

Policy considerations

Guidance for developing force policies relating to Right Care Right Person.

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About this guidance

Force policies relating to Right Care Right Person (RCRP) should reflect the considerations outlined in this guidance. Clear policies can help inform decisions by police when they're considering requests for service. It can also support them to record their decisions.

This guidance outlines:

- general principles to be considered when developing or reviewing force policies relating to RCRP
- specific principles to factor into policies associated with the operational delivery of RCRP, including concern for welfare and medical incident policies

It has been developed in consultation with key stakeholders, partners and forces that have implemented changes to incorporate RCRP principles.

Who this guidance is for

This guidance provides direction and advice for:

- RCRP senior responsible officers (SROs)
- senior leadership teams
- project managers, departmental leads and policy writers

Scope of this guidance

This guidance helps police forces to develop policy about when they have a responsibility to attend RCRP calls for service. This includes advice on creating new or shaping existing policies, in partnership with health and social care agencies.

This guidance focuses on the following policy areas.

- Concern for welfare – where a member of the public or partner agency reports a concern for the welfare of a person.
- Walk out of healthcare settings – where a person has walked out from a healthcare setting, or has abandoned medical care or treatment.
- Absent without leave (AWOL) – where a person is AWOL from mental health services.
- Medical incidents – where a member of the public requests police to attend a medical incident, or medical incidents where police are already present.

General policy principles for RCRP

Consider these general principles when developing or reviewing any policies related to RCRP.

1. Build around policing's core duties

Force policies should be built around the core duties of policing.

As part of the requirement on the state to protect life under Article 2 of the European Convention of Human Rights (ECHR), policies and procedures must be in place to avoid or minimise the risk to life.

This guidance has been written to align with the core duties of policing, which are a general duty to:

- protect life and property
- preserve order
- prevent the commission of offences

See also:

- [Police powers: an introduction \(House of Commons Library\)](#)
- [our authorised professional practice \(APP\) on Operational planning – Core planning principles](#)

2. Jointly develop policies

Consider where relevant codes of practice and statutory guidance indicate where RCRP should be planned and developed jointly through cross-agency partnerships. This can include engagement with local health and social care stakeholders to inform the development of decision-making

pathways.

3. Cover situations where police have obligations under the ECHR or have created a duty of care

Force policies should explicitly set out the policing response required where:

- Article 2 or 3 of the ECHR is engaged
- the police have created a duty of care themselves under common law

The courts have held that the police owe no general duty of care to protect the public at large, except where either:

- the police have assumed a specific responsibility to protect a specific member of the public from harm by a person
- circumstances exist where the police have created a duty to act

Examples of police creating a duty to act

Police have a duty of care in the specific situations where:

- a person is detained and taken into police detention or custody
- the police have given advice to persons, and those persons have relied on that advice

If police forces choose to work in collaboration with partners to provide a particular service or assistance when there is no legal duty to do so, this is outside the scope of RCRP. Forces should be aware that in doing so, they expose themselves to risk outside of their legal duty and may also attract liability if they act in a negligent manner.

Duties under the ECHR

Duties to act can arise under Articles 2 and 3 of the ECHR. For example, police may need to take measures to protect an individual at risk of serious harm or whose life is at risk.

Forces should have policies in place that reflect their duties under human rights legislation. Police policies are key as part of the wider response in the state's provision for the protection of persons.

Importance of clear communication in operational practice

Forces must specifically advise callers about whether the police will or will not attend an incident. The message from force control rooms must be clear and leave no room for doubt.

Force policy should detail any agreed processes of signposting to other agencies, to promote the right care being provided by the right agency.

4. Consider review processes for decision-making

It's not always clear which is the most appropriate agency to respond to a call for service. Where a joint response may be appropriate, this creates a risk of overlap between the roles and responsibilities of the police and other agencies.

Force policies need to incorporate:

- a clear pathway when call handling decisions are challenged
- the process for escalating challenges to an appropriate decision-maker, for a review of the original decision

Embedding review processes ensures that organisational structures are in place to promote confidence and provide a learning environment.

Where call handlers' decisions are challenged or the call handler requires a second opinion, it's essential that prompt access to a review process is in place. This should ensure consistency in decision-making at all levels in the force control room.

Concern for welfare policy principles

Concern for welfare-related calls are when requests are made for police contact with someone who is believed to be vulnerable or at risk for a wide variety of reasons. In these cases, the police are asked to check the person is safe and well and usually provide an update to the reporting person or agency. These checks are also known as a welfare check, safe and well check, or other similar terms in different force areas.

Consider the following principles when developing a concern for welfare policy during the implementation of RCRP.

1. Be clear about responsibility

Force policies should set out that the police have no general responsibility outside of the core policing duties for the safety or welfare of members of the public.

2. Outline the legal duty

Force policy should be clear on where a legal duty applies in relation to attending concern for welfare calls.

- [See authorised professional practice \(APP\) on Mental health – Safe and well checks](#)

3. Check for overlap with other force policies

Force policies should be reviewed to identify the potential overlap and interoperability across different force policies in the process of implementing RCRP-related policy.

4. Clarify the difference when responding to public or partner agencies

Force policies should set out the force response to requests for calls from members of the public, as well as partner agencies. They should make it clear where these may differ in terms of the response provided.

How the police response may change in practice

After implementing RCRP policies, police may not respond to requests to:

- check on the welfare of a person who has missed a planned health appointment or who has disengaged from services
- check on a person who is absent from a place that they should be, or are expected to be, but who is not considered to be missing
- check with a person as to whether they have taken their medication
- check on a person whose location is not known or confirmed
- monitor a person due to the unavailability of staff – for example, at the weekend
- check on the mental wellbeing of a person

The police response to concern for welfare-related calls is subject to local partnership agreements that the police have agreed to. The police may agree to work in collaboration with partners to

provide a particular service at a local level.

Walk out of healthcare or absent without leave (AWOL) policy principles

These are two separate and distinct policy areas. Some forces group them together during RCRP implementation, because both these types of calls relate to people whose location is usually unknown. This is distinct from a concern for welfare call, where the location of a person is usually known or could easily be established.

AWOL or absconded patients specifically relate to patients under a specific [Mental Health Act 1983](#) power, who have left facilities or failed to return within a period of authorised leave.

- [See APP on Mental health – AWOL patients](#)

This is fundamentally different to a walk out of healthcare-related call, where the location of the person may still be unknown, but they are not under any Mental Health Act power.

Forces may already have existing policy relating to:

- AWOL patients in their mental health-related policy
- walk out of healthcare settings in their missing persons policy – as many forces already treat these calls as missing people

Walk out of healthcare settings

This relates to patients who have walked out of any healthcare setting. This may include general hospitals, emergency departments, GP surgeries, community services and mental health services, when not held under a power for physical or mental health-related issues.

Incidents are often reported to the police as medical emergencies after people have abandoned health treatment. Forces need to consider if their response to these types of health-related calls under RCRP is accounted for in existing policy. If not, there may be a need for specific guidance in a new policy for walk out of healthcare settings. Depending on the circumstances of each case, specific incidents may be addressed under a concern for welfare policy.

This guidance does not deal with people who leave care homes or looked-after children. Forces should ensure that any new policy is consistent with existing safeguarding agreements.

Missing persons

A missing person is anyone whose whereabouts cannot be established. Any agency with a duty to a person in their care is expected to try and establish the whereabouts of that individual before reporting them as missing.

Force policies should reflect that where a person is reported as walking out of a healthcare setting, this does not require a police response. A police response may be justified when:

- there is a real and immediate risk to life or serious harm to the individual
- the person meets the threshold for a missing person

Reasonable actions by the agency reporting the person missing may include checking the home address of the person, in addition to the steps set out within the [Best practice guideline: the patient who absconds](#) (Royal College of Emergency Medicine, 2020).

- [See APP on Missing persons](#)

Consider the following principles when developing a walk out of healthcare policy during the implementation of RCRP.

1. Be clear about duty of care

Force policies should set out that the police do not generally owe a duty of care to return people who have walked out of a healthcare setting.

2. Outline the scope

Force policies should reflect that those walking out from healthcare settings during treatment remain within the scope of the walk out of healthcare policy, unless there are additional circumstances that may trigger a response.

The police do not have a power to take patients back to a healthcare facility against their will unless they are under arrest (for example, have committed a crime). Persons who are subject to a Mental Health Act power should be addressed under the AWOL policy.

3. Reflect people's right to make their own decision

Force policies should reflect that a person has the right to make their own decision to leave the health facility, unless:

- other powers apply relating to the [Mental Capacity Act 2005](#) or [Mental Health Act 1983](#)
- they are under arrest

AWOL

AWOL calls cover instances where patients have absented themselves from specific mental health services where they are detained or held under a specific Mental Health Act 1983 power. (This does not cover voluntary attendees.)

AWOL guidance is often found in a force's existing mental health policy. It can however be developed as a standalone policy.

Consider the following principles when developing an AWOL policy during the implementation of RCRP.

1. Align with the mental health APP

Forces should review their AWOL policy in line with College of Policing AWOL guidance, found in the APP on mental health.

- [See APP on Mental health – AWOL patients](#)

It is important to distinguish between someone who is AWOL and someone who is missing (as defined by force policy).

The duty of care owed when a patient is AWOL remains with the place where they were detained.

Force policies should reference the three situations where an AWOL patient must be immediately reported to the police by healthcare services. According to the [Mental Health Act 1983 Code of Practice](#), chapter 28.15, these are where the person is:

- subject to the Mental Health Act (part III)
- especially dangerous
- especially vulnerable

2. Outline police involvement in returning AWOL patients

The power to return AWOL patients is not only available to police ([section 18.1 of the Mental Health Act](#)). The Act outlines a range of people who are empowered to return AWOL patients. Local discussions should determine these arrangements.

Medical incident policy principles

This guidance relates to incidents where the police are asked to respond to a medical matter. This includes mental health and physical health conditions.

Consider the following principles when developing a policy for responding to medical incidents during the implementation of RCRP.

1. Decide the police response to health-related matters

Forces will need to create new or review existing policies to determine how police respond when a health-related matter is reported. The policy should provide clarity to the police and its partners that the police should only be responding to medical incidents where there is a legal duty upon the police to do so.

Force policy should clearly set out how the police's duty can be discharged when they have responded to a call for service.

2. Outline the police response to requests for support for non-RCRP incidents

Force policy should outline the police response to requests for support outside of a legal duty that is not covered within the RCRP framework.

The police are often contacted to provide support for medical matters by both partner agencies and members of the public. Where a partner agency has a legal duty towards a person within their care, this duty does not end if a person leaves the confines of the facility where the care is provided. The duty to take reasonable steps to protect that person remains with that agency, even after the person has left the premises.

RCRP incidents relate specifically to the categories set out within this toolkit – concern for welfare, walk out of healthcare, AWOL and medical incidents. Where the police receive requests for support

for other operational matters that do not fall within RCRP, they are not subject to the threshold set out in this toolkit.

The police will receive calls where there is no legal duty to respond (according to Articles 2 and 3 of the ECHR) and that fall outside of the RCRP threshold framework, but where police attendance may still be appropriate. This may relate to a call for help from a partner agency in managing an incident where the police have an existing partnership arrangement in place to provide that support, or may choose to do so following a call for service.

There must be clarity on the police response when they are requested to provide support but there is no legal duty to attend.

3. Include different scenarios

Forces should ensure their policies provide a framework for responding to a range of different scenarios when the police are requested to attend medical incidents. These policies should reflect any joint working protocols.

A request for police attendance at a medical incident can be initiated by a member of the public. Force policy should include what the police response will be when an individual is unable to make the call themselves. The calling of an ambulance by the force control room on behalf of someone does not create a common law duty of care for the police.

Mental health policy principles

The [APP on Mental health](#) provides further information on the police role in responding to mental health incidents.

There are several legal powers within the Mental Health Act that are solely police functions. Forces must clearly set out when it is appropriate for the police to respond within policy.

Forces should ensure their policies define the responsibilities as set out within the Mental Health Act 1983 Code of Practice (chapter 16). These should be jointly developed with partners to ensure that local partnership arrangements are in place for people experiencing mental health crisis.

[Guidance on the areas that need to be jointly developed are included in chapter 16.32.](#)

- **[Mental Health Act 1983 – Code of Practice](#)**

Supporting guidance and resources

- College of Policing. (2020). [Preparing policing for future challenges and demands](#).
- DWF Group. (2018). [Police owe duty of care to deceased following 999 call made by mother](#).
- His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). (2018). [Policing and mental health: Picking up the pieces](#).
- HMICFRS. (2014). [Core Business: an inspection into crime prevention, police attendance and the use of police time](#) [internet].
- Home Office. (2014). [Supporting vulnerable people who encounter the police: A strategic guide for police forces and their partners](#).
- Home Office. (2021). [The multi-agency response for adults missing from health and care settings: A national framework for England](#).
- London Fire Brigade. (2023). [Collapsed Behind Locked Doors Response](#).
- National Police Chiefs' Council (NPCC). (2023). [Advice to police forces on prevention interviews and independent return interviews](#).
- NPCC. (2023). [Advice to police forces on the interpretation of multi-agency response for adults missing from health and care settings framework](#).
- NPCC. (2023). [Flow chart for police forces on restricted patients under s37 and s41 Mental Health Act 1983 who abscond](#).
- Royal College of Emergency Medicine. (2020). [Best practice guidelines: the patient who absconds](#).

Tags

Mental health Operational policing Response policing