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## Dumfries & Galloway Missing Person Protocol

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## Contents

1.	INTRODUCTION .....	3
2.	BACKGROUND .....	3
3.	PURPOSE.....	4
4.	LEGISLATIVE & POLICY CONTEXT.....	4
5.	DEFINITIONS.....	5
6.	UNDERSTANDING WHY PEOPLE GO MISSING.....	5
7.	PREVENTION.....	7
8.	RESPONSE.....	8
	Risk Assessment.....	8
	Information Sharing.....	8
	Process.....	9
9.	SUPPORT.....	10
10.	PROTECT.....	13
11.	APPENDICES.....	14

## 1. INTRODUCTION

- 1.1. All agencies recognise the negative impact of people going missing. A missing person is exposed to unnecessary risk, is negatively impacted in terms of health and wellbeing and in a small number of cases it can lead to death.
- 1.2. This protocol is for all practitioners who would be involved in the prevention, response, support and protection of people, which includes both children and adults, who are at risk of or go missing. This includes but not limited to the practitioners in the service areas outlined in section 2.2 of this protocol.
- 1.3. Every year Police Scotland receive over 30,000 calls reporting people missing and all agencies recognise a robust and consistent partnership approach is critical to prevent people going missing in the first place and to locate them quickly in the event of a missing episode.
- 1.4. All individuals who go missing are at risk of harm and this harm can be exacerbated by their circumstances. Children and young people have increased risk of being exploited, adults with dementia have increased vulnerabilities, and mental health problems can also increase the risks of an individual coming to harm.
- 1.5. Our aim within this protocol is to build on existing good work in Dumfries & Galloway. We want to:
  - Prevent people from going missing in the first place, and
  - Limit the harm associated with people going missing.

## 2. BACKGROUND

- 2.1 In May 2017, Scottish Government published the National Missing Persons Framework for Scotland (NMPF) for Scotland that set out the following four objectives;
  - To introduce **preventative** measures to reduce the number of episodes of people going missing.
  - To **respond** consistently and appropriately to missing person episodes.
  - To provide the best possible **support** to missing people and their families.
  - To **protect** vulnerable people to reduce the risk of harm.
- 2.2 In Dumfries and Galloway, The Missing Person Partnership Group was formed with representatives from Police Scotland (V Division); Dumfries and Galloway Council; NHS Dumfries and Galloway; Dumfries and Galloway Health & Social Care Partnership; the 3rd sector; Education & Children's Services; Scottish Care; MAPPA; Housing and Public Protection with the aim of delivering on the requirements set out in the National Missing Persons Framework.

- 2.3 Dumfries & Galloway's Public Protection Partnership are committed to these objectives in ensuring that preventative measures reduce the number of episodes that people go missing, professionals respond appropriately, support is provided following missing episodes and vulnerable people are protected to reduce the risk of harm.

### 3. PURPOSE

- 3.1 The purpose of this protocol is to ensure that there is a multi-agency localised response to the NMPF in Dumfries & Galloway, to build on the aims set out in the NMPF - to **prevent people going missing and limit the harm to those who have gone missing** (NMPF, Scottish Government, 2017). This applies to both children and adults. This Protocol aims to:

- mitigate the risk to the people who go missing via prevention planning
- ensure that people most at risk of going missing are prioritised
- stipulate the importance of information sharing to ensure missing people are located quickly
- build confidence within each partner agency when completing and categorising risk assessments
- provide a consistent multi-agency approach in respect of missing persons whilst acknowledging the roles, responsibilities and actions to be taken by each individual agency
- ensure that the use of the national definition of a missing person is consistent across partner agencies
- provide clarity on how return discussions will be co-ordinated and facilitated
- promote the support that is available to people who have been missing and their families within Dumfries & Galloway

- 3.2 As single agencies, we recognise that this partnership agreement will not take account of every specific missing person circumstance. However, it does incorporate principles of child protection, adult support and protection, public safety, collaborative decision making, statutory responsibility and duties of care. It places a significant responsibility and accountability on staff within each agency to work together, to share the rationale underpinning their professional judgements and to do so in a way that promotes joint working and enhances our ability to keep people safe.

- 3.3 As we recognise that this will provide challenges, a Missing Person's Steering Group will be developed post the protocol being implemented to ensure ongoing joint evaluation and decision making in an attempt to make this as successful as possible.

### 4. LEGISLATION AND POLICY CONTEXT (including hyperlinks)

- 4.1 Whilst not exhaustive, the following statutory legislation and guidance is relevant to this protocol:

- [National Missing Person Framework for Scotland](#)
- [Children \(Scotland\) Act 2020](#)
- [Children \(Scotland\) Act 1995](#)
- [Children and Young People \(Scotland\) Act 2014](#)
- [Children Missing from Education, 2015](#)
- [GIRFEC](#)
- [Adult Support and Protection \(Scotland\) Act 2007](#)
- [Adult with Incapacity \(Scotland\) Act 2000](#)
- [General Data Protection Regulations](#)
- [Data Protection Act 2018](#)
- [Human Rights Act 1998](#)
- [Information Sharing Letter](#)
- [Human Trafficking and Exploitation Strategy](#)
- [Human Trafficking and Exploitation \(Scotland\) Act 2015](#)

## 5. DEFINITIONS

- 5.1 A missing person is defined in the NMPF (2017) as, anyone whose whereabouts are unknown and:
- Where the circumstances are out of character or,
  - The context suggests the person may be subject to crime, or
  - The person is at risk of harm to themselves or others.
- 5.2 This definition has been developed with partners in other areas across Scotland and evidence suggests that it has proved to have been effective in the management of a person who has gone missing and for the purposes of assessment. The specified definition should be used within Dumfries & Galloway.
- 5.3 It is critical to the success of the protocol that this definition is embedded into all single agency policies and procedures.

## 6. UNDERSTANDING WHY PEOPLE GO MISSING

- 6.1 It is important that children, young people and adults who are at risk of going missing are able to speak with someone about their situation and get support to help them deal with issues that may cause them to go missing. Professionals who are concerned that a person they work with is at risk of going missing should work with the child, young person or adult to understand

why they are thinking about going missing and work with them and their families to address these issues.

## 6.2 Some reasons of why children and young people go missing can include:

### **Push factors**

- Problems at home – ranging from arguments with parents to long-term abuse / maltreatment to bereavement;
- Problems in school – struggling with peers relationships, underperforming, truancy;
- Family break-up – young people drawn into their parents' conflicts are less likely to do well at school and more likely to truant or to run away from home;
- Mental health problems – a disproportionate number of young people who run away from home have mental health problems;
- Bullying – children who are being severely bullied are more likely to run away from school and home or care;
- Personal Problems – running away to escape a relationship, teenage pregnancy – some young women run away or are forced to leave home because they become pregnant, or fear that they may be pregnant. Those working with them will need to ensure they have access to sexual health services.

### **Pull factors**

- Children may run to be near friends or family – especially when a young person is in care and there are problems in contact arrangements with family and friends;
- Grooming and criminal and/or sexual exploitation - young people may run away or go missing following grooming by adults or peers who are exploiting them.
- Consider whether these young people are gang associated, being used to carry or sell drugs, carry out violence, and/or being coerced into sexual activity.

## 6.3 Some reasons why adults go missing can include:

- Mental health– people experiencing poor mental health have numerous triggers that may result in them going missing, such as a mental health episode, a change in medication, frustrations with health professionals, and uncertainty about who or how to ask for help;
- Those living with dementia – a person's failing memory may make it difficult for them to explain why they were out for a walk or remember where they were going and may be unable to find their way back home or find the location they were seeking;
- Addiction issues – people experiencing problematic substance use, or gambling habits may be a trigger for adults to go missing
- Problems at home – including relationship breakdown;

- Escaping violence and/or domestic abuse – this includes people subject to physical, sexual, emotional, neglect or financial abuse as outlined in Adult Support & Protection legislation.

## 7. PREVENTION

- 7.1 Where an adult or child is involved with, or under the care of a particular agency, an assessment of their needs must be conducted which should highlight any risk associated with going missing. Where a person is likely to go missing, or has previously been missing, this should be risk assessed taking into account of, but not limited to, the following information:
- Previous behaviour and missing person episodes that may identify factors or triggers.
  - The views of the person and/or their parents/carers on their needs and the action to be taken if missing (if appropriate).
  - Medical needs and/or physical issues and the impact of being missing without access to medication or treatment.
  - The level of supervision that the person requires, and any condition that limits the mental capacity of the individual.
  - External influences that may result in the person going missing (contextual safeguarding needs).
  - Risk of exploitation – sexual criminal, financial or other.
  - Any link to or risk of trafficking.
  - Specific actions to be taken if the person goes missing.
- 7.2 This risk assessment should focus on the risk associated with the person going missing, the likelihood of the missing episode occurring, and the risk of that person coming to harm. For example, a person who suffers from a particular medical condition and is in good physical condition might be considered at high risk of going missing. However, someone with the exact same condition but suffering from poor mobility would not present the same risk.
- 7.3 This information from the risk assessments will be incorporated into an individual's care plan with the appropriate levels of support and preventative measures required to reduce the likelihood of them going missing. (NB the term "care plan" is used as a generic term for the various plans used by agencies.)
- 7.4 Where there is an identified risk of missing episodes, the care plan should include an up-to-date physical description and, where possible, a recent photograph. This should be recorded and held, where possible, at the place of residence to be available to staff and Police when required.
- 7.5 Since 2017, the [Herbert Protocol](#) has been used many times to help Police and other agencies quickly and safely locate missing people who have dementia.

- 7.6** Where significant risk factors are highlighted (such as exploitation) this information should be shared, where possible, with other agencies to ensure that the risk is highlighted, and an appropriate response generated in the event of a missing episode.
- 7.7** Based on the risk factors, agencies will ensure that the place of residence is suitable for that person and/or review any additional support or preventative measures that may be required to protect the individual. The care plan should include details of the arrangements that need to be in place to keep the person safe and minimise the risk of them going missing from their placement.
- 7.8** Risk factors are categorised into two headings:
- Stable factors – those that are not likely to change between episodes for example previous behaviour and earlier life experiences.
  - Dynamic factors – those that can be different for each episode for example emotional state, current influences/associates, weather conditions, vulnerability, mental health, use of alcohol/drugs and offending.

## **8. RESPONSE**

### **8.1 RISK ASSESSMENT**

- 8.1.1** Prior to making the decision to report someone as missing each agency will assess the circumstances to ensure that the person meets the national definition of a missing person as outlined in section 5.1.
- 8.1.2** When a person is identified as missing, Police Scotland will be notified. A risk assessment will be undertaken by Police Scotland (APPENDIX 1) and thereafter categorised as high, medium or low.
- 8.1.3** Police Scotland will refer to the risk assessment questions (APPENDIX 2) to assist with identifying the risk attached to the incident and ensure that the response is proportionate and appropriate.
- 8.1.4** The categories are as follows:

#### **High Risk**

- The risk posed is immediate and there are substantial grounds for believing that the missing person is in danger through their own vulnerability; or may have been the victim of a serious crime; or the risk posed is immediate and there are substantial grounds for believing that the public is in danger.

#### **Medium Risk**

- The risk posed is likely to place the missing person in danger or they are a threat to themselves or others.



### Low Risk

- The apparent threat of danger to either the missing person or the public is low.

8.1.5 In all missing person's investigations, in addition to the information provided by the reporting agency as outlined in the templates in APPENDIX 1 and 2, Police Scotland will request further information as detailed in APPENDIX 3 from the reporting agency when an individual is reported missing. It is recommended that all partner agencies familiarise themselves with the additional detail being requested.

## 8.2 INFORMATION SHARING

8.2.1 Information sharing is governed by the Data Protection Act 2018, the General Data Protection Regulations and Human Rights Act 1998.

**8.2.2 Information sharing between partner agencies is crucial to successfully achieve the objectives of this protocol and fulfil the statutory obligations to protect and support children and adults at risk of harm.**

8.2.3 *"We are aware that issues of privacy and confidentiality can and sometimes do get in the way of ensuring the safety of children, young people and adults at risk. We wish to re-emphasise and continue to clarify the position and reinforce the importance of sharing and exchanging information where the protection of these client groups is concerned".* (Extract taken from COGPP, Information Sharing letter, May 2021).

8.2.4 Reviews have highlighted the misconceptions of information sharing. Existing legislation does not prevent you from sharing and/or exchanging relevant information where you believe there are concerns about the protection of children, young people and adults at risk.

## 8.3 PROCESS

8.3.1 Where a person goes missing, each agency will have in place clear guidance on the actions to be taken by staff appropriate to the level of risk to the individual. Further details and examples/scenarios on specific actions for NHS, Looked After Children, Children in Education and Adults in Care can be found in APPENDICES 4, 5, 6 & 7.

8.3.2 Guidance should include a process for documenting these initial actions taken by staff, e.g., search of premises, phone call to child, young person or adults mobile and any known associates, search of local community and reporting to Police Scotland via 999 or 101.

8.3.3 Once a missing person has been reported to Police Scotland, ownership of the investigation will lie with the police in accordance with standard operating procedures. However, there remains a responsibility for other agencies to assist and support the investigation to maximise the opportunity of tracing the missing person at the earliest possible stage.

### Missing People

Police Scotland can contact Missing People for a bespoke publicity appeal if appropriate. A TextSafe text message offering them Missing People's free, confidential support can also be sent directly to the missing person at the request of Police Scotland.

- 8.3.4 It is important to ensure that the reporting agency has completed all relevant paperwork and electronic records updated accordingly.

## 9. SUPPORT

- 9.1 At the earliest opportunity a Single Point of Contact (SPOC) should be agreed with the family/closest person to the missing person and timescales for updates will be agreed. In the majority of situations, particularly in the case of a high-risk missing person, Police will be the SPOC. However, consideration should be given as to what additional support partner agencies are going to provide during the missing episode.

### **Missing People**

Missing People can provide emotional support to parents, carers, family and friends of the missing person during and after the missing episode. They can contact Missing People's free, confidential Helpline on 116 000 or seek support at [www.missingpeople.org.uk](http://www.missingpeople.org.uk) All agencies can signpost family and friends to this service.

- 9.2 When a missing person is traced, an initial Safe and Well Check should be completed by Police to ensure there are no immediate safeguarding concerns or criminality that need to be progressed.
- 9.3 Following the Safe and Well Check, police will liaise with SPOC and the missing person regarding arrangements for a Return Discussion to be undertaken. Where possible, the Return Discussion will be undertaken by someone who has a pre-existing relationship with the missing person, a "trusted adult".
- 9.4 In the event of the "trusted adult" not having completed the Return Discussion training, consideration should be given to a trained professional/practitioner "buddying up" with the trusted adult and undertaking this jointly. Part 1 of the Return Discussion Pro Forma (APPENDIX 8) will be completed. The Police Missing Person's Co-ordinator will contact nominated individual.
- 9.5 In the event of the nominated individual being unavailable or the missing person having no involvement or support from local partners, the Police Missing Person's Co-ordinator will make contact with the Single Access Point.
- 9.6 It is acknowledged that depending on the frequency of practitioners undertaking Return Discussions, in order to ensure confidence and offer additional support to those undertaking Return Discussions, it is recommended that refresher training be completed every 48 months.
- 9.7 A Return Discussion can help to support a person following their return, provide a platform to identify underlying issues and obtain information that could prevent future missing episodes. It aims to:

- Support the individual who has gone missing and identify the underlying causes so that these can be addressed;
  - Provide an opportunity for them to talk about the circumstances that prompted them to go missing;
  - Provide them with an opportunity to talk about their experience when missing and their feelings following their return, and;
  - Use relevant information gathered to help prevent further missing episodes.
  - Identify safeguarding concerns and opportunities for further support
- 9.7 In accordance with the NMPF (2017), there is no set time for the Return Discussion to occur but, where possible, first contact should be made within 72 hours, with the discussion taking place within one week at a suitable time for the individual. The discussion should take place in a safe environment with a trained professional, where possible, of their choice.
- 9.8 In many cases, it is likely that the police may not be the best placed agency to facilitate the Return Discussion as the missing person may be reluctant to engage. As outlined in section 9.5, if preparations for arranging a Return Discussion become problematic, the Police Missing Person's Co-ordinator will make contact with Single Access Point.
- 9.9 Return Discussions are not compulsory, and the child/young person or adult has the right to decline. Best practice is to offer, even if previous Return Discussion offers have been declined. Keep a record of attempts and note the reason for it being declined.
- 9.10 Whilst the following list is not exhaustive, the potential options for carrying out Return Discussions are:

#### **Child allocated to children & family social work**

- Allocated Social Worker/Social Work Assistant/Family Support Worker/Residential Care Worker
- Residential care staff member if young person is a non D&G young person but placed in D&G by another local authority
- Any Third Sector agency who are involved
- Named Person within Education
- Police Officer

#### **Child not allocated to children & family social work**

- Named Person within Education (term time only)
- School Nurse (term time and during school holidays)
- Police Officer (where there are no escalating risks or concerns)

- Social Work (where escalating risks or concerns are noted by Police and reported to Single Access Point)

#### **Adult allocated to Adult Social Work**

- Allocated Support Worker
- Allocated Social Worker
- Police Officer

#### **Adult not allocated to Adult Social Work**

- Police Officer (in consultation with Social Work where escalating risk is identified)

#### **Adult missing from NHS**

- Social Worker (if allocated)
- Mental Health Officer (if allocated)
- Community Psychiatric Nurse (if allocated)
- Drug & Alcohol Specialist Nurse (if allocated)
- Police Officer

- 9.10 When determining who should carry out the Return Discussion consideration should be given as to whether any of the professionals involved may be a factor in them going missing. If this is considered a possibility, they should, not conduct the Return Discussion.
- 9.11 The Return Discussion will be captured in Part 2 of the Return Discussion Pro forma (APPENDIX 8). Should any immediate safeguarding concerns be revealed during the Return Discussion, these will be reported and shared in accordance with Dumfries & Galloway's Child Protection or Adult Support & Protection procedures. Further information can be accessed at <https://www.dgppp.org.uk/>.
- 9.12 The Return Discussion Facilitator must inform the person that in accordance with safeguarding procedures the information from the discussion will be shared with relevant partner agencies and uploaded to electronic records.
- 9.13 Where the criteria for making a child protection or adult support and protection referral have not been met, signposting to alternative support agencies should be considered and documented in the Return Discussion Pro Forma.

**Missing People**

Missing People can provide emotional support to missing adults, children and young people before, during or after a missing episode. Consider signposting the returned person to Missing People's free, confidential Helpline on 116 000, adults to [www.missingpeople.org.uk](http://www.missingpeople.org.uk), or children and young people to <https://www.runawayhelpline.org.uk/scotland>.

- 9.14 Following completion of Part 2 of the Return Discussion Pro-Forma, this will be emailed to ([dumfriesgallowaymissingpersons@scotland.police.uk](mailto:dumfriesgallowaymissingpersons@scotland.police.uk)) for the attention of the Police Missing Person's Co-ordinator to complete Part 3 of the Return Discussion Pro Forma.
- 9.15 Following the Police Missing Person's Co-ordinator updating Police Scotland database, the Return Discussion Pro forma will be sent to Return Discussion facilitator who will disseminate the information to relevant partner agencies, upload to electronic records and add a significant event to the person's chronology.

**10. PROTECT**

- 10.1 Information from the Return Discussion will be used to update any care plan and learning points should be shared with partner agencies so appropriate adjustments can be made to prevent future missing episodes as outlined in Section 7, "Prevention".
- 10.2 When someone goes missing it is not only the missing person who is affected. The families of missing people can face significant emotional turmoil and practical difficulties. Everyone who has had a loved one go missing should be provided with some form of support and signposted to the appropriate services available.
- 10.3 Following a missing episode, it is recommended that reporting agencies review the information they have stored in electronic records on the person they are working with in parallel with the Police Initial Missing Person Information as outlined in APPENDIX 3. This will assist in all relevant information being available timeously and aide a quick response in the event of another missing episode.
- 10.4 Following implementation of the Dumfries & Galloway Missing Person's Protocol, an operational group/s will be established with relevant partners to share information about missing people, especially those with repeat episodes, to acknowledge the risk and concern and discuss options and alternatives to safety plans.
- 10.5 In October 2021, Missing People facilitated two multi-agency "Journey Mapping Workshops" within which the respective experience of missing adults and children was journey mapped from reporting to supporting on their return. It is recommended that all agencies which respond to missing people in Dumfries & Galloway use these illustrations to develop and strengthen single agency procedures. APPENDIX 9 & 10.

## APPENDICES

**APPENDIX 1: RISK ASSESSMENT MATRIX**

<b>CHILD/YOUNG PERSON/ADULT'S NAME</b>		<b>DOB</b>	
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**SECTION 1: If the answer to any of the questions in section 1 is "Yes", the initial risk assessment is graded HIGH and an immediate response is required.**

<b>FACTOR</b>	<b>NO</b>	<b>YES</b>	<b>DETAILS</b>
Is there any information to suggest the person is likely to harm themselves or attempt suicide?			
Is there any information to suggest the missing person intends to harm others?			
Is the person suspected to be suspect of crime, e.g., abduction, threats, blackmail?			
Is there reason to believe that the person has been removed or encouraged to leave by another because of domestic circumstances or cultural reasons?			
Is the behaviour out of character AND does it cause belief that the person may be at increased risk of harm?			
Is the person under 16 or, if between 16 and 18,			

vulnerable due to other factors?			
Does the person suffer from any physical and/or mental illness that significantly impacts on their capacity or decision making ?			
Is it likely the missing person would be a significant risk to themselves due to their vulnerability in an unknown environment?			
Does the missing person need essential medication or treatment not readily available to them?			
Are there inclement weather conditions that would seriously increase risk to health, especially where the missing person is a child or elderly person and may not be appropriately dressed, etc?			
<b>Any other information:</b>			

**SECTION 2: If the answer to two or more of the following criteria are “Yes”, the person must be graded as MEDIUM risk and should be reported as missing, otherwise the person should be graded as LOW risk (subject to review).**

<b>FACTOR</b>	<b>NO</b>	<b>YES</b>	<b>DETAILS</b>
Does the person have a recorded history of going missing AND suffered or was exposed to harm whilst missing?			
Are there contributory factors/complicating factors relating to the person’s circumstances?			Family/ relationships Bereavement Mental health Domestic violence Poverty
Is the person suffering from drug or alcohol dependency?			
Has the person been exposed to harm due to over consumption of drugs/alcohol?			
Is the person assumed to be alone?			
Is the person unfamiliar with the area?			
Is the person subject to any warning markers?			
Is the person on any life critical medication?			
Does the person require medication that is not immediately required but will have an impact if denied access over a longer period? If			



yes, please specify timescale.			
<b>Any other information:</b>			

## Review Process

The measures of risk are subject to constant change a risk assessment is dynamic, it only captures a moment in time, so it is crucial the risk assessment is reviewed regularly by a designated member of staff and on receipt of new information. The timescales for review should be based on the circumstances and available information. Timescales for review may be dictated by, for example, prevailing weather conditions, time of day, or increasing risk due to medication not being administered. Risk may be heightened or lowered depending on the circumstances and information available, however, it may be the case that nothing has altered in the material circumstance, in which case the risk will remain static. The process will continue until the welfare of the child, young person or adult has been confirmed.

## APPENDIX 2: POLICE SCOTLAND RISK ASSESSMENT QUESTIONS

The following risk assessment is utilised by Police Scotland in all missing person investigations. This is the information that will be requested from the person reporting an individual missing.

### Vulnerability

1. Is there any identified risk of suicide?
2. Is criminality suspected to be a factor in the disappearance?
3. Is the person vulnerable due to age, infirmity or other similar factor?
4. What are the effects of failure to take medication that is not available to them?
5. Does the missing person have medical or mental health conditions, physical illnesses or disabilities?
6. Can the person interact safely with others when finding themselves in unfamiliar circumstances?
7. Is there a dependency on drugs, alcohol, medication or other substances?
8. Are they on the Child Protection Register?
9. Are they already subject to Adult Support & Protection procedures?
10. Do the current/previous weather conditions present additional risk? Consider all circumstances including age & clothing.

### Influences

11. Are there family/relationship problems or recent history of family conflict and/or abuse?
12. Are they the victim or perpetrator of domestic violence?
13. Is there an ongoing personal issue linked to race, sexuality, homophobia, the local community or any cultural / religious issues?
14. Were they involved in a violent and/or hate crime or incident prior to disappearance?
15. Are there any school, college, university, employment or financial problems?
16. Is forced marriage or honour-based violence an issue?
17. Are they the victim of sexual exploitation, human trafficking or prostitution? If so, is going missing likely to place them at risk of considerable harm.

### Past Behaviour

#### Behaviour that is out of character is often a strong indicator of risk

18. Are the circumstances of going missing different from normal behaviour patterns?
19. Is there a reason for the person to go missing?
20. Are there any indications that preparations have been made for absence?

21. What was the person intending to do when last seen? Did they fail to complete their intentions?
22. Has the person disappeared previously and were they exposed to harm on such occasions?
23. Is the missing person a risk to others? And in what way?
24. Are there other unlisted factors that are relevant in the assessment of risk.

## APPENDIX 3: Police Initial Missing Person Information

The following information is utilised by Police Scotland in all missing person investigations. This is the information that will be requested from the person reporting an individual missing.

### Personal Details

1. Full name, including middle names, nicknames, previous names and aliases
2. Age, date & place of birth
3. Occupation / school attended & addresses
4. Home address
5. Location missing from (if different)
6. Phone number (contracted or pay as you go & service provider)
7. Access to other phone or SIM cards
8. Email addresses (passwords)
9. Social networking sites used (obtain account names and passwords)

### Personal Description

10. Photograph
11. Gender
12. Height, build, weight & complexion
13. Ethnicity and skin colour
14. Eye colour
15. Glasses / contact lenses worn
16. Habits & mannerisms
17. Accent
18. General health / mental health (diagnosed or otherwise)
19. Hair cut & facial hair (colour & style)
20. Clothing
  - a. Head wear
  - b. Upper body clothing
  - c. Lower body clothing
  - d. Footwear
  - e. Underwear
  - f. Outer clothing

- g. Other clothing, gloves / scarves / glasses etc
- 21. Visible marks, scars, tattoos, piercing or distinguishing features.
- 22. Jewellery (earrings, watches, bracelets, rings, necklace, other)
- 23. Languages spoken / read
- 24. Ability to understand / read English
- 25. Shoe size
- 26. Dentures
- 27. Medical implants

### **Other Information**

- 28. Nationality
- 29. Religion or beliefs
- 30. Marital / civil partnership status
- 31. Sexuality
- 32. Previous addresses
- 33. Previous schools / occupations
- 34. Financial details (income source, bank, sort code, account no, cards)
- 35. Passport details (number & location)
- 36. Details of Doctor
- 37. Details of Dentist
- 38. Right / left-handed
- 39. Are there any objections to a media release?
- 40. Does the family/informant need personal support?
- 41. Possessions e.g. cash, keys, computer, medication, bank cards, store cards, travel cards, passport, make / model of phone. Is it internet enabled or have phone locator apps installed
- 42. Preferred modes of transport, access to vehicles, ability & licence to drive, types of public transport used regularly

### **Information relating to previous movements**

- 43. Date, time and place last seen.
- 44. Date, time and method of last contact, i.e. call / text
- 45. Details of person who last saw / spoke with missing person
- 46. Known demeanour of missing person at last sighting
- 47. Were they accompanied?
- 48. Any property missing from home?

49. Any preparations made to leave?

**Information relating to contacts and behaviour**

50. Next of kin (including relationship to missing person)
51. Friends, relatives, partners or associates
52. Intended destination when last seen
53. Daily routines, routes used
54. Work location / address
55. Locations frequented, favourite places, beauty spots, walking routes etc.

**Information relating to personality, lifestyle and influences**

56. Social interests
57. Personality (outgoing, insular, deep)
58. Recent demeanour
59. Details of any addictions
60. Involvement with crime, cults or gangs?
61. Recent life troubles? e.g. family, financial or work  
Religious and cultural influences?

## APPENDIX 4: Roles & Responsibilities: NHS

### 1. Roles and Responsibilities

- 1.1. NHS Dumfries and Galloway define a missing patient as an inpatient or day patient who has wandered away, absconded from, or is absent from the clinical area and whose whereabouts are unknown.
- 1.2. Once a patient is missing, a Missing Patient Form and Risk Assessment Framework must be printed off and used as a working document.
- 1.3. Staff must determine a level of risk associated with the patient using the Risk Assessment Framework within the document to inform the decision-making process. This document will be made available to Police should it be required.
- 1.4. Missing patients will be reported to Police as per the following guidance:

**High Risk** – Patients whose whereabouts are unknown and:

- Who are at immediate and significant risk of suicide or serious self-harm; or
- Have a serious physical condition; or
- Are extremely vulnerable; or
- Pose a threat to public safety.
- REPORT TO POLICE IMMEDIATELY

These patients should be returned to the hospital immediately.

**Medium Risk** – Patients, whose whereabouts are unknown, and:

- Who are at no immediate risk; or
- Who pose no threat to the public; but
- Whose continuing absence would give cause for concern.
- REPORT TO POLICE AFTER 12 HOURS IF THE PATIENT REMAINS MISSING

These patients should be returned to the hospital at the earliest opportunity.

**Low Risk** – Patients, whose whereabouts are unknown, and:

- Whose pattern of behaviour is well known; or
- Who pose no risk to either themselves or others.
- REPORT TO POLICE AFTER 24 HOURS IF THE PATIENT REMAINS MISSING

- 1.5. The Nurse in Charge is responsible for identifying that a patient is missing, completing the risk assessment as per the Risk Assessment Framework and reporting the missing person to Police. They also have responsibility to notify line management within NHS Dumfries and Galloway.

- 1.6. Full details of the action to be taken, dependant on the risk and location of the patient is missing from, are contained within the main document and not reproduced here. However, regardless of grading or location the following actions will be carried out:
- Identifying the patient is missing;
  - Confirm level of risk – Is the patient missing and at High / Medium / Low Risk;
  - Co-ordinating a local search of the immediate area;
  - Attempt to contact patient at their home number and mobile telephone;
  - Ensuring an accurate description of the patient's details including description/ identifying features/ clothing, last time/date and place patient seen to ensure all staff searching for the patient have the same information to assist with reporting, search and escalation;
  - Follow the relevant algorithm based on agreed risk;
  - Contacting family (NOK) to advise of situation, and any other key contacts (nursing home staff, warden if in sheltered housing, neighbour if no family);
  - Complete missing patient form;
  - Maintain an up-to-date record of the incident in the missing person healthcare record, including actions and updates at regular intervals (min per shift handover);
  - Complete DATIX.
- 1.7. When a patient is traced, a Return Discussion will be conducted and an investigation into the circumstances that led to the missing patient to identify any learning or improvements in care.
- 1.8. Upon return, a Return Discussion Pro-forma will be completed and emailed to ([dumfriesgallowaymissingpersons@scotland.police.uk](mailto:dumfriesgallowaymissingpersons@scotland.police.uk)) for the attention of the Missing Person Operational Co-ordinator.
- 1.9. Full details can be found in the NHS Dumfries and Galloway Procedure for Missing Patients.



## APPENDIX 5: Adults Who Go Missing from Private or Residential Care Setting

### 1. Roles and Responsibilities

- 1.1. The roles and responsibilities referred to in this section relate to adults with identified vulnerabilities who receive care either within their private residence or residential care setting. This includes adults in day care.
- 1.2. Where the assessment of the needs of an individual identifies a risk of missing episodes the care agency will have a care plan which will include any information related to the likelihood and associated risk of them going missing.
- 1.3. Where a risk is identified a clear plan will be in place with the actions to be taken in the event of the person going missing. This will be proportionate to the level of risk with consideration given to calling a Professionals Meeting to agree the response plan where it is identified there is a high risk associated with the person going missing.
- 1.4. The initial collation of all information on the individual is one of the key elements to the protocol and time should be taken to extract as much information as possible that may help in the early and safe recovery of the individual. All relevant fixed information should be recorded within the Care Plan and updated as required by the Care Staff.
- 1.5. The Care Plan should be stored within the client's home / care home and be accessible at all times. Where providers use electronic care planning the plans should be easily accessible and able to be shared with Police immediately. Where electronic copies are being shared between professionals this should be done using a secure email address. Where family members do not have access to the electronic care plan a paper copy should be kept in the client's home.
- 1.6. The Care Plan should include the following information:
  - Physical description and photograph
  - Medical / health conditions
  - Medication and impact of being denied access to same
  - Information on next of kin, places of interest or any other information that may assist during missing person episodes.
- 1.7. Care Plans should be reviewed after any missing person incident or in line with the agency review timescales in the absence of an incident to ensure that all information is up to date and relevant. Reviews periods should take cognisance of the level of risk of a client going missing especially in terms of keeping physical descriptions up to date for high-risk clients.
- 1.8. As part of the proactive measures, a list of people with links to the individual should be collated for ease of reference and included in the placement plan. Local community focal points should also be considered such as nearby pubs,

libraries, supermarkets so that early alerts can be undertaken as part of the initial actions of the Care Staff and backed up by the Police with actual visits later.

- 1.9. Where appropriate, proactive measures can also include highlighting the individual to the occupants of identified past addresses without revealing personal information. This is most likely to be for cases involving people suffering from dementia where evidence has shown a likelihood of attending at previous addresses / point of interest.
- 1.10. Where an individual is identified as being a potential high risk missing person, the use of a GPS location device should be considered and has been previously used successfully in conjunction with the above preventative measures. The device can be worn by the resident and will provide a location for the device within a 5/10 metre radius. On certain models it can send an alert to the Care Staff if the person goes out with a specific distance of the home.
- 1.11. In cases where the use of a GPS device or other relevant technology is being considered this should be fully discussed with the individual and/or their family. Partner agencies will also require to consider the guidance provided by the Mental Welfare Commission for Scotland – Decisions about Technology.
- 1.12. Whenever a missing person is reported then a full risk assessment will be conducted by the reporting Care Agency based on the information available at the time of going missing. Staff involved with providing care should be familiar with the 23 questions Police Officers will ask in relation to risk and the risk assessment matrix (Appendix 1 & 2).
- 1.13. When an individual goes missing Care Staff should provide the care plan and the risk assessment to the initial attending Police Officer.
- 1.14. When a person is reported missing the following actions will be completed by care home staff or care worker involved where they are missing from a private residence:
  - All relevant staff working in the vicinity should be informed of the missing individual and a thorough search conducted of the home, grounds and outbuildings. It should be noted that Police will also conduct extensive searches of the building and area but this should not preclude the initial searching by staff.
  - Other residents should be spoken to, to establish any current information on the missing person.
  - CCTV, where available, should be checked to establish the exact time the missing person left the building (if they have left), confirm what the missing person was wearing and any direction of travel.
  - Care Staff should contact those highlighted in the Care Plan to alert them that the person has gone missing.

- For all high-risk missing persons, Police should be contacted through 999.
  - Family and friends should be called by the Care Staff.
  - Staff should commence telephoning the list of contacts for local focal points in the area giving a detailed description of the missing person.
  - The duty on call care manager should be informed and be available to speak to the police if required.
- 1.15. Upon return a Return Discussion will be conducted and the Missing Person Return Discussion Pro-forma will be completed to identify any learning or improvements in care.
- 1.16. Where the missing person is not capable of engaging in a return discussion there should still be a review by agencies involved in the care of the individual to identify any learning for the ongoing care of the individual and put in place measures to prevent future episodes.
- 1.17. The completed Return Discussion Pro-forma will be e-mailed to ([dumfriesgallowaymissingpersons@scotland.police.uk](mailto:dumfriesgallowaymissingpersons@scotland.police.uk)) for the attention of the Missing Person Operational Co-ordinator.

## APPENDIX 6: Looked-After and Accommodated Children

### 1. Roles and Responsibilities

- 1.1. The roles and responsibilities in this section relate to children who are looked-after either within a residential children's house or foster family within Dumfries and Galloway. Accommodated children placed out with Dumfries and Galloway are not within the scope of this protocol.
- 1.2. Looked-After Children (LAC) living in a residential children's house, or foster family will have a care plan. This plan will include an assessment of the likelihood and the associated risks of them going missing and should include the following information where available:
  - Up to date physical description and photograph
  - Details of family / next of kin
  - Details of associates
  - Mobile Phone number
  - Social Media use including any known profiles
  - Places of interest
  - Medical / physical conditions
  - Medication and impact of being denied access to same
  - Details of drug / alcohol use
  - Any other relevant information
- 1.3. The care plan should be reviewed by the relevant Care Provider/foster carer after every missing person episode or in line with the agency review timescales in the absence of an incident to ensure that all information is up to date and relevant.
- 1.4. The principles of this protocol for looked-after children who are subject of a home-based Compulsory Supervision Order should also be applied in developing their care plan and discussed with their parent / guardian.
- 1.5. Where possible, if there is a high risk associated with a child going missing a Professionals Meeting or Risk Management Meeting dependant on circumstances will be held prior to the placement, or as soon as possible thereafter. This will ensure that all preventative measures are in place to limit missing episodes and to consider the impact the child may have on other children who are already residing at that placement.
- 1.6. Staff/carers must all be familiar with the national definition of a missing person, the risk assessment questions and the Risk Assessment Matrix. This will provide a consistent approach to decision-making on whether or not a child is missing.

- 1.7. Where the whereabouts of a child are unknown the carer(s) for the child will utilise their knowledge of the child, professional judgement and the risk assessment process to make a decision on whether to report the child as missing.
- 1.8. In circumstances where a decision is made, based on the definition and risk assessment process, that the child is not at home but not missing then there is no requirement to contact police. The carers will retain responsibility for carrying actions to trace or contact the child. Whilst not exhaustive the following information are examples that would provide rationale for not reporting a child missing:
- Behaviour is not out of character and only a short time period has elapsed (i.e. late for curfew).
  - The child has been spoken to and whilst they would not disclose their location they otherwise engage well and there is nothing to suggest they were at risk or under duress.
  - Credible information has been obtained from family / friends that the child is safe and well.
- 1.9. In circumstances where a decision has been made that the child does not require to be reported missing this should be subject of ongoing review and reassessed by the Care Agency or foster carer as and when information is obtained. Whilst timescales for review will be dependent on the information available and variable factors (e.g. weather conditions) a review should be conducted at least every two hours.
- 1.10. When a LAC absconds from or fails to attend school the risk assessment process will still be followed in consultation with the education establishment and a decision made on whether to report the child as missing or treat the incident as truancy. A child should not be reported missing solely on the basis of them being a LAC without other information that would give rise to a level of risk being associated with the absence.
- 1.11. When a child is reported missing the following actions will be completed by care home staff or foster carer involved where they are missing from a private residence:
- All staff/carers should be informed of the missing individual and staff/carers should conduct a thorough search of the home, grounds, and outbuildings. It should be noted that Police will also conduct extensive searches of the children's house or foster home and area, but this should not preclude the initial searching by staff or foster carers.
  - If appropriate, other young people should be spoken by staff/carers, to establish any current information on the missing person.
  - CCTV, where available, should be checked by staff to establish the exact time the missing person left the children's house (if they have left), confirm what the missing person was wearing and any direction of travel.
  - Staff/carers should contact those highlighted in the Care Plan to alert them that the child or young person has gone missing.

- For all high-risk missing persons, Police should be contacted through 999.
  - Family and friends should be called by the Care Staff / Carer.
  - If known, Staff/carers should commence telephoning the list of contacts for local focal points in the area giving a detailed description of the missing person.
- 1.12. Upon return, arrangements will be made for a Return Discussion to be conducted to gather information and identify any learning / additional risks identified from the missing episode. This information will be used to update the Care Plan.
- 1.13. The Return Discussion Pro-forma will be completed and emailed to ([dumfriesgallowaymissingpersons@scotland.police.uk](mailto:dumfriesgallowaymissingpersons@scotland.police.uk)) for the attention of the Missing Person Operational Co-ordinator.

## APPENDIX 7: Children Missing from Education Establishment

### 1. Roles and Responsibilities

- 1.1. The roles and responsibilities in this section relate to children who either unexpectedly fail to attend school or abscond from school during the school day. Procedures in relation to ongoing absence are covered in the Attendance at School and the Children Missing from Education guidance documents.
- 1.2. Where it is identified that a child has not attended school or has left school unexpectedly during the day the education establishment will have in place clear processes and guidance in order for staff to make a decision as to whether this child is a truant or should be reported to police as a missing person (see Flowchart in CME procedure, figure 2, page 19).
- 1.3. Staff must all be familiar with the national definition of a missing person, the risk assessment questions and the Risk Assessment Matrix. This will provide a consistent approach to decision making on whether or not a child is missing.
- 1.4. The risk assessment will be conducted on every occasion a child is considered to be absent without explanation to ensure that all relevant factors are taken into account during the risk assessment process. This will include researching concerns that have been noted and shared by other agencies.
- 1.5. When a LAC absconds from or fails to attend school the risk assessment process will still be followed in consultation with the Care Provider / Social Work and a decision made on whether to report the child as missing or treat the incident as truancy. A child should not be reported missing solely on the basis of them being a LAC without other information that would give rise to a level of risk being associated with the absence.
- 1.6. If, after assessment, the child is classed as a truant the school will retain responsibility for making attempts to trace the child and to inform and update the parent / guardian.
- 1.7. This will be reviewed on an ongoing basis taking into account any information obtained that indicated an increased risk and escalation to a missing person.
- 1.8. Where it has been identified that there is an ongoing high risk associated with a child absconding from school a profile will be created by the school / named person in consultation with the parent / guardian with the following information included where available:
  - Physical description and photograph.
  - Medical and mental health conditions.
  - Medication and impact of being denied access to same.
  - Mobile phone number and any known Social Media profiles.
  - Family contacts and addresses.

- Current associates.
  - Places of interest.
- 1.9. Where a high risk is identified the school / named person will call a Professionals Meeting or Risk Management Meeting involving Police, Education, Social Work and parents / guardian where appropriate to ensure that all relevant information is documented and available in the event of a missing person episode.
- 1.10. When a child is reported as a missing person to the Police there will be clear guidance on the initial actions to be taken by Education staff. Whilst not prescriptive this will include some / all of the following:
- Who makes the phone call to Police ensuring that 999 is used for all high-risk cases.
  - Update the parent or guardian that it has been or will be reported to Police
  - Guidance on ensuring all staff are made aware of the missing person
  - Associates to be spoken to regarding any information they have regarding the missing person and / or their whereabouts.
  - Update the parent or guardian that it has been reported to Police.
  - Systematic search of the building and outbuildings to be conducted as far as possible by staff
  - Any relevant CCTV to be reviewed by staff which will give an accurate time and place the missing person was last seen.
  - Contact to be made with Social Work where the missing person is allocated.
  - Staff should commence telephoning family or friends connected to the missing person.
- 1.11. Once traced a Return Discussion will be conducted and the Return Discussion Pro-forma will be completed to identify any learning or preventative measures that can be considered to reduce the likelihood of future episodes. Whilst it may be that another agency conducts the return interview any relevant information obtained from it will be shared with Education.

The completed Return Discussion Pro-forma will be emailed to ([dumfriesgallowaymissingpersons@scotland.police.uk](mailto:dumfriesgallowaymissingpersons@scotland.police.uk)) for the attention of the Missing Person Operational Co-ordinator.



**APPENDIX 8: Return Discussion Pro-Forma****PART 1: TO BE COMPLETED BY POLICE SCOTLAND**

<b>NAME</b>	
<b>ADDRESS</b>	
<b>DATE OF BIRTH</b>	
<b>GENDER</b>	
<b>DATE &amp; TIME RECORDED AS MISSING</b>	
<b>DATE &amp; TIME LOCATED</b>	
<b>SAFE &amp; WELL CHECK COMPLETED</b>	YES  NO

<b>WHO WOULD THE PERSON LIKE TO FACILITATE THEIR RETURN DISCUSSION?</b>	
<b>NAME</b>	
<b>ROLE</b>	
<b>AGENCY</b>	
<b>CONTACT DETAILS</b>	
<b>EMAIL ADDRESS</b>	
<b>OPTION: PERSON DOES NOT WANT TO ENGAGE IN A RETURN DISCUSSION</b>	PLEASE TICK

**ONCE PART 1 IS COMPLETED, THIS FORM SHOULD BE EMAILED TO NOMINATED RETURN DISCUSSION FACILITATOR**

<b>FORM EMAILED TO NOMINATED RETURN DISCUSSION FACILITATOR</b>	YES  NO
<b>DATE</b>	
<b>TIME</b>	

**PART 2: TO BE COMPLETED BY RETURN DISCUSSION FACILITATOR**

Please note that the Return Discussion should be facilitated where possible within 72 hours of the missing person being located as outlined in the National Missing Person's Framework, however, at the minimum this should be within 1 week.

<b>RETURN DISCUSSION FACILITATOR'S NAME</b>	
<b>ROLE</b>	
<b>AGENCY</b>	
<b>CONTACT DETAILS</b>	
<b>EMAIL ADDRESS</b>	
<b>ANY OTHER PERSON PRESENT</b>	

**\*\*IT SHOULD BE EXPLAINED TO THE PERSON THAT IN ACCORDANCE WITH SAFEGUARDING PROCEDURES THE INFORMATION FROM THE RETURN DISCUSSION WILL BE SHARED WITH RELEVANT PARTNER AGENCIES & STORED IN ELECTRONIC RECORDS\*\***

<p>The answers to these questions could help inform a multi-agency response if the person goes missing again. Please note these questions have been provided as a prompt for practitioners when facilitating return discussions; communication and interpersonal skills in the delivery of the questions are essential. The discussion should be carried out sensitively and at a time when the person is happy to talk through their missing experience.</p>
<p>1 What was happening for you in the lead up to you going missing? Can you tell me more about that?</p>
<p>2 How were you feeling before you went missing? Can you tell me more about that?</p>

3 Where did you go?
4 What did you do?
5 Were you with anyone?
6 Did you plan to do anything in particular when you were away?

--

7 Can you tell me how you were feeling when you were away?

--

8 Was there anything you feel could have been done to prevent you from going away?

--

9 Did any harm come to you while you were away?

--

10 Is there anything else you would like to talk about?

--

--

**N.B If Child / Adult Protection concerns are identified during the return discussion, it is the responsibility of the practitioner facilitating the return discussion to respond immediately in accordance with Dumfries & Galloway's Child Protection or Adult Support & Protection procedures.**

**ACTIONS TAKEN IN RESPONSE TO RETURN DISCUSSION**

For example, referrals to other support services, signposting to support services including Missing People Helpline, etc.

1.
2.
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8.
9.

**ONCE PART 2 IS COMPLETED, THE FORM SHOULD BE EMAILED TO POLICE SCOTLAND FAO MISSING PERSON'S CO-ORDINATOR.**  
[\(\[dumfriesgallowaymissingpersons@scotland.police.uk\]\(mailto:dumfriesgallowaymissingpersons@scotland.police.uk\)\)](mailto:dumfriesgallowaymissingpersons@scotland.police.uk)

**PART 3: TO BE COMPLETED BY POLICE SCOTLAND MISSING PERSON CO-ORDINATOR**

<b>COMPLETED PRO FORMA RETURNED FROM RETURN DISCUSSION FACILITATOR</b>	YES
	NO
<b>DATE RETURNED</b>	
<b>TIME RETURNED</b>	
<b>WAS RETURN DISCUSSION FACILITATED WITHIN TIMESCALES?</b>	YES

<b>IF NO, OUTLINE REASON FOR DELAY.</b>	<b>IF NO, PLEASE DETAIL REASON FOR DELAY</b>
<b>RECORDED ON VULNERABLE PERSON'S DATABASE</b>	YES NO
<b>DATE</b>	
<b>TIME</b>	
<b>RECORDED ON NATIONAL MISSING PERSON'S DATABASE</b>	YES NO
<b>DATE</b>	
<b>TIME</b>	

**COMPLETED FORM TO BE EMAILED TO RETURN DISCUSSION FACILITATOR WHO WILL UPLOAD TO ELECTRONIC RECORDS & FORWARD TO RELEVANT PARTNER AGENCIES.**

## APPENDIX 9: CHILD/YOUNG PERSON JOURNEY MAPPING

The experience of local missing children and young people was journey-mapped (from reporting to how they are supported upon return) for different child and young person profiles:

This enabled a comprehensive and in-depth illustration of local procedures.

1. A Looked After child or young person missing from a care home.
2. A child or young person missing from school.

### 11. Journey Mapping Profile 1: Looked After Child missing from care home during the evening

#### Stage 1 – Missing Person Acknowledged

##### Children's Care Homes:

- Search building to ensure missing person is not on the premises
- Telephone CYP's mobile and any known associates they may be with.
- Check any known areas in the local community the CYP may be.
- Risk assess situation (individual risk assessment/missing person protocol exists).
- Report to police based on risk - 101 or 999 (if high risk police will be contacted immediately)
- Record all relevant recent information, such as clothes the CYP was wearing, their demeanor when last seen, known associates, etc.
- Notify CYP's family.
- Ensure there is an up-to-date photograph of CYP and this is made available to Police Scotland.

##### Police Scotland:

- Call will be passed to the Area Control Room.
- Initial risk assessment of low, medium or high will be made.
- Attending officers will come to the children's care home and obtain full details of the missing person.
- Risk assessment of low, medium or high will be made based on recent history and perceived vulnerability, and reviewing timescales agreed.

##### Children's Services

- Social Worker will be allocated to maintain contact with CYP's family. Out of hours service will also be alerted if the family get in touch.

## Stage 2 – Missing Person Investigation Begins

### Police Scotland:

- Resources will be allocated and investigation will begin.
  - There will be an ongoing review of the risk assessment level.
  - Entry will be added to Missing Person's Database.
  - A photo and information about the missing person will be sent to every response unit.
- 
- Information obtained from all relevant agencies, including NHS, Children's Services and third sector organisations to establish whether missing person has had recent contact and to make agencies aware should the missing person be in contact.
  - An officer will be allocated as a single point of contact to liaise with missing persons family and care home.
  - Police Scotland investigation will continue until the missing person is found or self-returns.

### Children's Care Homes:

- Continue to check local area and speak to other CYP in the care home for any relevant information relating to the missing CYP.
- Duty manager will liaise with police for updates throughout the investigation.

### NHS

- A&E will be contacted by Police Scotland to check if the CYP has been admitted.
- Looked After Children (LAC) Health Nurse will share any known risks with police around mental health and NHS records will be updated.
- Liaise with Child and Adolescent Mental Health Service (CAMHS) (If Monday to Friday, 9am – 5pm)
- If CYP is over 16, the mental health team will be notified if CYP presents at A&E in order to do a mental health assessment.

### Third Sector

- Third sector organisations which are listed on the CYP's care plan will be contacted to check if they have had any recent contact with the CYP.



**Missing People**

- Police Scotland can contact Missing People for a bespoke publicity appeal if appropriate. A TextSafe can also be sent directly to the missing person at the request of Police Scotland.
- Missing People can provide emotional support to family and friends of the missing person during and following the missing episode, with the 116 000 Helpline, text and family support. All agencies can signpost family and friends to this service.

**Stage 3 – Return****Police Scotland**

- Safe and Well check will be completed.
- Police will return the CYP to the care home if it is safe to do so.
- Details of the Safe and Well Check will be recorded on the Vulnerable Persons Database (VPD).
- Multi-Agency Safeguarding Hub (MASH) team will be notified of the CYP return via the VPD and any immediate concerns will be discussed at daily multi-agency meetings and/or an Interagency Referral Discussion (IRD).
- Any crime identified will be investigated.

**Children’s Care Home:**

- Staff will follow internal procedure to ensure CYP is safe and well and any safeguarding responsibilities followed.
- All relevant information will be recorded.
- Family will be notified that the CYP has returned.

**Stage 4 – Post-Return****Police Scotland:**

- Youth Engagement Officers will attend care home to complete Return Discussion, within one to two days following the missing episode.
- The VPD will be updated with any relevant information from the Return Discussion.

**Children’s Services:**

- Children’s Services will be updated via the VPD.
- There will be a notification via the IRD hub if a disclosure has been made.

- If a disclosure has been made, IRD procedure will then be followed.
- The CYP's allocated worker will speak to the CYP to try to understand what has happened and what can be done to prevent further missing episodes.

#### NHS

- NHS will be updated via the VPD.
- The LAC health nurse will be informed by the care home if any action is required or if a mental health assessment is needed.

#### Third Sector

- The CYP can be signposted to Missing People's Helpline for emotional support.
- Any other relevant third sector support service should also be considered for follow on support in order to prevent further missing episodes.

### 12.

## 13. Journey Mapping Profile 2: Child or Young Person Missing from School

### Stage 1 – Missing Person Acknowledged

#### Education:

- Search of the school and grounds
- Announcement will be made over the tannoy system to check if the CYP is in the building
- Friends of the CYP will be asked if they have any information regarding the missing CYP's whereabouts.
- Parent/carer of the CYP will be contacted.
- Report will be made to police through the Youth Engagement Officers or via 101/999 (if high risk then Police will be contacted immediately).
- The Child Protection Coordinator will be notified through their escalation process.

#### Police Scotland:

- Initial risk assessment of low, medium or high will be made.
- Attending officers will come to the school and obtain full details of the missing person and any known risks to the CYP.
- Risk assessment of low, medium or high will be made based on recent history and perceived vulnerability.

## Stage 2 – Missing Person Investigation Begins

### Police Scotland:

- Resources will be allocated and investigation will begin.
- There will be an ongoing review of the risk assessment level.
- Entry will be added to the Missing Person's Database.
- A photo and information about the missing person will be sent to every response unit.
- Information obtained from all relevant agencies, including NHS, Children's Services and third sector organisations to establish whether missing person has had recent contact and to make agencies aware should the missing person be in contact.
- An officer will be allocated as a single point of contact to liaise with missing persons family.
- Police Scotland investigation will continue until the missing person is found or self-returns.

### Education

- The school will make a Child Protection referral if required.

### Children's Services

- Contacted by Police Scotland to establish any relevant information about the missing person, such as additional vulnerabilities.

### NHS:

- A&E will be contacted by Police Scotland to check if the missing person has been admitted.

Missing People
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- |   |
|---|
| <ul style="list-style-type: none"> <li>• Police Scotland can contact Missing People for a bespoke publicity appeal if appropriate. A TextSafe can also be sent directly to the missing person at the request of Police Scotland.</li> <li>• Missing People can provide emotional support to family and friends of the missing person during and following the missing episode, with the 116 000 Helpline, text and family support. All agencies can signpost family and friends to this service.</li> </ul> |
|---|

## Stage 3 – Return

### Police Scotland

- Officer will complete a Safe and Well Check with the CYP.
- The CYP will be returned to school, or home depending on time, if safe to do so.
- Details of the Safe and Well Check will be recorded on VPD and shared with Children's Services, Education and Health.
- The VPD report will be reviewed by the concern hub and MASH.

### Education

- Pupil Support will complete a Return Discussion and any risk assessment/safety plans.
- Any patterns of missing episodes will be reviewed.
- Information will be recorded internally and passed to the Child Protection Coordinator.
- Any relevant and proportionate information will be passed to Police Scotland following the Return Discussion.

### Stage 4 – Post Return

#### Children's Services

- Children's Services will be updated via the VPD.
- Referral will be received if there are any child welfare concerns identified by Education or Police Scotland.

#### NHS

- NHS will be updated via the VPD.
- Referral to CAMHS will be received if there are any concerns regarding CYP's mental health identified by Education or Police Scotland.

#### Third Sector

- The CYP can be signposted to Missing People's Helpline for emotional support.
- Any other relevant third sector support service should also be considered for follow on support in order to prevent further missing episodes.

## APPENDIX 10: ADULTS JOURNEY MAPPING

The experience of local missing adults was journey-mapped (from reporting to how they are supported upon return) for different adult profiles:

1. Adult with dementia missing from home.
2. Adult with dementia missing from respite care
3. Adult missing from home and not open to Services.

This enabled a comprehensive and in-depth illustration of local procedures and an opportunity to explore potential gaps in service provision.

**Journey Mapping Profile 1: Adult with Dementia Missing from Home. Support package is in place and care agency staff attend daily.**

### Stage 1 – Missing Person Acknowledged

#### Home Care:

- Home care staff attending the house will notify Adult Services to check whether the person's absence is out of character or expected.
- Home care staff will report the person as missing/a concern for welfare to police.
- Descriptive care plan will be shared with police (this will include a photo in some cases).

#### Police Scotland:

- Call from home care staff will be passed to the Area Control Room.
- Incident created and local resource allocated.
- Attending Officer will obtain full details of the missing person • Search of house may also occur depending on the circumstances.
- Herbert Protocol form will be obtained if there is one.
- Risk assessment of low, medium or high will be made based on recent history and perceived vulnerability (likely high risk).

#### Adult Services

- Liaise with Home Care agency.

- Contact missing person's family.

## Stage 2 – Missing Person Investigation Begins

### Police Scotland:

- Resources will be allocated and investigation will begin.
- Units deployed to any areas of interest and CCTV teams will be alerted.
- Entry will be added to Missing Person's Database.
- Information obtained from all relevant agencies, including NHS, Adult Services and third sector organisations to establish whether missing person has had recent contact and to make agencies aware should the missing person be in contact.
- An officer will be allocated as a single point of contact to liaise with missing persons family.
- There will be an ongoing review of the risk assessment level.
- A photo and information about the missing person will be sent to every response unit.
- Investigation will continue until the missing person is found or self-returns.

### NHS:

- A&E will be contacted by Police Scotland to check if the missing person has been admitted.
- Missing person's GP will be contacted and any relevant information shared, such as medication, comorbidities, involvement with other services, and any relevant past history.

### Adult Services:

- Contacted by Police Scotland to establish any relevant information about the missing person, such as additional vulnerabilities.
- If the missing person has a Telecare GPS tracking device, this information can be passed onto Police Scotland.

### Alzheimer's Scotland

- If family/carers have a Purple Alert profile set up for the missing person, an alert can be activated for the duration of the missing episode

**Missing People**

- Police Scotland can contact Missing People for a bespoke publicity appeal if appropriate. A TextSafe can also be sent directly to the missing person at the request of Police Scotland.
- Missing People can provide emotional support to family and friends of the missing person during the missing episode, with the 116 000 Helpline, text and family support. All agencies can signpost family and friends to this service.

**Stage 3 – Return**

*Missing Adult found outside exposed to the elements by police officers.*

**Police Scotland**

- Any immediate medical needs will be identified.
- Person will be taken to hospital, or an ambulance called.
- Family/carers will be notified.
- Attending Officer will complete a Safe and Well Check with the returned person at the hospital.
- Details of the Safe and Well Check will be recorded on the Vulnerable Persons Database (VPD).
- VPD/Concern report will be checked by the Concern Hub and shared with NHS and social work.
- Discussion will take place with family/ carers to put a Herbert Protocol form in place if not already. Discussion of other technologies that can act as helpful preventative support will also be discussed. For example, Purple Alert, GPS trackers.

**NHS**

- Medical care will be provided in A&E.
- Social work assessment may take place to consider safeguarding factors and assisted technologies to help prevent repeat missing episodes.
- Returned person may need to stay in hospital until any extra care can be put in place.

**Stage 4 – Post-Return****Adult Services:**

- Adult Services will be updated via the social work assessment and Concern Report
- Review of the returned persons needs (with the person if they have capacity) will take place.

- Telecare GPS tracking device will be considered as a preventative measure to further safeguard the returned person if not already in place.
- Outcome of review will be recorded on MOISAIC (internal digital case management system) and will form part of future assessment.

- **Journey Mapping Profile 2: Adult with Dementia Missing from Respite Care**

## Stage 1 – Missing Person Acknowledged

### Respite Centre

- A search of the respite centre and grounds will take place to ensure missing person is not on the premises.
- Telephone call to missing person's mobile/ home phone to make contact and check if they have gone home.
- Report to police based on risk – 999 or 101.
- Report to social work and the care inspectorate.
- Herbert Protocol form will be provided to police.

### Police Scotland:

- Call will be passed to the Area Control Room.
- Incident created and local resource allocated.
- Attending Officer will obtain full details of the missing person.
- A search of the respite centre/grounds may occur depending on the circumstances.
- Herbert Protocol obtained.
- Risk assessment of low, medium or high will be reviewed at initial enquiry based on recent history and perceived vulnerability (likely high risk).
- Further reviewing timescales will be agreed.

### Adult Services

- Liaise with respite centre.
- Missing Persons family contacted.

## Stage 2 – Missing Person Investigation Begins

### Police Scotland:

- Resources will be allocated and investigation will begin.



- Units deployed to any areas of interest and CCTV teams will be alerted.
- Entry will be added to Missing Person's Database.
- Information obtained from all relevant agencies, including NHS, Adult Services and third sector organisations, to establish whether missing person has had recent contact and to make agencies aware should the missing person be in contact.
- An officer will be allocated as a single point of contact to liaise with the missing persons family.
- There will be an ongoing review of the risk assessment level.
- A photo and information about the missing person will be sent to every response unit.
- Police Scotland investigation will continue until the missing person is found or selfreturns.

**NHS:**

- A&E will be contacted by Police Scotland to check if the missing person has been admitted.
- Missing person's GP will be contacted, and any relevant information shared such as medication, comorbidities, involvement with other services, and any relevant past history.

**Adult Services:**

- Contacted by Police Scotland to establish any relevant information about the missing person, such as additional vulnerabilities.
- Continue to liaise with the respite centre.

**Alzheimer's Scotland**

- If family/carers had a Purple Alert profile set up for the missing person, an alert can be activated for the duration of the time that the person is missing.

**Missing People**

- Police Scotland can contact Missing People for a bespoke publicity appeal if appropriate. A TextSafe can also be sent directly to the missing person at the request of Police Scotland.
- Missing People can provide emotional support to family and friends of the missing person during the missing episode, with the 116 000 Helpline, text and family support. All agencies can signpost family and friends to this service.

**Stage 3 – Return**

**Police Scotland***Police Scotland find the missing person near their previous workplace with injury*

- Help will be provided for any immediate medical needs.
- Person may be taken to hospital or an ambulance called.
- Attending Officer will complete a Safe and Well Check with the returned person.
- Family/carers will be notified to identify who can take on safeguarding responsibilities.
- Details of the Safe and Well Check will be recorded on the Vulnerable Persons Database (VPD).
- VPD/Concern Report will be shared with NHS and social work.
- Inter-agency Referral Discussion (IRD) will be initiated.

**NHS**

- Assessment of health needs will take place in A&E.
- Consideration of if assistance is required from the Mental Health Officer and Crisis Assessment Treatment Service (CATS).
- Decision of if returned person can be discharged or needs to be admitted for further care.
- Follow up health assessment needs will be identified – GP or other agency identified on the IRD will be notified.
- Adult Protection referral will be sent to Adult Services.
- Good practice would be for A&E to call Adult Services prior to discharge in order that any concerns can be flagged prior to the adult leaving.

**Stage 4 – Post Return****Adult Services:**

- Discussion will take place with the respite care manager regarding what immediate steps need to be put in place to safeguard the returned person.
- Adult Services will be updated via the Adult Protection referral/ VPD/ Concern Report.
- A review of the returned person's needs (with the returned person if they have capacity) will take place.
- Outcome of review will be recorded on MOISAIC (internal digital case management system).
- Multi-Agency Safeguarding Hub (MASH) will decide what action should take place following the review.

- **Journey Mapping Profile 3: Adult Missing from Home (not open to Services) Stage 1 – Missing Person Acknowledged**

**Police Scotland:**

- Call will be passed to the Area Control Room.
- Incident created and local resource allocated.
- Attending Officer will obtain full details of the missing person. A search of the home may occur depending on the circumstances.
- Risk assessment of low, medium or high will be reviewed at initial enquiry based on recent history and perceived vulnerability.
- Further reviewing timescales will be agreed.

**Stage 2 – Missing Person Investigation Begins**

**Police Scotland:**

- Resources will be allocated and investigation will begin.
- Units deployed to any areas of interest and CCTV teams will be alerted.
- Entry will be added to Missing Person's Database.
- Information obtained from all relevant agencies, including NHS, Adult Services and third sector organisations, to establish whether the missing person has had recent contact and to make agencies aware should the missing person be in contact.
- Key officer will be allocated as a single point of contact to liaise with the missing persons family.
- There will be an ongoing review of the risk assessment level.
- A photo and information about the missing person will be sent to every response unit.
- Police Scotland investigation will continue until the missing person is found or selfreturns.

**Adult Services:**

- Contacted by Police Scotland as part of standard procedure to identify if the missing person is known to Services or establish any other relevant information relating to vulnerabilities.

**NHS**

- Contacted by Police Scotland as part of routine procedure to identify if the missing person is in A&E or if any other relevant information is known.

**Missing People**

- Police can contact Missing People for a bespoke publicity appeal, if appropriate.
- Missing People can send a supportive TextSafe directly to the missing person's phone at the request of police.
- Missing People can provide emotional support to family and friends of the missing person during the missing episode, with the 116 000 Helpline, text and family support. All agencies can signpost family and friends to this service.

**Stage 3 – Return**

*Missing person found in public by police, mental health is identified as poor.*

**Police Scotland:**

- An assessment would take place to see if use of the Mental Health Act is required to hold the person in hospital following missing episode.
  - If visible injuries, then access to medical care will be arranged.
  - If no immediate concerns, Crisis Assessment and Treatment Service (CATS) will be contacted to establish guidance.
  - Consideration will be given to whether the person is still at any risk and if an Adult Support Protection referral is required.
  - Attending Officers will attend hospital if person is admitted (or home address if person allowed to return home) to complete Safe and Well Check.
  - Support options will be explored – friends, family, additional support services, including the third sector.
  - Details of the Safe and Well Check will be recorded on the VPD.
  - VPD/Concern Report shared with NHS and social work.
- **NHS**
    - CATS will be available to assist the police and assess returned person's mental health if required.
    - Returned person may be assessed at hospital.
    - Following assessment, referral may be made into Mental Health Service or Adults Services.

**Adult Services**

- Contacted by CATS, and in agreement with the consultant psychiatrist, Mental Health officer would attend dependent on assessment/ level of risk.

#### Stage 4 – Post Return

##### NHS

- CATS may provide follow on support, may write to GP, may alert allocated worker if one is established.

##### Adult Services

- Adult Services will be updated via the VPD/Concern Report or Adult Support Protection referral.
- If a person has been subject to statutory measures through the Mental Health Act, this would be reassessed.
- Following receipt of the concern report, an assessment for social care support will be made to identify any areas of support available for the returned person.
- Any safeguarding concerns will be noted and any necessary actions taken.