Safe and well checks

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When conducting safe and well checks (also referred to as 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. Sometimes these risks arise from mental vulnerability.

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
- calling for medical assessment of people who are found (where necessary)
- feeding back this information to the person/organisation that has requested the check

Police officers are neither trained nor equipped to carry out 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.

Planning for medical care following a 'safe and well' check

Before arrival, police officers deployed to complete a safe and well check require a sufficiently detailed briefing based on the risks associated with the subject when they refused, declined or walked away from medical assistance.

It may be useful for call handling staff to discuss with the professional requesting the check what plans are in place to provide assessment and/or medical care for the individual when they have been located. Plans may include:

• call an urgent ambulance and consider mental capacity issues

- call the community mental health team and request arrangement of an urgent Mental Health Act 1983 (MHA 1983) assessment
- refer to the hospital emergency department (ED) on a voluntary basis or to their GP for follow-up

A healthcare professional doing a visual examination or asking clinical questions may be able to assess a person's safety and wellbeing, while police officers are only able to advise an individual to seek medical assessment and support. Health and social care professionals (not police officers) have the legal ability to arrange for detention of a person within their own dwelling (if that is felt to be necessary).

When a person seems to be experiencing mental illness and is in need of care

If the person is located in a place to which the public have access and appears to be suffering from a mental disorder, police officers may use their power to detain the person for assessment under the <u>MHA 1983 s 136</u>. Using this power will only be necessary, however, if that person is in immediate need of care or control, and it is in their best interests, or for the protection of others. See the MHA s 136 – power to detain a person in a public place.

When a person is found at their home address

Under these circumstances the police have two available options.

- 1. Confirm that the person is immediately safe and well (alive, breathing and conscious) but leave the patient in that known location and refer their whereabouts to the (hospital or medical facility) ward staff. Healthcare staff may then exercise the proper procedures to have an assessment led by an approved mental health professional (AMHP) to detain the person formally under the MHA 1983 and have them (re-)admitted to the ward (if appropriate and necessary).
- 2. Remain in as close a proximity to the person as the officer is legally able to do and immediately contact a crisis team service for urgent re-assessment under the MHA 1983. Officers cannot force entry to premises for this purpose and require a warrant under the MHA 1983 s 135(2) if consent to enter the premises is not provided unless life and limb is at immediate risk, when the officer may use powers under the Police and Criminal Evidence Act s 17.

Which of these two is appropriate should be based on the professional opinion of any healthcare staff involved and on a dynamic threat and risk assessment by the police officer based on the circumstances of each case and information available. Relaying risk assessment information to ambulance and healthcare staff may be supported by using the <u>Vulnerability Assessment</u> <u>Framework tool</u>.

When a patient is re-assessed, the AMHP and doctors will determine necessary further follow-up and care.

