Force control room implementation guidance

Operational considerations for implementing RCRP in your force control room.

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About this guidance

This guidance is to help your force successfully implement the Right Care Right Person (RCRP) approach when responding to health and social care-related calls for service. It should be read alongside the **policy considerations guidance for RCRP** and is designed to support and work alongside existing force protocols and processes.

This guidance was developed in consultation with police stakeholders, partners and forces who have implemented RCRP.

Who this guidance is for

This guidance provides direction and advice for:

- RCRP senior responsible officers (SROs)
- force control room senior leadership teams
- project managers and policy writers

Scope and aims of this guidance

This guidance aims to:

- help forces to embed RCRP principles into their operating practices
- ensure interoperability with existing systems and processes
- support effective decision-making about the deployment of resources

Ensuring everyone understands the approach

RCRP is used to determine whether the police are the most appropriate agency to respond to health-related calls for service. It should be used in a way that is responsive to dynamic and changeable situations.

Forces should ensure officers and staff understand that RCRP specifically applies to calls for service about:

- concern for someone's welfare
- walkouts from healthcare settings
- absent without leave (AWOL) patients from mental health services
- people who require medical treatment

See the **Policy considerations guidance** for more information about each of these call for service policy areas.

Police officers and staff should also understand the interoperability between RCRP and non-RCRP-related incidents. For example, this may include responses to incidents that are initially categorised as walk out of healthcare, that later become a missing persons enquiry.

Providing easy access to policy and guidance

Force control room staff and call handlers should have easy access to RCRP-related policy and guidance when making decisions on RCRP-related incidents.

Forces could consider creating a **dedicated decision-making toolkit** to provide access to this information.

Monitoring use of the approach for all calls

Check the RCRP approach is only used for calls that fall into the four categories where force RCRP policy has been established – concern for welfare, walk out of healthcare settings, AWOL and medical incidents.

Walk out of healthcare and AWOL policy are distinctly separate from missing persons policy, which is not covered within this guidance.

Understanding mental health responsibilities

All agencies have a responsibility to safeguard vulnerable people under the **European Convention on Human Rights (ECHR)**.

Strategic governance for mental health usually sits outside of control rooms. Control room staff should however understand relevant mental health legislation and force policy, to help their decision-making. For example, the s135 Mental Health Act (MHA) warrant process, which sits outside of RCRP.

Section 135 warrant process

Many forces have existing arrangements to support partners to carry out s135 warrants and manage risk. Section 135 warrants can often be planned in advance. Requests can sometimes be more urgent and forces should ensure that a suitable pathway is in place. Control rooms and call handlers must be able to recognise that calls from approved mental health professionals (AMHPs) requesting urgent help need proper consideration for a prompt response.

Mental health-related calls

Mental health-related calls can be more complex to assess due to mental health legislation setting out specific roles and powers between different agencies – some of which are shared.

Calls relating to mental health should be approached in the same way as all other calls. Call handlers should assess whether:

- the call falls into a RCRP category (concern for welfare, walk out of healthcare, AWOL or medical incidents)
- there's a legal duty for the police to attend

Having a mental health subject matter expert in the force control room can support staff when responding to these calls.

AWOL and restricted patients

Absent without leave (AWOL) can apply to anyone detained under the Mental Health Act 1983 if they escape hospital or fail to return following authorised leave – including restricted patients. Call handlers should be aware of any differences in response to restricted AWOL patients.

Hospitals are responsible for locating patients who are AWOL and maintain a duty of care, but may request police assistance to search for the patient if they are particularly vulnerable or dangerous.

Call takers should be encouraged to ask questions when a person is reported as being AWOL to:

- confirm that they are AWOL
- establish if they are a restricted patient

Police should consider whether it's more appropriate to record the patient as AWOL, wanted or a missing person. Recording an AWOL patient as a missing person may be justified if:

- there are any suspicious circumstances
- the patient is vulnerable

Receiving calls about restricted patients

'Restricted patients' are offenders detained in hospital for treatment who are subject to special controls by the Secretary of State for Justice. They include offenders who are:

- diverted from the courts to the hospital system
- transferred to a secure hospital from prison and made subject to a restriction order or direction

The restrictions in place are dependent on their sentence. Call takers should ask questions to establish if the patient is currently subject to restrictions.

Police should be informed immediately if a missing patient is subject to restrictions under part 3 of the Act, according to the **Code of Practice: Mental Health Act 1983** (chapter 28.15). Restricted patients who have escaped from a hospital ward or failed to return to the ward following leave may be described to call takers as:

- part 3 patients
- absconders
- section 37/41 patients

Force mental health subject matter experts should be consulted for further information on how restrictions may influence the force response required by their force policy.

Assessing what police are being called for

When incidents are reported to the police it is often unclear what the police are being asked to do and the purpose of police involvement. This can apply to calls from both partners and the public.

The importance of understanding what is being reported should not be underestimated. Extra consideration should be given to the different risk terminology used between different agencies.

Call handlers have an important role in asking questions to understand the exact nature of the call – particularly whether the call relates to mental health or other areas within RCRP.

Increased call handling times

Call handlers are sometimes unable to gather enough detail to be sure that the call falls under RCRP. Some forces have found this is due to the focus on call handling times.

Forces should encourage call handlers to expect increased call handling times when dealing with RCRP-related calls, as additional questioning may be needed. They should understand that taking more time on the call can ensure the right agency responds and the police spend less time dealing with these incidents.

If call handlers are not confident they will be supported and there is a slight increase in call times, it's unlikely they will ask the necessary probing questions if the incident sits within RCRP.

Forces need to consider how this approach is implemented and managed within existing force performance processes.

Resources to support call handler decision-making

Forces are encouraged to develop a decision-making toolkit or flowchart for use by call handlers. This can help them to identify RCRP-related calls and provide guidance on making decisions.

This could be a standalone product or embedded within existing IT systems. Forces may wish to:

- consider how they will implement this within existing systems
- test decision-making processes with stakeholders, to ensure they align with RCRP local agreements made with partners

What to consider including

A toolkit can support call handlers to use appropriate language to:

- provide clarity to the caller on whether a police response will be provided
- gain additional information before a decision can be made

Provide a script

Providing a script for call handlers can avoid ambiguity about whether the police will respond. For example, where the police are not going to respond, it's important to communicate the reason for this to the person making the call.

The script should also consider that a change of circumstances may lead to a police response being required. Callers should be told to call again if the situation changes.

The caller may also need to be directed to an alternative service, depending on local arrangements in place.

Define possible outcomes

A toolkit should lead a call handler to one of the following three outcomes.

- Yes – police will attend.
- No – does not require a police response.
- Maybe – further information is needed to determine the most appropriate response.

For calls that lead to a maybe outcome, forces need to consider the process for a decision to be made and the timescales involved. For example, this may include referring to a supervisor or a support desk.

Signpost to appropriate services

Consider providing guidance to call handlers on signposting to appropriate services. This should be in line with your force's local arrangements, as agreed with partners.

Consider the process for other force areas

Forces that receive a call relating to another force area should not directly apply RCRP principles. This is because different force areas and their partners may have different services and

agreements in place about how they respond to specific calls. These services and agreements may not be known by the force taking the report.

In these situations, the receiving force should:

- obtain full information
- pass the information to the force where the incident occurred, as they usually would

The receiving force must make their role clear to the caller, which is to 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. They should expect to be contacted and advised by the force where the incident took place.

Forces that are passed a call from another force that has taken the original report should:

- accept the report
- apply RCRP as they usually would
- update the original caller

Where the call falls within RCRP, the receiving force should not push back to the reporting force. They should make contact with the original caller and advise them directly about any response they may provide, or signpost to alternative services as appropriate.

There are specific agreements in place for several agencies who act on behalf of UK police forces in receiving reports. For example, International Criminal Police Organization (INTERPOL), Crimestoppers and Action Fraud. These agencies cannot signpost to other agencies or make enquiries themselves.

Children and specific guidance

Children have specific needs and vulnerabilities. Providing them with the right care is important in responding to these needs.

Calls about children remain in the scope of RCRP decision making. Forces should ensure that there is no negative impact on police statutory responsibilities – for example, under **s11 of the Children Act 2004**.

Articles 2 and 3 of the **ECHR** apply similarly to both adults and children. However, forces should ensure that extra consideration is required when assessing the risks to children within RCRP.

Call handlers should consider any:

- real and immediate risk to a child
- need for the use of police protection powers
- appropriate alternative police response, if required – including multi-agency safeguarding hub (MASH) and joint partnership responses

While a person's age may indicate vulnerability, it is not a deciding factor in whether the incident requires a police response. There is no specific power of entry to carry out a concern for welfare check, even where children are concerned.

Responding to partner agency calls for assistance

When partner agencies call the police for support, there are situations where:

- the police have no legal duty to respond
- the call falls outside the remit of RCRP

Forces may still choose to provide a response in these situations.

Where partner agencies call the police for assistance, these calls must not be incorrectly identified as RCRP-related. This is because the police are not being asked to lead or respond directly to these incidents, in place of a more appropriate service. They are being asked to provide appropriate support to partner agencies.

Supporting our partner agencies is the right thing to do in many of these situations. Even though there may be no legal duty to respond, the police may still choose to attend to provide support.

Training

Our **RCRP e-learning** is available for all forces to access via the College Learn platform (you will need to register and log in).

The e-learning includes:

- the general principles of RCRP
- scenarios for staff to work through to gain understanding of the legal basis for the RCRP approach

This e-learning must be supplemented by additional training and support for anyone involved in RCRP within the force control room. Additional training should be in line with force policies, guidelines, use of flow charts and incident recording.

- **About the RCRP e-learning**

Ongoing support and advice

Call handlers in force control rooms must have access to immediate support and advice when taking RCRP-related calls.

The role of the support function is not to make decisions on behalf of the call handler. It's to support the call handler to make their own decisions using the force's RCRP decision-making processes.

Ongoing support could include the following.

Using floor walkers

Floor walkers are people with additional RCRP training who are present in the control room. They can provide immediate support and advice to call handlers.

This is identified good practice that has been found to increase confidence in call handlers when assessing calls. Floor walkers can also support call handlers to use any decision-making toolkits and process flow charts.

Establishing a telephone support desk

Telephone support desks are an alternative means of support. They are run by people with additional RCRP training, who can provide support and advice to call handlers over the phone.

Support desks may be shared between several force control rooms, or between two or more forces. Feedback from floor walkers suggests they can support regardless of force-specific call-taking IT systems, so there is potential to establish a shared resource between different forces.

Identifying individual support needs

Forces should have processes in place to identify where individual call handlers need additional support to comply with RCRP processes.

Recording incidents

Forces should have an appropriate recording system in place for all RCRP incidents and understanding its impact. See the **national standard for incident recording counting rules** (Home Office, 2011). Decisions not to deploy must be recorded clearly, along with the rationale.

This ensures an appropriate auditing process is in place, so that deployment decisions related to deployment can be fully understood and measured. It also enables effective appeals, process and reviews to support decision-making where further information becomes known and police may need to respond. Appropriate recording processes can also be used to identify emerging themes and be used as a training and learning opportunity.

Forces need to consider their management of online reporting mechanisms and ensure that the police response to these incidents is consistent with RCRP policies.

Risk assessment

Forces should:

- continue assessing risk in line with current force policy
- recognise that RCRP questions the presumed need to deploy police resources for every call for service where a risk is identified

Deciding how THRIVE is used

Forces can decide how they want to use the THRIVE (threat, harm, risk, investigation, vulnerability and engagement) risk assessment model for RCRP-related calls for service. They may consider whether THRIVE is applied to RCRP calls where it's decided that police will not be deployed.

These decisions about when to use risk assessment models should be based on force system design and policy.

Deciding the most appropriate agency to respond to a risk

Police must continue to identify risk during RCRP, but the focus changes to deciding the most appropriate agency to respond to the risk.

Call handlers need to understand local RCRP agreements, so they can effectively signpost to other services when it's more appropriate for another agency to respond.

See also our **Vulnerability-related risks guidelines**.

Considering information on police systems

Call handlers should consider all information reasonably available to them when making deployment decisions. This includes information:

- given to them on a call
- held on police systems such as the Police National Computer (PNC) – including warning markers, intelligence, previous police contact and risks

For police to have a duty to respond, they must know or ought to have known about:

- the existence of an immediate risk to life or serious harm
- a crime or potential crime

Forces need to consider how they will meet their obligations for information that is known or ought to have been known.

Ought to know

'Ought to know' relates to information that the police should know or is readily available. For example:

- questions that should be asked
- existing information held on police systems that could help identify the risks involved and whether a police response is required

For example, where a call is made to the police about a specific person, there may already be information about them on police systems. This information may cause a change in the risk and

inform an appropriate police response.

Escalation process

There are two routes for escalation, which are:

1. when the call is received
2. by a partner agency

1. When the call is received (real-time escalation)

Real-time escalation is at the point of the call being received, where the caller disagreed with the call handler's decision. This may be a call from a partner agency or member of the public.

Where a caller disagrees with a police decision not to attend the incident, the call handler should follow the established force escalation procedure and explain to the caller how the decision will be reviewed.

Partners should be encouraged to follow their own policies and procedures when the police have decided that they're not the most appropriate agency to respond.

2. By a partner agency (partnership escalation)

Partnership escalation is where agencies may wish to escalate the emerging themes and concerns arising.

For this to be effective, forces should have dedicated points of access in place. This could be a specific contact number or provided within a formalised partnership meeting structure. Ensuring partners have access to an escalation process builds confidence in delivering RCRP and can help resolve any issues.

Where forces have an existing escalation process in place, they may need to review it in line with RCRP policy. When a response is required there can be no gaps in service provision and public safety must not be put at risk.

Planning for implementation and governance

Forces should consider governance and command structures with partners at an operational level, so RCRP can be implemented successfully. Forces need to identify a launch timeframe for RCRP and plan for a post-implementation period, where RCRP becomes business as usual.

Considerations needs to be made for the lead up to implementation, the launch period, and the duration for which these structures will run after implementation.

Planning launch day

Forces should ensure engagement by all internal and external stakeholders in the planning for implementation at an operational level. These arrangements should be developed by the overarching strategic governance group.

Forces should consider how their RCRP governance arrangements will develop localised operational governance processes and work. There are various options how this can be achieved, including the development of a sub-group. This ensures that the operational governance processes and progress can be fed back into the strategic governance group.

Launch day

Forces should consider the most effective way to launch RCRP, taking into consideration their size, resource and functions within their control rooms.

Launching across the entire control room

One option is to implement RCRP across the entire control room staff at the same time. Forces that choose to do this may find that there will be a new experience for every new team that comes on duty. Forces can therefore expect the launch timeframe to extend across all teams, depending on shift patterns.

Dedicated RCRP call-taking desk

An alternative approach is using a dedicated RCRP call-taking desk, where all identified RCRP-related calls are transferred to call handlers assigned to this desk.

Benefits of this approach are that:

- not all force control room staff need to be trained before launch
- call handlers on the desk have more exposure to RCRP-related calls, which speeds up the learning process
- support functions for this desk are far less resource intensive than covering the entire force control room – for example, one or two floor walkers could support this desk

Call handlers are rotated until all force control room staff are trained on the RCRP desk. Staff who have undergone training could also have the option to become RCRP subject matter experts or floor walkers.

Partnership engagement

Forces should ensure ongoing partnership engagement during launch to identify emerging themes and risks. This may include any unintended or negative outcomes on partners.

This can be achieved through a daily partnership meeting. In some areas these meetings already exist through multi-agency safeguarding hubs (MASH) located within local authorities.

Many force control rooms can host partner services or have direct links between emergency service control rooms. This can be a beneficial arrangement to support launch, as it provides the ability to promptly debrief incoming calls and minimise gaps in service. This approach should be offered to relevant partner agencies in implementation planning, which could also be mirrored by those partners in their respective operations centres.

After implementation

Forces need to consider the transition to RCRP becoming 'business as usual', with processes to identify RCRP-related calls remaining in place.

The phase after implementation provides an opportunity for forces and partners to review:

- performance
- remaining challenges
- any further changes required, which may include a continued level of support or an extension of time to accommodate these changes

Challenges for implementation

Forces have identified several challenges during implementation of RCRP. These include the following, which may be useful for forces to consider.

- Call handlers separating walk out of healthcare incidents from missing persons incidents. Forces need to ensure their policies and procedures assist call handlers in making decisions on categorising incidents. Walk out of healthcare is within scope for this guidance, whereas missing persons is not.
- Establishing when a call that's at first correctly dealt with as a walk out of healthcare incident, then becomes a missing person investigation based on further information.
- Call handlers continuing to accept RCRP incidents for dispatch due to ethical considerations and fear of negative outcomes if they do not provide a police response.
- Police not attending partner requests for assistance due to incorrectly categorising the incident as RCRP-related.
- Call handlers not using the force's RCRP decision-making process when dealing with a RCRP-related call.
- Call handlers recording incidents as non-RCRP-related call types when they should be categorised as RCRP-related. This results in the deployment of officers and demand being displaced into other incident categories.

Forces should recognise that identifying these RCRP-related incidents at the first point of contact is important. Support should be provided to discuss and debrief with call handlers, to reinforce RCRP and capture future learning. This also supports call handlers to build confidence in making decisions about RCRP-related calls.

Forces may need to monitor and provide further support and training to address these challenges. It's important that call handlers are clear about when the police will not be providing a response.

Transporting patients

Staff should be aware of inter-agency attendance and transportation arrangements when dealing with s135 and s136 MHA patients, as well as casualties.

Where police detain a patient under s135 or s136 of the MHA, the default mode of transport is by ambulance or other healthcare-led transport.

Transportation using a police vehicle should only be in exceptional circumstances. This should be subject to risk assessment. See **Code of Practice: Mental Health Act 1983** (Department of Health, 2015).

References

- Department of Health. (2015). **Mental Health Act 1983: Code of Practice** [internet]. London: TSO.
- His Majesty's Inspectorate for Constabulary and Fire & Rescue Services (HMICFRS). (2020). **A call for help – Police contact management through call handling and control rooms in 2018/2019** [internet].
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Tags

Mental health   Response policing   Operational policing   Force control rooms