1

FORTH VALLEY MULTI AGENCY MISSING PERSONS PROTOCOL

Management Information	
Responsible Manager	
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<u>**CONTENTS**</u>

1. INTRODUCTION

1.1.   All agencies recognise the negative impact of people going missing. A missing person is exposed to unnecessary risk and is negatively impacted in terms of health and wellbeing. In a small number of tragic cases, it can lead to death.

1.2.   This protocol is designed for the use of all practitioners who are involved in the prevention, response, support and protection of persons who go missing or are at risk of going missing. This includes, but is not limited to, the practitioners outlined in section 2.4 of this protocol.

1.3.   Every year, Police Scotland receive over 30,000 calls reporting people missing who require a proportionate and consistent partnership approach to quickly locate and support them and prevent further missing episodes.

1.4.   In Forth Valley Division, Police Scotland investigated 641 missing people in 2022. This was an increase on figures of 586 missing people in 2021.

1.5.   Any person has the potential to go missing, which not only affects them, but others too. The primary focus of agencies in relation to missing persons is prevention to reduce the risk of harm. Actual or potential harm can be reduced or exacerbated by a person's individual circumstances. For example – children and young people are at increased risk of being exploited, adults with dementia who go missing are one of the most vulnerable groups possible, and the overriding majority of missing adults have one or more mental health concerns.

1.6.   When people do go missing, agencies must work together to quickly locate them, and provide the support they need to return to their community or build a new life.

1.7.   Given that half of all missing people will have been missing previously, it is essential that agencies provide the right support at the right time to prevent people entering a pattern of missing instances and exposing themselves to more risk.

1.8.   Our overarching aim is to build on the existing good work in Forth Valley to:

- Prevent people from going missing, 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) with an overarching aim of preventing people going missing and limiting the harm to those who have gone missing. Four objectives were outlined:

- To introduce **preventative** measures to reduce the number of missing persons episodes.
- To **respond** consistently and appropriately to missing persons episodes.

- To provide the best possible **support** to both missing people and their families.
- To **protect** vulnerable missing people and reduce the risk of harm.

- Additionally, the Scottish Government outlined a number of commitments which focus on

  - Prevention planning,
  - Prioritisation of the most vulnerable,
  - Information sharing,
  - Consistent approaches to risk assessment
  - Return discussions
  - Provision of specialist supports

2.2.   In 2022, Missing People charity conducted a multi-agency review of the existing practices and procedures in place to support missing persons in Forth Valley. A number of recommendations and suggestions were provided following the review.

2.3.   It is acknowledged that existing practices in Forth Valley highlighted good work around a number of these commitments and objectives, and that the drafting of this protocol, and the creation of a Forth Valley Missing Person Partnership Group will consolidate this good work and encourage further improvements.

2.4.   A short life working group was established comprising representatives from Police Scotland, the 3 local authorities– Falkirk, Stirling and Clackmannanshire and NHS Forth Valley. Local authority representatives represented education, adult and child social work, and the leads for adult and child social work. The working group had the objectives of implementing the commitments of the National Missing Persons Framework and the recommendations of the Missing People charity.

2.5.   Agencies in Forth Valley are committed to providing the best possible services in Forth Valley to prevent missing instances, to protect the most vulnerable, to share information in a useful and efficient way, to locate missing people quickly, and to support people following missing instances.

3. PURPOSE

3.1.   The purpose of this protocol is to consolidate the existing multi-agency approaches to missing persons in the Forth Valley area, and to ensure that all partners are delivering an appropriate response to the commitments of the NMPF – as stated to **prevent people going missing and limit the harm to those who have gone missing.** This will be achieved by:

- Outlining how agencies will work collectively to prevent missing instances for vulnerable individuals and groups.

- Outlining how agencies will identify individuals and groups who are most at risk of going missing, and who are most likely to come to harm if missing, and

5

prioritising preventative measures around them.

- Installing and consolidating tried and tested methods of information sharing both before, during and after missing instances to secure the best response.

- Give clear guidance in relation to risk assessments to provide confidence to all agencies in the assessments they make.

- Give guidance as to the roles and responsibilities of each agency in the response to missing persons, thus providing a consistent approach across the Forth Valley.

- Outline the process by which Return Discussions with missing people will be undertaken in recognition of the key role that such discussions can have in supporting missing people.

- Provide guidance on how support will be made available to missing people and their families.

3.2.   As single agencies, we recognise that this partnership protocol 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 responsibilities and duties of care. It places 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.   The partners commit to future, and ongoing, multi-agency work to understand and monitor performance and interventions relating to all missing persons in the Forth Valley area. They also commit to ongoing discussion of emerging trends and risks in relation to all missing persons in the Forth Valley area. All of this will be aligned to the key objective of maximising the opportunities to prevent people from going missing and to limit the harms associated with going missing. These commitments are recognised in the establishment of two new multi-agency groups – the Forth Valley Missing Persons Operational Group, and the Forth Valley Missing Persons Review Group.

4. LEGISLATION AND POLICY CONTEXT

- National Missing Person Framework for Scotland
- National Guidance for Child Protection in Scotland 2021 - updated 2023
- Children (Scotland) Act 2020
- Children (Scotland) Act 1995
- Children and Young People (Scotland) Act 2014
- Getting It Right For Every Child
- Adult Support and Protection (Scotland) Act 2007
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- General Data Protection Regulations

- [Data Protection Act 2018](#)
- [Human Rights Act 1998](#)
- [Human Trafficking and Exploitation Strategy](#)
- [Human Trafficking and Exploitation (Scotland) Act 2015](#)

5. DEFINITIONS

5.1. A missing person is any person 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 another.

5.2. This definition is nationally recognised and is outlined in the NMPF. It is the definition used by Police Scotland in the management of missing persons. This definition was originally developed by the Scottish Government in conjunction with partners and has proven to be an effective tool in the management and assessment of missing persons.

5.3. This definition will be utilised in Forth Valley and will be embedded into the policies and procedures of all agencies.

6. UNDERSTANDING WHY PEOPLE GO MISSING

6.1. In many cases, a person will go missing as a last resort to facilitate an escape from abuse, as a response to distress or out of desperation. Going missing can be an indicator of harm.

6.2. Others will go missing not out of choice, but due to their circumstances or specific vulnerabilities – such as people with dementia or young people who are put out of their homes.

6.3. A small number of adults may elect to disappear to start a new life, but statistics tell us that this is rare. Indeed, the vast majority of missing people are inherently vulnerable in some way due to their age, mental health or other cause.

6.4. There is no definitive list of reasons why people go missing, and every incident is unique. There may be one factor or a combination of factors.

6.5. Young people can go missing due to breakdowns in family relationships, abuse at home, issues at school, mental ill health, issues around sexual exploitation and trafficking, or unhappiness in a care placement.

6.6. Adults may go missing to escape violence at home, as a result of a dementia diagnosis or cognitive impairment, due to mental health issues, as a response to financial issues or a relationship breakdown.

7. PREVENTION

7.1.   Each missing person instance is unique, however local prevention planning and pre-emptive risk assessment can prevent missing instances. Identifying patterns and risk can allow agencies to introduce specific interventions to try to prevent a missing episode. For example – a pattern may emerge of young people repeatedly going missing from one area or facility, or adults from a hospital, or one young person may repeatedly go missing from home. Identifying these patterns gives opportunities to prevent them. Preventative measures can take many forms, from additional practical measures such as more vigilant security or staffing, through to providing mediation to young people to find solutions and alternatives to missing episodes. Return Discussions offer an opportunity for prevention and support and these will be discussed later. Having a good knowledge of the local missing person's personal circumstances can provide opportunities for prevention.

7.2.   This protocol will focus on the preventative measures that can be generated through risk assessment. Agencies with responsibility for, or care of, an adult or child who may be at risk of going missing, will conduct a risk assessment. The Herbert Protocol and The Philomena Protocol (featured in the appendices 9 and 10) are two useful tools to assist in this risk assessment, and to aid any response to a missing person.

7.3.   Any risk assessment should consider the following:

- 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.

7.4.   The risk assessment carried out will 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 – very poor mobility may reduce the likelihood of a missing episode occurring, and a reliance on medication may increase the risk of harm.

7.5.   The information in a risk assessment will become part of an individual's 'care plan'. The risk assessment will be used to introduce preventative measures and

8

appropriate supports commensurate with the risks involved. Guidance will be incorporated from the Philomena Protocol (Appendix 9) and Herbert Protocol (Appendix 10) and Philomena Protocol where appropriate.

7.6. In those instances where there is an identified risk of missing episodes then the individual's care plan will include an up-to-date physical description and where possible a recent photograph, which can be easily passed to Police when required.

7.7. Pre-emptive information sharing can be an effective preventative measure in some circumstances. Where an individual would be at specific risk should they go missing, this information will be shared between agencies, taking cognisance of information security and data protection. This will ensure that the risk is highlighted, and an appropriate response can be accelerated should it be required.

7.8. Risk assessments will inform the supports offered to an individual, and the services around them. This will include an assessment of their place of residence where appropriate, and a review of preventative measures in place there, as well as care provision. The individual's 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.

7.9. 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.

7.10. The partners in this protocol will appropriately share data and information to monitor the scale and nature of missing episodes in the Forth Valley. This will help inform preventative measures. Where appropriate, Police Scotland will provide relevant data on the location, time and circumstances of missing instances, and this can be combined with the information held by other agencies – such as care homes, hospitals and the 3rd sector agencies– to help create a clear picture of the trends and risks around missing people locally.

7.11. In addition to this protocol, a regime of regular liaison will be established to cover both child and adult missing people (see 3.3). This will take the format of regular meetings, and which will involve key stakeholders from Police Scotland, Social Work, Child and Adult Protection leads, NHS Scotland, 3rd sector, education and housing.

8. RESPONSE

8.1 RISK ASSESSMENT

8.1.1   Before any agency makes a report of a missing person, they will assess the circumstances to ensure that each person meets the national definition of a missing person as outlined in 5.1.

8.1.2   When a person is identified as meeting the definition, and is missing, Police Scotland will be notified. Police Scotland will undertake a risk assessment (see Appendix 1) and thereafter make an initial categorisation of HIGH, MEDIUM or LOW risk.

8.1.3.   Police Scotland will then refer to the risk assessment questions to assist with identifying the risk attached to the incident and ensure that the response is proportionate and appropriate.

8.1.4.   The categories of risk 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, Police Scotland will request further information as detailed in (but not limited to) Appendix 2, from the reporting agency. It is therefore good practice that all agencies familiarise themselves with the details that will be requested.

8.1.6.   Where there is a pre-identified risk of a young person or adult going missing, and where they meet the criteria of the Philomena Protocol and Herbert Protocol, a large amount of the information required by the Police will already be held in an easy to access format.

8.1.7.   Agencies in Forth Valley are in the process of implementing The Respect Programme which is a partnership approach designed to ensure a more

appropriate and trauma informed approach to care-experienced children and young people. It is intended that the programme will improve agencies' relationships and interactions with children and young people in these settings, with a view to delivering better outcomes.

Specifically in relation to approaches to missing instances, The Respect Programme will see greater emphasis placed on care staff making assessments around children and young people who are "Not At Home" – with no immediate requirement to notify police, and no requirement for any police investigation. Full guidance is not contained in this protocol, as young people categorised as "Not At Home" will not be classed as missing persons. Further detail is contained at Appendix 13.

8.2 INFORMATION SHARING

8.2.1   Information sharing is governed by the Data Protection Act 2018, the General Data Protection Regulation and the 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   Children, young people, and adults at risk always maintain a right to privacy and the utmost care and attention should be taken when handling and sharing personal information. It is accepted that questions of privacy and confidentiality have to be balanced against responsibilities to ensure the safety of persons. A sensitive, proportionate, and lawful approach should always be taken when working to protect vulnerable people.

8.2.4   Persons acting on behalf of their agency should have confidence to act without delay to share information with other professionals where they have a concern about a child, young person, or adult at risk. It is reiterated that legislation does not prevent professionals from sharing and exchanging relevant information with other professionals when they have such concerns.

8.2.5   Agencies should refer to their own established information sharing processes for further guidance in this regard.

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 on specific actions for NHS, Care-Experienced Children, Children in Education, and Adults in Care can be found below in Appendices 4, 5, 6 and 7.

8.3.2   The guidance for each agency will include a process for documenting the initial actions taken – for example searching premises, phone calls or text messages

sent, checks with associates or at frequently visited places, time of report to police.

8.3.3   When Police Scotland assumes ownership of a missing person investigation, the process will be governed by existing standard operating procedures and will in most cases fall under the management of the local policing supervisor, with resources directed and actions dependent on circumstances.

8.3.4   Whilst Police Scotland will have ownership for the management of a missing person investigation, all agencies will retain a responsibility to assist and support the investigation to maximise opportunities to trace the missing person at the earliest opportunity, and to limit the risk of harm to them.

8.3.5   All agencies will ensure that they have completed all relevant paperwork, and have updated all records accordingly, during, and at the conclusion of a missing persons instance.

9. SUPPORT

9.1.   At the commencement of a missing person investigation, a single point of contact (SPOC) should be agreed with the family/closest person to the missing person. Timescales for updates will be agreed. The likelihood is that in most cases, the Police will be the person to link with the family member/closest person to the missing person. However, agencies should consider what additional support may be required throughout an investigation from any partner.

9.2.   When a missing person is traced, or returns, where appropriate, an initial 'Safe and Well' check will be completed by police or another professional from a supporting agency, with the intention of ensuring that there are no immediate concerns around safeguarding to be addressed, or criminality to investigate.

9.3.   Following this initial Safe and Well Check, the missing person will be given the opportunity to nominate who they would like to carry-out the Return Discussion. Although not exclusively, this will most likely be someone who has a pre-existing relationship with the missing person (i.e. a trusted adult) and who has ideally completed Return Discussion training provided by Missing People. Note: training is not mandatory to complete the Return Discussion.

9.4.   If the missing person has elected another person out with their care / health establishment to conduct the Return Discussion, where possible, the responsibility for contacting the person should be facilitated by the care provider and not Police Scotland.

9.5.   A Return Discussion can help to support a missing person following their return, provide a platform to identify underlying issues and support required and obtain information that may 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 the persons to talk about the circumstances that prompted them to go missing,

12

- Provide them with an opportunity to talk about their experience when missing and their feelings following their return,
- Use relevant information gathered to help prevent further missing episodes, and
- Identify safeguarding concerns and opportunities for further support.

9.6. In accordance with the NMPF, there is no set time for the Return Discussion to be completed, but where possible, first contact should be made within 72 hours, with the Return Discussion taking place within one week at a suitable time and location for the individual. It is important that a person who has been missing is given the opportunity to speak about it as soon as they are ready to do so.

9.7. For Return Discussions completed by Statutory or Third-Sector Agencies (excluding Police Scotland), when complete, the Return Discussion Form will be e-mailed into the respective Police Scotland Engine Room for that area where it will be reviewed, recorded and uploaded to the NMPD and VPD.

9.8. Potential agencies for carrying out Return Discussions are as follows:

- Police Scotland
- Children and Families Social Work
- Adult Care Social Work
- Other Social Work (i.e. Through Care, Learning Disabilities Service, Family Support Worker, Mental Health Officer)
- Residential Care Staff
- Adult Care Home Staff
- Education (including School Nursing Service)
- Health Representative (i.e. Staff Nurse, CPN, District Nurse, Substance Use Nurse)
- Any 3rd Sector Agencies who have an interest in Missing Person

9.8. Return Discussions are not compulsory, and the child/young person or adult has the right to decline. Best practice will be to continue to offer a Return Discussion even if previous offers have been declined.

9.9. Due consideration should be given to whether or not any of the professionals involved in the missing person's life could be a factor in them going missing. Where this is a considered a possibility, then this person should be excluded from consideration of conducting the discussion.

9.10. Should any safeguarding concerns be revealed during the Return Discussion which requires immediate action, then the relevant Child Protection or Adult Support & Protection procedures should be followed.

9.11. Should the criteria for making a referral on child or adult protection grounds not be met, then the facilitator should consider any signposting to supports to agencies, and this should be documented on the form.

9.12. The facilitator will inform the person that information from the discussion will be shared with the relevant partner agencies in line with data protection procedures and that details will be saved electronically.

9.13. A Flowchart for the Forth Valley Return Discussion Process can be found in **Appendix 8.**

9.14. The Forth Valley Missing Persons Review Group will monitor the use and effectiveness of Return Discussions and consider the need for training, and any changes to procedure and practice.

10. PROTECT

10.1. Information gathered from the Return Discussion should be used to update care plans, and agencies should take the opportunity to learn from the missing episode to make adjustments to try and prevent, or minimise the risk from, future missing episodes.

10.2. Agencies recognise that it is not only the missing person who is impacted by a missing person episode. Agencies will take all opportunities to identify where support may be required by loved ones of missing persons, and signposting will be offered.

10.3. Following a missing person episode, it is recommended that reporting agencies review the information they have stored in relation to the missing person, and compare this to the information outlined in the Police Initial Missing Person Information (Appendix 2). In the event of another missing person episode, having this information readily available will greatly assist the multi-agency response.

10.4. As outlined above a Forth Valley Missing Persons Operational Group will be established. This will enable the discussion of missing persons who are assessed to pose the greatest risk to themselves or the public, or who are subject to repeat missing episodes, and permit multi-agency decision making on safety plans and actions moving forward.

APPENDICES

APPENDIX 1: POLICE SCOTLAND RISK ASSESSMENT QUESTIONS

No.	Investigative Considerations
Vulnerability	
1	Is there any identified risk of suicide?
2.	Is criminality suspect 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 dementia, 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 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 racial, sexual, homophobic, the local community or any cultural issues?
14.	Were they involved in a violent and/or hate crime 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 which the officer or supervisor considers relevant in the assessment of risk?	

In consideration of the above factors, their likelihood and seriousness, what level of risk do you consider to be adequate?

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 the missing person or the public is low.

APPENDIX 2: 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

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

Personal Description

- Photograph
- Gender
- Height, build, weight & complexion
- Ethnicity and skin colour
- Eye colour
- Glasses / contact lenses worn
- Habits & mannerisms
- Accent
- General health / mental health (diagnosed or otherwise)
- Hair cut & facial hair (colour & style)
- Clothing

    o Head wear
    o Upper body clothing
    o Lower body clothing
    o Footwear
    o Underwear
    o Outer clothing
    o Other clothing, gloves / scarves / glasses etc

- Visible marks, scars, tattoos, piercing or distinguishing features.
- Jewellery (earrings, watches, bracelets, rings, necklace, other)
- Languages spoken / read
- Ability to understand / read English
- Shoe size
- Dentures
- Medical implants

Other Information

- Nationality
- Religion or beliefs
- Marital / civil partnership status
- Sexuality
- Previous addresses
- Previous schools / occupations
- Financial details (income source, bank, sort code, account no, cards)
- Passport details (number & location)
- Details of Doctor
- Details of Dentist
- Right / left-handed
- Are there any objections to a media release?
- Does the family/informant need personal support?
- 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
- Preferred modes of transport, access to vehicles, ability & licence to drive, types of public transport used regularly

Information relating to previous movements
- Date, time and place last seen.
- Date, time and method of last contact, i.e. call / text
- Details of person who last saw / spoke with missing person
- Known demeanour of missing person at last sighting
- Were they accompanied?
- Any property missing from home?
- Any preparations made to leave?

Information relating to contacts and behaviour
- Next of kin (including relationship to missing person)
- Friends, relatives, partners or associates
- Intended destination when last seen
- Daily routines, routes used
- Work location / address
- Locations frequented, favourite places, beauty spots, walking routes etc.

Information relating to personality, lifestyle and influences
- Social interests
- Personality (outgoing, insular, deep)
- Recent demeanour
- Details of any addictions
- Involvement with crime, cults or gangs?
- Recent life troubles? e.g. family, financial or work
- Religious and cultural influences?

APPENDIX 3: Roles and Responsibilities – NHS

1.1. NHS Forth Valley 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 Report Form (Appendix B of the NHS Forth Valley Missing Persons Policy) must be completed and used as a working document.

1.3. Staff must determine a level of risk associated with the patient using the Risk Rating within the NHS Forth Valley Missing Persons Policy to inform the decision-making process.

1.4. Missing patients will be reported to Police as per the following guidance:

HIGH RISK –

- Patients, whose whereabouts are unknown and:
- Who require urgent medical treatment;
- Who are at immediate and significant risk of suicide or serious self-harm;
- Have a serious physical condition;
- Are extremely vulnerable;
- Pose a threat to public safety

REPORT TO POLICE IMMEDIATELY.

These patients should be returned to hospital immediately.

LOW RISK –

- Patients, whose whereabouts are unknown, and:
- Are at no immediate risk;
- Pose no risk to either themselves or others;
- Pose no threat to the public;
- Whose continuing absence would give little cause for concern

P   Ordinarily, patients who fall into the **Low Risk** category will not be referred to Police Scotland as a missing person. However, the multi-disciplinary team must agree what action should be taken, and where the threshold for calling Police Scotland may lie.

1.5.   The Nurse in Charge is responsible for identifying that a patient is missing, completing the risk assessment and reporting the missing person to Police. They also have responsibility to notify line management within NHS Forth Valley.

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 NHS Forth Valley Missing Persons Policy and not reproduced here. However, regardless of grading or location the following actions will be carried out:

- Identify the patient is missing.

- Confirm level of risk.

- Co-ordinate a local search of the immediate area.

- Attempt to contact patient at their home number and mobile telephone.

- Ensure 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;

- 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 report form;

- Maintain an up-to-date record of the incident in the missing person healthcare record, including actions and updates at regular intervals (minimum per shift handover);

- Complete Incident Form on Safeguard

1.7.   When a patient is traced, a Return Discussion (Appendix C of NHS Forth Valley Missing Persons Policy) will be conducted and an investigation into the circumstances that led to the missing patient to identify any learning or improvements in care.

A working group is currently in progress to finalise the operationally detailed NHS Forth Valley Missing Persons Policy, with engagement from key stakeholders. This will describe how the revised processes will be implemented across all inpatient areas.

APPENDIX 4: 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.

2. Early intervention

2.1   All adults with a dementia diagnosis using services provisioned by the Health and Social Care Partnerships should have the Herbert Protocol in place as part of their care plan. The Herbert Protocol is a form designed to make sure that if someone goes missing, the Police can get access to important information about that person as soon as possible. Any professional who comes into contact with carers or the family of an adult living with dementia should recommend they print this form and fill it in with as much information as possible, before a moment of crisis. Then keep it in a safe place and give it to the Police if the person their caring for goes missing. Support should be provided to access and complete the form where barriers are evident. Completed forms must be reviewed alongside care and support reviews to make sure they are up to date, relevant and fit for purpose.

2.2   Adult Social Work Service will be notified of all adults receiving support at home and those attending day care who have not been seen, attended or where care has not been able to be delivered and their whereabouts is unknown. This is known as an 'Adult not seen' notification. Support providers including the HSCP will use the below template to make an email notification to the relevant Adult Social Work Service Locality on the same day.

Email subject – ADULT WELFARE NOTIFICATION – ADULT NOT SEEN

Email content – Adult's name, date of birth, address and brief description of non-attendance or difficulty seeing adult at arranged time including any attempts to contact the adult prior to notification.

3. Assessment

3.1   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.

3.2   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 initiating an Interagency Referral Discussion (IRD) to agree the response plan where it is identified there is a high risk associated with the person going missing.

21

3.3   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.

3.4   The Care Plan should be stored within the adult's home / care home and be always accessible. 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 adult's home.

3.5   The Care Plan should include the following information:

- Physical description and photograph
- Medical / health conditions
- Medication and impact of being denied access to same
- Best care practices for approaching and communicating with the adult
- Information on next of kin, places of interest or any other information that may assist during missing person episodes.

3.6   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 adults.

3.7   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.

3.8   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 adults living with dementia where evidence has shown a likelihood of attending at previous addresses / point of interest.

3.9   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.

3.10   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 be required to consider the good practice guidance

provided by the Mental Welfare Commission for Scotland – Decisions about Technology.

4. Response

4.1   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).

4.2   When an individual goes missing Care Staff should provide the care plan, any risk assessment and the completed Herbert Protocol form to the initial attending Police Officer.

4.3   When a person is reported missing the following actions will be completed by care home staff or the care worker involved where an adult is missing from a private residence:

- All relevant staff working in the vicinity should be informed of the missing individual
- 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.
- When an adult is signed up to Purple Alert a discussion with their carer or representative where applicable should be carried out to decide on whether to make an alert.
- 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.

5. Returning Home

5.1   Upon returning home a Return Discussion will be conducted by a nominated person, or person best suited, and the Missing Person Return Discussion Form will be completed to identify any learning or improvements in care.

5.2   Provider agencies will ensure that they have enough staff trained in Return Discussions to support this important process. This training is offered free of charge by Missing People

5.3   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.

5.4   If Return Discussion completed by a Statutory or Third-Sector Agency (excluding Police Scotland) the completed Return Discussion will be e-mailed to the respective local authority engine room for that area for attention:

ForthValleyEngineRoomAlloa@scotland.police.uk

ForthValleyFalkirkEngineRoom@scotland.police.uk

StirlingEngineRoom@scotland.police.uk

The information shared in the Return Discussion, will be stored and disseminated as appropriate by Police Scotland. Other agencies should retain the information in accordance with their own Data Retention policies.

APPENDIX 5: Care-Experienced Children and Young People

1.1. The roles and responsibilities in this section relate to children who are care-experienced and live within a residential children's house or foster family within the Forth Valley area. Accommodated children placed out with the Forth Valley area are not within the scope of this protocol.

1.2. Children living in a residential children's house, or with a 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 Each Care Provider/foster carer will ensure the Philomena Protocol form will be completed and provided to Police Scotland if the child/young person is reported as missing. This holds more detail on the child/young person than the care plan and assists with the missing person enquiries.

1.4. 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. The Philomena Protocol form will be updated with this information also.

1.5. The principles of this protocol for care-experienced 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.

1.6. 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.

1.7.   When a child whose name is on the child protection register goes missing, the appropriate local authority Senior Manager (and person accountable for the child protection register if different) should be notified immediately. Co-ordinated efforts should be made to trace the child and assess the circumstances. A Review Child Protection Planning Meeting should be convened. Health and education services should be notified to ensure that the child will be identified if they present at another health or education setting.

1.8.   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.

1.9.   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.

- 2.0.   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: 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.

- When a care-experienced child 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 care –experienced without other information that would give rise to a level of risk being associated with the absence.

2.1.   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 behaviour is not out of character and only a short time period has elapsed (i.e. late for curfew).

- 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 and Philomena Protocol form. Staff are encouraged to be trained and licensed in the Missing Person return discussion as they may be the most appropriate person to undertake this with the child/young person, or they may be nominated by the child/young person.

1.13. The Return Discussion Form will be completed and emailed to the relevant police department as below:

ForthValleyEngineRoomAlloa@scotland.police.uk

ForthValleyFalkirkEngineRoom@scotland.police.uk

StirlingEngineRoom@scotland.police.uk

APPENDIX 6: Children Missing from School Education Establishments

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 relevant Attendance and School and Children Missing from Education guidance documents for each local authority.

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

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 care-experienced child 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 care experienced 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.

28

- 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 or 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 by the person of the child or young person's choice or the best person for this role and the Return Discussion Form 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 Education staff or that of another agency who conducts the return interview any relevant information obtained from it will be shared with Education and Police.

APPENDIX 7: MISSING PERSON RETURN DISCUSSION FORM

PART 1: TO BE COMPLETED BY RETURN DISCUSSION FACILITATOR

Please note that the Return Discussion should be facilitated where possible, by the most relevant agency/person, **within 72 hours** (or 7 days if additional support required) of the missing person being located as outlined in the National Missing Person's Framework. The young person or adult should always feel supported during this process and consideration given to location and the offer of an advocacy worker or appropriate adult.

RETURN DISCUSSION

DATE:	
TIME:	
LOCATION:	

FACILITATOR

NAME:	
ROLE:	
AGENCY:	
CONTACT DETAILS:	
Any other person present (include contact details)	

RETURNED PERSON

NAME:	
DATE OF BIRTH:	
ADDRESS:	
SCHOOL / COLLEGE / CARE ESTABLISHMENT / WARD:	
DATE / TIME REPORTED MISSING:	
DATE / TIME TRACED:	

IF THE PERSON DOES NOT WISH A RETURN DISCUSSION, INDICATE THIS IN THE BOX BELOW, ALONG WITH ANY RATIONALE PROVIDED.

It should be explained to the person (both before and after the Return Discussion) that in accordance with safeguarding procedures that information from the Return Discussion may be shared with relevant partner agencies and will be stored in electronic records.

Please note these questions have been provided as a prompt for practitioners. Communication and interpersonal skills are key to obtaining relevant information and support required to prevent further missing episodes and risk of harm. The discussion should be carried out sensitively and at a time and location when the person is happy to talk through their missing experience. Useful information is held at the back of this document for those who have not completed the Missing Persons training. Note, training is **not mandatory** to complete this form.

BEFORE

1. What was happening for you in the lead up to you going missing? Can you tell me more about that?
2. How were you feeling before you went missing? Can you tell me more about that? (Consider what support is required and make referral as necessary)

DURING

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

31

7.   Can you tell me how you were feeling when you were away?
8.   Did any harm come to you while you were away? (Consider risk as well as grooming and Child Sexual Exploitation for young person)

AFTER

9. Was there anything you feel could have been done, by anyone, to prevent you from going away? (Include any aspirations/interests)
10. Is there anything else you would like to talk about?

ADDITIONAL INFORMATION

1.   a) Is there any relevant information, including intelligence that hasn't been recorded in this Return Discussion? (i.e. indicators of exploitation, known associates etc)   b) If Yes, how/where is this reported or if passed verbally details of who to and when?
2.   Child / Adult Protection Referral made?   Yes / No

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 Child Protection or Adult Support & Protection procedures.

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3. What support does the person currently have in place? (Please consider any additional support required)

Actions taken following Return Discussion

For example, referrals to other support services, signposting to support services including Missing People Helpline, etc. (For any referrals, please include details of the name of the organisation referred to, who by and when).

1.

2.

3.

4.

5.

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 , or children and young people to https://www.runawayhelpline.org.uk/scotland

Storing and Sharing of Information

Once completed, this information should be stored and shared in line with local policy.

It is advised:

- Information should be stored in the person's casefile.
- Relevant information should also be shared with appropriate agencies.
- Relevant information pertains to any information relating to safeguarding, or other intelligence which may help to protect and support the person or other persons.

- Appropriate agencies will be dependent on the circumstances but may include the person's allocated social worker, care home, Police Scotland's Missing Persons Operational Coordinator for the local area, the person's school, the person's GP, any local operational working groups)

It should be explained to the person (both before and after the Return Discussion) with whom the information from the Return Discussion will be shared and seek their views.

Views of the person on information being shared:

If Return Discussion completed by **Partner Agency** the completed Return Discussion will be

e-mailed to the respective local authority engine room for attention:

ForthValleyEngineRoomAlloa@scotland.police.uk

ForthValleyFalkirkEngineRoom@scotland.police.uk

StirlingEngineRoom@scotland.police.uk

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RETURN DISCUSSION TIPS

Going **MISSING** may be the first indication that there are problems or vulnerabilities for a person. A Return Discussion is an opportunity to support the individual who has gone missing and identify any underlying causes, including any ongoing risk of harm and an opportunity to refer the individual to appropriate support services. In Scotland, 84% of Return Discussions are completed by police (Police Scotland Missing Persons Annual Report 2018-2019). However, the Framework and good practice encourages the returned person to be given a choice as to who they would like to complete their Return Discussion.

The below ten tips are for any professional to consider when completing a Return Discussion.

34

Please remember that when completing a Return Discussion, any information that a missing person shares that makes you concerned for their safety, or the safety of others must be shared with the relevant agencies, and any disclosures of crime, harm or intelligence shared with police.

1. Are you the right person to be completing the Return Discussion?

The Framework recommends that the Return Discussion should be arranged with the returned person within 72 hours, and completed within 1 week. Who is best placed locally to follow this good practice, and has the returned person been offered a choice of who completes their Return Discussion?

2. Be prepared

Have any details from the missing episode (times, dates associates, means of travel) that can aid the Return Discussion and understanding more about what might have happened. If possible, have an awareness of the missing person's background, for example, any existing mental health concerns or adverse childhood experiences. This information could be crucial for exploring the reason for the missing episode, and in effectively safeguarding them.

3. Environment

Where is the Return Discussion being carried out? Ask the person if they're happy holding the Return Discussion where you have suggested. Where else would they feel comfortable? Is the place a safe, calm and quiet environment? Can the person talk freely without being overheard by others? Consider how much time you may also need to complete an in-depth discussion.

4. Be transparent

From the start, ensure the person understands your role, and an awareness that what they share with you may be shared with other professionals if there is a safeguarding concern. Do not promise confidentiality unless you are able to uphold this.

5. Listen, acknowledge, empathise

A person's perception of being missing can be different from that of professionals, parents or carers. Active listening and seeking to understand the person's experience and point of view is vital to build trust, gather information, and have the person feel supported. Be non-judgemental and respectful of what the person shares with you. Clarify anything you don't understand, and acknowledge what you have heard.

6. Adapt your approach

The majority of communication is non-verbal. Think about your body language during the Return Discussion, including eye contact. Where is the most suitable position for you to sit in order to make the person feel comfortable? Does the person have any additional needs that require you to adapt your approach, involve an interpreter or trusted person? In some cases, it may be necessary to persevere with the Return Discussion, and build rapport. It may take time for a person to trust you and want to engage and they may initially refuse to.

7. Establish what happened before, during and after the missing episode

Understanding each of these stages in a person's missing journey is vital to identify any harm they may have suffered, safeguard them and help prevent any future missing episodes. Ensure to clearly identify the push and pull factors that have led to them going missing and consider any risk or exploitation that they may have experienced or currently be experiencing. Is the person now safe that they have returned home, or are they still at risk? Does the person now require medical attention or medication? Do they need to be kept safe from a person/persons or a place?

8. Identify the Person's Current Support Network & Signpost to Missing People and other relevant support services

Who is currently supporting the person – other professionals, family, friends, or nobody? Working with the person to identify who they can rely on for support in the short or long-term could prevent them going missing again, and helps you to identify any support that they may need. Signpost the person or their family to Missing People's free, confidential helpline on 116 000 for additional support. Make sure to consider other third sector support and organisations that can also offer support, such as Samaritans Scotland, Alzheimer's Scotland, or Purple Alert.
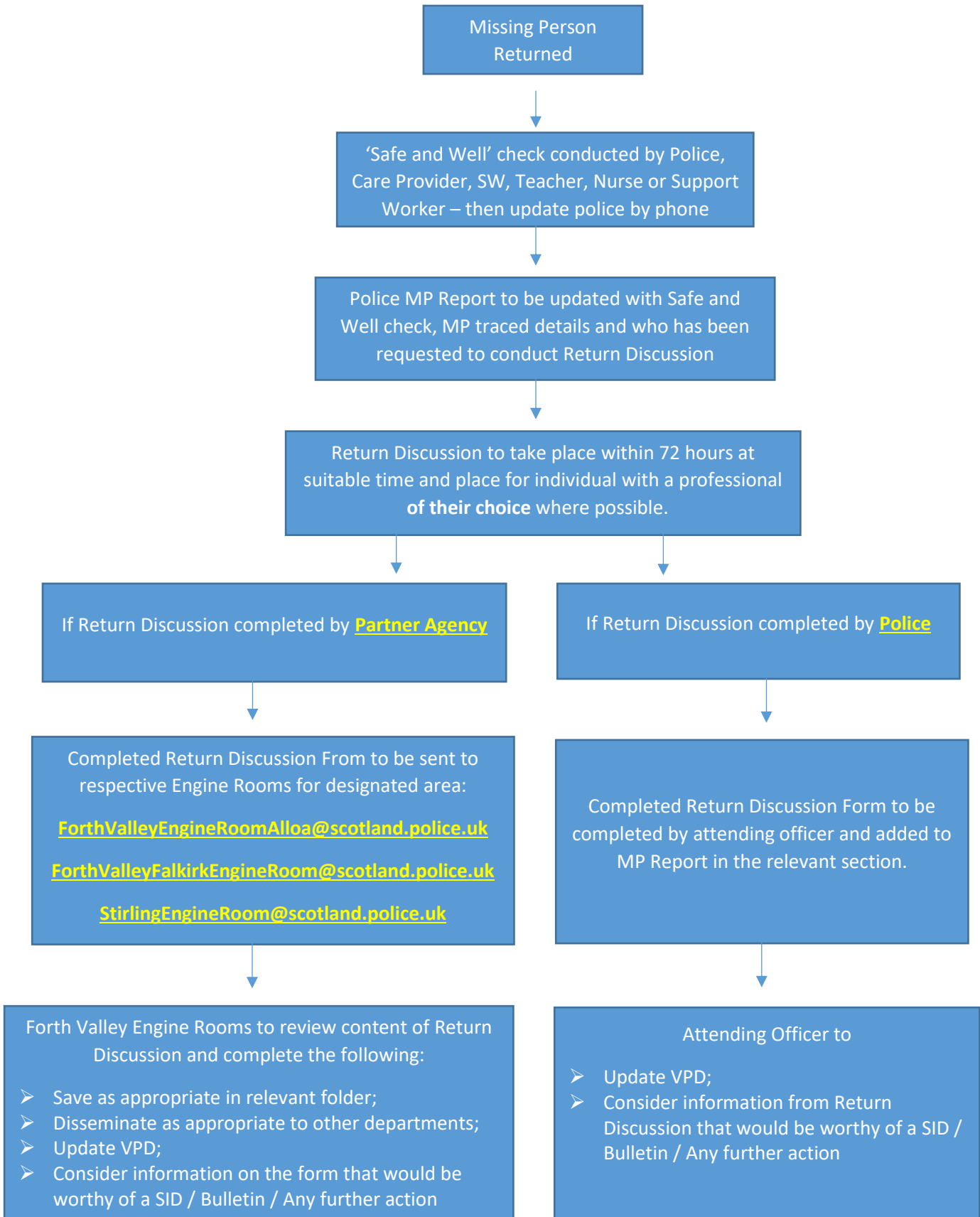
9. Recording: Capture their voice

Consider where you are going to record the information that the person shares with your during the Return Discussion. Does your local area have a Return Discussion form? If so, this should be completed and stored according to GDPR. Any record of the Return Discussion should contain an account of what happened before, during and after the missing episode; a consideration of any risk or harm experienced by the person, as well as any safeguarding concerns and further support offered. It is also useful to think about and record how likely you feel that they are to go missing again. This information should be recorked in a way that most accurately reflects the experience of the missing person, using quotations where possible to annotate their voice.

10. Information sharing and action

A good Return Discussion is only effective if relevant, proportionate information is shared with other local professionals and agencies, and actions are taken based on this information to safeguard, support, and prevent the person from going missing again. Make sure that you manage the person's expectations around what information you will be sharing with other professionals after the Return Discussion, and what might happen next if you need to report any incidents of crime or harm to the police.

APPENDIX 8: RETURN DISCUSSION PROCESS FLOWCHART

Missing Person Returned

↓

'Safe and Well' check conducted by Police, Care Provider, SW, Teacher, Nurse or Support Worker – then update police by phone

↓

Police MP Report to be updated with Safe and Well check, MP traced details and who has been requested to conduct Return Discussion

↓

Return Discussion to take place within 72 hours at suitable time and place for individual with a professional **of their choice** where possible.

↓ (left branch)

If Return Discussion completed by **Partner Agency**

↓

Completed Return Discussion From to be sent to respective Engine Rooms for designated area:

ForthValleyEngineRoomAlloa@scotland.police.uk

ForthValleyFalkirkEngineRoom@scotland.police.uk

StirlingEngineRoom@scotland.police.uk

↓

Forth Valley Engine Rooms to review content of Return Discussion and complete the following:

➢ Save as appropriate in relevant folder;
➢ Disseminate as appropriate to other departments;
➢ Update VPD;
➢ Consider information on the form that would be worthy of a SID / Bulletin / Any further action

↓ (right branch)

If Return Discussion completed by **Police**

↓

Completed Return Discussion Form to be completed by attending officer and added to MP Report in the relevant section.

↓

Attending Officer to

➢ Update VPD;
➢ Consider information from Return Discussion that would be worthy of a SID / Bulletin / Any further action

APPENDIX 9: PHILOMENA PROTOCOL

The Philomena Protocol, which is named after the patron saint of babies, infants and youths, was the first of its kind in the UK after being introduced by Durham Constabulary in January 2019.

The protocol is primarily targeted towards children and young people living in care facilities and foster encourages carers, staff, families and friends to compile a standardised form of useful information which could be used in the event of a young person going missing.

The type of information on the form will include interests, places of significance, friends and trusted people. These details will be used to ensure that police can establish the whereabouts of a missing child more speedily.

The Philomena Protocol has been developed following the success and learning from the Herbert Protocol, an initiative to support adults who are at risk of going missing.

All agencies engaged in the care of young people are encouraged to familiarise themselves with the Philomena Protocol standardised form, which can be accessed below.

Care providers should consider which young people in their care are at risk of going missing, and to complete Part 1 of the form for these young people. They should keep the form in a safe place, and be prepared to locate it and complete Part 2 of the form in the event that someone goes missing, and be ready to hand this to police investigating the missing episode. The onus will be on the care provider to keep the form up to date and relevant.

The request made of the care providers is that they work in partnership with Police to find the young person as quickly as possible. This should include:

- Making their own enquiries prior to police attending, and while the young person is missing.
- Discussing with the police what enquiries they will undertake and how to update police with what has been done.

For further information see:

Philomena Protocol

APPENDIX 10: HERBERT PROTOCOL

The Herbert Protocol is a well-established initiative already used in parts of Scotland and the wider UK.

The Herbert Protocol is a national scheme that encourages carers, family and friends to provide and put together useful information, which can then be used in the event of a vulnerable person living with dementia going missing.

Carers and / or relatives and friends can complete a form in advance, including important information about the missing individual such as the contact numbers, medication needed, locations the person was last seen and so forth also a photograph can be provided.

The form can be easily sent or handed to the police in the event of a loved one going missing, reducing the time to gather this information. The form should be completed as soon as possible.

The scheme is designed to help those caring for someone with dementia also to make sure in the event a person going missing the police can gain access to essential information promptly.

Remembering all sorts of information at times like this can be very distressing for those involved and when being asked by a police officer, adds to the stress and upset caused. The information contained within these forms aims to relieve some of that stress.

The Herbert Protocol initiative is named after George Herbert, a War veteran of the Normandy landings, who had dementia and sadly died while he was 'missing' on his way to his childhood home.

A link to the Herbert Protocol Form and further information can be found at:

Herbert Protocol Form

APPENDIX 11 – NOT AT HOME / THE RESPECT PROGRAMME

Not At Home

The introduction of the **NOT AT HOME** status is intended to:

- Achieve the best outcomes for young people
- Improve partnership working
- Reduce unnecessary demand for frontline officers
- Better outline the responsibilities of both care staff and police.

If Care home staff unilaterally make a decision that a child is not missing but is "Not At Home", or if this decision is made in conjunction between police and staff, then there is NO requirement for further police involvement. The young person's absence from home will be managed by care staff.

The key principle of this status, is that care staff have the authority and expertise to act as any parent would to safeguard their child. Their decision making should be guided by risk management plans in place for the young person.

Only in the circumstances where risk becomes intolerable to care staff should the young person be reported missing to Police, and a multi-agency response initiated. In these circumstances, Police will obtain full details and commence a missing person enquiry.

In these circumstances, Police will continue to liaise with care staff and agree actions to be taken by them. A continual review of risk will be conducted.

On a child's return, Police will carry out a safe/well check and confirm the **'best person'** is identified to carry out a full return discussion whilst ensuring any immediate vulnerabilities/concerns are addressed to achieve the best outcome for the young person.