



Right Care, Right Person

Frequently asked questions and case studies

About this document

This document supports the [IOPC's Right Care, Right Person \(RCRP\) position statement](#) and is for police complaint handlers. The document contains two parts.

- **Part 1: Frequently asked questions (FAQs)**
This sets out frequently asked questions from police forces to the IOPC on RCRP.
- **Part 2: Case studies**
This provides examples of when death or serious injury (DSI) referrals should be made to the IOPC. These cases are purely illustrative examples. It is crucial that police forces evaluate each situation according to the specific circumstances of the incident.

We recognise the application of RCRP will differ among forces and are mindful of the challenges this may present. The IOPC expects Professional Standards Departments (PSDs) to make referral decisions in line with the [IOPC's Statutory Guidance](#) and the IOPC's position statement on RCRP.

We will continue to monitor the national roll out of RCRP and will keep this document under review.

Part 1: Frequently asked questions

1. What is a death or serious injury referral?

Where someone has died or suffered serious injury, the police force is required to make a mandatory death or serious injury referral to the IOPC. This is mandatory even in incidents where no one has complained and no recordable conduct matters have been identified, but:

- whilst under arrest or in police detention or
- at or before it, the person had contact (of whatever kind, and whether direct or indirect) with police and there is an indication it may have caused or contributed to the death or serious injury.

The second category above can include cases where:

- there has been contact with the police raising concerns about the health or welfare of the person, or
- the police had an obligation under Article 2 or 3 of the European Convention on Human Rights (ECHR). For example, because a real and immediate threat of serious injury or death was or should have been apparent, and there was a failure to deploy police resources which may have prevented it (unless it is reasonably believed a health care agency has taken over responsibility for responding).

Where RCRP was relied on not to deploy officers, PSDs will need to refer the case if there was *in fact* such an obligation, even though the police did not understand this at the time of the contact and whether or not they made adequate inquiries.

A DSI referral does not imply fault or misconduct. It provides an opportunity for the police and other agencies to consider whether any learning can be identified. This learning could improve the RCRP policy and/or its application, to help prevent deaths and serious injuries in the future.

2. When making a DSI referral, what should we include?

As RCRP is rolled out across forces, we ask that forces include in their RCRP-related DSI referrals:

- any force RCRP policies
- the stage of implementation of RCRP
- an indication of whether RCRP policies have been followed

3. If we are unclear about whether an RCRP-related incident meets the DSI criteria, what should we do?

If there is any uncertainty about whether an incident requires a DSI referral, then the referral should be made. We will continue to assess our position on this as RCRP is implemented across forces.

4. We have an RCRP-related DSI referral to make. We have referred similar RCRP-related cases to the IOPC and they were returned to the force. Should we still refer the case?

Yes. In accordance with [IOPC Statutory Guidance](#) and the legislation, any incident that meets the DSI threshold should be referred. Our mode of investigation decision will be based on the individual circumstances of the case and will therefore, be assessed on its own merit.

5. We do not know whether a health care agency has taken responsibility for an incident, but we are aware there has been a death or serious injury. What should we do?

If there was contact, which may have caused or contributed to the DSI, (for example because there was a real and immediate risk to life which deployment by police may have prevented), and there is no evidence it was reasonably believed a health care agency had taken responsibility for providing care, then a DSI referral is required.

6. What are the implications for a police officer or police staff member who has followed force RCRP policy and the police were not deployed, but the incident has sadly resulted in DSI?

These instances may satisfy the mandatory DSI referral criteria, but this does not automatically mean that a conduct investigation will follow.

When decisions were made in accordance with policy, we would not generally expect a conduct matter to be recorded. If a conduct matter is recorded for a police officer or staff member, then when deciding whether there is a case to answer or whether there should be any disciplinary action, we would always consider the individual's actions or omissions in the context of relevant laws and guidance. This includes local force policy, Authorised Professional Practice and any other national guidance or standards - including those on Right Care, Right Person.

7. When the IOPC directs a local investigation, what should forces be assessing in relation to RCRP?

Each investigation will need to be assessed based on the individual circumstances. Overall, it will be for the investigation to consider whether the force applied RCRP policy correctly, given the circumstances, and whether there may be any learning arising from the case such as improvements to the policy.

8. We received a concern for welfare call and we later discovered the person was deceased prior to the call to police. Do we need to refer?

If the evidence is clear that the person had already died or suffered the injury before police contact, then it does not fulfil the definition of a DSI and need not be referred. However, our view is that a DSI referral should be made if there is any doubt. We can then consider the RCRP policy as part of our mode of investigation decision. This is something we will continue to look at as an organisation, particularly as more forces start to use a similar approach.

9. We received a concern for welfare call and a decision was made not to deploy a police resource. The force policy was correctly adhered to, and the Ambulance Service/other statutory partner accepted responsibility. A death or serious injury occurred. Do we need to refer?

A decision cannot be made based on this information alone. Even if RCRP policies were followed, failure to deploy may have indirectly caused or contributed to death. The circumstances of the incident will need to be fully established. PSDs would need to consider matters such as:

- Whether the call handler obtained and recorded all the relevant information from the caller to make an appropriate decision.
- Whether the call handler was made aware of any delays by other agencies.
- Whether the call handler was made aware of any change in circumstances of the risk associated with the individual concerned.

Part 2: Case studies

Case Study 1

A hospital contacts the police asking for a welfare check on a patient that left before being seen by a doctor. The patient was seen getting into a taxi.

The patient was brought into hospital the previous day by the police, following an assault.

The call handler declines the request under RCRP principles, but informs the hospital to call back if anything further comes to light. The patient subsequently suffers significant injuries.

Decision – It is **possible** that a referral to the IOPC is **not** required under the category of a DSI.

Points for PSDs to consider that could make a referral necessary:

- Why were the police initially involved?
- Did the call handler determine whether there was any likelihood of immediate risk of serious harm or death?
- Was the patient's vulnerability considered?

Case study 2

A man rang the police to report a concern for welfare for his neighbour who had been a previous victim of domestic abuse. The man explained he was concerned the female may have overdosed. The police do not attend under RCRP and do not provide advice on other alternative agencies.

The following day, another neighbour calls 101 to report that she has not seen the same female for 48 hours, which was unusual. She also explains that the female is a victim of domestic abuse. The police do not attend under RCRP.

A few hours later, a friend then calls police to report the female missing. The friend was at the female's address to take the female to a women's refuge as planned. The police conducted some further checks to locate the female, however, they did not deploy until the ambulance attended and found the female had died.

Decision - A referral to the IOPC is appropriate under the category of a DSI. Following two calls on concerns for welfare, the police's inaction may have indirectly contributed to or caused the death. From the information above, the call handler did not signpost or call an alternative agency to provide support. Also, after the second call, they did not re-assess the risk.

Case Study 3

A caller reports to police that she is concerned about the welfare of her relative who doesn't live close by.

The caller says her relative has mental health issues and has been suicidal in the past. She is known to mental health services.

She hasn't answered her phone for several days, but her phone location is at her home address.

The call handler asks the caller to contact local mental health services, in line with RCRP. When they arrived, the female is found with significant injuries.

Decision - It is **possible** that a referral to the IOPC is **not** required under the category of a DSI.

Points for PSDs to consider that could make a referral necessary:

- Did the call handler appropriately assess whether there was no real and immediate risk to life?
- Did the call handler conduct police system checks on the relative?

Case Study 4

A report is made via 999 that an unknown male is on the wrong side of the railings on a bridge and he is shouting that he wants to end his life.

Call handlers grade the call as immediate response, however the local response Sergeant quotes RCRP stating that the police are not the right agency to respond to mental health calls. This led to a significant delay in sending police officers to the scene. The officers were eventually deployed by the Bronze Inspector when reviewing the incident.

The male jumped from the bridge just before the police attended. He survived, but suffered life-changing injuries.

Decision - A referral to the IOPC is appropriate under the category of a DSI. There was a real and immediate risk to life. A member of the public had sustained serious injuries and there is an indication that police inaction may have caused or contributed to those injuries.

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