

# RIGHT CARE RIGHT PERSON (RCRP)

## CONCERN FOR WELFARE

OFFICIAL

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	<p><u>Police and Criminal Evidence Act 1984 (legislation.gov.uk)</u></p> <p><u>Criminal Law Act 1967 (legislation.gov.uk)</u></p> <p>Regional Standard Operation Procedure (JOP)</p> <p>Memorandum of Understanding NWS/MFRS/Police</p> <p>Multi-Agency Missing Adult Framework Concern for Safety</p>
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# Policy

## National Context

[Authorised Professional Practice](#) (APP) is produced by the College of Policing as the official source of professional practice on policing. All officers and staff are expected to have regard to APP in discharging their responsibilities. Essentially, our “policy” is to comply with APP as it develops to cover all areas of policing.

Where content exists within APP, we should not be reproducing it locally but instead signposting the on-line version. Similarly, we should not retain or develop any local policy documents if the subject matter is covered by APP. We may have some relatively low volume procedural documents but only if they are deemed necessary to supplement the content of APP.

## Statement

### *Leadership & Me framework and the Just Principles*

As an organisation, through our policies and Leadership & Me framework, we will ensure we create a consistently great place to work were, as Healthy People:

- You take responsibility for how you behave.
- You are inclusive and any exclusion is addressed.
- You have a safe space to speak, and things are talked out.
- You can focus on doing your own job well.
- You are trusted and empowered to make decisions and do the right thing.
- We are all One Team - inquisitive and open to new ways of doing things better together.

The Leadership & Me framework means we have a consistent approach to our behaviours across the organisation, and therefore consistent approach through our policies, which is necessary to deliver against our One Team ethos. The Leadership & Me framework is underpinned by our Just Principles:

<b>JUST LISTEN</b>	ACTIVE LISTENING   CARE & RESPECT   EMOTIONAL INTELLIGENCE
<b>JUST LEAD</b>	PRIDE & DIRECTION   RESPONSIBILITY   TRUST – HONESTY & HUMILITY   DELIVERY
<b>JUST THINK</b>	MAKING DECISIONS   CONTINUOUS IMPROVEMENT   ADAPTING PLANS   CHANGE
<b>JUST TALK</b>	TEAMWORK   COURAGE-SPEAKING UP   PERFORMANCE FEEDBACK   RELATIONSHIPS

This policy assists officers and staff to make operational decisions when responding to calls for service involving requests to conduct 'welfare checks' on members of the public.

## **Aims**

The aim of this policy is to ensure that Merseyside Police's response to reports of concern for welfare of an individual is proportionate and is compliant with our legal duties and that the most appropriate agency responds to meet the needs of the individual.

## **Objectives**

The overriding objective is to ensure that vulnerable persons in our community are supported by the responder with the most appropriate skills, training, expertise, and knowledge.

Associated objectives are:

- a) Provide clarity and consistency on the legal responsibilities of the police to deploy to a concern for welfare request.
- b) Prevent the police from assuming ownership or responsibility for a concern for welfare request when there is no legal requirement to do so.
- c) To support Merseyside Police employees to standardise deployment decisions relating to concern for welfare requests.
- d) To work in partnership with external agencies to incorporate the principles of the National Partnership Agreement.
- e) Ensure our service is provided in a way that is non-discriminatory, proportionate, fair, and accountable.
- f) Educate and improve public and partner confidence and satisfaction, by clearly outlining the rationale when police do not deploy to incidents.
- g) Digitalising concern for welfare requests to improve data capture, accountability and for auditing purposes, to provide knowledge of demand.

## Application and Scope

All police officers and police staff, including the extended police family and those working voluntarily or under contract to Merseyside Police, must be aware of, and are required to comply with, all relevant policy and associated procedures.

This policy document sets out principles to help guide decision making and is in some parts prescriptive. However, it is vital that officers and staff have the freedom to innovate, exercise discretion and take risk-based decisions, centred on the needs of the individual and the merits of each case. There may be occasions when a member of staff is considered to have acted outside of policy but if they have done so with honesty, integrity, and professionalism, to make the best decision for the community we serve, they will be trusted and supported. On occasions when this is the case, the rationale for it must be properly recorded.

## Outcome Evaluation

Outcomes should reflect specific objectives and progress measured against each of the objectives on a routine basis. In general terms desired outcomes are:

- a) That concern for welfare requests are identified and recorded in accordance with this policy.
- b) All persons subject of this policy are dealt with in accordance with the principles of equality and diversity.
- c) Merseyside Police will deploy to concern for welfare requests where there is a legal requirement.
- d) From the implementation of Right Care Right Person (RCRP), a period of hyper-care will be in place to provide support to Force Contact Centre staff.
- e) Following the implementation of RCRP the project team will:
  - Monitor use of the Decision-Making Toolkit.
  - Monitor data relating to concern for welfare requests.
  - Maintain partner agency meetings to evaluate compliance with agreed principles.

# Procedure

## Version History

<b><i>Version Number</i></b>	<b><i>Date</i></b>	<b><i>Detailed rational behind amending/updating policy or procedure.</i></b>	<b><i>Policy Owner Details</i></b>	<b><i>Policy Author Details</i></b>
v1.0	02/02/2024	Final updates applied and approval at SMB	ACC White	Steve Fenna/ Hayley Sherwen



## 1. Introduction

Partner agencies and members of the public contact the police service to conduct concern for welfare checks on a person with whom they have concerns for, in the belief that the police are the appropriate agency.

When conducting concern for welfare checks, (often referred to as 'safe and well checks' or 'welfare checks') on people who are vulnerable, the police are required to locate people at risk of harm and seek to manage any safeguarding risks.

Police officers are required to establish a person's location and ascertain whether the individual is alive, breathing, and conscious (ABC). Police actions are limited to:

- Finding the individual.
- Where necessary, calling for medical assessment of people who are found.
- Feeding back this information to the person/organisation that requested the check.

Police officers are neither trained nor equipped to conduct clinical assessments on the mental health or wellbeing of an individual (no matter how urgent the issue is) and it is not appropriate for them to fulfil the role of a healthcare professional. (Source – College of Policing)

This policy is built around the core duties of policing. As part of the requirement of the state to protect life under Article 2, European Convention on Human Rights (ECHR), policies and procedures must be in place to minimise the risk to life. This policy has been written to align with the core duties of policing which are a general duty to:

- Protect life and property.
- Preserve the King's peace.
- Prevent the commission of offences.

A Decision-Making Toolkit has been developed to assist in determining if a police response is required. The toolkit contains a series of questions, which identify if there is a legal responsibility on the police to attend and seeks to distinguish where there is no policing purpose. (Appendix 1)

To assist in determining whether the threshold for a police deployment is met, the below considerations will be made:

- Is there a real and immediate risk to life or serious harm to the public? (ECHR 1998 Article 2 & 3).
- Is a child at risk, or likely to be at risk of significant harm?
- Are partners at risk of immediate and significant harm?

- Is it a health matter only?
- Has a crime been committed?
- Does the incident reported meet the criteria for the Missing from Home Policy?

In July 2023, a National Partnership Agreement (NPA) was announced which reinforced that Right Care Right Person is a collaborative and joint approach between policing and healthcare partners. The agreement was signed by the Minister for Policing, the Minister for Mental Health and Women’s Health Strategy & Social Care, NHS England, NPCC, the Police and Crime Commissioners Lead for Mental Health, and the College of Policing.

The NPA highlights “Right Care, Right Person is an approach designed to ensure that people of all ages, 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.”

[National Partnership Agreement: Right Care, Right Person \(RCRP\) - \(gov.uk\)](#)

## 2. Legal Responsibilities

### 2.1 Human Rights Act 1988

Police can owe duties under the Human Rights Act 1988 to protect individuals from harm caused by others or harm caused by the person themselves. The police owe responsibility to take all reasonable measures to assist where there is either:

#### **Article 2 ECHR (European Convention on Human Rights)**

“A real and immediate risk to the life of a person.” (European Convention on Human Rights)

“Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which this penalty is provided by law.”

There are two main aims to this convention right:

- A prohibition on the state from taking a life and
- A positive duty placed upon the state to protect life.

#### **Article 3 ECHR (European Convention on Human Rights)**

“A real and immediate risk of that person being subject to serious harm or other inhumane treatment.”

“No one shall be subjected to torture, or to inhumane, or degrading treatment or punishment.”

Conduct qualifying under Article 3 may include being subjected to serious violence/serious injury and being the victim of sexual offending.

For both Articles 2 & 3, the threat or risk must be real and immediate. That means the threat must be present and continuing. Threats are not defined as real and immediate if they are conditional on other events happening or are said to occur at some point in the non-immediate future.

The threat must be against a specific and identifiable person or group of persons. Generalised threats do not give rise to a duty.

The duty on ‘the state’ is not restricted to policing and the ECHR found positive obligations to arise under Article 2 relating to several contexts:

- Healthcare.

- The provision of emergency services.
- Road safety.
- Military.
- Industrial and environmental activities.
- Incidents onboard a ship.
- Medical care and assistance given to vulnerable persons institutionalised in state facilities.

However, the numerous court rulings have confirmed that Article 2 of the convention cannot be interpreted as guaranteeing to every individual an absolute level of security in any activity in which the right to life may be at stake, in particular when the person concerned bears a degree of responsibility for the having exposed themselves to unjustified danger.

## 2.2 Common Law Duty of Care

The police do not generally owe a duty of care under common law to protect individuals from harm – either harm caused by themselves or others. Where the police do not act, it is unlikely that they will be held to have breached a duty of care. The police may owe a duty of care to protect persons from harm where they have either:

- Responsibility to care for them (e.g. a person is detained and taken into police detention or custody, or the police have given advice to persons and those persons have relied on that advice.)
- Created (directly or indirectly) the risk of harm.

This policy will provide clarity to the police and its partners on when a concern for welfare of a person and any subsequent request of police involvement, will, and will not, become a police responsibility to respond to.

The legal duties of care and liabilities towards an individual cannot be passed to the police unless the police accept that responsibility. In such cases where responsibility is not accepted, the duty of care (if any) will remain with the partner agency or individual concerned.

In certain circumstances the police may assume a duty of care. This will not arise if a call handler is establishing the facts to enable decision making, nor will it necessarily arise if the police deploy, providing the deployment is in accordance with the policy and the reasons for non-deployment (with in the time limits are clearly noted).

The following are examples where assumptions of responsibility (duty of care) have been held to exist:

- Where a person is taken into police detention/custody.
- Where the police have given advice to persons, and those persons have relied upon that advice.

This list is not exhaustive. The police may assume a duty to act outside of these well recognised scenarios.

For example - **Sherratt v Chief Constable of Greater Manchester** [2018]

The police assumed responsibility for a suicidal female's welfare as a Call Handler provided assurances to her mother (informant to the police) that officers would attend the daughter's property and arrange for her transfer to hospital, if necessary. As the mother had relied on that assurance, this constituted the police assuming responsibility and therefore, a duty to act.

[Sherratt v Chief Constable of Greater Manchester Police \[2018\] EWHC 1746 \(QB\) \(16 July 2018\) \(bailii.org\)](#)

## 2.3 Police Powers to Enter Property

### PACE (Police and Criminal Evidence Act) 1984 – Section 17

17(1) Subject to the following provisions of this section, and without prejudice to any other enactment, a constable may enter and search any premises for the purpose of saving life or limb or preventing serious damage to property.

*iv) Section 17(1)(e) **life and limb refers to humans only** but animals can be property.*

*vi) See below for the case of **R v Syed** which is an important case for any officer using the power under section 17(1)(e).*

In the case of **Syed v DPP** [2010] the High Court ruled that this provision *did not justify entry where there was a general concern for the welfare of someone within the premises* and therefore officers were not in the execution of their duty when purporting to rely on s17 to force entry against the wishes of the person who answered the door.

Mr Justice Collins said:

*“It is plain that Parliament intended that the right of entry without any warrant should be limited to cases where there was an apprehension that something serious was otherwise likely to occur, or perhaps had occurred, within the house. **Concern for welfare is not sufficient to justify an entry within the terms of section 17(1)(e). It is altogether too low a test.***

*I appreciate and have some sympathy with the problems that face officers in a situation such as was faced by these officers. In a sense they are damned if they do and damned if they do not, because if in fact something serious had happened, or was about to happen, and they did not do anything about it because they took the view that they had no right of entry, no doubt there would have been a degree of ex post facto criticism. But it is important to bear in mind that Parliament set the threshold at the height indicated by section 17(1)(e) because it is a serious matter for a citizen to have his house entered against his will and by force by police officers.”*

[Syed v Director of Public Prosecutions \[2010\] EWHC 81 \(Admin\) \(13 January 2010\) \(bailii.org\)](#)

The threshold for police officer to force entry to a property to check on the welfare of an individual is limited, as described in the above judgement. Where there is concern for an individual that does not constitute saving life/limb or serious damage to property, then entry under S17 should not be utilised.

#### **2.4 Fire Services Act (2004)**

The Fire Service have a much lower threshold to enter a property to check on the welfare of an individual and this is laid out in the following legislation:

Sections 11, 44 and 58 of the Fire Services Act 2004. Section 11 provides:

(1) *A fire and rescue authority may take any action it considers appropriate:*  
(a) *in response to an event or situation of a kind mentioned in subsection (2).*

(b) *for the purpose of enabling action to be taken in response to such an event or situation.*

(2) *The event or situation is one that causes or is likely to cause:*

(a) *one or more individuals to die, be injured or become ill.*

(b) *harm to the environment (including the life and health of plants and animals).*

There is a current memorandum of understanding between Merseyside Police, North West Ambulance Service (NWAS) and Merseyside Fire and

Rescue Service (MFRS). When NWAS require entry to a property to check on the welfare of an individual, and it is NOT an immediate matter of saving of life or limb, or of serious damage to property, MFRS will service the request.

## **2.5 Power of Entry – Mental Health Act**

There are specific powers under the Mental Health Act whereby police can enter a property by force. This is expressed in Section 135 Mental Health Act (1983). This power can **only** be invoked when there is a warrant in existence signed by a justice of the peace and is used for planned visits to the premises.

There is a separate process/policy for this event, contained within 'Responding to People with Mental ill Health or Learning Disability.'

### **Section 135(1) – Enter a premises to allow for an assessment to take place.**

If it appears to a justice of the peace, on information on oath laid by an approved mental health professional, that there is reasonable cause to suspect that a person believed to be suffering from mental disorder:

- has been, or is being, ill-treated, neglected, or kept otherwise than under proper control, in any place within the jurisdiction of the justice, or
- being unable to care for himself, is living alone in any such place,

the justice may issue a warrant authorising any constable to enter, if necessary by force, any premises specified in the warrant in which that person is believed to be, and, if thought fit, to remove them to a place of safety with a view to the making of an application in respect of them under Part II of this Act, or of other arrangements for their treatment or care.

### **Section 135 (2) – Enter a premises to remove a person to another location (No assessment required)**

If it appears to a justice of the peace, on information on oath laid by any constable or other person who is authorised by or under this Act to take a patient to any place, or to take into custody or retake a patient who is liable under this Act to be so taken or retaken:

- that there is reasonable cause to believe that the patient is to be found on premises within the jurisdiction of the justice; and

- that admission to the premises has been refused or that a refusal of such admission is apprehended,

the justice may issue a warrant authorising any constable to enter the premises, if necessary by force, and remove the patient.

**Concern for a Welfare of an individual in any place (Other than a dwelling) who requires immediate care and control.**

### **S136 Mental Health Act 1983**

If a person appears to a constable to be suffering from mental disorder and to be in immediate need of care or control, the constable may, if they think it necessary to do so in the interests of that person, or for the protection of other persons:

- remove the person to a place of safety within the meaning of section 135, or
- if the person is already at a place of safety within the meaning of that section, keep the person at that place or remove the person to another place of safety.

Please note, that the power to remove an individual under S136 Mental Health Act can only be applied by a police constable and this power cannot be discharged to another professional (i.e. NWAS, GP, Mental Health nurse).

**The decision to remove a person to a place of safety under this Act does not constitute the police officer making a clinical assessment.**

Further guidance on Section 136 policy and procedure please consult 'Responding to People with Mental ill Health or Learning Disability.'

Mental Ill Health Policy.doc (sharepoint.com)



## 2.6 Police Use of Force Powers

### **S117 PACE (Use of force when exercising a PACE power)**

Power of constable to use reasonable force.

Where any provision of this Act:

- a) Confers a power on a constable; and
- b) Does not provide that the power may only be exercised with the consent of some person, other than a police officer, the officer may use reasonable force, if necessary, in the exercise of the power.

[Police and Criminal Evidence Act 1984 \(legislation.gov.uk\)](https://legislation.gov.uk)

### **S3 Criminal Law Act -**

“A person may use such force as is reasonable in the circumstances in the prevention of crime, or in the effecting or assisting in the lawful arrest of offenders or suspected offenders, or of persons unlawfully at large”

Police powers do not extend to physical intervention with persons an officer considers to having mental health issues. The exception is under s136, in a public place. A Public place here including almost any place that is not the patients dwelling. (See S136 MHA)

[Criminal Law Act 1967 \(legislation.gov.uk\)](https://legislation.gov.uk)

## 2.7 Mental Capacity Act 2005

The [Mental Capacity Act 2005](https://legislation.gov.uk) (MCA) provides a statutory framework for acting and making decisions on behalf of individuals (aged 16 years or over) who lack capacity, or who are reasonably believed to lack mental capacity to act or make decisions for themselves, and to restrain them if necessary for their self-protection.

The ethos of the Act is that people who lack mental capacity must be treated in their best interests. Whilst the Act is primarily aimed at health professionals and carers when making decisions about a person’s welfare, it will in some circumstances be applicable to police officers when dealing with members of the public.

Police officers may need to make immediate decisions that relate to containing, controlling, and potentially restraining an individual who lacks the capacity to make the decision in question for themselves, while awaiting further input or direction from a health or social care professional.

The MCA is most likely to be necessary in emergency situations, when officers (or other healthcare professionals) are faced with someone lacking mental capacity and whose life may be at risk or, who may suffer harm if action is not taken. For example:

- People attempting and threatening suicide.
- Victims of serious assaults.
- Casualties of major incidents.
- Individuals with serious injuries who decline medical aid.

Where health or social care professionals are on scene, police will defer to their expertise on capacity and provide support as appropriate.

This framework is not exclusive to the police, but rather, it applies to other healthcare professionals. The police should not be used to invoke the MCA. The police may support health partners with restraint to prevent harm to any professionals, or if the individual is presenting either resistance, aggression, violence, or escape.

**The decision to remove a person to a place of safety under the MCA does not constitute the police officer making a clinical assessment.**

[Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

## 2.8 Health Matters

It is important for the police to recognise and acknowledge the skills, expertise, training, and knowledge of healthcare professionals when determining the categorisation of risk. When a police Call Handler receives information during a call which would indicate that there is a health component (physical or mental health), it is vital that a healthcare professional is contacted to make a clinical assessment and to provide the response grading. Merseyside Police officers and staff must accept that they are not the person with the right skills, expertise, training, and knowledge to question, alter or overrule that clinical decision.

For example, North West Ambulance Service (NWAS) contact the police to report an individual has taken an overdose of medication. NWAS have categorised this incident as Category 3 with a three-hour ETA. NWAS have the right skills, expertise, training, and knowledge to assess and respond to this incident. The police should only respond to assist NWAS (once they are at scene) in performing their duties such as dealing with a violent patient, confirmation of a weapon and intent to cause harm, or to assist in forcing entry to a premises to save life.

## 2.9 Domestic Violence Disclosure Scheme - Clare's Law

The Domestic Violence Disclosure Scheme, often referred to as 'Clare's Law' allows any member of the public the right to ask the police if their partner may pose a risk to them. These logs are categorised as '345 Concern for Welfare' but this policy does not change any of the current processes and will not require the Decision-Making Toolkit to be used.

DVDS---Clare's-Law--v5-for-EO-course.pptx (sharepoint.com)

## 2.10 Child Sex Offender Disclosure Scheme - Sarah's Law

The Child Sex Offender Disclosure Scheme (CSODS) often known as 'Sarah's Law' permits an individual to formally ask the police whether someone who has contact with a child or children:

- Has a record for child sexual (paedophile) offences.
- Poses a risk to the child or children for some other reason.

These logs are categorised as '345 Concern for Welfare' but this policy does not change any of the current processes and will not require the Decision-Making Toolkit to be used.

iForce - Search (sharepoint.com)

### 3. Call for Service From a Partner Agency/Statutory Body

A concern for welfare, generated from a partner agency may indicate that the duty of care of the individual concerned is within that partner agency's remit. If so, the partner agency retains that responsibility and should take all necessary steps to ensure the individual's care and welfare.

The partner agency's inability to conduct a welfare check does not make the situation a police matter and in these circumstances the police will not attend.

If, having used the Decision-Making Toolkit, the decision is for the police not to take ownership, the partner agency will be informed. The partner agency will be advised to call back immediately should more information become available, or the situation changes in a way that requires the police to re-evaluate their decision.

- If a decision is made NOT to dispatch AND the caller insists that police need to attend, there is an escalation process, contained within this policy.

It is important to place responsibility on the other agencies to bring relevant information to the police's attention.

#### **Unexpected Walkout from Healthcare Facilities**

For the purposes of this section, the term 'healthcare facility' applies to locations where patients visit for treatment such as:

- Acute hospitals.
- Doctors' surgeries.
- Medical clinics.
- Adult patients who have either been detained under the Mental Health Act, or are voluntary patients, who have been admitted to a mental health hospital for treatment.

**This policy does not relate to patients who are subject to detention under the Mental Health Act (1983) – In this circumstance, please consult the 'Responding to People with Mental ill Health or Learning Disability' policy.**

When a patient leaves a health-care facility and there is an immediate risk to their life, the police should be contacted immediately.

However, not all patients who leave healthcare facilities without being formally discharged are missing people. Many patients go home and their whereabouts can be established, without the need for police involvement.

When a patient leaves a health-care facility and there is no immediate risk to the life, the healthcare facility should conduct reasonable enquiries to establish the patient's whereabouts. (See Appendix 2)

The decision to report someone as missing to the police should be agreed with an appropriate (in some cases more senior) member of staff. By agreeing the decision to report with a senior member of staff it ensures an opportunity to check that reasonable enquiries have been made to establish the patient's whereabouts.

The reporting person should provide a point of contact to the police for ongoing updates. Consideration should be given to how the police will continue to stay in touch if there is a change in shift or staff.

Further guidance on the reasonable enquiries that are expected to be conducted by partners prior to contacting the police can be found within the Toolkit Guidance (Appendix 2)

These reasonable enquiries have been adopted from the Multi-Agency Response for Adults Missing from Health and Care Settings – A National Framework for England (2020).

#### 4. Call From a Member of the Public Requesting a Concern for Welfare Check

It is useful to distinguish between a general member of the public and a family member who calls police for assistance or expresses concern for a person. This is to accurately assess the information because a family member is likely to have a detailed history of the person they are calling about and this can assist with decision making.

The caller may be a well-intentioned member of the public acting in good faith or exercising their public-spirited duty. It is of the utmost importance to maintain trust and confidence in the ability of the police to meet their needs and to be sympathetic and engaged with our communities.

The process to be adopted is as follows:

In the first instance the police will establish all the facts, as far as possible, from the caller and consider if another partner agency is better placed to give support and assistance. A STORM log will be created, the Decision-Making Toolkit will be used and the THRIVE risk assessment will be applied (for all incidents other than those graded as an Emergency). If a decision is made that another partner agency is better placed to give support and assistance, the reasons for non-attendance and the relevant end statement (Appendix 4) will be added to the STORM log and explained to the caller. The caller will be signposted, where possible to the relevant partner agency.

If, due to circumstances beyond their control, the caller is unable to contact a partner agency and/or they are unable to do their own concern for welfare check, the police **may** take on that responsibility. Whether the police do take that responsibility will depend on the facts known at that time and consideration of the factors.

For example, a postal worker reports a concern for an 88-year-old female, who they have not seen for several days. The postal worker reports that there is an increasing amount of untouched mail on her doorstep. The postal worker has called at the address several times and does not have any details of relatives or friends. In this instance, the Decision-Making Toolkit may result in a non-deployment for police, however in the end statements there will be an option to consider further enquiries/escalation to a Contact Supervisor.

If a decision is made to deploy, a STORM log will be created, and the Contact and Response policy will be applied. The caller will be informed the police will be attending to conduct a concern for welfare check and report back to them their findings, if they so wish.

Contact-Response-Policy-v4---final.docx (sharepoint.com)

## 5. End Statements

Once the Call Handler has received all the available information from the caller, the Call Handler will use the Decision-Making Toolkit, which will result in one of two outcomes.

**Police will not deploy** to the incident and the caller will be informed that the threshold for deployment is not met. The caller will be told that police have not assumed responsibility for the incident. (Appendix 4)

**Police will deploy** to the incident and the caller will be informed that the threshold for deployment is met and that the police have assumed responsibility for the incident. (Appendix 5)

There will be occasions when the Call Handler, through their experience and professional judgement, arrives at a decision where the Decision-Making Toolkit indicates that the police will not deploy, but believes a deployment may be required. The Call Handler will select the most suitable option:

- Inform the caller that the police have not accepted responsibility for the incident but will make further checks to see if a police deployment is required. Once the checks are complete this may support any deployment decision. (Appendix 6) Or
- Inform the caller that the police have not accepted responsibility for the incident and further advice will be obtained from a Contact Supervisor. The caller will be informed of the decision once this advice has been sought. Or
- Deploy police and ensure that the STORM Log is endorsed with a rationale of any decision that differs from the outcome indicated by the Decision-Making Toolkit.

**Please note, that any police deployment represents an assumption of responsibility for the incident and as such, the duties of the police MUST be discharged responsibly.**

## 6. Escalation Process – Caller Disputes Deployment Decision

If a decision is made NOT to deploy police and the caller insists that police need to attend, there is an escalation process which is as follows:

- A STORM log will be created for all RCRP incidents, and the caller will be requested to provide further information which may assist in any decision regarding a police deployment.
- The STORM log will be transferred for control to a Contact Supervisor without delay.
- Once any other information or request for a review has been received, the Contact Supervisor will complete a review using the THRIVE risk assessment & NDM and will endorse the STORM log with their decision.
- The original caller to the police will be contacted by the Contact Supervisor with the decision on whether the police will deploy or not deploy.
- If a decision is made NOT to deploy the police, the caller will be requested to ring back if the situation changes, escalates or more information becomes available.
- If, following a review by the Contact Supervisor, the caller is still not satisfied with the deployment decision and requests a police response, they should transfer the STORM log for control to the Force Incident Manager (FIM).
- The FIM will complete a NDM review of the incident and provide a final deployment decision, on the information that is currently provided and will endorse the STORM log with a rationale for this decision.
- The FIM will contact the caller and explain this decision. If the decision is for a Police Deployment, the FIM will transfer the STORM log for control to the relevant dispatch group.
- If the decision remains that the STORM log is not for a police deployment then the STORM log will be transferred for control to the Contact Supervisor, dispatch group MTEL2.

If new information is received which may alter the deployment decision, then this should be provided to the police for the toolkit to be used, incorporating that latest information.

Please see:

Appendix 3 – Escalation Flow Chart

Appendix 7 – End Statement – Caller Disputes Deployment



## 7. Calls To/From Other Police Forces

Forces that receive a call relating to another force area should not directly apply the RCRP criteria. This is important as different force areas, and their partners, may have different services and agreements in place in how they respond to specific calls, which may not be known by the force taking the report.

In these situations, the initial force should obtain full information and pass to the force where the incident occurred as they usually would. The main difference is that the initial force must make it clear (to the caller) that their role is to simply pass the information to the relevant force who will decide any response.

The caller must not be left with the perception that they will be receiving any specific response but rather they will be contacted and advised by the force where the incident took place.

### **What to do if we receive a call that appears to be for another force and may fall into the remit of RCRP.**

- Advise caller to contact that force directly if possible.
- If this is not possible, we should record all relevant details and pass these to that other force.
- It is important to manage the expectations of the original caller using clear language. We must advise them that it would be at the discretion of that other force if they accept ownership of the task, and that force will contact them to confirm.
- When passed to the other force, close the log as a contact record.

### **What to do if we receive a call from another force that appears to fall into the remit of RCRP.**

- Accept the call from that force (who should not have applied RCRP themselves).
- Review the circumstance with local due diligence checks to decide if we would accept ownership of the task or not.
- Re-contact the original caller (not the passing force) and explain that we will either be accepting or declining the event.
- **If accepting** - Progress as normal, THRIVE for attendance priority and close the log as concern for safety when the task is completed. Do not forget to TAG.
- **If decline** – Record a clear rationale and then close the log as a contact record.

## **8. Appendices**

Section 8 has been redacted as this contains operational guidance for internal reference only.