do everything correctly, follow policies and procedures, and use BWV, it backs you up. It builds a bigger picture, rather than you just providing a statement.

Do you have any advice or reflections as a result of this case?

Dom: From the start of my training, I was told that having your BWV on standby is important. You can capture the 30 second buffer beforehand and potentially capture what someone has said or done.

You never know when a job is going to go wrong or escalate – BWV gives context. A suspect may have said something, or displayed certain body language that you haven't noticed – then you watch the footage back and notice it.

It's better to have BWV running and capturing very little, than to have it off and miss something key.

Mateusz: I've reminded my colleagues how important BWV is based on this IOPC investigation – if I hadn't had the BWV and the dashcam footage, I may not have been treated as a KPW.

Simon: I've previously represented officers who've turned their BWV off partway through an incident – there may be a valid reason for this, but it makes it more difficult to justify what happened. What Dom and Mateusz did was perfect in terms of showing their actions. I want to instil in officers that when they have done something according to their training, they have nothing to fear from the IOPC. ■

Mateusz Dabrowski and **Dominic Strange** are Police Constables with Warwickshire Police. **Simon Payne** is Chair of Warwickshire Police Federation (pictured). **Patrick Cragg** is a Lead Investigator at the IOPC.

Photo: Alamy

DEVON & CORNWALL
COMMUNITY SCRUTINY PANEL

Photo: Alamy

Community scrutiny driving better policing in Devon and Cornwall

Rev. Nathan Kiyaga and **Joelene Sciberras** discuss how they are ensuring policing is fair and transparent.

In 2020, concerns over heavy-handed policing during stop and search in Devon and Cornwall prompted the creation of the Devon and Cornwall Community Scrutiny Panel (DCCS Panel). Founded by Rev. Nathan Kiyaga, the Panel responds to longstanding community concerns, particularly from minority groups, regarding disproportionality and bias in policing.

At the time in Devon and Cornwall, Black individuals were **12 times more likely to be stopped** and searched than the general population, despite making up only **0.2%** of local people. By April 2022–March 2023, this had reduced to **4.15** times, reflecting measurable but incomplete progress towards equity.

How the Panel works

The Panel meets online monthly, reviewing body-worn video (BWV) footage and data from the previous month. Cases are selected to cover all areas, using themes based on factors such as ethnicity, age, repeat encounters, or officers with higher disproportionality rates based on the number of searches they have completed.

Footage is evaluated using established frameworks – GOWISELY for stop and search and PLANTER for use of force – and scored anonymously on a 1–9 scale, with results categorised as red, amber or green. A police liaison officer facilitates the process, while chief superintendents attend sessions to listen and act on feedback.

Membership is open to anyone over 16 who has not worked in policing in the last three years. From a modest start, the Panel has grown to over **100 members** and is made up of a diverse range of backgrounds, with 19% and 4% of members coming from a Black or Asian background respectively and members' ages spanning from 16 to 70+.

Impact and cultural change

Between December 2020 and August 2025, the Panel reviewed **421 cases**, but unfortunately **161 had no BWV available**. We have noted gradual improvement over time, with more cases meeting higher service standards.

The process has contributed to:

- A cultural shift, where officers are more aware and less defensive about their actions being independently reviewed.
- An increased openness from senior leaders, who respond quickly to feedback and have listened to those with lived experience, with a genuine willingness to learn from mistakes.
- Reflective learning opportunities for newer officers, fostering non-defensive engagement.
- A community of leaders who have learnt a lot about policing and act as a critical friend for policing.

Over the years we have seen a significant increase in the quality of the data that is presented for scrutiny. Since improvements in stop and search record-keeping, our scrutiny of both the data and BWV footage has been positive. We appreciate the efforts of Devon & Cornwall Police in these improvements.

Whilst there are mechanisms to escalate encounters that have caused concern, no cases reviewed by the Panel have required escalation to the IOPC. Concerns have been addressed through the reflective process - a remarkable achievement. All officers previously rated as 'red' in their service during an encounter are regularly reviewed by the Panel in our scrutiny meetings, and all recent encounters have positively been rated as 'green.'

Public engagement and learning

The Panel held conferences at Exeter University in 2024 and 2025, bringing together community members, policing and students to build insight and share learning.

We also launched DCCS Satellite Panels engaging students at South Devon College and the University of Exeter, enabling more scrutiny work to be achieved by criminology and sociology students.

The results from our scrutiny work show a marked shift from predominantly 'red' ratings in the early years of the Panel to mostly 'green' in recent reviews. Our ongoing priorities include improving record-keeping, particularly in use of force reporting, to ensure consistent and reliable data for scrutiny.

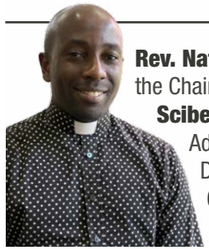
Over the years we have learnt that:

- We are better together - the police and the community they serve.
- Accurate, complete data is essential for meaningful oversight.
- Deleting non-evidential BWV after 31 days prevents the type of ongoing scrutiny that the Panel offers.

With all these lessons we:

- Encourage other police forces to establish community scrutiny panels if they do not have one in place.
- Value knowledge-sharing between panels nationwide and have been delighted to work with the Dorset community panel. If you have a panel in your policing area, get in touch with us to learn from one another.
- Invite you to join a Panel session as a visitor - it might be the *"best two hours of your month."* Send us an email and we can arrange for your visit.
- Will continue to advocate for extending the retention of non-evidential BWV from 31 days to six months, especially for negative stop and search encounters, to enable meaningful learning and supervision.

We believe that when communities and police work together in this way, trust deepens and residents are guaranteed an outstanding police service. ■



Rev. Nathan Kiyaga is the Chair and **Joelene Sciberras** is the Lead Administrator at the Devon and Cornwall Community Scrutiny Panel.

CASE STUDY 3

Excessive use of force by an officer at the roadside

> “The driver in their statement said when his head was pushed to the ground, he felt his tooth crack”

This case was independently investigated by the IOPC.

Two police officers stopped a vehicle because the driver had been seen using his mobile phone whilst driving.

PC A asked the driver to get out of the car. He did so and stood in the road between his car and the police car. The driver was asked several times to stand on the verge before PC A made the decision to push the man out of the road.

The man became agitated and PC A attempted to handcuff him. The driver moved away, back into the road. The officers called for assistance.

There was a brief altercation where the driver repeatedly pulled away from the officers and edged further into the road. As this was risky, PC A used his incapacitant spray to help gain control of the driver.

The two officers regained control of the driver, de-escalated the situation and moved him to the verge.

The driver was arrested for assaulting the officers and was handcuffed to the rear. PC B helped him sit on the ground.

Body-worn video (BWV) footage captured the driver sitting and talking with the two officers, as a third officer, PC C who had responded to the assistance call, arrived.

PC C briskly walked over to the driver. He did not speak to the other officers. PC C crouched down next to the driver, placed his hand on his shoulder and asked him what had he been “doing?”. When interviewed by the IOPC, PC C stated the driver was becoming “more irate”, told him to get the “f**k off” and tried to get up.

BWV captured PC C pushing the driver to the ground from his seated position and delivering an elbow strike to the driver’s head/neck area. PC C was heard telling the driver to “get on the f**king ground […] we’re not f**king having any of this bulls**t. Stop f**king about.” In his account to the IOPC, PC C said that he felt the driver was trying to “get up” and he was trying to get control of him. PC B said she did not witness an elbow strike. The IOPC investigation noted the driver was not offering any form of resistance at the time he was pushed to the ground nor was he trying to move away from the officer.

BWV captured PC C pushing the driver’s head into the ground. In interview, PC C was asked about the level of force and said they used “as much […] as needed”. The driver in their statement said when his head was pushed to the ground, he felt his tooth crack.

Whilst on the floor, officers placed the driver in leg restraints, then helped him sit upright.

The leg restraints were later removed from the driver and he was helped to stand. PC C’s BWV footage showed the driver’s face was red and covered in dirt where it had been in contact with the ground.

The driver was taken to custody and booked in. Officers explained that forced had been used during the arrest and the driver said his tooth was aching. He was seen by a health care professional who provided him with some painkillers. In their statement, the driver said that he was not physically examined and no photos were taken of his injuries.

The driver was released, and no further action was taken regarding the driving offence or alleged assault.

Following the incident, PC C completed a use-of-force form. However, the IOPC investigation noted that PC C did not record the use of an elbow strike on the driver.

The IOPC also investigated PC C for using emergency warning equipment in his police vehicle. PC C held a basic driving permit which did not allow him to use emergency warning equipment. Vehicle telematics flagged that PC C had activated the vehicle’s emergency warning equipment whilst en route to this incident. In his account, PC C said he had done this to warn members of the public of his intention to stop on a slip road. The IOPC investigation noted that PC C had intermittently used the vehicle’s emergency warning equipment prior to his arrival; exceeding his training. ■

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- What training is provided to officers/staff to equip them with the skills necessary to manage stressful situations?
- What measures are in place within your force to ensure the accurate completion of use-of-force forms? And what procedures are implemented when it is identified that information has been recorded inaccurately?
- What strategies or interventions are in place to help officers review and learn from their responses and actions following high-pressure incidents?
- How do you monitor police vehicle use to ensure officers/staff are operating vehicles in line with their authorised driving permits?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- How would you have approached and managed this situation?
- Would you have felt confident in challenging a colleague regarding their use of force?
- Do you understand what equipment in a police vehicle you can use as part of your driving permit?

ACTION TAKEN BY THE FORCE

- The force established a prevent team to reinforce the force’s professionalism strategy, which reiterated the importance of challenging inappropriate behaviour. A use-of-force board was created to review BWV footage, and the revised College of Policing personal safety training was implemented, focusing on more realistic and hands-on, scenario-based training.

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

The case was referred to the Crown Prosecution Service. PC C was charged and was later convicted of assault by beating, he received a 12-week suspended custodial sentence and 100 hours unpaid work.

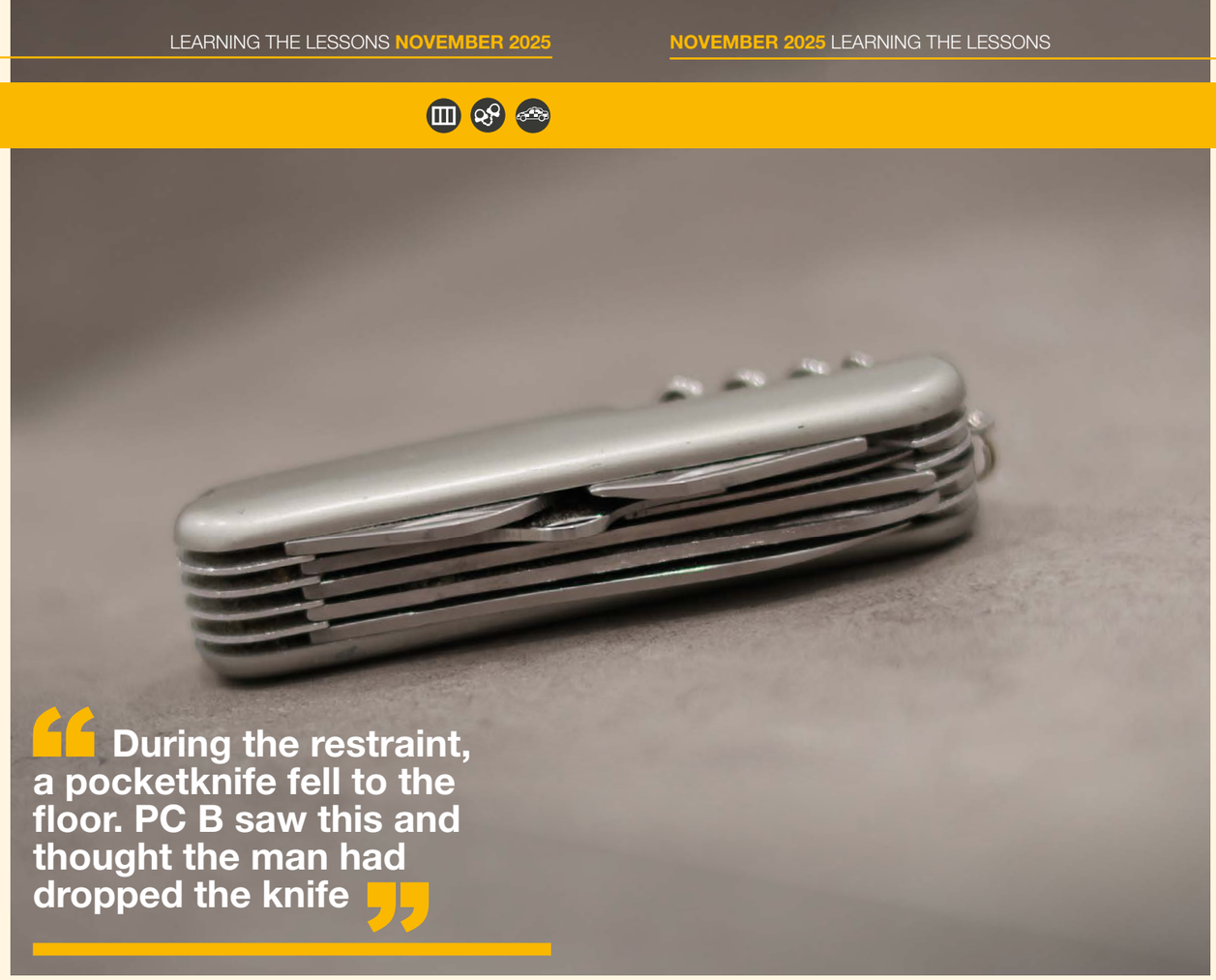
PC C had a case to answer for gross misconduct. He faced disciplinary proceedings for breaching the standards of professional behaviour for use of force, discreditable conduct, authority, respect and courtesy, and orders and instructions.

PC C resigned during the investigation. He would have been dismissed without notice had he still been serving. He was 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.

CASE STUDY 4

Non-police issued equipment increased risk during restraint



> During the restraint, a pocketknife fell to the floor. PC B saw this and thought the man had dropped the knife

This case was locally investigated by the force. The IOPC reviewed the investigation to decide whether there was an indication that a person serving with the police may have committed a criminal offence or behaved in a manner which would justify disciplinary proceedings.

Two police officers, PCs A and B were on routine patrol in a marked police vehicle in a city centre. They saw a man riding a moped, tailgating an emergency vehicle and thought he was speeding.

PCs A and B stopped the man and asked for relevant documents, including his driving licence. The man was unable to provide an up-to-date compulsory basic training certificate, which allows drivers to ride unaccompanied. PC A informed the man this was a traffic offence and that they would seize his moped.

The man was unhappy and refused to accept the paperwork about the seizure of his moped. He told PC A he was depressed and pulled his top up to show what appeared to be cuts on his torso. PC A formed the opinion that he may have been carrying a knife, used to self-harm.

When a recovery driver arrived, the man refused to give his keys to PCs A and B, and said he would take his moped and leave. He then walked towards the vehicle and the officers.

PC A was between the man and the moped and put her hands out to stop him. The man took hold of PC A's arm. PC B came to assist, and the man also grabbed his arm. Both officers moved the man towards a nearby building to restrain him against the wall.

The man was stronger than both PCs A and B and they could not gain control. PC A arrested the man for obstructing police but was unable to apply handcuffs.

The man was wearing a motorcycle helmet, and PC A was concerned that he would head-butt her or PC B, which could cause significant injury. PC A closed the visor on the helmet to prevent the man from spitting at her.

PC A used the emergency button her radio to call for other units, while restraining the man against the wall. The man tried to reach for the incapacitant spray storage pouch on PC A's vest. PC A was also carrying a Taser on her left side and twisted her body to keep it further from the man's reach.

During the restraint, a pocketknife fell to the floor. PC B saw this and thought the man had dropped the knife. PC B shouted to alert PC A and asked the recovery driver to pick it up, which he did. It was later established the non-police issued pocketknife belonged to PC A. It was stored in her vest pocket, but had fallen to the floor in the struggle. PC A explained in a statement that she feared the man would use the knife on her.

Further officers arrived to assist, and PC B lifted the helmet visor and deployed his incapacitant spray towards the man's face. This had an immediate effect. The man clutched his throat, and officers were able to take him to the floor and apply handcuffs. PC B then noticed the man's head appeared limp and he had stopped resisting. PC B placed his knuckle on the man's collarbone to check pain compliance. The man appeared unresponsive.

The officers began aftercare, by removing the helmet. Armed Response Vehicle (ARV) officers with advanced first aid training attended to assist.

PC A noticed a small white object in the man's mouth which she thought was chewing gum. She noted he was still breathing and shook him to try and clear his airway.

PC A removed the handcuffs when instructed to by the ARV officers. The man vomited and the chewing gum was present in the vomit. The ARV officers continued first aid on the man, and he recovered consciousness. ■

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- Does your force have a policy governing the use of non-police issued equipment? What does this state about officers and staff carrying pocketknives?
- How does your force assess the equipment needs of frontline officers?
- What does your force policy say about the use of incapacitant spray if there is a potential choking hazard?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- Do you know your force's policy on carrying non-police issued equipment?
- Do you know how to request any equipment not provided by your force?
- How do you secure any equipment you carry to prevent it from being used against you in a dynamic situation?
- How do you assess whether asking someone to remove their helmet is necessary or appropriate during a stop?

LEARNING RECOMMENDATIONS AND ACTION TAKEN

- The IOPC issued one learning recommendation to the force asking them to review their policy in relation to officers carrying non-police issued pocketknives. The recommendation highlighted the fact that carrying such equipment may not be in line with national policy and guidance.
- The force replaced their uniform policy with the College of Policing guidance. The new guidance was published on the force intranet, which was also cascaded in briefings from Professional Standards to line managers.
- They updated their officer safety training sessions to include clear directions not to carry knives. The force also carried out work via Police Federation representatives and staff network members to understand the reasons for the perceived need to carry knives.

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

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

College of Policing

Transforming police safety training: the Public and Personal Safety Training story

Jess Turner and **Andrew Hunt** explore how new police safety training is reducing use-of-force incidents and improving officer confidence.

The College of Policing has introduced new training that is revolutionising how officers are prepared to protect both themselves and the public during use-of-force incidents. The evidence-based Public and Personal Safety Training (PPST) represents the most significant advance in police safety training in decades.

The need for change

The development of the new training arose from serious concerns highlighted in two major reviews. The Angiolini Review (2017) found that restraint techniques were a significant contributory factor to deaths in police custody, but that training lacked consistency.

In 2020, the College conducted a national safety survey – reaching over 40,000 officers and staff – in response to mounting concerns about rising assaults and increased violence against officers.

Using the findings, the Officer and Staff Safety Review (2020) recommended a package of measures including an overhaul of officer safety training and the introduction of a new national curriculum.

A new approach

The new training represents a fundamental shift from traditional methods. Gone are the repetitive drills and mechanical exercises. Instead, officers engage in realistic scenario-based learning that mirrors the complex situations they face on the frontline.

Developed in partnership with Professor Chris Cushion from Loughborough University, the training emphasises understanding the legal frameworks governing police actions and the psychological factors influencing split-second decisions.

Each officer now receives at least 12 hours of annual training through a two-day refresher course, covering four core areas: de-escalation techniques, physical restraint, use of standard personal protective equipment (e.g. handcuffs, batons and irritant spray), and multi-officer tactics.

The training focuses on realistic role-play scenarios of situations officers encounter regularly. During each scenario officers are provided with relevant feedback by instructors to help embed understanding and learning. This approach helps officers to understand not just what they did, but why they chose particular tactics, and allows them to explore alternative approaches.

Addressing high-risk situations

The new training pays particular attention to scenarios that historically present the highest risks. It includes specialised modules covering custody interactions, encounters with individuals experiencing mental health crises, and situations involving physical confrontation.

Officers learn to recognise early warning signs of escalation and develop sophisticated communication skills to defuse tension before physical intervention becomes necessary. When restraint is required, the training emphasises proportionate responses and coordinated teamwork to minimise harm.

Proven results

The new training was trialled in Avon and Somerset Police with over 2,000 officers participating and generating compelling evidence of its effectiveness.

The pilot programme's results exceeded expectations. Most significantly, the training achieved an 11% reduction in overall use-of-force at live incidents. This translates to one fewer use-of-force incident per officer annually – a statistically significant improvement that could prevent approximately 1,200 incidents across Avon and Somerset over 12 months.

PPST also delivered substantial improvements in officer wellbeing and performance. Officers reported increased confidence in their ability to handle challenging situations and expressed higher satisfaction with their training experience. Crucially, the programme led to reduced injuries to members of the public during police interactions.

Setting national standards

Alongside the new curriculum, the College has published the first set of national standards for this area of police training. Set out in Authorised Professional Practice, this provides guidance and evidence-based best practice that support police officers, staff and volunteers to deliver high-quality, consistent policing.

Creating a national standard addresses longstanding concerns about training variations between forces and sets out what they need to do to embed the training effectively.

Looking forward

The new PPST programme embodies the College of Policing's mission to enhance leadership capability, drive standards, and improve performance across policing. By producing evidence-based training that prioritises both officer and public safety, the programme supports frontline officers to deliver trusted and effective policing.

As police forces implement the new training, the College will continue to monitor outcomes and refine the training based on emerging evidence and officer feedback. This iterative approach ensures the training remains current and effective.

The programme establishes a foundation for future innovations in police training, showing how partnerships between practitioners and academics can drive meaningful improvements.

Key takeaways for officers

Officers can expect training that reflects the real world they work in. It provides practical tools for handling complex situations and recognises that effective policing needs both physical skills and sharp judgement.

The training's focus on reflection and continuous learning means officers become better equipped to adapt their responses to unique circumstances while keeping everyone safe. When they face those split-second decisions that define everyday frontline policing, this training helps officers understand the situation and gives them the confidence to act appropriately.

The training acknowledges that every situation is different, building officers' capability to read situations, communicate effectively, and make the right call when it matters most. The measurable improvements in officer confidence show this genuinely helps police officers do their job better and keeps everyone safer. ■

You can read more about the College of Policing's Personal and Public Safety Training at www.college.police.uk/article/new-public-and-personal-safety-training-introduced

Jess Turner is the Public and Personal Safety Training (PPST) Supervisor at the College of Policing.
Andrew Hunt is the Public Order Public Safety (POPS) subject matter expert at the College of Policing.

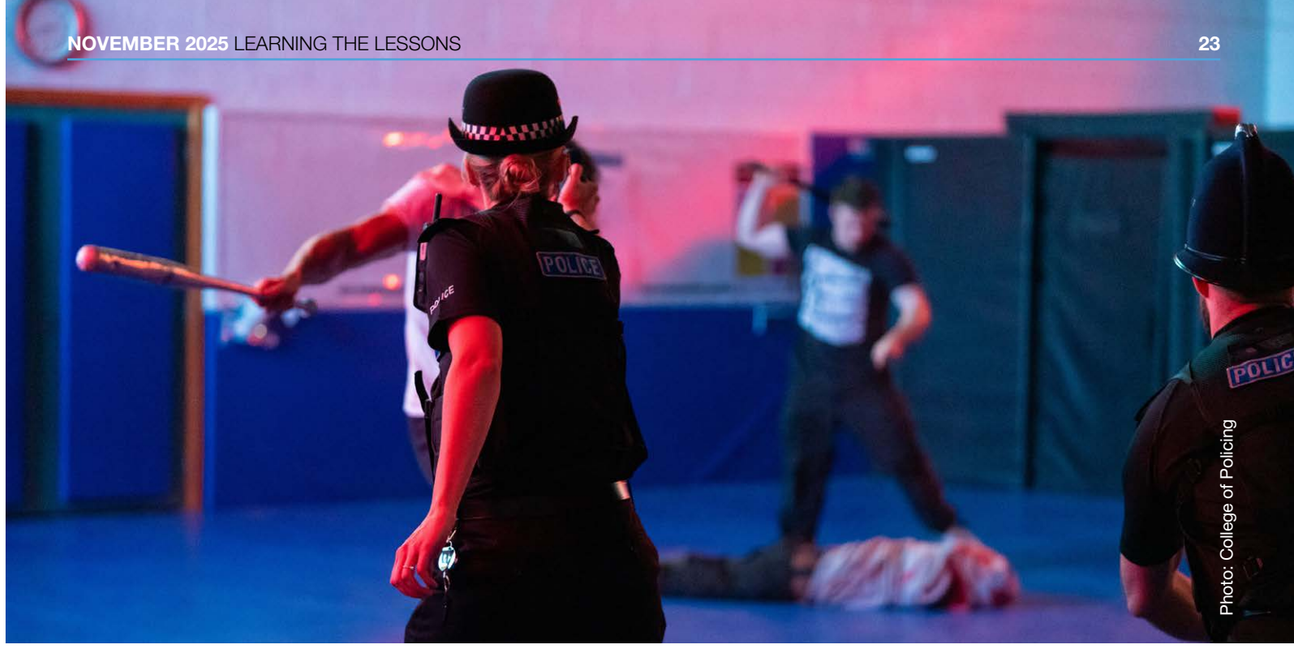


Photo: College of Policing

CASE STUDY 5

Lack of adequate police equipment at a concern for welfare call

This case was independently investigated by the IOPC.

A man called the police on 999 and reported he thought he was going to be killed. The duty force incident manager asked staff to contact the man.

Controller A called the man and updated the log to document their brief conversation.

A short while later, the police received a further 999 call from the man's wife, who had returned home and was with him. She explained his condition had "deteriorated" but he was safe and well at home.

The police went to their home and spoke to them. The officer updated the control room that the man was experiencing mental ill health, and they had signposted appropriate support services and the crisis team.

A few days later the man's wife contacted the police to report concerns for her husband's welfare.

She reported he had suffered a nervous breakdown and locked himself in their house.

She explained that they had been in contact with the crisis team and the man had been seen by a psychiatrist. They were also due to be seen by the addiction team.

Controller B requested available units to attend. Three officers, PCs C, D and E responded. PC C later noted that this was the third suicide incident he had attended recently.

Upon arrival, officers activated their body-worn video (BWV). The IOPC investigation noted that PC D may not have activated her BWV as the footage could not be located.

The man's wife informed the officers that he had locked himself in the house and had left the keys in the locks. She said that he was experiencing mental ill health and was currently receiving treatment.

Neither police vehicle had any suitable equipment to force entry to the property. PC C radioed for officers with 'method-of-entry' (MOE) equipment to attend. The IOPC investigation noted that PCs C and E had received MOE training but had not received any refresher training.

PS F responded that they had appropriate MOE equipment but were some distance away. They were the only officer available with the appropriate equipment. PC C's statement to the IOPC suggested that all police vehicles should be equipped with MOE equipment due to the geography of the force area.

The man's son-in-law suggested breaking one of the rear windows to gain access. PC C obtained a 'life hammer' emergency tool from one of the police vehicles. PC E asked the son-in-law to break the window due to the force receiving complaints in the past after damaging people's property.

The son-in-law failed to break the window with the life hammer and successfully used a regular hammer instead.

PC C informed the control room that they had gained entry, and the MOE equipment was no longer required. PS F was stood down.

The three officers entered the property to locate the man. PC D closed the back door to stop the family from entering the property.

The officers found the man hanging and requested an ambulance.

The officers struggled to cut the man down. Once they had lowered him to the ground they began CPR. Firearms officers nearby brought a defibrillator to assist.

The IOPC investigation noted that when PC E spoke to the family, they asked about his condition. PC E confirmed the situation was "not good" and suggested the family wait at a neighbour's house.

Paramedics arrived at the property and continued attempting to resuscitate the man, but they were unsuccessful, and they declared him dead.

PC E was asked to talk with the family. PC E identified and informed the IOPC that he had not received any training on how to deliver a bereavement message.

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- Do your police vehicles carry the right equipment to help officers gain access to a property in a prompt and effective manner?
- What guidance is in place to support officers taking steps to gain entry to a property in a concern for welfare situation, where they don't have access to MOE equipment?
- What training is given to officers to help them deliver a bereavement message? Is refresher training also available?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- Do you feel you have the skills and training to deliver a bereavement message to a family member in a respectful manner? If not, what support or training do you feel would help you develop?
- Are you able to raise a concern when you feel that police vehicles are not equipped with the right equipment to enable you to effectively carry out your role?
- What support is available to you, after you attend an incident involving a death?

LEARNING RECOMMENDATIONS AND ACTION TAKEN

- The IOPC issued one learning recommendation to the force. It asked them to develop training to help officers deliver bereavement messages to family members. The force now delivers a classroom input to all new and transfer officers which includes a speaker with lived experience; the force also published a message on the intranet highlighting the importance of the relevant College of Policing guidance.
- The IOPC issued two national learning recommendations. The IOPC identified conflicting language in the Authorised Professional Practice (APP) on scene management in hanging cases, specifically between preserving life and preserving the scene. The IOPC asked the College of Policing to review the guidance to ensure national strategies and academic references are current, links are functional, and language, especially around suicide attempts involving hanging, is clarified to avoid confusion and better support officers.
- The IOPC identified a gap in managing the weight of someone hanging, following several incidents where this posed logistical challenges. The IOPC recommended that the College of Policing and National Police Chiefs' Council produce clear guidance on preserving life at the scene of a hanging where death is not confirmed, including specific advice on managing the weight. This work has already begun through regular meetings with the National Fire Chiefs' Council and will be integrated into the new mental health APP.

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

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

Putting police wellbeing on the frontline

Spencer Wragg shares details of his new police suicide prevention campaign.

Our new Suicide Trauma Education Prevention (STEP) campaign aims to reduce the number of police officers who sadly take their own lives. STEP is working with the police service to provide better support for officers and staff when it comes to the trauma they encounter.

Between 2011 and 2022, there were 242 suicides of serving police officers and police community support officers in England and Wales. More recently, from 2021 to 2024 an estimated 80 former and serving police officers took their own lives.

In 2023 alone, there were 7,055 suicides in the UK. Every single one of those had at least one police officer attend. The scenes themselves can be very traumatic, and officers often have to break the news of the death to family members. They see that raw emotion every time.

The STEP campaign is calling on forces to introduce mandatory trauma debrief referrals following a police officer or staff attending a suicide. It also calls on forces to add a bespoke mental health app to forces' mobile devices, and for forces to improve how they collect data on police officer and staff suicide in order to better measure the extent of this issue.

> **"We deal with a variety of traumatic, horrible incidents that members of the public will hopefully never experience in their lives"**

Officers see the different methods that people use to take their own lives and feel the desperation that people have got to at that point. That becomes part of their everyday life. Not only will officers have to deal with the suicide, but very often they move on from that job straight to something else just as traumatic.

It gets to the point where suicide can almost become normalised. We deal with a variety of traumatic, horrible incidents that members of the public will hopefully never experience in their lives. And we don't just deal with it once; some officers will be dealing with this hundreds of times throughout their career.

That is on top of everything they're dealing with in their normal lives - a lot of trauma for anyone to process. There needs to be guidance, help and support for people to get through it.

We encourage colleagues to talk about this taboo subject. We are human and it's ok not to be ok about how you are feeling. If you are struggling, please reach out: you are not alone. ■

More information

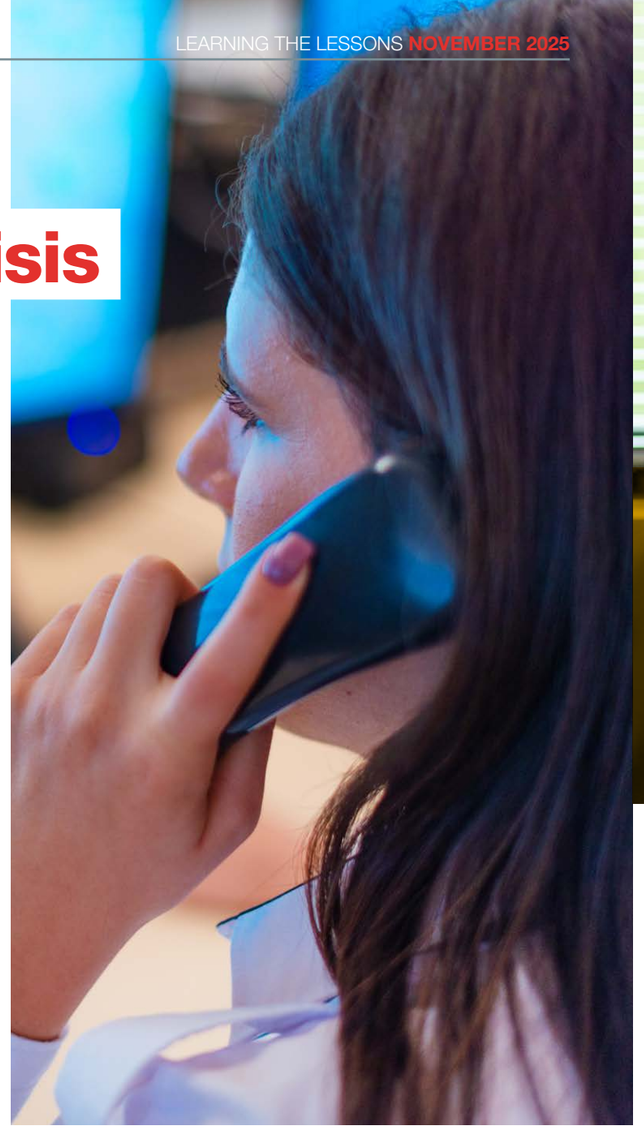
You can access support by calling the Samaritans on 116 123, visiting Oscar Kilo, or via the 'Stay Alive' App. stayalive.prevent-suicide.org.uk

Spencer Wragg is the Chair of Hampshire Police Federation

OSCAR KILO

A confidential crisis line for everyone in policing

Jenna Flanagan shares how a new 24/7 mental health crisis line is supporting officers and staff, and how it forms part of a broader strategy for wellbeing across policing.



Policing is a unique and rewarding career but is sometimes very challenging. It's a profession associated with high levels of stress, fatigue, and trauma exposure. This can take its toll on your mental health.

But things can get tough for lots of different reasons – it's not always about the job. Our officers and staff deserve to have access to reliable mental health support when they're in crisis – no matter the cause.

That's why we've launched the Mental Health Crisis Line – a 24/7 independent and confidential service for anyone in policing who is experiencing a mental health crisis or suicidal thoughts.

Initially piloted in 2024 across the North-East region, the service is now available to all officers, staff and volunteers in England and Wales, regardless of role or rank. It is not for members of the public. When someone calls, they are connected with trained counsellors who understand policing and are experienced in suicide prevention. Counsellors are separate from any police force or policing body.

There is no referral needed, no reporting back to line managers or forces, and no time limits on the call. The service is designed to offer in-the-moment support and signpost to further help, based on the caller's individual needs.

But the Crisis Line is not a standalone solution. It is one part of a wider national programme delivered by Oscar Kilo – the National Police Wellbeing Service.

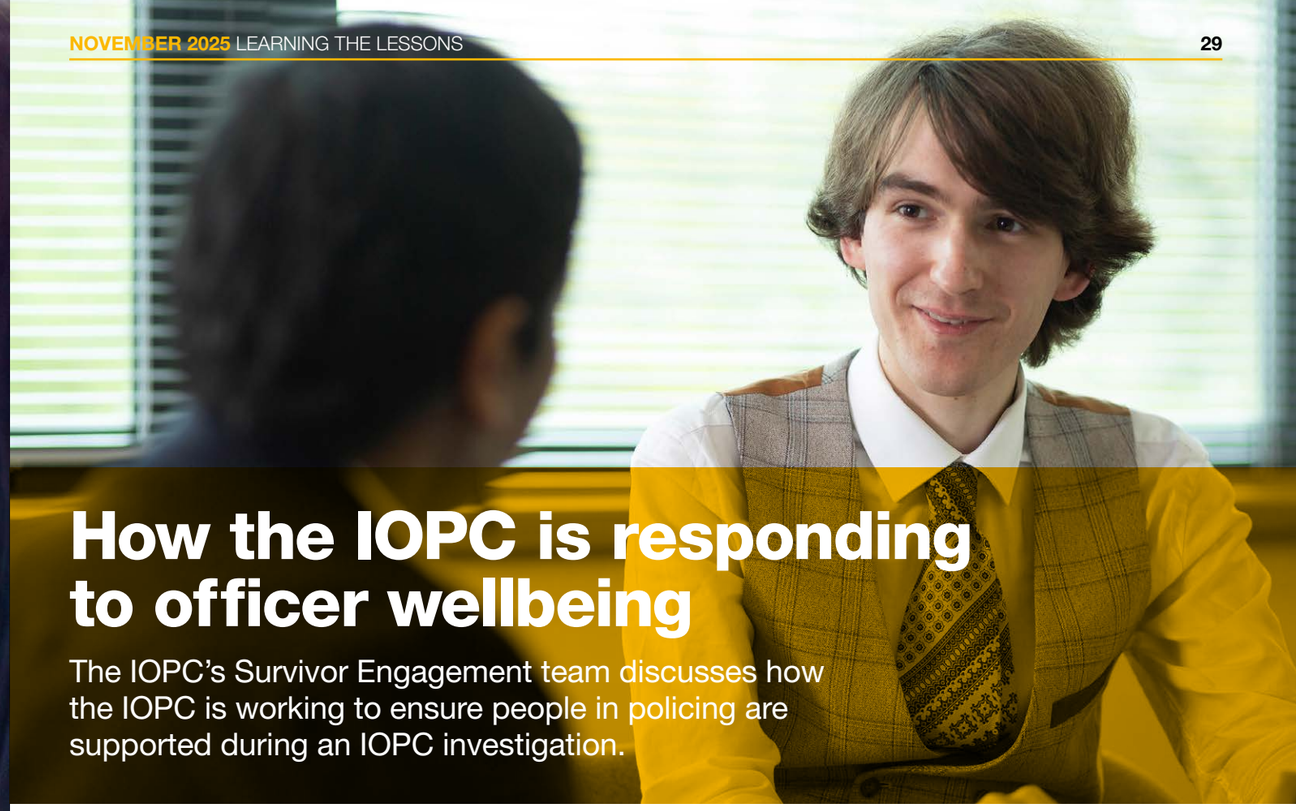
We are also delivering the National Health and Wellbeing Strategy, the National Suicide Prevention Action Plan, Workforce Prioritisation Guidance, Occupational Health Standards, and our psychological and trauma risk management programme.

Our national police wellbeing survey – with over 40,000 responses in 2025 – continues to give a voice to the workforce, helping us understand the challenges officers and staff are facing and where action is most needed.

We know there is more to do. Individual support and organisational change must go hand in hand. The Crisis Line is one step in a wider commitment to provide timely, appropriate and evidence-based support for everyone in policing. ■

For more information on the Crisis Line or to explore the full range of support, visit www.oscarkilo.org.uk. You can call the Crisis Line on 0300 131 2789.

Jenna Flanagan is the Strategic Communications Lead for Oscar Kilo.



How the IOPC is responding to officer wellbeing

The IOPC's Survivor Engagement team discusses how the IOPC is working to ensure people in policing are supported during an IOPC investigation.

The IOPC's Survivor Engagement team offers specialist advice and guidance to IOPC staff who engage with vulnerable service users. While the team was initially set up to help victims or survivors, we were increasingly asked to provide safeguarding advice concerning police subjects and witnesses. We found in some cases that officers didn't feel comfortable engaging with the support provided by their own force.

Police officers and staff can often not be seen as vulnerable due to the nature of their roles. However, officers can be regularly exposed to potentially traumatic events and situations as part of their role and like any person, they can be vulnerable at any time and may need signposting to relevant information or advice, support from local or national services, and safeguarding.

The team has been working with IOPC staff to improve our response to safeguarding vulnerable police subjects and witnesses, including:

- Producing new guidance on the welfare and safeguarding of vulnerable police subjects and witnesses, which was informed by learning from IOPC investigations and feedback from officers. The guidance emphasises the importance of considering the impact of investigations on all those involved.
- Producing guidance on interviewing vulnerable subjects, including identifying vulnerability and ensuring appropriate support is put in place pre and post interview.
- Rolling out a training package for IOPC investigators on how to proactively safeguard officers and staff to make sure they are supported during an IOPC investigation. Investigators have provided positive feedback, stating they feel more empowered to liaise with police forces about the welfare of officers and staff involved in an investigation.

> **"Police officers and staff can often not be seen as vulnerable due to the nature of their roles"**

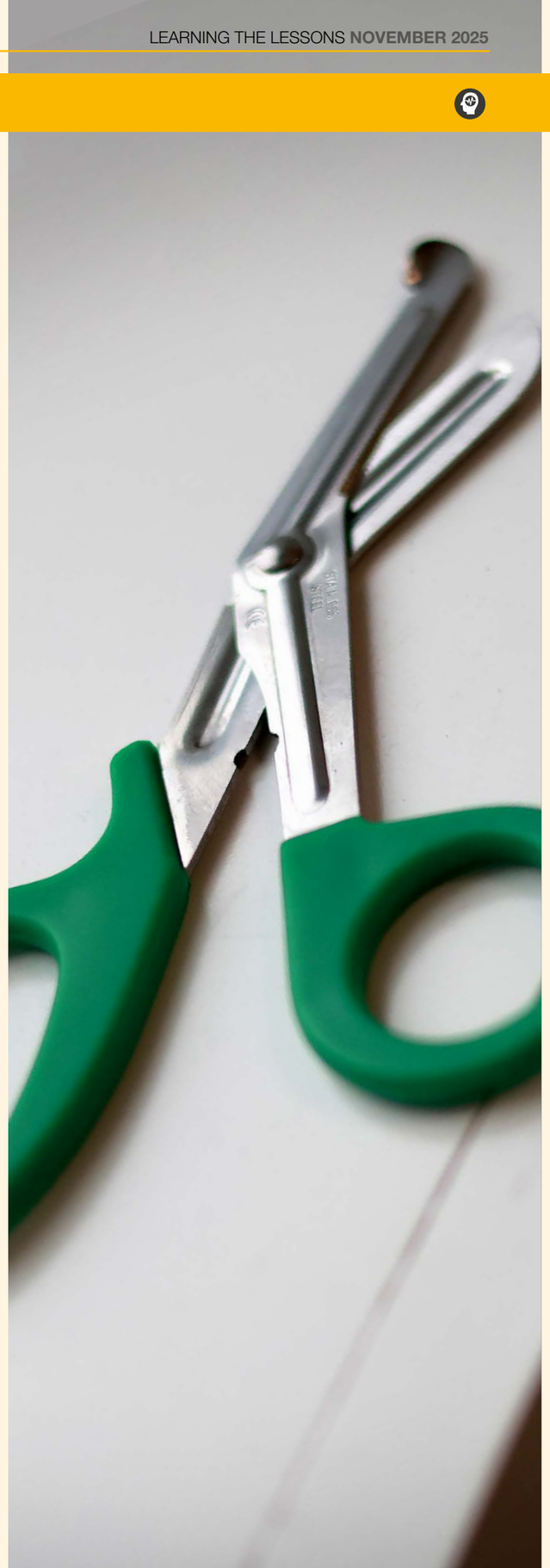
How can forces help?

If IOPC staff are asking for information about police subjects and witnesses, they are trying to gain information to inform their risk assessments and their plans around welfare and engagement. Please consider and share any information which may highlight any safeguarding concerns, so we can make sure appropriate support is put in place during an investigation. ■

The IOPC's Survivor Engagement team is part of the Directorate of Investigations, Oversight and Casework.

CASE STUDY 6

Delayed action: missing tough-cut scissors



This case was independently investigated by the IOPC.

Man A called the police to report that man B had been found hanging outside.

The call handler graded the incident as an immediate response, requiring attendance within 15 minutes. They also requested that the ambulance service attend.

PCs C and D were assigned to the incident. PC C asked if any units with a defibrillator were available, and was told there were no units available.

Whilst the officers were en route, PS E called man A back from the control room and urged him to make every effort to cut man B down. Man A said he would be unable to do this due to man B's weight and the height off the ground.

When PCs C and D arrived, they could see that man B was hanging by his neck, half a metre from the ground, from an external staircase. PC C climbed the staircase to assess whether he could pull the man up, which he was unable to do due to the man's weight.

PC D checked for signs of life by gently shaking man B's arm, tapping his shoulder and checking for a pulse by holding his wrist and squeezing his fingers. There was no response from man B.

PC C asked man A to assist him with keeping members of the public away from the scene, before checking man B again for signs of life.

PC C said to PC D, "I don't know whether we should be cutting him down".

College of Policing Mental health Authorised Professional Practice: Suicide and bereavement response

In cases of hanging, where there are signs of life, cut and loosen the ligature, call an ambulance and apply first aid as appropriate.

…

In the event that a ligature has been used and the person is dead, officers should keep the knot intact where possible.

More information

www.college.police.uk/app/mental-health/suicide-and-bereavement-response

> **"The paramedics cut man B's clothes to assess his condition and concluded he still felt quite warm. It then became priority to cut man B down to attempt resuscitation."**

PC C again checked man B for a pulse and requested another unit to assist.

PS F arrived shortly afterwards. PS F and PC C looked for tough-cut scissors in two first aid bags but did not find any.

The ambulance service arrived four minutes after the officers. The paramedics immediately assessed man B as "obviously" dead, before getting out of the ambulance.

PC C asked the paramedics to physically examine man B. The request was reiterated by PS F. The paramedic conducted a visual assessment, and stated she was sure man B was dead. She then cancelled all further medical resources.

PS F updated his supervisor that the ambulance service had declared man B to be dead, telling his supervisor "They're not even going to make attempts to cut him down".

All parties discussed how to best cut down man B. The paramedics cut man B's clothes to assess his condition and concluded he still felt quite warm. It then became priority to cut man B down to attempt resuscitation. The paramedics used ligature cutters to cut him down. He was lowered to the ground, and CPR was performed with the support from officers.

Paramedics confirmed they had detected a pulse 34 minutes after arrival and continued medical treatment. Man B was stable but had suffered cardiac arrest, had decreased oxygen in his blood, and showed no signs of awareness, indicating brain injury. Man B later died. ■

You can call the CALM helpline for free on 0800 58 58 58, if you have been affected by this case and would like support. You can also visit www.thecalmzone.net

Anyone working for the emergency services can text the word 'BLUELIGHT' to 85258. Or visit giveusashout.org

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- How well understood is the MoU (memorandum of understanding) between your police force and local ambulance service?
- What systems do you have in place to ensure that first aid kits are regularly monitored and replenished in a timely and efficient manner?
- Are there any barriers that affect the availability, maintenance or replenishment of first aid kits?
- How do you ensure officers are properly supported after attending traumatic incidents?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- Are you aware of the procedures to follow when a person is found hanging and unresponsive?
- Do you know where tough-cut scissors or other ligature cutters are located in your vehicle or station?

LEARNING RECOMMENDATIONS AND ACTION TAKEN

- The IOPC recommended the force carry out inspections of all operational police vehicles, ensuring all first aid kits contained tough-cut scissors or ligature cutters.
- The force's Professional Standards Unit sent an urgent update to all teams responsible for restocking first aid kits, reminding them to adhere to the checklist and to annotate any missing items so that users were informed.
- A short-term change was implemented to increase auditing for compliance and to ensure that messaging was in place to routinely check that this equipment was included in the first aid kits.

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

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

CASE STUDY 7

Failure to provide appropriate medical care

This case was independently investigated by the IOPC.

Police received a report of a distressed man, Mr A, in the road in the early hours of the morning. The incident was graded as an immediate response and an ambulance was called by the police control room, but the call was placed in a queue for 22 minutes due to staffing issues in the ambulance control room.

PCs B, C, D and E arrived and found Mr A unresponsive with numerous superficial injuries to his hands, knees and feet and a more serious cut to the back of his head.

PC B identified that Mr A was 'burning hot to touch' and body-worn video showed him groaning and grinding his teeth, which the officer noted. PC B placed a dressing on Mr A's head wound.

Officers discussed the cause of Mr A's injuries and whether he had taken drugs but did not note symptoms of Acute Behavioural Disturbance (ABD).

Mr A then appeared to suffer a seizure and PC E radioed this information to the control room. Mr A experienced further seizures and began to breathe heavily. Officers supported his body and head, placed him in the recovery position and continued to monitor him.

PC E informed the ambulance control room that Mr A was suffering further seizures. PC D noted that Mr A's face was changing colour, but PC B stated that he was still breathing. As PC E spoke to the ambulance control room, PC B observed that Mr A had stopped breathing.

The officers began to administer CPR. Approximately five minutes later, the ambulance arrived, half an hour after it was initially called by the police control room. Paramedics administered advanced life support and conveyed Mr A to hospital, where he remained until his death 30 minutes later. The coroner concluded that Mr A's cause of death was multiple seizures and cocaine toxicity.

During the IOPC investigation, PC B explained that as a first aider they were limited in what they could do about Mr A's symptoms, and that their training stated they should call an ambulance. They stated that they felt all they could do was monitor Mr A and treat his head injury, and to prevent him from causing himself further injuries during his seizures.

> **"PC B explained that as a first aider they were limited in what they could do about Mr A's symptoms"**

In their statement, PC C explained that although they knew the symptoms of ABD, they felt that as Mr A was only showing three symptoms, he did not fit the criteria. PC D explained that they had not heard breathing like this before and could not recall being taught about breathing noises in their training. They stated that they had been trained on ABD but had never dealt with someone showing symptoms before. PC E explained that they were aware of ABD but felt that their first aid training had been rushed.

The IOPC investigation suggested that the force may wish to review its first aid training since the officers felt their training was insufficient.

A police trainer and an expert gave differing opinions on the standard of care received by Mr A. The police trainer felt that the first aid given to Mr A fell below the expected standards at several points, including that the officers missed symptoms of ABD and did not effectively monitor his breathing. He felt they should have placed the man in the recovery position to assist his breathing and that this should have been prioritised over his other injuries.

The expert felt that the care was of a good standard, and that the delay in the ambulance attending had a far more significant impact on the care provided to Mr A than the failure to recognise ABD. ■

College of Policing Mental Health Authorised Professional Practice (APP): Acute Behavioural Disturbance (ABD)

People who are violent and agitated may have an underlying medical reason for their behaviour. If there is any suspicion that the violence stems from a medical condition, the person must be treated as a medical emergency. Whenever possible, the person should be contained rather than restrained until medical assistance can be obtained.

More information

www.college.police.uk/app/mental-health/mental-vulnerability-and-illness#guidance-on-acute-behavioural-disturbance-abd

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- How does your force equip officers to identify the signs of Acute Behavioural Disturbance (ABD)?
- Is your force's training, policy and procedures in keeping with College of Policing guidance on ABD?
- What processes do you have in place to monitor calls made by the control room to the ambulance service?
- How does your force escalate calls to the ambulance service which have been stuck in a queue?
- Do officers have access to all the first aid equipment they require in police vehicles?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- Where would you look to find out more information about ABD?
- Do you feel confident in applying your first aid skills and dealing with ABD? If not, what opportunities are there to address this?

LEARNING RECOMMENDATIONS AND ACTION TAKEN

- The IOPC issued three learning recommendations to the force. They asked them to review measures to be taken by control room staff in instances where emergency calls to third parties are placed on hold for a significant amount of time. They also asked the force to review the first aid training of officers and to review the medical equipment available to officers and stored in police cars, including the availability of defibrillators.
- The force accepted all these learning recommendations. The force and the ambulance service stated that they would produce formal guidance in relation to calls placed to the ambulance service by the force control room.

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

The four officers had a case to answer for misconduct, but the alleged breaches were not deemed sufficiently serious to justify disciplinary action. Instead, the officers were referred to the reflective practice review process (RPRP).

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.

METROPOLITAN POLICE

Reflecting and responding to change: reforming first aid training in London

Temporary Deputy Assistant Commissioner Claire Smart explores the Met's work improving the confidence of frontline officers in providing first aid.

As part of the continuing drive to set the Met up to succeed, there has been a renewed focus on Emergency Life Support training (first aid). This is to ensure training reflects and responds to common themes arising from incidents officers are attending - as well as ensuring there is more consistency in this area across the force.

Improvements have been driven by better reporting following the introduction of a new First Aid Reporting Application PowerApp (FARA). This has made the process of recording first aid incidents faster and easier, reducing paperwork and helping officers work in a smarter, more tech-savvy way. After the first year, this new tool has resulted in a 580% increase in the reporting of first aid administered by the Met. Information is linked to body-worn video of incidents and used by a newly created Clinical Incident Review Team which includes police officers, a paramedic and a senior doctor, drawn from the wider Clinical Panel. This team provides joint clinical and policing review of incidents, enabling accurate assessment of the casualty's presentation and first aid needs alongside the required policing response. Recurring themes are identified and specific feedback influences first aid training at all levels as well as individual feedback provided to officers. One example relates to the point at which Automated External Defibrillator (AED) pads are applied to casualties. The team identified this was a consistent issue and training has been adapted to clarify the use of AEDs. The team are experts in their fields and can provide specialist support to IOPC investigators, coroners, and other parties.

> **"This new tool has resulted in a 580% increase in the reporting of first aid administered by the Met"**

The Clinical Panel and Strategic First Aid Board

Common themes from these reviews and the overall picture of first aid delivered across the Met are used to inform discussions and allow evidence-based decisions to be made by a Clinical Panel and a Strategic First Aid Board. The Strategic First Aid Board handles commercial contract questions regarding first aid kit and equipment. They must balance clinical advice with business need and budget considerations in making their decisions, escalating for further oversight where appropriate. Requests and recommendations from the IOPC, Directorate of Professional Standards, coroners and the National Police Chiefs' Council are addressed by a Clinical Governance Team. This team provides an expert response, or channels learning via the most appropriate route within the Met's first aid governance system.

Practical applications

First aid training across the Met now focuses on life-saving interventions which make a difference to patients in the first few minutes after injury. This is when officers are often in attendance without health care support. A new Emergency Response Police Team first aid course has been piloted to enhance response officers' practical ability and confidence in these essential skills through training in a realistic policing scenario.

The Met's medical adviser, Dr Claire Park, is the senior doctor on the Clinical Review Panel and regularly works on scene with officers as a London Helicopter Emergency Medical Service (HEMS) consultant. She says: "It is very clear from the body-worn video reviews and debriefs with officers that they are fully committed to delivering the best possible care to patients, whilst still fulfilling their policing role at scenes that are usually chaotic and challenging. This is backed up by frequent feedback from HEMS colleagues attending scenes who also commend the early provision of first aid by officers as significantly contributing to saving lives."

Welfare and recognition

Every week in London frontline officers perform first aid that saves lives. Often in these scenarios there is significant personal risk, and it is important to offer support and recognition when officers have gone above and beyond. The new FARA reporting app and corresponding review process has helped the Met identify these instances and ensure officers are thanked and recognised appropriately for their efforts. From a welfare perspective, when making a report via the app, officers have the option to request a welfare referral and line managers are automatically notified of incidents so they can assess traumatic buildup or repeated exposure to incidents.

Future aspirations

The work undertaken to develop the confidence of frontline officers in providing first aid is part of the Met's drive to create a culture that supports our people in keeping Londoners safe. As we move into the next phase of a New Met for London, the ambition is that learning from the use of innovative technology and our collaboration with other emergency service partners becomes the gold standard for improvements in the delivery of first aid by police forces around the country. ■

Temporary Deputy Assistant Commissioner Claire Smart works in Professionalism within the Culture, Diversity and Inclusion Directorate at the Metropolitan Police.

CASE STUDY 8

Police pursuit and restraint of a man believed to be under the influence of drugs

This case was independently investigated by the IOPC.

PC A was on patrol when he noted a car driving erratically. PC A activated his blue lights and sirens, and the vehicle came to a stop on the wrong side of the road.

PC A approached the car, noting that its three occupants appeared under the influence of drugs. He asked the driver to pull closer to the kerb and take the keys out of the ignition.

The driver slowly drove away on the wrong side of the road. PC A followed with blue lights and sirens activated, reaching a speed of 36mph. He reported that he was 'initial phase pursuit' trained and that there was no traffic. He became aware of another police vehicle behind him, which had its lights and sirens activated. He confirmed that the driver, PC B, was an advanced police driver and allowed them to take over as lead vehicle in the pursuit. PC A followed behind to assist.

PC B pursued the car as it continued to drive erratically. The pursuit continued for a further three minutes through a residential area at speeds of up to 65mph. The driver of the car lost control and collided with a parked vehicle at the side of the road at approximately 60mph.

> **"In his statement to the IOPC, PC D stated that he thought that the man had recently taken drugs due to his behaviour"**

The IOPC investigation found that PC A acted in accordance with their training and with College of Policing Authorised Professional Practice (APP) in their decision to stop the vehicle and to commence a pursuit when it made off. It also found that PC B acted in accordance with his training and with APP during the pursuit.

PC B requested an ambulance and he and PC A approached the car. The male front seat passenger was outside the vehicle on his knees. He then stood up and stated that he could not breathe. PC A took hold of the man and pulled him forward. Body-worn video (BWV) then showed the man lying on the floor, in a position similar to the recovery position. The other two occupants remained in the car.

PCs C, D, and PS E arrived at the scene. PS E spoke to the man, who told him that his ribs hurt. PS E's BWV showed that the man was bleeding around his eye and was grunting and groaning. The man stated again that he could not breathe. PS E handcuffed the man and restrained him on the ground to keep him under control and in the recovery position. PC A then searched the man.

In his statement to the IOPC, PC D stated that he thought that the man had recently taken drugs due to his behaviour. He described carrying out medical checks on the man and stated that his breathing appeared normal and that his airways were clear. PC D stated that the man was 'alert but incoherent'.

While awaiting the ambulance, PS E used unprofessional language towards the man, including referring to him as a "smack head".

Approximately 17 minutes after getting out of the car, the man lost consciousness. PS E removed his handcuffs and PCs C and D commenced CPR with a defibrillator. Thirteen minutes later, a paramedic arrived, and CPR continued.

After 55 minutes of medical treatment, the man was pronounced dead.

The IOPC investigation found that the aftercare of the man was appropriate. It found that the restraint and handcuffing of the man was justified as he was under arrest and had attempted to kick one of the officers during a search.

The investigation noted that while PS E's suspicion that the man had taken drugs might have affected the way he dealt with the man, his actions were found to be reasonable. PS E conducted checks on the man and assessed that he was breathing appropriately and had no visible injuries other than blood near his eye. His view that the man was under the influence of drugs was supported by the paramedic who observed the man did not have any trauma injuries and suggested his condition could be due to a drug overdose. ■

College of Policing Detention and Custody Authorised Professional Practice: Alcohol and drugs

Drugs pose a serious risk to individuals. They may be at risk of overdose, including the later onset of symptoms that were not immediately obvious.

More information
www.college.police.uk/app/detention-and-custody/detainee-care/alcohol-and-drugs

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- What training do your officers and staff receive on how to recognise and deal with a drug overdose?
- Are your officers trained in the use of Naloxone?
- Are your officers aware that intoxication from drugs and/or alcohol can mask the symptoms of other conditions, such as a head injury?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- How would you recognise whether a person may be under the influence of drugs?
- How would you recognise if a person is at risk of losing consciousness due to drugs?
- How should you restrain someone who you suspect may be intoxicated?

ACTION TAKEN BY THE FORCE

- The IOPC did not issue any learning recommendations.
- The force published an internal article to raise awareness and understanding around the issue of incivility, which featured this case.

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

PS E completed learning from reflection regarding their use of language during this incident.

A restorative practice meeting was held, involving the man's family and a representative of the force.

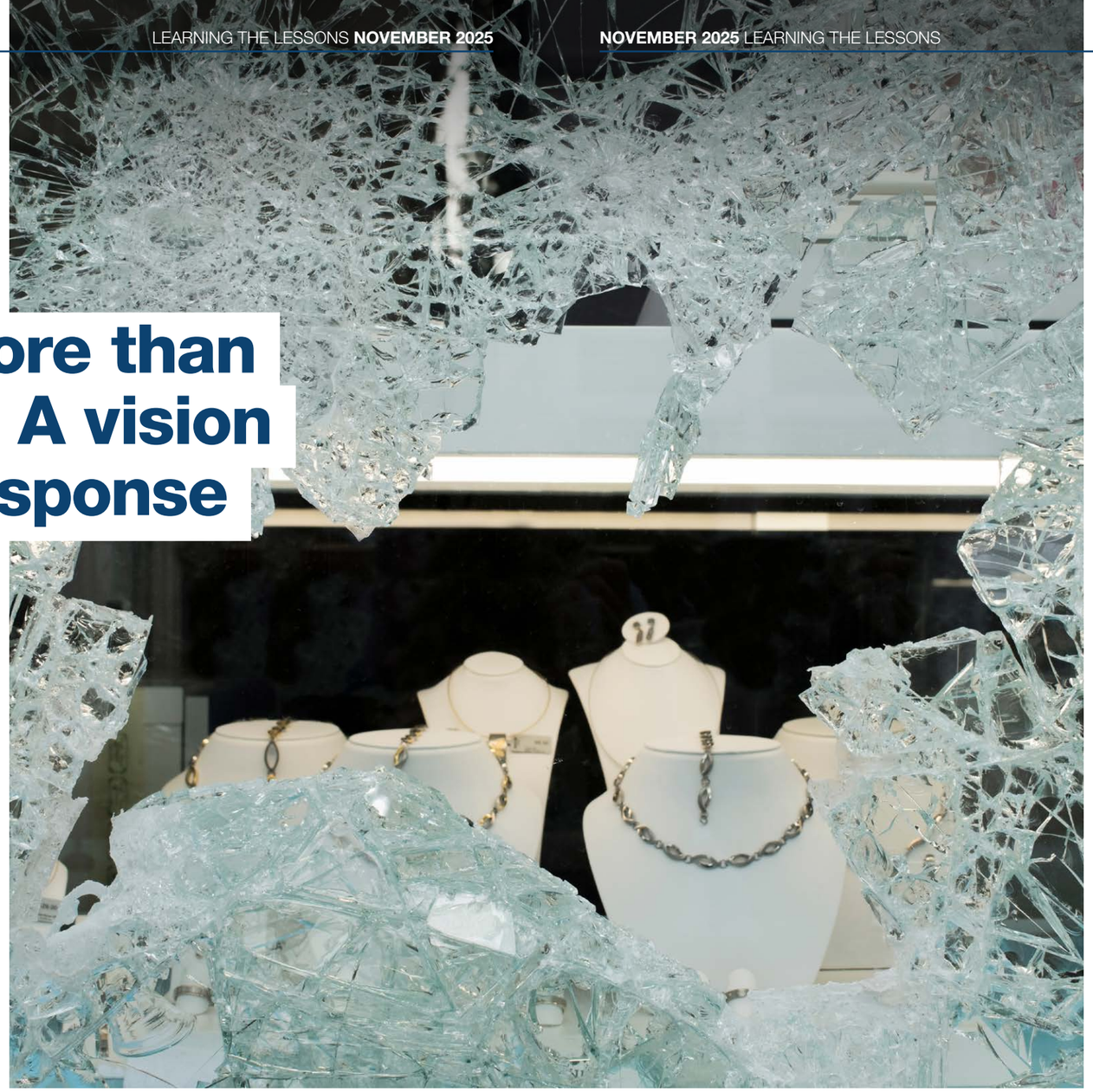
There was no indication that any person serving with the police may have committed a criminal offence or behaved in a manner which would justify the bringing of disciplinary proceedings.

NATIONAL BUSINESS CRIME CENTRE
Reducing crime through partnership and prevention

TACKLING RETAIL CRIME TOGETHER

Retail crime, more than *just* shoplifting. A vision for policing's response

Superintendent Lisa Maslen discusses the impact of retail crime on communities and how to reframe the police response.



For many, retail crime may be dismissed as 'low level' whilst businesses suffer and communities lose confidence in their local high streets. Retail crime is mistakenly seen as victimless and there is a perception that businesses can afford to lose their stock. We need to move away from seeing it as just an economic crime to one that affects people who work in retail, is a community issue and undermines trust and confidence in policing.

In January 2025 the British Retail Consortium (BRC) published their Annual Retail Crime Survey. They concluded there were over **20 million incidents of theft in 2024 - 55,000 incidents per day**. The Consortium noted that theft and violence have become increasingly interlinked, with staff confronting thieves being a major trigger of **violence and abuse**. Alongside this, BRC members have reported that organised crime has been on the rise for some time, with retailers stating they are seeing the same gangs systematically targeting multiple stores up and down the country. As incidents rise, retailers have spent record amounts on crime prevention measures.

The role of the National Business Crime Centre (NBCC) is to provide a resource where both businesses and police can learn, share and support each other to prevent and combat crime.

What we have done: In the last two years a lot of progress has been made with retailers and police working in collaboration to get results. In October 2023, the Retail Crime Action Plan set out policing's commitment to tackling shoplifting and prioritising attendance where violence was involved, or a shoplifter was detained.

A Retail Crime Action Group including retailers, policing, academia and business reduction partnerships report to a Retail Crime Forum, chaired by the Policing and Crime Prevention Minister, Sarah Jones. This has led to the launch of the Tackling Retail Crime Together strategy in July 2025.

Where are we going: The Tackling Retail Crime Together strategy is designed to encourage greater collaboration, bringing together national voices within the public and private sectors.

The strategy contains seven strands and officers can really help by identifying their 'high harm' places then working collaboratively with that place to produce problem-solving plans. Neighbourhood officers will play a huge part by looking to achieve a clearly evidenced and sustained reduction in harm in these locations.

Establishing how to prevent retail crime and developing consistent standards to manage it will improve trust and confidence in policing's response.

The new strategy demonstrates what can be achieved when government, police and the retail sector work in partnership and is a new, vital step in our fight back against this corrosive crime.

In February 2025, the government introduced the Crime and Policing Bill in the House of Commons.

Measures in the Bill are designed to assist police and businesses by:

- introducing respect orders to better enable police and others to tackle persistent antisocial behaviour
- introducing a specific offence of assaulting a retail worker. (These changes also impose a positive responsibility on a court to impose a Criminal Behaviour Order on those convicted of the new offence)
- repealing section 176 of the *Anti-social Behaviour, Crime and Policing Act 2014* which downgraded the police response to so-called low value shop theft. This will put an end to the effective decriminalisation of shop theft under £200.

This legislation will also give police the powers needed to better tackle criminal activity and theft by creating a new power to enter a premises without a warrant to search for and seize stolen goods, such as phones located using GPS tracking technology.

How you can help: Our shops and high streets are an integral part of our communities and those that work there deserve to feel safe. This can only be achieved with your support by:

- Identifying high harm areas in your local retail spaces and working in collaboration with partners to reduce the impact from them.
- Designing problem-solving solutions using the NBCC guides available online.
- Contacting your force Business Crime single point of contact, who can support you in developing retail crime prevention strategies.

There is no single solution, but a collective effort will make a difference.

Further information:

The NBCC website offers crime prevention guidance, training aids and advice on setting up Safe Spaces in retail premises as well as a direct link to the Tackling Retail Crime Together site.

nbcc.police.uk

tacklingretailcrime.co.uk

Superintendent Lisa Maslen is the lead for the National Business Crime Centre, City of London Police

CASE STUDY 9

Missed opportunities during the police's interaction with a child

This case was independently investigated by the IOPC.

Plain-clothes officers PCs A and B were sent to a location following information that someone there was in possession of controlled drugs.

PC A approached Child C and identified themselves as a police officer. PC A took hold of Child C's arm and manoeuvred them towards a wall. Child C's body became tense, as they said they did not know the officers were police, because Child C's headphones prevented them from hearing clearly.

PC A believed Child C was resisting so also took hold of their other arm. The officers placed Child C in handcuffs to conduct a search. Once handcuffed Child C stopped resisting.

The officers did not have their body-worn video (BWV) cameras on at the time of the detention. The force's policy dictates that BWV should be activated in situations where use of force and stop and search take place.

PC A said he put his camera in his pocket because it couldn't be attached to his clothing. He also explained that the pool camera, which requires a harness, would not have worked either because his clothing would have blocked its view. The force confirmed that there were no clips available to attach the pool cameras elsewhere on an officer.

During the initial search, PC A activated their BWV. They told Child C they had been identified as someone who may have controlled drugs and that they had been detained for a search under section 23 *Misuse of Drugs Act (1971)*.

Child C provided their details, including their date of birth. The officers conducted checks on the Police National Computer. The officers failed to recognise that Child C was under 18.

G NPCC Children and Young Persons Policing Strategy

"Treat those under 18 years old as children, respecting and recognising their needs, vulnerabilities and diversity, irrespective of presented or assumed levels of maturity and age."

More information
www.npcc.police.uk/SysSiteAssets/media/downloads/publications/disclosure-logs/local-policing-coordination-committee/2024/children-and-young-persons-policing-strategy-2024.pdf

From the initial search, officers found a small tub of Vaseline on Child C. They believed this could be used as a lubricant to conceal drugs within the body, therefore PC A decided that a strip search was required at the police station, and informed Child C.

Two other officers arrived and took Child C to a police station. On the way PC D asked Child C's age and the officer verbally acknowledged Child C's response.

PCs E and F conducted a strip search of Child C in a private room. The search had not been authorised by a senior officer, which is a requirement of the force. Officers did not contact an appropriate adult to attend the strip search. No drugs or illegal items were found.

Child C felt scared and intimidated during the strip search. At no point were they told they could have an appropriate adult present.

G College of Policing Detention and custody Authorised Professional Practice: Children and young persons

"Unless there is risk of serious harm to the child/young person or another, an appropriate adult must be present for a strip search if it involves exposure of intimate body parts."

More information
www.college.police.uk/app/detention-and-custody/detainee-care/children-and-young-persons

Child C's mother made a complaint. She had concerns that her child had been racially profiled, since the description from the police information had inconsistencies with Child C's appearance. The mother raised further concerns that despite declaring their age her child had not been allowed to call her and had no appropriate adult present. ■

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- How do you ensure training reinforces that those under 18 years old are treated as children, irrespective of presented or assumed levels of maturity and age?
- How does training help officers to understand when a strip search on a child is absolutely necessary?
- What checks are in place to ensure that strip searches do not proceed without the required authorisation or safeguards? How are these monitored and reinforced in practice?
- In what ways do you support staff to recognise and reduce the risks of adultification?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- When communicating with a child, how do you check that they understand what is being said to them? If a child is wearing headphones, do you ask them to turn off or take off their headphones to help communication?
- How do you confirm someone's age, and if they're a child, make sure their rights are protected?
- How can you approach strip searches in a way that minimises trauma for individuals?
- What steps do you take to confirm that a strip search has been properly authorised before proceeding?

LEARNING RECOMMENDATIONS AND ACTION TAKEN

- The IOPC made two recommendations. Firstly, that the police force should update their BWV policy, to ensure it aligns with National Police Chiefs' Council and College of Policing guidance.
- Secondly, that the force should review stop and search training and related training packages.
- The force accepted both recommendations. The force's use of force and stop and search policies are under review.
- Force training was reviewed, and adultification, cultural awareness and safeguarding has been incorporated into initial training. The force also provided camera clips to plain-clothes officers to wear BWV. Officers were reminded to clarify individuals' ages during stop and search encounters and to ensure that children are afforded their rights under PACE.

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

PCs A, D and E had a case to answer for misconduct and attended misconduct meetings. Although there was evidence that the officers had breached the Standards of Professional Behaviour, those breaches were not sufficiently serious to justify disciplinary action. The officers were subsequently referred to the reflective practice review process.

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.

Adultification in policing: understanding and addressing the impact on children's rights

Grace Gayle explores how preconceptions around children's maturity can distort policing practices and highlights how safeguarding legislation can support better protection of children.

'Adultification' refers to the perception and treatment of children as though they possess adult-like intent, maturity, or responsibility. This has serious implications, especially when applied unequally based on race, gender or socioeconomic background, as it can distort how children are viewed. Though the term is relatively new, the concept is rooted in centuries of inequality and systemic bias.

Context

Throughout history, childhood protections have not been equally granted. Children from impoverished backgrounds, colonised or enslaved were often denied childhood protections. In Western contexts:

- Working-class children in industrial Europe were expected to contribute to family income and punished like adults if they failed.
- Black, Asian, and other non-White children were frequently seen as less innocent or more deserving of punishment.

This context shows that adultification is not new but is deeply embedded in power structures and social inequality.

Today, these patterns persist. In Western nations children from Black, Asian, or disadvantaged backgrounds are often perceived as older, less innocent, or more threatening. Children are impacted differently across systems, such as healthcare and education, which are designed to safeguard them.

In some cultures, early maturity is seen as a virtue. However, when adultification results in neglect, abuse, or denial of rights, it becomes a safeguarding concern and a legal failing if not addressed.

However, adultification isn't unique to policing nor solely due to race; it affects all children in different ways for different reasons (including White children), in denying them protection or their legal rights.

Why it matters to UK policing

While it's challenging to pinpoint the precise moment or mechanism of adultification, it unfolds subtly over time through a combination of societal biases and differential treatment.

Acknowledging the predisposition of adultification is essential to child-centred policing. It helps policing ensure children are safeguarded rather than criminalised and that children's legal rights are upheld, regardless of background or behaviour. Policing must therefore recognise its impact and respond with child-centred practices that align with UK law.

Impact on policing practices

Adultification influences several key policing areas:

Safeguarding response: Children may be misidentified as perpetrators rather than victims, particularly in exploitation or abuse cases, leading to missed safeguarding opportunities.

Use of force: Children perceived as older or more threatening may be more likely to be subjected to physical force, restraint, or strip searches.

Stop and search: Black children are disproportionately stopped and searched. Perceptions of age, threat and behaviour often inform these decisions.

Criminalisation: Children who are victims (both male and female) may be treated as offenders, arrested or charged instead of being diverted from the criminal justice system. This includes those exploited through county lines.

Trust: When children experience criminalisation rather than protection, their trust in policing erodes. When children don't feel protected, cooperation and engagement with policing deteriorates and hampers crime prevention.

> **"Acknowledging the predisposition of adultification is essential to child-centred policing"**

Impact on children's rights

Adultification undermines key principles in the United Nations Convention on the Rights of the Child (UNCRC), such as:

- Article 3 – Best interests of the child should guide decisions. Adultification leads to punitive rather than protective, child-centred actions.
- Article 12 – Right to be heard and be taken seriously. Children seen as 'difficult' may be ignored or dismissed.
- Article 19 – Protection from violence, abuse, and neglect. Adultified children may be denied protection due to assumptions of being complicit or responsible.

Opportunities for positive change

Several steps can help policing counteract adultification:

- Embed a child-first safeguarding lens: Presume under-18s are potential victims, not offenders, particularly in contexts like exploitation. Treat concerning behaviours as signs of distress or trauma.
- Safeguarding before sanctions: In county lines or drug-related cases, prioritise protection over prosecution unless clear, independent evidence of offending exists.
- Post-incident support: Provide advocacy and support services after interactions like searches or arrests - in addition to a safeguarding referral - ensuring children's voices are heard and respected.

Personal call to action

All policing professionals should revisit their legal and ethical duties, which is set out in guidance such as the Government's Working Together to Safeguard Children and the College of Policing's Authorised Professional Practice on multi-agency arrangements for safeguarding.

Police forces are one of three statutory safeguarding partners and tackling adultification fulfils their individual and organisational legal functions. These obligations are not optional – and are critical to safeguarding children, supporting criminal justice, and building trust.

By recognising and addressing the concept of adultification, UK policing can take the lead in protecting all children, regardless of race, gender, or background and truly reflect its role as a guardian of public safety and justice. ■

Grace Gayle was a National Workstream Coordinator on the Police Race Action Plan. She is currently seconded to the Joint Police Reform Team at the Home Office.

CASE STUDY 10

Neurodivergent child strip-searched following a stop and search

This case was independently investigated by the IOPC.

Four police officers were on patrol when they noticed a child at the side of the road.

In their statements to the IOPC, the officers stated their attention was drawn to the child because he appeared "startled" by their presence and appeared to walk in the opposite direction. However, the child later stated he had not changed his direction.

The officers stopped and PC A approached the child and activated their body-worn video (BWV). PC A stated the child's hand was clenched. This and his previous behaviour led the officer to conduct a search under section 23 *Misuse of Drugs Act 1971*.

PC A explained to the child the reason for the stop using GOWISELY. However, the IOPC investigation noted that the child appeared confused and PC A could have explained in clearer terms the reason for the stop.

PCs B and C approached the pair.

The child turned away from PC B towards PC A, this was captured on PC C's BWV. The IOPC investigation noted the officers then restrained the child. In his statement to the IOPC, the child said there was no warning. The three officers stated they believed the child had tensed up and they wanted to take control, to prevent the child from harming them or himself, and to prevent him from escaping.

The child was handcuffed to the rear and complained the handcuffs were tight on his wrists. The IOPC investigation found the initial encounter appeared to have created a situation where force was required.

> **"The IOPC investigation noted that the child appeared confused and PC A could have explained in clearer terms the reason for the stop"**

GOWISELY Explained

- **G** **Grounds** - A clear explanation of the officer's grounds for suspicion, e.g., information, intelligence, or specific behaviour of person
- **O** **Object** - A clear explanation of the object and purpose of the search in terms of the article being searched for
- **W** **Warrant card,** if not in uniform, or if requested
- **I** **Identity of the officer(s):** name and number or, in cases involving terrorism or where there is a specific risk to the officer, just warrant or collar number
- **S** **Station** to which the officer is attached
- **E** **Entitlement to a copy of the search record** within 3 months
- **L** **Legal power** used
- **Y** **You are detained for the purposes of a search**

Source: College of Policing

PC A asked the child if he had anything on him, the child responded with an expletive.

PC A believed the child was making it difficult for them to safely carry out a search and proceeded to arrest him. The IOPC investigation noted the child may not have been deliberately obstructive but may have become distressed because of his autism and ADHD. However, officers were not aware of this during the initial search.

PS D asked the child if he was under the influence of anything.

The child became agitated and kicked a nearby railing. The officers restrained the child again and then re-adjusted his handcuffs after he had removed his hand from them. PS D asked the child if he experienced mental ill health, but no clear answer was given.

The child was patted down. PC A found a cannabis grinder and a travelcard with the child's name. A search of the police system revealed the child had previously been arrested for possession of a knife and drugs.

The child was scanned by a handheld metal detector, but nothing was found. He was then transported to custody.

Upon arrival at custody, the child was booked in by PS E, at this point the child was asked his age. In his statement to the IOPC, PC A said that due to the child resisting being searched, he believed the child was in possession of either drugs or a weapon and asked PS E to authorise a strip search. PS E wanted the child's handcuffs removed so authorised the strip search.

A cell was allocated for the strip search. Due to the urgency, the child was strip searched without an appropriate adult (AA) present. PS E recorded his rationale for authorising an urgent strip search stating that he believed the child was in possession of drugs or a weapon.

PS E said the designated appropriate adult was not available due to working overtime, and because of the risks decided to authorise the strip search without them present. The IOPC investigation noted that had the appropriate adult service provider been contacted, they would have provided a replacement.

Following the search, the custody log was updated to record that nothing was found on the child. At this point he disclosed he was diagnosed with autism and had been smoking cannabis.

In his statement to the IOPC, the child described the search as a "degrading" experience.

The child's parents were contacted and they collected him from custody. No further action was taken regarding the arrest. ■

KEY QUESTIONS FOR MANAGERS, POLICY MAKERS AND TRAINERS

- Does training or guidance make it clear that officers should try and ascertain the age of a child early on during an interaction?
- What processes are in place to safeguard children during and after strip searches?
- What training is given to officers/staff to help them identify signs that a child is neurodivergent?
- What training is given to officers/staff to help them communicate effectively with a neurodivergent person, and understand why they people may feel particularly distressed during a search?

KEY QUESTIONS FOR POLICE OFFICERS AND STAFF

- Would you have considered contacting the parents to act as an appropriate adult in this or similar situations?
- If a detainee appears agitated, what additional steps can you take to clearly explain the grounds for the search and help reassure them?
- How do you reflect on your stop and search interactions and is there a process to do this?

OUTCOMES FOR THE OFFICERS AND STAFF INVOLVED

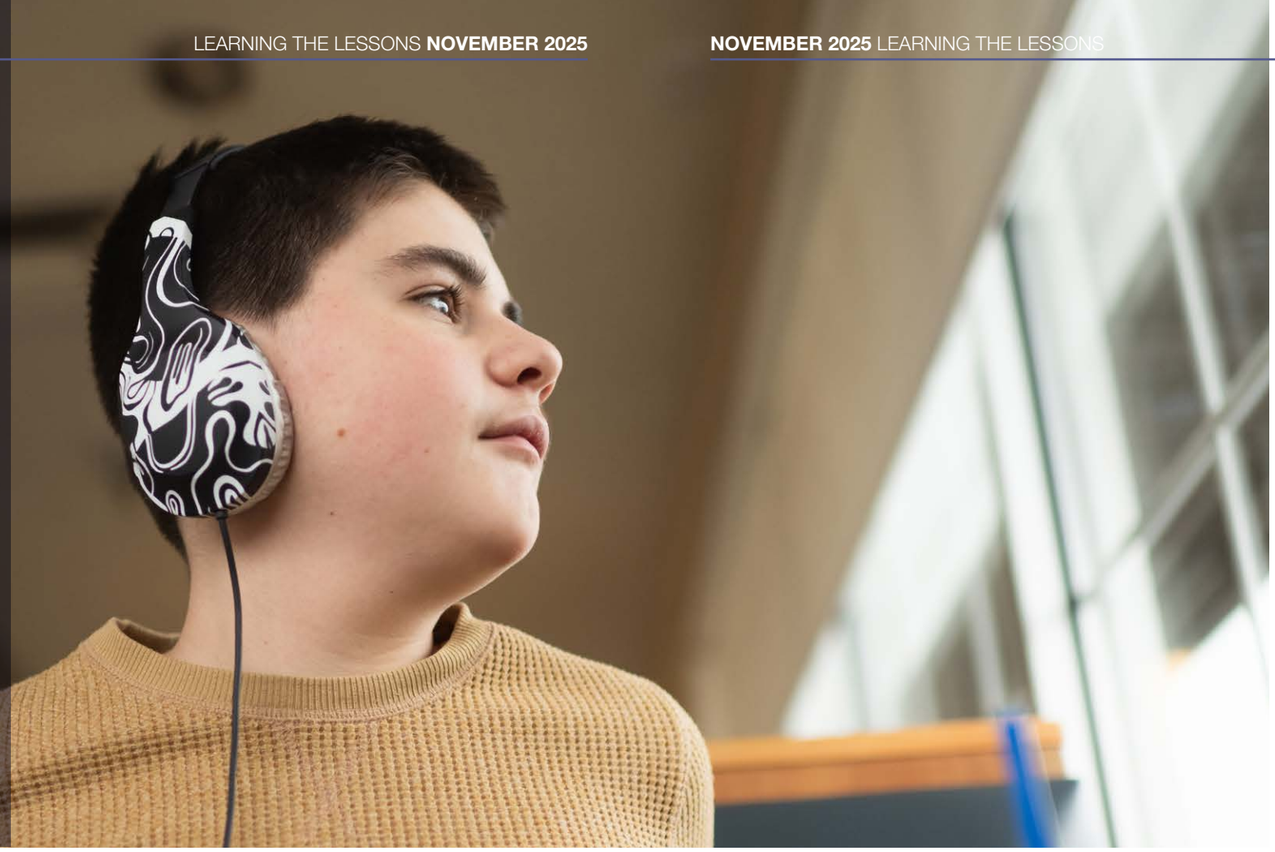
The officers did not have a case to answer for misconduct and did not face disciplinary proceedings.

PC A and PS E were both referred to the reflective practice review process to learn from this incident. PC A was asked to reflect on importance of explaining GOWISELY fully before a search, the value of de-escalation where practicable, and a discussion on case law and the civil implications of not communicating GOWISELY correctly. PS E was asked to reflect on his decision not to call the AA service and how officer information impacted his decision-making.

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.

Policing with compassion: a new approach to neurodiversity

Ruth Halkon explains how she and **Dr Darren Sharpe** collaborated with frontline officers and young people to develop a novel approach to policing neurodiversity.



Imagine you're a frontline officer on patrol. You stop and search a 16-year-old. They avoid eye contact, ignore instructions and shout. You think they're aggressive and shout back. They then push your colleague, and you arrest them.

Later, calm in custody, they say they felt trapped and overwhelmed. They found being touched during the search frightening and unexpected. The custody sergeant wonders if they're neurodivergent.

Now picture the same stop managed differently. You still search the young person, but now you stay calm, you slow down, offer choices, and explain each step. The young person is compliant, the search is negative, there's no assault and no arrest.

The difference, a little training.

As a neighbourhood officer, I was assaulted in a similar stop. I knew there had to be another way.

Years later, I had a chance encounter with the neighbourhood lead for Newham in the Metropolitan Police Service. Superintendent Lucky Singh told me officers wanted guidance on building better interactions with local children and young people, many of whom are neurodivergent but may, because of their socio-economic background or ethnicity, be undiagnosed.

Research shows neurodivergent children and young people are overrepresented in the criminal justice system. Without awareness or training, officers may misread behaviours linked to neurodiversity, like avoiding eye contact, struggling with instructions, or disliking touch. Encounters can escalate quickly, resulting in arrest or prosecution for what is essentially a communication difference.

This sparked Dr Sharpe and I to create **Policing with Compassion** - a guide to help the police build more effective interactions.

Building the guide

Working with Dr Nicholas Marsh and Inspector Richard Oldfield from the Metropolitan Police, we reviewed existing research and policies to build an evidence base. We surveyed officers in Newham to gauge their current knowledge. To learn about best practice, we interviewed experts and practitioners, many of whom have lived experience of neurodiversity.

In focus groups, young people told us they felt the police judged them, not for their actions, but for how they looked, dressed, or communicated.

They said trust would remain "broken" until police changed how they read, respond, and relate to them. Their voices shaped the guide throughout.

Young people asked for three simple changes:

- **Respect** – treat them as individuals, not stereotypes.
- **Fairness** – avoid assumptions about intent or behaviour.
- **Calmness** – reduce stress and escalation by staying measured.

Dr Sharpe, a social worker turned academic, explained:

"The process was highly collaborative, with meaningful contributions from professionals and young people alike. We ensured the guide is practical, accessible, and grounded in real-world situations. Young people told us they felt genuinely listened to and proud to contribute."

Staying CALM

We found frontline officers often had the right instincts but lacked confidence to put them into practice.

A police sergeant gave this advice for officers: "If there's even a small chance a young person might be neurodivergent, act like they are. Slow things down, explain more clearly, give them space. It makes things safer for them, and for you."

We translated our findings into simple, clear steps that frontline officers can use with any child or young person, especially those who are neurodivergent, distressed, or struggling to communicate. We call this the CALM method.

Comprehend: Quickly assess the person's needs and the potential risks of harm to you, the young person and the public; scan for sensory stressors such as loud radios, noise, flashing lights.

Ask: Use questions and choices instead of commands; confirm their understanding.

Learn: Share your names and roles; ask them about what helps them feel safe.

Model: Show the behaviour you want – calm voice, clear steps, minimal touch.

As part of the guide, we produced a short video demonstrating CALM in action with real stories and expert advice. We also developed an easy-read version of the guide to support quick reference for officers and sharing with young people.

Conclusion

Policing with Compassion shows that small adjustments can make a huge difference. They reduce unnecessary conflict, keep communities safe, and build trust with young people who too often feel unheard. We are now refining the guide based on pilot feedback and plan to test it in other forces. Our long-term ambition is for CALM to be integrated into policing practice.

- If you lead or train officers: add CALM to briefings and scenario-based training.
- If you supervise shifts: start with one CALM tip at parade.
- If you want resources: contact ruth.halkon@police-foundation.org.uk for the guide, video, and easy-read version.

For practical advice, speak with your force neurodiversity network or contact the NPCC lead. ■

"The guide gives officers the skills to better recognise and support the needs of the neurodiverse community. It's about creating policing that is truly inclusive."

Superintendent Lucky Singh.

Ruth Halkon is a Research Officer at The Police Foundation and **Dr Darren Sharpe** is an Associate Professor at the University of East London.

Support and information

Sources of support for readers

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 Email: jo@samaritans.org

Zero Suicide Alliance
www.zerosuicidealliance.com
The Zero Suicide Alliance offer free online suicide awareness and prevention training and resources. Their online courses teach people the skills and confidence to have a potentially life-saving conversation with someone who may be struggling with suicidal thoughts.

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

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.

Key information sources

Alcohol and drugs

College of Policing Detention and custody Authorised Professional Practice: Alcohol and drugs
www.college.police.uk/app/detention-and-custody/detainee-care/alcohol-and-drugs

Body-worn video

National Police Chiefs' Council Body-worn video guidance 2024
www.npcc.police.uk/SysSiteAssets/media/downloads/publications/publications-log/local-policing-coordination-committee/2024/npcc-bwv-guidance-2024.pdf

Children and young persons

United Nations Convention on the Rights of the Child
www.unicef.org.uk/what-we-do/un-convention-child-rights

Working Together to Safeguard Children 2023
assets.publishing.service.gov.uk/media/6849a7b67cba25f610c7db3f/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf

National Police Chiefs' Council Children and Young Persons Policing Strategy 2024 - 2027
www.npcc.police.uk/SysSiteAssets/media/downloads/publications/disclosure-logs/local-policing-coordination-committee/2024/children-and-young-persons-policing-strategy-2024.pdf

College of Policing Major investigation and public protection Authorised Professional Practice: Multi-agency arrangements for safeguarding
www.college.police.uk/app/major-investigation-and-public-protection/investigating-child-abuse-and-safeguarding-children/police-response-investigating-child-abuse/multi-agency-arrangements-safeguarding

Mental health

College of Policing Mental health Authorised Professional Practice: Suicide and bereavement response
www.college.police.uk/app/mental-health/suicide-and-bereavement-response

College of Policing Mental health Authorised Professional Practice: Mental vulnerability and illness
www.college.police.uk/app/mental-health/mental-vulnerability-and-illness#guidance-on-acute-behavioural-disturbance-abd

Missing persons

College of Policing Major investigation and public protection Authorised Professional Practice: Missing persons
www.college.police.uk/app/major-investigation-and-public-protection/missing-persons/missing-persons

Neighbourhood policing

Safer Streets mission
www.gov.uk/missions/safer-streets

College of Policing Neighbourhood policing career pathway
www.college.police.uk/career-learning/career-development/career-pathways/neighbourhood-policing

Neurodiversity

Risks Associated With Undiagnosed ADHD and/or Autism: A Mixed-Method Systematic Review
journals.sagepub.com/doi/10.1177/10870547231176862

His Majesty's Inspectorate of Constabulary and Fire & Rescue Services Neurodiversity in the criminal justice system: A review of evidence
hmicfrs.justiceinspectorates.gov.uk/publications/neurodiversity-in-the-criminal-justice-system

Diversity, Difference or Disorder? Exploring neurodiversity in police-community partnerships
etheses.whiterose.ac.uk/id/eprint/29219

Right care, right person

College of Policing Right Care Right Person toolkit
www.college.police.uk/guidance/right-care-right-person-toolkit

Stop and search

College of Policing Stop and search Authorised Professional Practice: Professional
www.college.police.uk/app/stop-and-search/professional

Use of force

College of Policing Public and personal safety training Authorised Professional Practice
www.college.police.uk/app/public-and-personal-safety-training

College of Policing Practice bank: PLANTER – reducing disproportionality in police use of force
www.college.police.uk/support-forces/practices/planter-reducing-disproportionality-police-use-force

YOUR FEEDBACK ON

ISSUE 45: Violence Against Women and Girls

(April 2025)

Thinking about the content of issue 45

91%
said this magazine was relevant to their work

91%
said the case summaries were clear and easy to understand

91%
said the mix of cases and articles felt about right

82%
said the key questions helped them identify learning in the cases

76%
said the case studies were relevant and explored the key issues

Thinking about the impact of issue 45

83%
said they intend to share issue 45 with their colleagues to share the learning it contains

80%
said this magazine was a useful tool to help drive change in police policy and practice

77%
said it had increased their understanding of violence against women and girls

76%
said the magazine provided useful knowledge to supplement information received from training, briefings or practical experience

70%
said reading issue 45 improved their confidence to engage with victim-survivors

Based on 35 responses to the survey.

YOUR FEEDBACK ON

ISSUE 45: Violence Against Women and Girls

(April 2025)

Top tips: what next from our readers

In response to previous issues of Learning the Lessons, readers gave us important insights into how they shared the magazine with others, and how they put the learning to use. We have turned some of those insights into top tips. Which could you put into action?

Manager or supervisors

- Consider different ways to talk about and share the magazine with your team.
- Encourage your teams to join our mailing list by emailing learning@policeconduct.gov.uk
- Could you use the case studies or key questions as discussion points with your team to identify opportunities to reflect on existing practices?
- Consider the different meetings, boards and events you attend. Would it be useful to highlight key insights from the magazine at any of them?

Frontline officers and staff

- Join our mailing list and encourage your colleagues to do the same by emailing learning@policeconduct.gov.uk
- Did you find any case studies or articles that were particularly interesting or relevant? Consider sharing them with colleagues who may be interested in finding out more.
- Fill out our feedback survey (QR code below) so we can make sure Learning the Lessons continues to work for you.

Communication teams

- Could you share the latest magazine on your intranet, organisational learning portal or other platforms regularly accessed by officers and staff?
- Do you have noticeboards in key places? Consider featuring our poster, which features a handy QR code to download the magazine onto phones and devices www.policeconduct.gov.uk/our-work/learning/learning-the-lessons
- Consider helping us to share the magazine on your social media accounts to help reach new audiences.

Policy leads

- Consider opportunities to review and sense check existing policies in line with the learning in the magazine.
- Can you help to make sure the magazine has reached the right thematic leads in your force who will be most interested in the learning it contains, and can help influence changes to policy and practice?

Learning and development teams

- Consider if any of the case studies included in this magazine would be useful to embed into existing training packages to bring important topics to life.
- Have a training event coming up? Ask us for a small pack of free hard copies of the magazine to hand out by emailing learning@policeconduct.gov.uk

YOUR FEEDBACK NEEDED

What do you think about the latest issue?

How useful did you find it?

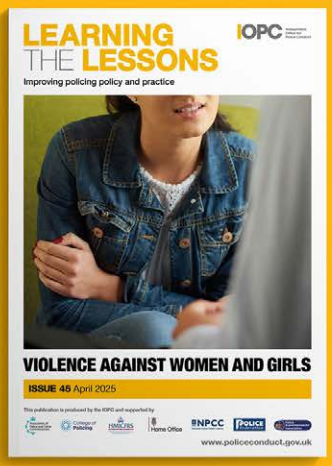
What topics would you like to see covered in future issues?

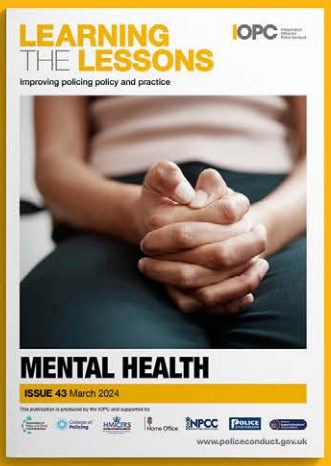
Please complete our three-minute feedback survey: **https://www.smartsurvey.co.uk/s/Learningthelessons46frontlinepolicing/**

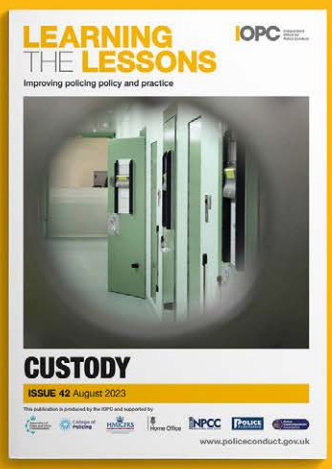
The survey is open until **9 January 2026**.

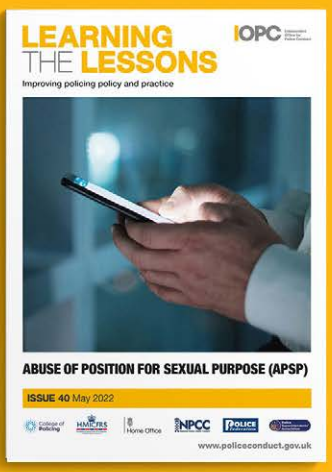
Interested in receiving new issues of Learning the Lessons?

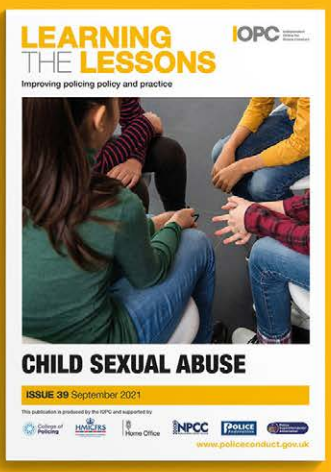
The magazine is available to everyone.
Email **learning@policeconduct.gov.uk**
to be notified when we publish a new issue.











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.