

# SAFEGUARDING AND RECONNECTING MISSING PEOPLE

**Improving safe information sharing to  
support vulnerable adults**

**A summary of findings from a  
pilot in Westminster**

**Supported by**



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**Improving safe information sharing to  
support vulnerable adults**

**Missing People**

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A handwritten signature in black ink that reads "Paul Burstow".

**Paul Burstow**  
**Minister of State for Care Services**  
**Department of Health**

## Ministerial Foreword

It is estimated that four out of every five adults who go missing are experiencing a mental health problem at the time they disappear. The consequences can be tragic. Someone who is unwell and who has no support can rapidly come to harm through neglect or self-harm.

They may be fearful, confused and disorientated. Their health may deteriorate rapidly. The sooner they are identified and supported, the better the chances of safeguarding their well-being. Many turn for help to hospitals, hostels, refuges and day services.

Yet there is no straightforward way to let individuals know they are missed and to negotiate with the individual how they can, and whether they choose, to reconnect to friends and family.

Fundamental to improved practice in this area is the safe sharing of information between organisations.

Missing People is the national charity dedicated to providing support to missing people of all ages. It approached the Department of Health for support in establishing better means for the safe transfer of information about vulnerable missing people.

The result is a pilot in Westminster that rigorously tested an information exchange protocol. The findings, summarised here, suggest the protocol can be used in other localities to improve the safeguarding of vulnerable adults.

It is a powerful example of how government can work with local partners to translate policy into practice, and I would like to thank the Westminster Reference Group for the work they have done.

The Government has made clear in its strategy *No health without mental health* that it is committed to working with its partners to ensure that mental health is placed on a par with physical health and, as part of that, to improve safeguarding. This report provides worked examples of how to improve our joint approach to supporting missing vulnerable adults.





## Introduction

A very high proportion of adults who go missing may have some form of mental illness at the time of their disappearance. Many others suffer from learning disability or dementia. They represent a population potentially at high risk to themselves.

In April 2009 the National Mental Health Development Unit published a workbook<sup>1</sup> to reduce the number of patients who go missing from mental health wards and who may place themselves and others at risk. It is known that over a quarter of suicides recorded for mental health residential units actually take place away from the ward, often after the patient has been reported missing.

This report presents evidence from a pilot that set out to improve cooperation between statutory and voluntary sector partners around information sharing. Safe and timely information exchange is crucial to safeguarding effectively and supporting some of the most vulnerable members of society. It also demonstrates how government can work with its partners both in the statutory and voluntary sector to translate policy into practice.

Health and social care organisations are busy and have many competing priorities. On the face of it, this may not appear to be the most pressing of priorities in changing times. Yet it is a very common experience. Very few practitioners and managers will not have had an experience of trying to trace someone who has gone missing - or of supporting their families.

It is crucial that all agencies work together and we know that the protocol provided in this report enables local agencies to work in collaboration to improve information sharing and safeguarding - without having to reinvent the wheel. Thank you to everyone in Westminster who took part in this project and discovered that having a clear protocol in place actually made it easier to do their job well.

A handwritten signature in black ink, appearing to read 'Hugh Griffiths'.

**Dr Hugh Griffiths**  
**National Clinical Director for Mental Health (acting)**

A handwritten signature in black ink, appearing to read 'Ian McPherson'.

**Dr Ian McPherson**  
**Director, National Mental Health Development Unit**

## Background

The national charity Missing People identified a lack of systematic processes for sharing information with health providers in the search for missing adults. It approached the Department of Health for assistance in improving the exchange of information concerning vulnerable missing adults. With the support of the Department of Health, an initial project group was established to consider the best way to respond. The group recommended establishing a pilot project to bring together mental health and social care stakeholders to develop an information sharing protocol. The protocol assists with tracing vulnerable missing adults where there are specific concerns about their mental health, and helps to confirm the identify of vulnerable adults in the care of mental health services, where their identity is uncertain or not known.

Westminster was selected as the locality for the pilot because research, using Missing People's database, revealed that the number of missing adults both reported and identified in the Westminster City Council area was high relative to other London boroughs, as well as areas outside London. Missing adults found in Westminster for the year to September 2008 accounted for just over a third of all adults found in London in the period.

### Missing and mental health

A report by the Home Office (2010) estimated that 250,000 incidents of missing people are reported to police forces each year in the United Kingdom. People go missing for a variety of reasons. Some people go missing by choice. Others drift out of contact with their loved ones, gradually losing touch over time. Some people go missing unintentionally, for example elderly people with dementia who have wandered away from home or care, or people who have been abducted (Biehal et al, 2003).

A recent cross-departmental initiative examined the multi-agency response to missing persons, and highlighted an opportunity to manage better the risks posed to missing people, particularly those with mental illness, through better information sharing (Home Office, 2010).

Mental health problems affect one in six people in Britain at any one time, and one in four will experience them during their lifetime (Office for National Statistics, 2000; Office for National Statistics, 2009; Department of Health, 2009).

Missing and mental health services and policy overlap in a number of ways:

- Many people who go missing have diagnosed or suspected mental health problems.

Mental health problems affect a significant number of adults who go missing; one study suggests as many as 80 per cent (Gibb and Woolnough, 2007). Of more than 600 missing adult cases that were opened by Missing People in 2009, over 35 per cent were reported to be experiencing mental health difficulties (Missing People internal analysis).

- People who go missing may access services while they are missing, and this offers an opportunity to trace them.

Research suggests that several thousand missing adults are found accessing refuges, day centres, clinics and hospitals each year (Tarling and Burrows 2004). Between eight and nine out of ten people presenting at homeless services are highly likely to be experiencing mental health difficulties (Bilton, 2009). The relationship between homelessness and mental health problems may be mutually reinforcing or influential.

- People with mental health problems may go missing from health and other services and may be at risk while away.

Between October 2006 to September 2007, there were 8,743 reported patient safety incidents involving mental health service users who went missing or absconded from acute mental health in-patient settings across England. While the majority returned safely, the cause for concern in some cases was significant. 27 per cent of in-patient suicides reported for in-patient mental health units take place away from the ward, often after the patient has been reported missing (Appleby et al., 2006). In 2009 the National Mental Health Development Unit published a practical workbook to help reduce the number of patients going missing (Bartholomew, Duffy and Figgins, 2009).

- Health and other services may work with people they cannot identify, which may create barriers to effective treatment.

Missing People provided evidence demonstrating that its confirmation of the identity of patients saved NHS and social services staff time in searching records. The process also ensured that the medical records and care plans of vulnerable people were traced, so that appropriate interventions could be made.



## The Westminster Reference Group

A Reference Group of stakeholders was drawn together including the NHS Mental Health Trust, Westminster City Council, Missing People, the police, and voluntary sector organisations working in the field of mental health and homelessness. The Reference Group was independently chaired by Gordon Boxall, then Chief Executive of **mcch**, and previously chair of the Mental Health Helplines Partnership.

The Reference Group produced an information sharing protocol. This was signed by all of the stakeholder organisations in March 2010.

A six month pilot started in March 2010 to test the efficacy and impact of the protocol.

The full Evaluation Report is available at: [www.missingpeople.org.uk/reconnectnetwork](http://www.missingpeople.org.uk/reconnectnetwork)

### The information sharing protocol

The protocol allows the charity Missing People and partner organisations to share information to try to locate missing adults and to identify unidentified service users, where there are concerns for their mental well-being. The protocol allows information to be shared in two ways: Requests to Trace and Requests to Identify.

#### Requests to Trace

Requests to Trace vulnerable missing adults may be made by Missing People to one or more of the partners to the protocol where there are reasonable grounds to believe the person may have made contact and where there are concerns for their mental well-being.

If a missing adult is traced by a partner agency, they will be informed that they have been reported missing at a time judged suitable by their service provider, according to their capacity to receive and understand the information. If appropriate a letter from Missing People, explaining how the charity can help, can be shared with the person and they can be supported by partner agency staff to decide how to proceed. The decision about what to do next rests with the traced person, within the partner agency's safeguarding policies.

#### Requests to Identify

Requests to Identify may be made by protocol partners to Missing People to assist with identifying or finding vulnerable adults, where there are specific concerns about their mental health.

If Missing People is able to identify an unidentified service user, the details of the investigating police force will be provided to the partner agency which sent the Request.

## Lessons from the pilot

### The protocol development process

The protocol development process was inclusive and participative. It incorporated views from a suitably wide range of organisations, helping pilot partners to become both knowledgeable about, and engaged in, the protocol. Several members of the project Reference Group reported progress to their local professional networks, so other organisations were kept up to date without needing to be co-opted to the group.

There was insufficient input from service users (either clients of partner organisations, families of missing people or missing adults) at the development stage. This could have damaged the protocol's credibility amongst potential partners. However, subsequent consultation indicates that the principles and procedures were acceptable to service users.

The protocol met the legal, data protection and confidentiality requirements of a range of organisations across the statutory and voluntary sectors. All organisations that participated in the development of the protocol went on to sign it.

The protocol documents were found to be user-friendly. There were some specific areas of confusion that have been resolved with small changes to the wording and diagrams to clarify the processes to be followed.

## Benefits and impact

During the pilot, no missing or unidentified person cases were directly resolved as a result of the protocol. 40 Requests to Trace were sent from Missing People to partner organisations and, as a result, nine letters were passed to service users by partner organisations. During the pilot phase, no Requests to Identify were initiated; none of the partner agencies required this service during the period.

However, a number of key benefits were reported during the evaluation. The three most commonly highlighted benefits were: the creation of new frameworks for providing more effective support to missing vulnerable adults; the formality and structure that the protocol offers to existing practices and procedures; and the opportunities for increasing cross-organisational working.

The evaluation discovered that many participants had improved their knowledge of missing; particularly their understanding of the prevalence of missing incidents and the high proportion of missing people who have mental health problems, as well as their knowledge of the services available from Missing People.

The findings show that the protocol facilitated improved joint working. Joint training events helped partners better understand the protocol's procedures and the work of other partner organisations.

Many participants in the pilot believed that the information sharing protocol should be extended to include a wider group of vulnerable missing people and rolled out to more organisations, both within Westminster and further afield.

The role the police can play, should the protocol roll out to new areas, is open to consultation and preference within forces. However, police forces across the UK will continue to play a key role in putting forward cases for Requests to Trace.

## Benefits for vulnerable missing adults

**It can kind of reassure them that actually there is someone out there that is concerned for [their] welfare.**

Voluntary sector staff member

- The protocol creates the opportunity for missing adults to find out, in a supportive way, that they have been reported missing.
- Missing adults will also benefit from service providers' increased knowledge and understanding of the options available to missing people.

## Benefits for families of vulnerable missing adults

- Families will be reassured that agencies are working together to minimise risk and harm to the missing person and are better prepared for supporting missing adults.

## Benefits for partner agencies

**The whole piece of work around confidentiality and information sharing will be of use for us as an organisation**

Voluntary sector manager

**I thought it would make my job harder, but actually it makes it much, much easier. Knowing what to do**

Voluntary sector staff member

- Support staff are better supported and prepared to work with vulnerable adults who have been reported missing.
- Mental health service providers stand to benefit from unidentified patients being identified so that their medical and treatments records can be accessed, and relevant agencies involved in funding their care can be identified.
- Partner agencies can benefit from learning more about other partner organisations' work.
- Partner agencies can benefit from reviewing their own internal safeguarding and confidentiality policies and from the protocol providing formal structures for information sharing.

## Next Steps

With support from government, statutory services and partners in the voluntary sector Missing People aims to extend the use of the information sharing protocol further into new localities.

A sample of the protocol is provided in the Appendix of this document so that it can be used for this purpose.

## Summary

This report summarises findings from a pilot that set out to improve cooperation between statutory and voluntary sector partners around information sharing.

Safe and timely information exchange is crucial to effectively safeguarding and supporting some of the most vulnerable members of society.

The protocol piloted in Westminster provides health and social care organisations with a clear framework for helping missing adults to understand their options when they have been reported missing. It also provides families with the reassurance that agencies are working together to find and safeguard missing people.

Extending the use of this information sharing protocol into new areas of the country will provide more vulnerable people with the support and assistance they require, at a time when they most need it.

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## Appendix

### An Information Exchange Protocol to improve our joined up response to Vulnerable Missing Adults

#### 1. Partner Agencies

##### 1.1. Signatories to protocol:

- Local Authority
- Mental Health NHS Trust
- Homeless Team (Local Authority)
- Mental Health Voluntary Sector Service Delivery Organisation(s)
- Homeless Third Sector Providers (Day Service providers)
- Homeless Third Sector Providers (Accommodation providers)
- Relevant Police Service and teams (e.g., Missing Persons Units; Mental Health Liaison)
- Missing People.

#### 2. The Purpose of this protocol is to:

- Regulate and facilitate the safe exchange of personal information to help find vulnerable adults who are reported missing and where there are concerns about their mental well-being
- Undertake exchanges of information within the framework provided by law and in response to expectations that agencies work together in the best interests of citizens
- Provide assistance in identifying vulnerable adults receiving care or support from a partner agency, where their identity is uncertain or unknown
- Raise awareness of the issues concerning vulnerable adults who are reported missing, or where their identity is uncertain/unknown
- Improve the working relationship between partner agencies by setting out clear and timely actions to be taken in response to requests to identify or trace a vulnerable person
- Bring clarity and reduce delays to these processes
- Manage expectations, including the limitation of scope of actions that can be taken, so that vulnerable adults, families reporting missing people and agencies are clear about what can and cannot be done.

This protocol supports two types of activities:

- Requests to Trace vulnerable missing adults made by the Missing People charity to one or more of the partners to this protocol where there are reasonable grounds to believe the person may have made contact and where there are concerns about their mental well-being.
- Requests to Identify from protocol partners to Missing People to assist identify vulnerable adults who are in their care where there are concerns about their mental well-being and where their identity is uncertain.

Appendices<sup>1</sup> s.3 to s.6 describe these activities. Separate Guidance is also available for staff and managers undertaking roles in relation to the safe exchange of information to support this protocol.

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<sup>1</sup>Appendices s.1 to s.8 are appended to the full version of the protocol which may be freely downloaded from <http://www.missingpeople.org.uk/reconnectnetwork> along with associated guidance document for managers and administrative staff.

### **3. Reasons for this protocol**

This protocol is intended to facilitate timely support to adults experiencing mental health problems; where appropriate, to reunite individuals with family and other carers; bring about consistency of response across agencies in relation to missing vulnerable adults and unidentified persons; and reduce time-consuming efforts in tracing or identifying persons.

It is estimated 80 per cent of adults who are missing have some form of mental illness at the time of their disappearance (Grampian Police 2007). Around 7,000 patients go missing from mental health in-patient units each year. A further 5,000 are reported missing from acute hospital settings annually, of whom 2,000 experience delirium, dementia, depression or other mental disorder or suicidal intent. 27 per cent of in-patient suicides reported for in-patient mental health units take place away from the ward, often after the patient has been reported missing (NMH DU 2009).

The NHS and other agencies face challenges concerning unidentified persons whom they are supporting, caring for, or treating. The protocol is intended to increase awareness of the issues surrounding missing and unidentified vulnerable adults and improve competence in collaborative work in the context of the Safeguarding Vulnerable Adults policy.

### **4. Legal basis for sharing information**

Personal information may be shared for specific purposes within safeguards provided by the law and organisational procedures. The legal framework on confidentiality and information-sharing includes:

- The duty of confidentiality in common law
- Data Protection Act 1998
- Human Rights Act 1998
- Crime and Disorder Act 1998.

Partner agencies to this protocol must satisfy themselves that they have studied the implications of this protocol in respect to the law.

Appendix s.2 of this protocol indicates how information-sharing is consistent with the legitimate expectations of the common law duty of confidentiality; the handling and proper management of personal data in accordance with the Data Protection Act 1998; how Article 8 of the Human Rights Act 1998 is to be satisfied for the specific purposes of this protocol; and how public interest may justify disclosure of information under section 115 of the Crime and Disorder Act 1998.

### **5. Other parameters and safeguards**

Caldicott

Caldicott arrangements regulate the use of patient-identifiable information between NHS organisations in England and non-NHS bodies. The Caldicott Report recommended that sharing information with non-NHS organisations should be conducted using signed protocols, with agreed standards governing the information exchange process.

Caldicott Guardian/Information Lead

Caldicott Guardians are appointed in NHS organisations to oversee management of personal clinical information and development of organisational policies in line with the Caldicott Principles (see Appendix s.2). Similar arrangements are adopted across social care agencies. Some organisations denote the post-holder as the Information Lead. In addition to written organisation-specific policy on confidentiality and information protection, guidance to staff is available from the Caldicott Guardian/Information Lead.

## 6. Process requirements

This protocol provides for the following actions to take place:

### 6.1. Alerts

#### Requests to Trace

Missing People will send details of missing vulnerable adults, to one or more of the partners to this protocol, where there are reasonable grounds to believe the person may have made contact and where there are concerns about their mental well-being.

#### Requests to Identify

Parties to this protocol will send information about unidentified adults, where there are concerns about their mental well-being and where their identity is uncertain, to Missing People to cross-reference this against their database of known missing adults.

### 6.2. Single point of contact in each partner organisation

Each partner organisation will provide Missing People with the job title and contact details of the designated officer that will be the single point of contact to which details of missing vulnerable adults can be sent. The single point of contact will be the gateway to ensure that information is distributed in the organisation and authorise the safe exchange of information between the organisation and Missing People.

The single point of contact will ensure that a search of the organisation's information system is made by their organisation within the timescales indicated in Section 7 below.

### 6.3. Single point of contact at Missing People

The designated officer for Missing People is the Services Team Leader - Lead on Missing Adults

e-mail: [mhp@missingpeople.org.uk.cjsm.net](mailto:mhp@missingpeople.org.uk.cjsm.net) (for organisations using secure intranet systems)  
[mhp@missingpeople.org.uk](mailto:mhp@missingpeople.org.uk) for other signatories.

### 6.4. Information content

The information transferred between parties will be limited for the specific purposes of tracing the vulnerable adult reported missing or identifying a vulnerable adult where their identity is unknown. Staff should only have access to this information on a 'need to know' basis in order to carry out their duties in connection with this protocol.

Sufficient information will be provided to identify the vulnerable adult and will include the following characteristics:

- Name (including all other names the person may also be known as)
- Date of birth; gender; race/ethnicity; height; weight; hair colour; colour of eyes; build; all special/distinguishing characteristics

- National insurance number and NHS number, if known
- The place where the missing person was last seen
- The level of risk (see Section 7)
- A recent head and shoulders photograph of the person in electronic format.

#### 6.5. Transfer of information

All parties to this protocol will have written procedures in place to send and receive confidential information.

##### By Telephone

Published telephone numbers for partner organisations will only be used to minimise the risk of incorrect disclosure of confidential information.

The name of the post-holder receiving confidential information on behalf of the partner organisation will be recorded with the time and date by the caller.

##### By secure e-mail address

The transfer of information by electronic mail (e-mail) will be carried out using a secure procedure, e.g., password protection. Non-secure addresses, including internet e-mail domains such as 'yahoo' or 'hotmail' will not be used. Care must be taken to ensure that the correct e-mail address is used.

#### 6.6. Storage of information

Parties in receipt of personal information will be responsible for securely storing information supplied to them for the period in which it is used and for the secure disposal of information after this period.

Paper-based information (including paper copies printed from electronic files) must be kept in secure, lockable cabinets to which only relevant organisation staff have access.

Electronic files stored on computer or other electronic storage devices must be password protected or data must be encrypted.

Parties must ensure that the number of copies made of confidential information received should be kept to a minimum. A record must be kept of all copies made, with their location, for audit and disposal purposes.

#### 6.7. Safe disposal of information

Following the completion of the Request to Trace or the Request to Identify, all of the confidential information received to complete these requests will be destroyed. This includes secure disposal of all paper and electronic copies made of the original information received. Care must be taken to ensure that e-mail systems are checked so that no copies remain in 'sent' or 'deleted' e-mail boxes, computer servers, mobile phones with e-mail facilities, or back-up systems.

#### 6.8. Information security breaches

Each organisation that is party to this protocol will have a procedure for reporting incidents involving breaches of information security to their Data Controller and onto the Information Commissioner if required by law.



Security breaches by staff will be managed by the employing organisation. It is expected that this will be managed using the organisation's disciplinary procedures.

Where information security breaches have an impact on another party to this protocol, the organisation discovering the security breach shall inform the relevant Coldicott Guardian/Information lead.

## **7. Standards**

The following standards form part of this protocol and will be subject to audit:

### **7.1. Response times**

Time from receipt of a Request to Trace to a response will be determined by the level of vulnerability or risk assessed at the time when the person went missing.

#### **High Risk**

There are substantial grounds to believe that the person is at risk through their own vulnerability and/or risk to others.

A search of the organisation's information system should take place immediately.

#### **Medium Risk**

There are grounds to believe the person is likely to be vulnerable and a risk to themselves or others.

A search of the organisation's information system should take place within 72 hours.

#### **Request to Identify**

Time from receipt of a request to identify made to Missing People by a partner organisation to this protocol will follow the same timescales for response according to level of risk (i.e. High = 24 hours; Medium = 72 hours).

### **7.2. Training**

All organisations that are party to this protocol will engage staff in awareness and training about the arrangements made through this protocol as part of their work on safeguarding vulnerable adults.

All partner organisations will take part in an audit review of the implementation of the process through 6 months operation of the pilot.

### **7.3. Recording information-sharing**

Each partner organisation shall keep a record of information-sharing transactions, including a record of the date when information was shared through requests, the date of responses to requests and records of consent to disclosure. However such records shall not contain personal information.

#### 7.4. Audit

To satisfy partner organisations that each organisation signing up to this protocol has sufficient information security procedures in place, an audit of organisational procedures and practice will be undertaken within six months of signing the protocol.

#### 7.5. Confidentiality agreement

By signing this protocol, the signatories prohibit any unauthorised secondary disclosure of personal information and indemnifies agencies providing information in the event of unauthorised disclosure, in accordance with the Common Law duty of Confidentiality and the Caldicott principles.

#### 8. Acceptance of Agreement

The partners signing this protocol accept that the terms set out in this document provide a secure framework for the sharing of information between the partner agencies in a manner compliant with their statutory, organisational and professional responsibilities. The partner organisations agree to:

- Implement this protocol
- Facilitate the sharing of information wherever such sharing is lawful
- Provide evidence, when requested, that the agreed procedures and arrangements have been implemented
- Engage in a review of this agreement with the partners following six months of operation.

Except for the safeguards specified in this agreement and by law, no restriction shall be placed on sharing information for the specific purposes set out in this protocol.



## **Westminster Reference Group: partner agencies**

**City of Westminster**

**Central & North West  
London Mental Health NHS  
Foundation Trust (CNWL)**

**Metropolitan Police  
Service (MPS)**

**Joint Homelessness  
Team**

**Westminster Mind**

**Thames Reach**

**London Cyrenians**

**The Connections at  
St Martin-in-the-Fields**

**The Passage**

**Missing People**

## **Report authors**

**Lucy Holmes**

**Francesca Diamond**

**missing  
people**

Registered Charity No. 1020419

[www.missingpeople.org.uk](http://www.missingpeople.org.uk)