Missing People Information Sharing Protocol Westminster Pilot

Evaluation report

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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.

Paul Burstow
Minister of State for Care Services
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Executive summary

This report presents findings from a six month pilot of an information exchange protocol to improve the joined up response to missing vulnerable adults in the City of Westminster.

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 wellbeing. The protocol functions by allowing information to be shared in two directions:

> ***1. 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 wellbeing.
>
> ***2. Requests to Identify*** may be made by protocol partners to Missing people to assist identify or find vulnerable adults, where there are specific concerns about their mental health.

The Prime Minister's Missing Persons Taskforce, convened in 2009, recommended that "*Department of Health (DH) will work with partners to develop an approach to managing risks related to adults with mental illness, learning disability or dementia who go missing*" (Home Office, 2010: 16). Whilst this project pre-dated the Missing Persons Taskforce, the development of this protocol marks an important step towards meeting this recommendation.

Evaluation aims

- To assess whether implementation of the protocol allowed partner agencies to identify and trace missing people more effectively.
- To assess whether the pilot has increased awareness of the issue amongst partner agencies.
- To assess whether training needs were identified and met.
- To assess whether the protocol development was inclusive and participative.
- To assess whether the protocol is user friendly, compliant with data protection and confidentiality requirements, and whether it is owned at a strategic and governance level in participating organisations.

Design

The evaluation has primarily been a process evaluation. The extent to which this project has incorporated any summative testing of the impact of the protocol on the cases that were included has been limited by the outcomes of those cases.

Data collection and analysis

- Literature and policy review.
- Documentary analysis and observation of meetings.
- Baseline analysis of adult missing person cases opened by Missing People.
- Real time monitoring of the information sent and received during the pilot.
- Semi structured interviews with key staff members at all partner organisations. Interviews were analysed using a coding framework based on the research questions. Further themes were identified using a Grounded Theory approach (Glaser and Strauss, 1967).
- Consultations with service users at three partner agencies.
- Case study analysis of cases circulated under the protocol.

Ethical considerations
Ethical safeguards were agreed and overseen by the Evaluation Advisory Group. The research adhered to 'Missing People ethical research guidance' (Missing People, 2009) and confidentiality and data protection policies. Interviewees are not identified by name in this report, and case studies have been anonymised. Partner agencies have undertaken not to reveal the names or identifying details of the individuals who have been traced using the protocol.

Key results: the development process

The development process was found to have been inclusive and participative, insofar as it incorporated views from a suitably wide range of organisations, which helped pilot partners to become both knowledgeable about and invested in the protocol. While some organisations in Westminster, which had not been involved, questioned why they had not been approached, interviewees agreed that the group was representative without being so large as to be ineffective. Several members of the project Reference Group were also able to report progress to local professional networks, which meant that 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, which could have damaged the protocol's credibility amongst potential partners. However, subsequent consultation indicates that the principles and procedures are nonetheless acceptable to these groups, and this may be communicated to potential partners in recruitment materials.

The protocol fits the legal, data protection and confidentiality requirements of a range of organisations across the statutory and voluntary sectors. This is evidenced by all organisations that participated in the development of the protocol going on to sign it and continuing their commitment throughout the duration of the pilot. Strategic and governance level ownership arrangements have varied between participating partner agencies.

Key results: lessons from the pilot phase

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

A number of benefits of the protocol 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 practice and procedure and; the opportunities for increasing cross organisational working.

The protocol documents were, by and large, found to be user friendly. There are some specific areas of confusion that may be addressed by small changes to wording and diagrams, but these relate more to the complexity of the NHS, local government, mental health and homelessness sectors than to any substantial problems with the protocol procedures.

The evaluation found that many interviewees 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, and their knowledge of the services available from Missing People. Training needs were adequately addressed across the partner organisations.

Key results: sustainability

Partner agencies which took part in the pilot phase made a number of suggestions for ways in which to expand the scope and benefits of the protocol. Many reported that the pilot should be rolled out both to a wider group of vulnerable missing people and to more organisations, both within Westminster and further afield. Extending the protocol to new areas in the UK will depend on the capacity within Missing People to manage the increased workload.

The findings from the evaluation have identified a number of key lessons about the identification, recruitment and training of additional partner agencies, whether they be in Westminster or elsewhere. The findings show that the protocol can encourage improved joint working practice, and that joint training events help partners better to understand not only the protocol's procedures but also the work of other partner organisations.

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, and should be provided with relevant information in an appropriate format.

Demonstrated and potential benefits

The evaluation of this pilot cannot conclude whether the protocol has helped partners to identify and locate missing persons more effectively. However, a number of realised and potential benefits have been demonstrated.

Benefits for vulnerable missing adults

> ***"It can kind of reassure them that actually there is someone out there that is concerned for [their] welfare"***
>
> Round one interview, NGO 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"***
>
> Round one interview, NGO Manager

> ***"I thought it would make my job harder, but actually it makes it much, much easier. Knowing what to do"***
>
> Round one interview, NGO 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.

Overall conclusions

During the pilot phase the protocol procedures have been tested and a number of outcomes identified. The number of cases that were shared limits the conclusions that can be drawn. No missing people reconnected with their family, carers or the police, and no unidentified patients/service users were identified as a direct result of the protocol. However, a number of important conclusions can be drawn about the development and implementation processes.

The protocol development process has been successful, having been inclusive of a variety of partner organisations. The protocol complies with all the relevant legal requirements as well as with partner organisations' own policies and principles. The protocol has been wholeheartedly supported by most of the organisations involved in the pilot, and it is a mark of success that all continue to be partners.

The implementation of the protocol has substantially raised the awareness of participating staff in partner organisations about the issue of missing and the charity Missing People. Training needs were mostly met, with the findings suggesting that, where possible, training should be based on face-to-face workshops and make use of case study examples to encourage thorough understanding of processes.

All of the partner organisations that took part in the pilot implemented adequate internal processes to deal with incoming Requests to Trace. While the protocol was felt to be user friendly by many who used it, some areas of confusion or omission in the protocol document have been identified. Once the protocol and associated documents have been amended, they will provide adequate support to signatories' internal activities, and the processes in place will enable partner organisations to continue to share information appropriately.

"I think there's a lot of scope for this… if people can sign up and see the benefits of it."

Round two interview, NGO staff member

Recommendations

1. The protocol and associated documents should be amended to clarify: the process for partners to request assistance to search for a missing service user; the action to be taken following a database search; the action to be taken when a person is traced outside the protocol area; what to do when a historic trace is found and; how partners should handle overlapping commitments (e.g. if they are also a Missing People Poster Partner).

2. Missing People should review and make changes to the internal processes involved with sending Requests to Trace, and examine the opportunity to train more staff and volunteers, in order to ensure the efficient and effective operation of the protocol.

3. Missing People and partners should consider methods for collecting feedback from traced missing people to better understand their reaction to receiving a response as a result of the information sharing protocol.

Recommendations for future roll out of the protocol

4. Missing People should prepare a range of leaflets/summary sheets that succinctly explain to potential new signatories the underlying principles of the protocol and its legal safeguards, so as to effectively market the protocol.

5. Missing People should include the protocol and connected services in its existing materials for professionals, making clear the distinction between the protocol and other mechanisms for engaging with the charity, for example, becoming a Poster Partner.

6. Potential new partners should consider the merits of consulting with their service users to explore the benefits or otherwise of joining the protocol.

7. Missing People should explore the options for providing face-to-face training to new partners, and for raising awareness of the protocol amongst potential new signatories.

8. Missing People should examine the opportunities to automate processes by which police forces send cases to Missing People for a Request to Trace to be issued.

9. Missing People should prepare materials to increase awareness amongst police forces of the opportunities the protocol presents to safeguard vulnerable missing adults, and that explain the various options for how a police force might chose to become involved with the protocol.

1. Background and introduction to the protocol

1.1 Background

Missing People identified a lack of systematic processes for sharing information with health providers in the search for missing adults, and approached the Department of Health for assistance in improving the exchange of information concerning missing vulnerable adults. With the support of the Department of Health an initial project group was convened to consider the best way to address this problem. The group recommended a project be established to bring together stakeholders to develop an information-sharing protocol. Once an information-sharing protocol was produced, it was recommended that this was tested and evaluated in a particular pilot locality (the City of Westminster) with organisations drawn from Health, Social Services and the voluntary sector.

The following organisations became signatories to the information sharing protocol and participated in the pilot:

Statutory service providers

- Central & North West London Mental Health NHS Foundation Trust
- City of Westminster City Council
- Westminster Joint Homelessness Team
- Metropolitan Police Service Westminster Missing Persons Unit
- Metropolitan Police Service Mental Health Liaison Team

Non-Governmental Organisations (NGOs)

- London Cyrenians (Charity)
- Missing People (Charity)
- Thames Reach (Charity)
- The Connection at St Martin-in-the-Fields (Charity)
- The Passage (Charity)
- Westminster Mind (Charity)

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 wellbeing. A full copy of the protocol, including details of legal frameworks and relevant parameters and safeguards, is appended to this report (Appendix 1)[1].

The protocol allows information to be shared in two ways: Requests to Trace and Requests to Identify.

a. 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 wellbeing.

If a missing adult is traced by a partner agency, through either a database or visual check, the partner agency should not inform other agencies (including Missing People) of the trace. Instead, the missing person 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. At an appropriate time 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

[1] Also available online at: http://www.missingpeople.org.uk/uploads/files/020_missing_people_mental_health_protocol.pdf

how to proceed (the content of the letter is available at Appendix 3). The decision about what to do next rests with the traced person, within the partner agency's safeguarding policies.

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

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

1.2 What is 'missing'?

Payne (1995) suggested that going missing is "*a social situation in which a person is absent from their accustomed network of social and personal relationships to the extent that people within that network define the absence as interfering with the performance by that person of expected social responsibilities, leading to a situation in which members of the network feel obliged to search for the missing person and may institute official procedures to identify the person as missing*" (Payne, 1995: 335).

The Association of Chief Police Officers (ACPO) works to the operational definition of "*anyone whose whereabouts is unknown whatever the circumstances of disappearance. They will be considered missing until located and their well-being or otherwise established*". (ACPO, 2005: 8). This protocol is applicable only to cases which are being investigated by the police and which have, therefore, met the ACPO Guidance definition.

It is currently impossible to provide an accurate number of people who go missing annually in the UK. First, not all instances are identified as missing. Second, not every case is reported to the authorities, for a variety of reasons. Previous estimates have been based on the number of *incidents* of missing persons, rather than the number of individuals accounting for the incidents. Most recently the report of the Prime Ministers Taskforce (Home Office, 2010:4) 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. Although not always apparent to the people left behind, research with returned missing people suggests that missing person cases can be understood using a continuum of intent (Biehal *et al* 2003:3).

The intentional end of the continuum includes cases where the person is missing by choice, such an adult who has decided to break contact with friends and family. Further along the continuum are those who have drifted out of contact with their loved ones, gradually losing touch over time. Still further along the continuum are those who are unintentionally missing such as people with dementia who have wandered away from home or care. At the end of the continuum are those people who are missing as the result of force, who may be victims of abduction or other crimes. Biehal *et al* found that 64 per cent of their sample of returned missing adults (n=294) had decided to sever contact, 19 per cent had 'drifted' out of contact, 16 per cent had gone missing unintentionally and the remaining one per cent had been a victim of crime. The authors found that 11 per cent had gone missing directly as a result of mental health problems (though this is likely to be an underestimate because of limitations in the availability of data (Biehal *et a*l, 2003: 14-16).

Missing People is a UK charity (registered charity number 1020419) that provides a number of services to support children and adults who are away from home and the families, carers and professionals searching for them. Further information about the charity can be found on the website at http://www.missingpeople.org.uk

24 hour helplines
The charity operates three confidential 24 hour free helplines. **Message Home (0800 700 740)** provides advice and support for adults away from home. Message Home can help by forwarding a message to families or carers, and receiving a message back for the caller. Message Home can also connect three-way telephone calls to family members, the police or other statutory services. Message Home is also available via email.

Runaway Helpline (0808 800 7070) is also confidential, free and open 24 hours. Runaway Helpline supports children and young people who are away from care or home or are considering running away. Callers can obtain information about services, pass a message to family or carers, or be connected on a three-way call to family, carers, police or social services. Runaway Helpline is also available by email and SMS text message.

The third helpline **(0500 700 700)** is available to families, missing people, the police and social services, and members of the public who have seen a missing person.

Searching and supporting
Missing People offers searching and supporting services to families of a missing loved one, including listening and emotional support and practical advice (e.g. concerning the legal implications when someone is missing). When someone is missing Missing People can create a web appeal and case publicity via media partners such as The Big Issue, the Metro and ITV London.

Missing People also has a network of Poster Partners[2] across the UK. When someone is missing posters are circulated to partners in areas where the missing person might be, and Poster Partners then remove posters when the charity informs them that they are no longer required.

1.3 Missing and mental health

Mental health problems affect between 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, 2009b: 8). Wellbeing is defined by the Department for Health as *"a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."* (Department of Health, 2009b: 18). Experiencing mental illness does not necessarily equate to poor wellbeing, but the social expectations and management of mental illness can have an impact.

Wellbeing and mental health needs are closely connected to social networks and relationships. It is important that service providers across sectors begin to work more closely and respond to the multiple presenting issues affecting each individual. Lemos and Durkacz' (2002) report *Dreams Deferred* contains recommendations such as services reaching beyond practice support and looking to individuals' needs to develop relationships, and connections with both old networks and new.

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

[2] Poster Partners work with the charity to display posters of missing persons who are thought to be in their area.

1.3.1 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, 2007:1). 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 (internal analysis).

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

Research suggests that two per cent of missing adults are found accessing refuges, day centres and clinics and a further two percent are found in hospitals (Tarling and Burrows 2004: 20). Given that an estimated 250,000 missing person reports are made each year in the UK, this four per cent represents several thousand people.

A number of the partner agencies work directly with people experiencing mental health crisis. Still more are focussed on homelessness, and have a high proportion of service users with mental health needs. The high prevalence of mental health needs amongst the homeless population is identified in several research reports by St Mungo's (Bilton, 2009 and St Mungo's 2009). The relationship between homelessness and mental health problems may be mutually reinforcing or influential. Between eight and nine out of ten people presenting at homeless services are highly likely to be experiencing mental health difficulties (Bilton, 2009). This is significantly higher than the prevalence of mental illness in the general population.

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

Around 10 per cent of adults with mental health problems who are reported missing to Missing People are missing from hospitals and addiction centres, compared to only 2.5 per cent of the overall missing adult cases (internal analysis).

A 2006 report showed that *"27% of in-patient suicides occurred after the patient left the ward without permission."* (Appleby *et al*, 2006: 15).

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). Also, many NHS Trusts in the UK have already issued guidance or protocols on dealing with missing or absconding patients. (For example see Central and North West London NHS Foundation Trust policies: *Missing Informal Patient Policy (*2007) and *Section 18 & 21 Patients Absent Without Leave, (*2008)).

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

Working with unidentified patients presents a number of challenges for mental health services. Access to a patient's medical records allows for accurate and timely treatment, and this may be delayed when patients are unable or refuse to identify themselves.

Case studies

1) A man was reported missing from Cambridgeshire in 2009. A member of his family reported that he experienced hearing voices and had been diagnosed with psychosis for which he regularly used medication. The caller explained that the missing man would frequent London and in response to this Missing People distributed their posters to central London including homeless hostels. Three days following his disappearance a nurse at a hospital in central London identified a patient as the missing man. He had initially been admitted into the psychiatric ward at which point the nurse dealing with his case recognised him from one of Missing People's posters.

2) A missing woman had been using services at one of London's largest homelessness organisations. Her case worker was alerted to her status as a missing person after seeing her picture in a local paper. The case worker spoke to the woman about her missing status and offered her support to make contact with the relevant bodies. The member of staff involved recalled how the situation was difficult for both parties involved and commented on the lack of systems in place to support such individuals.

3) Missing People received an enquiry from a hospital ward in Wales about a woman in their care who they were unable to identify. Missing People's records identified the woman as a patient with an NHS Trust in South East England, as well as highlighting details of various medical requirements. The advice the hospital in Wales received allowed them to meet the needs of the individual appropriately and communicate with her previous care providers to ensure her future wellbeing.

1.4 Policy context

1.4.1 Missing persons

Historically, responsibility for missing adults across the UK has lain with the Home Office and the police, while the service response involves a range of statutory and non-governmental organisations. The National Policing Improvement Agency houses the National Missing Persons Bureau and the policy lead for missing people. A cross departmental Strategic Oversight Group on Missing Persons plays a strategic governance role for the issue.

In 2009 a Missing Persons Taskforce was convened by the then Prime Minister to consider the national response to missing persons. The Taskforce focused on the multi-agency response to missing persons, and highlighted the need for an effective cross-governmental approach.

The report of the Taskforce includes the recommendation that "*Department of Health (DH) will work with partners to develop an approach to managing risks related to adults with mental illness, learning disability or dementia who go missing*" (Home Office, 2010: 16). The development of this protocol marks an important step towards meeting this recommendation.

The Taskforce report also recommends "*A national model of information sharing should be developed which can be tailored at a local level to ensure data and information can be shared between operational practitioners and agencies on persons at risk*" (ibid: 16). This protocol should provide an important contribution to this end.

1.4.2 Mental health policy context

The most recent policy context for Mental Health is contained in the previous Government's *New Horizons: A shared vision for mental health*. (Department of Health, 2009b). The strategy emphasised the need to improve access to mental health services and suggested that improving response and resilience within communities is essential in order to support those groups at risk.

New Horizons focused on prevention alongside treatment and recovery, and also presented a life course approach to establishing good mental health in childhood and sustaining it into older age. (Department of Health, 2009b). New Government policy on mental health is expected in 2011.

The Department of Health published guidance specifically to support information sharing by mental health services (Department of Health, 2009a). This guidance makes clear that sharing personal information is lawful and sometimes essential in order to protect the individual and/or wider society (ibid: 4). It states that "*information sharing is a fundamental tool in the delivery of safe and effective services and is one for which senior managers need to take personal responsibility and ownership*" (ibid: 2). It goes on to recommend "*acting within frameworks…health bodies and individuals need to work with other public bodies and other sectors in the interests of society as a whole*" (ibid: 7).

1.4.3 Safeguarding vulnerable adults

At the time of writing, safeguarding procedures for vulnerable adults are currently under review by the new Coalition Government. In recent years there has been an increasing focus on collaborative working and information sharing. Since the publication of *No Secrets* (Sumner, 2002) there has been a growing emphasis on agencies to share information through clear frameworks.

The safeguarding adults policy in Westminster (City of Westminster, 2008) is intended for implementation by all agencies working in the City of Westminster to ensure that a collaborative approach to safeguarding vulnerable adults is adopted through a timely and effective framework for procedures to prevent harm. The Westminster guidance advocates that policy and procedure for safeguarding adults should be integrated throughout agencies' operational protocols and governing documents. Guidance concerning the duty of confidentiality to the individual offers support to agencies to conduct safeguarding procedures openly and in dialogue with the individual.

2. The evaluation design

A six month pilot was undertaken to test the procedures detailed in the protocol itself and to explore, where possible, the outcomes of implementing the protocol. The evaluation study began before the start of the pilot and concluded three months after it ended.

2.1 Evaluation approach

An evaluation team working within Missing People, overseen by the project Reference Group[3] and the Evaluation Advisory Group[4], conducted the evaluation of the project pilot.

The pilot evaluation has primarily been a process evaluation. It has sought to test the effectiveness of the processes put in place to support the operation of the protocol. The extent to which this project has incorporated any summative testing of the impact of the protocol on any missing person cases has been limited (see section 4.2 below).

2.2 Research questions

A number of research questions were identified in the project terms of reference:

1. Did the implementation of the information exchange protocol assist Missing People and partner organisations to identify and locate missing persons more effectively?

2. Did the introduction and implementation of the protocol help to raise awareness of the issues/difficulties for missing people and partner organisations when they are faced with the task of tracing or/and identifying a person reported missing?

3. Did implementation of the protocol help to identify and address the training needs of key staff involved in the identification of people reported missing?

4. Was there a clear and consistent process in place in each partner organisation for the management of people who are reported missing?

5. Was the protocol user friendly?

6. Was the protocol's developmental process inclusive and participative?

7. Does the protocol comply with the requirements of data protection and confidentiality?

8. Was the protocol owned at a strategic and governance level in participating organisations?

In order to answer each of the research questions the evaluation has drawn on the Kirkpatrick (1975) model of evaluation (cited in The Research Councils UK and The Office of Science and Technology, 2005: 9) and has identified four measures by which to assess the protocol's impact:

- The reaction of participants

[3] The Reference Group consisted of senior representatives from the partner agencies (listed on page 11) plus the project manager, project sponsor (representing the Department of Health) and an independent Chair.

[4] The purpose of Evaluation Advisory Group was to oversee the progress of the evaluation and to provide advice on data collection, analysis and an early draft of the report.

- The lessons learned by participants
- The impact on participants' behaviour
- The results of the protocol in locating missing people and identifying service users.

2.3 Data collection and analysis

A number of data collection and analysis methods have been used:

First, a literature review was conducted to establish the context to the development and implementation of the pilot in Westminster.

Second, documents relating to the development of the protocol were accessed (including existing local protocols, meeting minutes, drafts of the protocol, papers of the Reference Group) and meetings of the Reference Group and training events were attended.

Third, the pilot was monitored in real time. Details of Requests to Trace and Requests to Identify were collected, and communications between Missing People and partner agencies were observed. Telephone calls were made to partner agencies mid-way through the pilot phase to explore any implementation issues.

Fourth, semi structured interviews were conducted with key staff members at all partner organisations and with attendees of the Reference Group. Some interviews were conducted jointly although most were conducted with one participant at a time. Interviews were transcribed and anonymised and coded using NVivo8. Interviews were analysed using a coding framework based on the research questions and four assessment measures. In addition, further themes were identified using a Grounded Theory approach (Glaser and Strauss, 1967).

Interview participants

	Round one interviews (prior to pilot start date) March 2010 (number of individuals interviewed)	Round two interviews (after pilot end date) September 2010 (number of individuals interviewed)
Statutory sector managers	8	5
Statutory sector operational staff	5	3
NGO managers	5	6
NGO operational staff	6	4
Additional project Reference Group members	3	2
Services staff at Missing People	1	2
Total	28	22

Fifth, consultations were conducted with service users at three partner agencies. At two homelessness day centres, unstructured focus groups were conducted with service users, and at a mental health service provider a number of one-to-one conversations were held with service users. These consultations explored the principles of the protocol as well as the specific mechanisms for communicating with traced missing adults.

Sixth, information was collected on missing person cases featured in the Requests to Trace and Requests to Identify issued. Details on the outcome of each case were collected, where available, from the Missing People files. In addition, partner agencies that notified the researchers

that a Missing People letter had been passed to a traced adult, were provided with a feedback form with which to try and document the response and reaction of the service user involved.

2.4 Ethical considerations

A number of ethical safeguards were taken:

- Oversight was provided by the Evaluation Advisory Group.
- The researchers were subject to Missing People's ethical and research procedures and confidentiality and data protection policies.
- Interviewees have not been personally identified in any of the reported findings.
- All case study data has been anonymised and all identifying information removed.
- Partner organisations have been asked not to reveal the names or identifying details of the individuals who have been traced using the protocol.

3. Key results: the development process

The protocol development process began in earnest with the appointment of a project manager in mid 2008. The first project Reference Group meeting took place a year later in July 2009.

3.1 Was the development process inclusive and participative?

The project manager identified organisations for potential participation in the project through relevant networks of service providers in the area. Face-to-face visits were made to organisations to explore their suitability for inclusion in the project and to identify other potential participating organisations. Two housing organisations and one mental health service provider, which already had contact with Missing People, were also approached by the project manager.

The project manager prepared a first draft of the protocol based on discussions with the staff of partner agencies about their organisational requirements and through a review of the experience of other information sharing protocol developments (e.g. Department of Health, 2009a). After a series of amendments and revisions, the final version of the protocol was completed in February 2010.

Interviewees were overwhelmingly positive about the inclusiveness of the protocol development process. The number and diversity of organisations in the Reference Group provided a rich consultative basis for the protocol drafting process. The inclusion of organisations with expertise in information sharing and in face-to-face service delivery was recognised as a particular strength.

> ***"It's great to have them all round the table, from the different angles, to put their view"***
>
> Round one interview, Police respondent

> ***"[Our role has been] to give a frontline delivery organisation perspective… [we] certainly have a distinct role around picking up on the frontline work"***
>
> Round one interview, NGO Manager

Two events in the development period were identified as being particularly successful for including members and ensuring both understanding and buy in. The first was a Reference Group meeting held at the Missing People offices which incorporated a session about Missing People's services and work. The second was a workshop style event which gave operational staff in partner agencies the opportunity to work together to consider what procedures and training they would need to establish in their own organisations.

One of the benefits of the inclusive nature of the development process was that Reference Group members had the opportunity to internalise and understand the information sharing processes set out by the protocol.

Although the majority of interviewees reported that the development process was sufficiently inclusive, those interviewees that were involved from the beginning were more likely to report that they felt their contribution had been meaningful. Those who had joined the Reference Group later were not all sure that they had been able to contribute significantly.

3.1.1 Service user input

Although Reference Group members recognised the importance of service user involvement for informing policy and service provision, service user consultations did not feature as part of the development process. A number of obstacles prevented this taking place. First, identifying appropriate people to take part is problematic; possible groups include people who are or have been missing, people with mental health difficulties, people who have experienced homelessness, and families of people who have gone missing as a result of mental illness. Many of these groups are liable to be vulnerable and hard to reach. Second, there are no existing networks through which to consult most of the identified target groups. Third, there was a limited time period and budget available.

Interviewees expressed concern that the lack of service user involvement or consultation could jeopardise the protocol's credibility, and represented a missed opportunity.

> ***"It would have been nice to have had a service user perspective… just to have heard their perspective would have been informative"***
>
> Round one interview, NGO Manager

However, as part of the pilot evaluation, four consultations were conducted with service users at two homelessness day centres and at a mental health service provider. The number of attendees ranged from two to 12 and in some instances the consultation took place during a drop-in session and so not all individuals stayed to the end. The sessions captured a number of important observations on the protocol and responses to the 'missing' issue.

The right to go missing

Most of the service users consulted were familiar with 'missing' and provided a range of responses to the consultation exercises. Discussions included the distinction between intentional and unintentional missing, the needs of family and friends and what service providers can do to support missing people.

All of the consultations touched on the rights of the missing person to make informed decisions and for this to be respected. One group initially rejected the idea of cross organisational information sharing on the basis that missing adults had chosen to go missing and that their decision should be respected. This group stressed that the decision about when and how a missing individual might reconnect with family or friends must belong to the missing individual.

These discussions indicate that an intentionally missing adult may reject any support which appears to favour the needs of the reporting family over those of the missing person.

Perceived benefits of the protocol

Despite some of the concerns that were raised during the service user consultations, the overall response to the principles of the protocol was positive. After receiving more information on the aims of the protocol and some clarity around Missing People's services, attendees of the discussion groups began to think in detail about some of the benefits the protocol could provide. These ranged from direct benefits, such as the practical resource of being helped to reconnect with family members, to addressing the more entrenched problems that contributed to the individual going missing in the first place.

All consultation groups agreed with the protocol's procedure to allow partner organisations to support the individual without sharing any confidential information without the traced missing person's consent. Participants commented that they felt reassured by the content of the Missing People letter (see Appendix 3).

Many of the service users who took part in the consultations expressed interest in the services offered by Missing People to support people to reconnect with family members. Several partner agencies who work directly with vulnerable adults requested publicity materials from Missing People about the Message Home service.

Learning point: 1

Service user consultation should be considered by potential signatories to the protocol when considering becoming a partner. It would be appropriate for service users to scrutinise the principles of the protocol, the instruments and procedures involved, and consider whether an organisation should sign. This may provide reassurance to potential signatories that the principles of the protocol are acceptable.

Learning point: 2

Participants in service user consultations emphasised that protocol partners must understand and acknowledge the potentially complex circumstances and experiences that can lead a person to go missing.

3.2 Does the protocol comply with the requirements of data protection and confidentiality?

The protocol references the Duty of Confidentiality in Common Law, the Data Protection Act 1998, Human Rights Act 1998 and Crime and Disorder Act 1998 which cover the parameters for sharing personal information safely and securely for specific purposes. This section of the protocol was developed in close discussion with information leads and Caldicott Guardians (where available) at the partner agencies.

All the organisations included in the development phase were satisfied that the protocol met the requirements of their organisation.

Learning point: 3

The protocol satisfies the legal and procedural requirements of all of the partner organisations that took part in the pilot, including the Police, the NHS Foundation Trust and the City Council. This finding should be clearly communicated to potential partners in order to reassure them of the robustness of the protocol's legal framework.

All of the partner organisations referred to previous experience of supporting individuals who were reported missing. In this sense, the introduction of the proposed project was met with considerable understanding and recognition of the difficulties surrounding the issue. The clear relevance of the project to other aspects of partners' operational delivery is likely to have had an impact on the priority and interest that partner organisations gave to the development of the protocol.

> ***"It's a strand of our work… I think where it's been difficult is [ensuring] we respond in a way that we should be responding to those individuals that are known to be missing."***
>
> Round one interview, NGO Staff member

During the interviews staff at partner organisations reflected upon their existing processes and procedures for supporting service users who had been reported missing. Common to most

partner organisations was the belief that the protocol offers a clear legal framework for the sharing of information, in place of what had, in some cases being, somewhat *ad hoc* arrangements.

3.3 Was the protocol owned at a strategic and governance level in participating organisations?

All the organisations involved in the development phase signed the protocol, indicating approval at the governance level. The interviews, however, revealed varying levels of ownership at strategic and management levels.

In several organisations, Reference Group members consulted data protection guardians to obtain permission to sign the protocol, and then assumed full responsibility for the management of protocol adherence. There has been no indication, during the pilot phase, that there has been opposition at strategic and governance level in any potential partner organisations.

3.4 Additional finding: underlying principles

The evaluation research suggests that two underlying principles are key to partners (both existing and potential new partners) understanding the intention of the protocol.

First, the protocol is primarily based on the principle that sharing knowledge about individuals will produce a more effective response by enabling the service provider to tailor their service to their client's past experiences and current situation. It is assumed that organisations, and by extension their clients, will benefit from increased knowledge about their clients' circumstances, needs and clinical history (details of previous illness and treatment).

Second is the principle that people who have been reported missing will benefit from being made aware of their missing status, and from receiving support and guidance about what options are available to them.

During the evaluation some interviewees expressed concerns that the core principles of the protocol did not take into account the missing person's right to privacy and right to remain missing. This concern was more prevalent in organisations with an ethos of allowing service users to disclose information only when they are ready (more commonly in the NGO organisations). Statutory services reported being more comfortable with sharing information (sending and receiving) information about clients.

However, these concerns appear to have been assuaged. Confidence that the protocol protects the interest of clients increased once partners became familiar with the detailed processes that give choice and decision making power to the service user. Feedback from service users, which was broadly in favour of the principles of the protocol provided confidentiality is protected, served to reassure service providers. Indeed, many service users commented that the protocol was a positive way for a missing person to find out that someone was concerned for them, had had reported them missing and was actively looking for them.

> ***"It can kind of reassure them that actually 'there is someone out there that is concerned for my welfare'."***
>
> Round one interview, NGO staff member

Learning point: 4

Before signing the protocol potential signatories should fully understand and accept the two main principles on which the protocol is based: 1) that increased knowledge about a service user allows a service provider to provide better services and; 2) that missing people will benefit from knowing that they have been reported missing.

3.5 The development process: conclusions

The development process was found to have been sufficiently inclusive and participative, insofar as it incorporated views from a suitably wide range of organisations, which helped pilot partners to become both knowledgeable about and invested in the protocol. While some organisations in Westminster, which had not been involved, questioned why they had not been approached, interviewees agreed that the Reference Group was representative without being so large as to be ineffective. Several members of the Reference Group were also able to report progress to local professional networks, which meant that 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, which could have damaged the protocol's credibility amongst potential partners. However, subsequent consultation indicates that the principles and procedures are nonetheless acceptable to these groups, and this may be communicated to potential partners in recruitment materials.

The protocol fits the legal, data protection and confidentiality requirements of a range of organisations across the statutory and voluntary sectors, to the extent that all Reference Group member organisations signed. There has been varied ownership of the protocol at strategic and governance levels in partner organisations.

A significant indicator of the success of the development stage is that all the organisations that committed time and resources to the design of the project signed up to the protocol and continued to play a role throughout the pilot.

4. Key results: lessons from the pilot phase

A six month pilot was conducted to test the procedures and explore, where possible, the outcomes of implementing the protocol. The pilot phase started on Monday 15th March 2010 and ended on Wednesday 15th September 2010.

A regional pilot in Westminster was chosen in order to target geographically connected partner organisations. Westminster covers a large area of central London including Soho, the West End, Strand, Paddington, Marylebone and Victoria. Westminster is an area with a large transient population and a high concentration of services for homeless people and people with mental health needs.

Westminster has "*a hugely diverse population both in terms of ethnicity and income, and one of the highest levels of mental illness in the country*" (Westminster Mind, 2009). The borough has the highest concentration of people sleeping rough, with nearly half (46%) of all people seen sleeping rough in London found in Westminster in 2009/10 (Broadway, 2010: 2)

4.1 Aims and expectations

The protocol contains a number of stated aims:

- 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 wellbeing
- 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.

Missing People Mental Health Information Sharing Protocol (p1)

Throughout the first round of interviews partners expressed a range of expectations and aims for the protocol. Some focussed on benefits for their particular service users while others focussed on practical benefits for their organisation. The additional aims that emerged from interviews were:

- To reconnect missing people with families or carers thereby re-engaging their informal and formal support networks where these have broken down.

"Putting people with families and maybe enabling those relationships to be rebuilt where it's appropriate… I'm hoping the protocol will do that"

Round one interview, NGO Manager

- To identify a patient or find out where they are missing from in order to maximise the chance of obtaining a clinical history, to help with treatment.

"I think from a clinical point of view it obviously helps if we know who you are in terms of your history"

Round one interview, NHS Manager

- To identify which NHS trust is responsible for funding a patient's care.

"One of the reasons we are keen to know…[a patient's] name and address, is that potentially that's a funding issue, and about where they're going to have the care provided."

Round one interview, NHS Manager

- To close police missing person cases more quickly thereby saving resources.

"Hopefully it might take a bit of pressure off the police missing persons team"

Round one interview, NHS staff member

4.2 Did the implementation of the information exchange protocol assist Missing People and partner organisations to identify and locate missing persons more effectively?

The evaluation has sought to examine whether the implementation of the protocol has enabled partner agencies to identify and locate missing and unidentified people more effectively. This aim was dependent on cases being resolved. By the end of the pilot, no cases had been resolved as a result of information being shared by protocol partners.

During the pilot 40 Requests to Trace were sent from Missing People to partner organisations. As a result, nine letters were passed to service users by partner organisations. The evaluation team sought feedback anonymously from letter recipients, but none was received. It is not known, therefore, how the letter recipients reacted to receiving the letter.

None of the Requests to Trace resulted in a traced missing adult contacting Missing People, and it does not appear that any cases had been cancelled as a result of the missing person receiving a letter and contacting the police or their family or carers.

Learning point: 5

Missing People and partners should consider methods for collecting feedback from traced missing people. This should not favour the pleased over the displeased, and must protect anonymity. For example, questions provided on paper, or asked by the support worker might be used. Alternatively, support workers could be asked to provide confidential feedback about the person's reaction to receiving the letter.

Requests to Trace: Duration open

- 18 cases had been opened during the pilot period
- 2 cases were opened less than a fortnight before it started
- 2 cases were opened more than 2 weeks but less than 1 month before the start of the pilot
- 18 cases were older 'historic' cases. The oldest was opened in 2000, though 10 were opened since 2008.

Requests to Trace: Originating area

- 28 cases were from Metropolitan Police stations in London (including 4 from the pilot area).
- 5 cases were from counties bordering London
- 7 cases were from further afield.

Requests to Trace: Outcomes (two months after the end of the pilot)

- 12 missing people had been found safe and well (7 of which had been opened during pilot period, all since August 2010)
- 5 missing people had been found dead (all of these cases had been opened after December 2009)
- 23 missing people were still missing (a mixture of older and newer cases).

Requests to Trace: How were the missing people found?

- 3 missing people were found directly through Missing People publicity
- 3 missing people were found when stopped by police
- 2 missing people were found when police visited the missing person's address
- 1 missing person returned home of their own accord
- 1 missing person was found by police in their home country (non UK)
- 1 case was closed when it was found that the missing person had left the UK of their own volition
- 1 missing person was found after registering with a GP

During the pilot phase no Requests to Identify were issued. Managers and administrative staff were asked about this in the second round of interviews conducted at the end of the pilot phase. The reason no Requests to Identify were triggered was because none of the partner agencies required this service during the period.

Despite the lack of resolved cases, interviewees from partner organisations were mostly enthusiastic about the protocol's potential for facilitating the location and identification of missing and unidentified people. The only organisation with concerns around this was the police. This is discussed in more detail in section 4.8.

> ***As a model I think it works quite well, I hope [Missing People] roll it out. I mean, we haven't had to test it, because we haven't had anybody, but we know it's there. […] You'd know exactly what to do, and that's good."***
>
> Round two interview, NGO Manager

4.3 Is the protocol user friendly?

> ***"It doesn't seem bewildering, it seems like it's very straightforward."***
>
> Round one interview, NHS staff member

Interviewees gave an extremely positive account of the user friendliness of the documentation including the protocol document (Appendix 1 and 2) and the associated guidance (Appendices 3

and 4). The protocol was commended for building on existing practices making the implementation process easier and less daunting.

> ***"We usually use the databases to search for clients anyway, so it wasn't anything different… it was quite easy...it was pretty simple really. All the details were there".***
>
> Round two interview, Local Government staff member

Interviewees from larger statutory organisations had some concerns about the ease of communicating the protocol to large and diverse groups of staff, and were unsure about how well all staff had read and understood the protocol.

> ***"I can try and meet with some of these key people to make sure they know, but … you can imagine it's quite difficult to be 100% sure that they'll know what to do…"***
>
> Round one interview, NHS Manager

4.3.1 Areas for clarification

Despite mostly positive feedback about the usability of the protocol and its associated documents, three pockets of confusion arose during the pilot phase.

Storage of information

Some partner organisations expressed confusion in interviews about the storage of information. One interviewee described wanting to store Requests to Trace and perform repeat searches of the database in order to increase the likelihood of tracing the missing person. It appears that some partner agency staff feel motivated to store information in order to perform additional searches in the hope of maximising the chance of finding a vulnerable missing adult.This retention of information would directly contradict the protocol and guidance documents, which say "*The information contained in the Request to Trace should be removed from the organisational information systems once the search has been completed".* Instead a record of the Request to Trace should be kept, with personal confidential information removed.

Unsuccessful database searches

There was some confusion around what actions to take when a database search has been unsuccessful. Following an unsuccessful database search no further action should be taken by the partner organisation. However, in the early days of the pilot phase Missing People received contact emails and telephone calls from a small number of partner organisations, notifying the charity that they had performed a database search and had been unable to trace the missing person. On each occasion Missing People's Services team informed the partner organisation that they were not required to make this notification.

In this case there is some ambiguity in the protocol and associated guidance documents. The protocol states that "*A search of the organisation's information system should take place immediately and a response made within 24 hours*." This sentence, however, appears to contradict the Request to Trace Flowchart diagram provided (see Appendix 2, section s.4), which indicates that the partner is not required to do anything other than pass on a letter, and in the guidance documents (Appendices 3, p62, and 4, p68) which state "*it will not be necessary to re-contact Missing People or provide them with information about the result of searches*".

This confusion suggests that the protocol and associated documents require additional work to make them sufficiently clear to partner agencies.

Requesting help to find a missing service user

Finally, on two occasions, Requests to Identify emails were sent containing requests for assistance to find a missing service user. There is some discrepancy around this in the documentation. The protocol states that Requests to Identify are passed from protocol partners to Missing People "*to assist identify or find vulnerable adults, where there are specific concerns about their mental health*". It later states "*Parties to this protocol will send information about unidentified adults who are vulnerable by virtue of their mental health status to Missing People to cross-reference this against their database of known missing adults. Missing People may be requested to offer assistance to partners in tracing missing vulnerable adults*." (Emphasis added).

However, the later appended form s.5 and diagram s.6 only allow for the exchange of information to *identify* unidentified service users (see Appendix 2, p60). The diagrams do not outline how to request assistance to *find* a missing service user. The guidance documents for both managers and administrative staff both only describe the process for sending a Request to Identify about an unidentified service user.

While Missing People can provide services to help trace missing service users (including poster distribution, web appeals, media publicity and circulating a Request to Trace), the charity can offer this service only when the case is under police investigation. Also, this service is more conveniently and appropriately accessed via the charity's website or helpline.

In future there may be scope either to extend the protocol to permit partners to trigger a Request to Trace for a missing service user, or to clarify the procedures in the protocol while providing additional information about Missing People's other services.

Learning point: 6

The protocol and guidance documents should be amended to remove the ambiguity about Requests to Identify being used as requests for assistance to search for a missing service user. Missing People should consider whether the protocol should include requests for assistance to *find* missing service users and, if not, partner agencies should be alerted to alternative ways of requesting Missing People's assistance.

Learning point: 7

Partners should be reminded of the need for partners to delete identifying information from Requests to Trace before storing them and the reasons for doing so.

Learning point: 8

There is currently some discrepancy between the wording of the protocol and the guidance documents, and the various diagrams contained therein, regarding action to be taken following a database search. The documents should be amended to ensure consistency.

Learning point: 9

In order to allow partners to feel that they are doing everything possible to join the search for a missing person, all partners should be made aware of other options, such as becoming a Poster Partner.

4.4 Did the protocol help to raise awareness of 'missing' and Missing People?

Many of the main themes of the protocol were familiar to partner organisations before the project began. Interviewees reported having had practical experience of supporting and reporting missing adults as well as understanding the benefits of longer term support to adults experiencing multiple problems and relationship breakdowns.

> ***"A lot of what we do is also about social networks and supporting people re-engaging, it's something that isn't new to what we do."***
>
> Round one interview, NGO Manager

The protocol pilot delivered increased awareness of the number of people who go missing and, in particular, the link between mental health and missing instances. Having a greater understanding of the numbers of adults with mental health problems that go missing encourages organisations to be more alert to the likelihood of service users being missing. The protocol also brought about improved joint working between the partner agencies. For example, the NHS Foundation Trust and the Metropolitan Police Service conducted a review and produced a report on the policy and practice for dealing with situations where a patient has gone missing. This led to a new bi-lateral information sharing procedure as well as work to develop new training opportunities between the organisations.

While most partner organisations had heard of Missing People prior to the development of the protocol, in-depth knowledge of its services was more limited. One meeting of the Reference Group was held at Missing People's office and included a presentation on the services provided by the charity and the ethos of the organisation. Unfortunately not all partners were able to attend, and the difference in awareness of the charity was marked as a result. On other occasions, staff from Missing People visited partner agencies to prompt awareness of both the charity and discuss the protocol. Feedback from staff of partner agencies indicated that hearing about the charity in person was preferable to simply receiving written communication.

> ***"I learned a lot when I went down there [to Missing People]. That was the really one time when we knew what you did […] So yes, I've got a good idea about the charity, the general cause now".***
>
> Round two interview, Police respondent 3

Learning point: 10

As face-to-face training had a larger impact on partner agencies' awareness of Missing People's functions and services than written communication, Missing People should explore options for providing training in person to new partners.

A mid term conference event, held in July 2010, was very well received. It was intended as an occasion for attracting new partners to the protocol as well as highlighting the development and progress of the protocol to date. The event attracted several new organisations from Westminster as well as key individuals in the health/social care field and representatives from many of the partner agencies. The conference featured presentations which addressed the issue of missing and mental health and the importance of information sharing. One speaker had direct experience of a family member going missing.

"I think the speaker who talked about his sister was very good. Yes I think it reminds people that there's always this dilemma about the rights of the family to know about what's happening with their relative who's mentally ill and the rights of the person for privacy and confidentiality."

Round two interview, NGO Manager

Interviewees commended the success of the event in highlighting the complexity of balancing the rights of missing people with the duties of agencies involved in searching and caring for vulnerable people.

4.4.1 Awareness amongst police forces outside Westminster

The protocol allows for the circulation of Requests to Trace for people who are missing from elsewhere but believed to be in Westminster. This means that police forces from anywhere in the UK may put a case forward for a Request to Trace if it fits the criteria. In order to raise awareness a representative from Missing People presented an overview of the pilot at a quarterly meeting of police officers from around half of England and Wales forces, which all use the same missing person investigation management software.

Should the protocol be continued in Westminster and rolled out to other areas, there will be an ongoing need to make police forces aware that the service is available from Missing People.

Learning point: 11

Missing People should consider the possibility of encouraging police forces with appropriate software to automate the processes involved with triggering a Request to Trace.

Learning point: 12

In order to make more police forces aware that the protocol creates opportunities for safeguarding vulnerable missing adults, targeted marketing for police forces should be considered.

4.5 Did the implementation of the protocol help to identify and address training needs?

"It will be new to start. I think the way that the member of staff approaches the service user to talk to them about this, might be anxiety provoking. It does raise the issue very much around the need to have pretty sophisticated discussions with service users and getting that right, sometimes I think it's gonna go well and sometimes I think it's not to be honest".

Round one interview, NHS Manager

For many organisations, responding to training needs was mostly a case of ensuring the protocol and guidance documents were disseminated widely throughout their teams. Several interview respondents expressed reassurance that the requirements on their own organisation outlined in the protocol could be met within existing service provision arrangements.

However, feedback from the Missing People Services team indicated that in other partner agencies there was concern about implementing new and unknown processes.

The workshop held in January 2010, two months before the pilot began, appeared to provide an important opportunity for partner agencies to consider the impact of the protocol on their own

organisation's service provision arrangements. Interviewees were particularly satisfied with the time allocated for developing a clear understanding of the information sharing processes with the visual aid of flow diagrams. This event helped shape the information sharing processes themselves, and enabled partner agencies to consider – both individually and collectively – the internal procedures and practical implications required in their own organisations.

> ***"The workshop session that was held around the protocol, that was really helpful to sort of clear up everything."***
>
> Round one interview, NGO Manager

Feedback on the protocol documentation appeared to vary according to whether the respondent had actually made a positive identification of a service user following a Request to Trace. First hand experience of responding to a Request to Trace for a service user in their care, would appear to play an important part in instilling confidence in the procedures.

Learning point: 13

As findings indicate that staff members in partner agencies feel more comfortable with the procedures after working on real cases, training and supportive documents should contain vignettes or case studies to enable staff to practice working through examples.

Learning point: 14

As partners benefitted from meeting face-to-face, to discuss how to implement the protocol in their own organisations and to share best practice, Missing People should consider ways to bring new partners together for training.

4.6 Is there is a clear and consistent process in place in each partner organisation?

The internal procedures adopted to facilitate information sharing differed according to the needs and organisational characteristics of each partner organisation. Processes were dependent upon the organisation's central service provision, affecting whom the alert was cascaded to and how the information was stored, displayed and used. Examples processes and arrangements for handling information exchange are shown below.

Both project Reference Group members and frontline staff highlighted the importance of identifying an internal protocol champion to field enquiries, provide support and guidance, and to raise awareness of the issue and the protocol. Arrangements in some agencies included alerting teams to the launch of the pilot and then maintaining regular contact through cascading the alerts. Other organisations reported using team meetings to inform staff of the protocol, and maintaining awareness through visual means such as dedicating space in the office for displaying alerts.

One of the key concerns was that over time staff engagement could wane. Maintaining interest and interaction was particularly important for organisations where their internal procedure was reliant upon outreach teams.

Examples of processes adopted in partner organisations

At the NHS
- Single Point of Contact (SPOC) administrator receives Request to Trace (RTT).
- SPOC checks Trust database.
- If individual is identified, SPOC makes contact with care coordinator / manager.
- RTT distributed to managers of teams identified for involvement; e.g. Duty Services, Inpatient Services and Out of Hours Services.
- Managers disseminate information within the teams and take appropriate action.
- SPOC informed if individual is identified.

At a homelessness service provider
- All services staff receive RTT.
- Operations manager (SPOC) checks database.
- SPOC displays copy of the RTT in staff only area.
- Identifying information is reported to SPOC to manage contact with the individual.

At a housing charity
- Housing Manager (SPOC) receives RTT.
- SPOC maintains a record for each RTT received.
- SPOC passes information to finance manager for checking against database.
- Positive identification is reported to SPOC to manage contact with the individual.

4.6.1 Additional procedural issues for inclusion in protocol documentation

A number of procedural questions arose during the pilot that were not anticipated during the protocol development process.

Scope of databases

Interviewees identified that some partner agencies use (and search) client databases that extend beyond Westminster. An example is the database used by the Central and North West London NHS Trust (CNWL) which extends across a number of London boroughs. Another example is the London-wide database of rough sleepers, CHAIN[5].

The protocol does not provide guidance for what to do if a trace is found of a missing person where the contact is with a team outside Westminster, or where the missing person has had contact with a non-partner organisation.

> ***"If someone else doesn't have the protocol then it could be difficult"***
>
> Round two interview, NGO Manager

Also, some databases were being checked by more than one partner agency. A traced missing person might, therefore, receive multiple letters if they were in contact with more than one partner agency.

Historic traces

The protocol does not provide guidance for what to do if a trace is found of contact with a missing person prior to the Request to Trace being received, but after the date of disappearance. While this might be relevant to the investigating police force (and is tantamount to a confirmed sighting of the missing person) the protocol does not provide a framework for action. Any proof of contact

[5] Combined Homelessness and Information Network (CHAIN) is a database containing information about rough sleepers and the street population.

with any service is relevant 'intelligence' for the investigating police force and the missing person's family. This may create tension between safeguarding and confidentiality/information sharing priorities.

Case studies

A partner agency received a Request to Trace and performed a database check. The agency found that the missing person had been in contact with an equivalent team in another London borough. The missing person had been in contact with the service provider after going missing, but four months before the Request to Trace was circulated. In this case, the missing person was no longer in contact with the service provider. On this occasion it was possible for the problem to be resolved by following the involved agencies' existing procedures.

One organisation did report, in the second round interview, that they had found a positive trace on a London-wide database. The database entry reported that the individual had been seen sleeping rough, prior to the Request to Trace being circulated. Outreach teams might not encounter that person again, if they have moved on. If the person was seen outside of the Westminster area, the local support teams would not be signatories to the protocol.

Overlapping commitments

Where a protocol partner is a Poster Partner of the charity Missing People, they may be provided with a poster to display in a staff only area. The same missing person may be subject to both a Request to Trace (with associated confidentiality guidance) and a poster appeal (with associated appeal to contact Missing People to report a sighting regardless of permission being granted by the missing person). There may also be publicity appeals featuring in local media, such as newspapers and magazines. This might mean that an organisation is being asked, at the same time, both to contact the charity with a sighting and to respond to a Request to Trace (thereby not sharing any information without the individual's consent).

On the occasions when overlapping commitments became apparent following Requests to Trace being sent during the pilot phase, the cases were dealt with individually by Missing People Services Team Managers. However, it is possible that subsequent roll out of the protocol could lead to an increase in volume, which could make such a case by case approach untenable.

Learning point: 15

Three issues were identified that caused confusion during the pilot: what to do when a person is traced outside the protocol area; what to do when a historic trace is found and; how partners should handle overlapping commitments (e.g. if they are also a Missing People Poster Partner). These issues should be addressed in the protocol.

4.7 Additional findings: workload/burden

As well as addressing the main evaluation questions, interviews revealed a number of additional findings about the additional workload burden introduced by the protocol.

> ***"I thought it would make my job harder, but actually it makes it much, much easier. Knowing what to do"***
>
> Round one interview, NGO staff member

Each organisation did report a certain amount of previous experience in supporting individuals who had been reported missing and managing Requests to Trace and identify individuals. Before the pilot began, however, a number of interviewees expressed concern over the pressure on resources created by the protocol.

> ***"I suppose my concern was that it would create extra work […] There is a balancing act between the good intentions put forward by something against the fact that in order to do it, it's going to create extra work."***
>
> Round one interview, NHS Manager

Many interviewees expressed their hope that the protocol would clarify the processes for supporting missing adults. In these instances interview respondents reported hoping for reductions in time spent working on the issue and supporting staff to feel more prepared in situations where they are required to support and advise individuals about the issue.

> ***"Now I suppose I've got a tool that I can say 'have a read of this, have a think' and that sort of takes it away from me, makes my role a little bit easier in that sense, because it's all laid out as opposed to me saying it and it coming out wrong or disjointed."***
>
> Round one interview, NGO staff member

Learning point: 16

As pilot partners were concerned at the outset about the additional workload burden associated with the protocol, potential new partners should be fully appraised of the feedback from current partners about workload.

As the originating organisation for Requests to Trace, and potential recipient of Requests to Identify, Missing People shoulders potentially the most significant workload burden. During the pilot phase two Managers in Missing People's Services Team were responsible for identifying cases that were appropriate for inclusion. The nature of the pilot meant that they had to identify two sets of cases for inclusion; cases that were opened prior to the start of the pilot ('historic cases'), and cases that opened during the pilot period ('real time cases').

Historic cases were identified by the managers searching all open cases using the protocol criteria. At the start of the pilot phase the charity had open just over 500 cases of missing adults. While the charity has some automatic methods for identifying appropriate cases, there is no searchable criteria for where the missing person is likely to be. For this reason more than 500 cases were checked manually to see if they were suitable for inclusion. Of these 22 were circulated via a Request to Trace.

Real time cases were identified in a similar way, but were much quicker to identify. Nearly 300 adult missing person cases were opened by Missing People during the pilot period, of which 18 were circulated via a Request to Trace. However, at the time of opening a new case, information on the possible whereabouts or mental health condition of the missing person may not always be available. As new information is received by Missing People, cases may need to be reconsidered for circulation as a Request to Trace.

Learning point: 17

Missing People should consider training additional staff to identify appropriate cases for Requests to Trace, although final decision making authority may remain with managers.

Learning point: 18

Missing People should also consider automating the process of creating a Request to Trace email form along the lines of other automated processes in use at the charity.

Learning point: 19

Missing People should consider training volunteers to format and send Requests to Trace.

Learning point: 20

Missing People should be aware that any roll out of the protocol will incur substantial up-front time costs (searching for 'historic' cases) before settling into longer term patterns.

4.8 Additional findings: confidentiality and safeguarding

The evaluation indicated that the protocol helped partner agencies to improve their understanding of confidentiality as it pertains to missing people, and to formalise their organisational procedures.

> ***"The whole piece of work around confidentiality and information sharing will be of use for us as an organisation"***
>
> Round one interview, NGO Manager

Some partner agencies allow service users to access their services anonymously, or at least to decide when to disclose personal information. These partner agencies (primarily NGOs) expressed some initial concerns about receiving information about service users' missing status.

> ***"My one concern was just making sure we weren't signing up to anything that might contradict our values or contradict our approach to how we work with the individuals here."***
>
> Round one interview, NGO Manager

However, once they were familiar with the processes and protective measures, respondents applauded the value of the protocol. Interviewees recognised that the protocol rests decision making power with service users themselves, and provides a clear framework to frontline workers to help them support vulnerable missing adults. A further benefit identified by interviewees was that the protocol provides clarity around decision making when working with a service user who is reported missing and is deemed not to have capacity to make decisions about their care.

Alongside the improved protection for service users and support for service providers, the tightening of confidentiality procedures had some impact on the work of the police missing persons unit. Before the introduction of the protocol, there had been some informal information sharing about missing and unidentified people in Westminster. Previous information sharing arrangements had been *ad hoc* and reliant on relationships between agencies. Before the protocol came into place, information was sought and sometimes provided about the whereabouts of missing people. In the past, the discretion of the service provider was brought to bear, and information was sometimes shared with the police.

With the protocol in place, this informal information sharing appears to have been reduced. This might be considered a success in terms of protecting a missing person's confidentiality and right to remain missing. However, this raised concerns for police representatives. At the outset, the police expressed concerns that the introduction of the protocol would make service providers in the borough less likely to share information informally about missing people.

> ***"I'm concerned now that, whereas before they would share information on the basis that this person was mentally ill […] that's not gonna materialise […] that they all shut down the hatches."***
>
> Round one interview, Police respondent 1

At the second round of interviews the police felt that this concern had been realised. A consequence of the protocol appears to be that service providers became unwilling to share information about clients with the police missing persons unit unless the request for information came via the protocol procedures.

> ***"They won't tell us, won't confirm yes or no".***
>
> Round two interview, Police respondent 1

> ***"Possibly that's down to their own organisation, it's just highlighted for them, how they deal with disclosure […] They've actually tightened their disclosure policy. So we're getting less information from them."***
>
> Round two interview, Police respondent 2

Interviews conducted at the end of the pilot phase indicated that a number of service providers welcomed the clarification that the protocol brought to their own confidentiality procedures around missing people and their capacity. Service providers recognised that they must work within their own organisational policies to decide whether a known missing person lacks capacity, and whether the service provider should then break confidentiality (for example, by informing the police of their whereabouts) in order to safeguard that missing person.

Learning point: 21

At the outset of the development process, concerns about confidentiality were significant among some pilot partners. It is possible that potential new partners may share these concerns until they fully understand the processes. It may be beneficial to address these concerns early in the relationship with new partners. Service user consultations may help to allay these concerns, as may contact with existing partners.

4.9 Lessons from the pilot phase: conclusions

During the pilot phase, no missing or unidentified person cases were resolved as a result of the protocol. However, a number of benefits were observed 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 practice and procedure and; the opportunities for increasing cross organisational working. Members of the Reference Group also highlighted the impact of protocol's inherently collaborative process and the cross organisational relationships that developed as a result.

The protocol documents were, by and large, found to be user friendly. There are some specific areas of confusion that may be addressed by small changes to wording and diagrams, but these relate more to the complexity of the NHS, local government, mental health and homelessness sectors than to any substantial problems with the protocol procedures.

The evaluation found that many interviewees 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, and their knowledge of the services available from Missing People. Raising and maintaining awareness of the protocol amongst police forces outside Westminster will remain a priority in order to encourage them to put eligible missing person cases forward for Requests to Trace.

Training needs were adequately addressed across the partner organisations. Ongoing effectiveness will depend on the discrepancies in the protocol being resolved, and on continued communication within organisations.

Many interviewees indicated that their previous experiences of supporting service users who were missing were somewhat *ad hoc* and lacked the rigour of a formalised response. The structure that the protocol offers to support collaborative working between organisations is highlighted as one of the main benefits by most partner agencies.

> ***"It's something that we've always done in terms of putting the posters up, or engaging with the missing people process as it were. But … there was really an opportunity to coordinate it and to have that kind of open dialogue"***
>
> Round one interview, NGO Manager

> ***"Instead of not knowing what to do, it's simple, no longer wondering what to do"***
>
> Round two interview, NGO staff member

5. Key results: sustainability

The evaluation research has identified a number of points relevant to sustaining the protocol. These are summarised below.

5.1 Inclusion of more organisations in Westminster

A common theme arising from interviews was the need to identify and recruit other partner organisations to the protocol that would be likely to have contact with missing people during a period of crisis, before they are referred into longer term mental health or housing services.

Two main benefits of bringing more organisations into the protocol were identified. First, circulating Requests to Trace to a larger group of organisations increases the likelihood of tracing a missing adult. Second is the potential to improve working relationships and, in particular, information sharing practices within the locality.

General health services, such as hospital accident and emergency departments, the Ambulance Service and general practitioners, have been suggested by current partners as potentially useful new signatories. They come into contact with people during both physical and mental health crises, making them appropriate for inclusion.

> ***"One of the things we've raised is that we're not involving … A&E or general medical services"***
>
> Round two interview, NHS Manager

Faith organisations have also been mentioned as key providers of support services to detached people in Westminster. Faith organisations, such as Church groups and other places of worship, are understood to be regularly in contact with adults experiencing mental health problems and other personal difficulties.

> ***"People who've potentially lost contact with everybody, don't have anyone, and the Church probably is a really obvious place for them to go."***
>
> Round one interview Local Government Manager

As well as looking to new types of service providers there are other NGOs that work within the borough that could be approached to sign the protocol. Some have already shown their willingness to join a 'second wave' of partner agencies following the mid-pilot event in July.

5.2 Roll out to more regions in the UK

As well as deepening the protocol's involvement in Westminster, it could potentially be rolled out to other areas of the country. This could be done in a number of ways.

The protocol could be rolled out within the geographic areas covered by current partner agencies. An advantage of this would be that the agencies already in the protocol could use existing partnerships to encourage new organisations in the area to sign up, and could be involved in any promotional activities to extend the protocol's reach.

"Roll out from the centre, because then you've got neighbouring boroughs, people who are participating at the moment are more likely to nip over the boundary [and help promote the protocol]"

Round two interview, NGO Manager

Alternatively, or additionally, further areas could be sought in which to roll out the protocol. This pilot phase did not provide the opportunity to test recruitment methods for potential new partners. Introducing the protocol into a limited number of new areas would allow Missing People to test the materials and activities required to recruit entirely new partners, and further to examine the additional workload involved for the Services team.

"I think there's a lot of scope for this… if people can sign up and see the benefits of it. I really do."

Round two interview, NGO staff member

5.3 Roll out to include more groups of vulnerable people

Another potential way to extend the reach of the protocol would be to permit information sharing on additional groups of missing people. One way of doing this would be to include cases of missing young people. There are a number of service providers dedicated to working with young people on the streets and in mental health crisis, who could be approached to participate in the protocol.

It would also be possible to remove the criterion of searching only for missing adults where there is a concern for their mental wellbeing. Extending the criteria to include any missing adult who is believed to be accessing partner agencies in a given location would mean a greater number of cases could be included. It may be deemed appropriate to limit this only to cases with a certain risk assessment level. Alternatively, other criteria could be identified, and traces included of missing people who are vulnerable because of, for example, a learning difficulty or disability, or because of a physical health need.

"It could be anybody who's putting pressure on health services really"

Round two interview, NGO Manager

5.4 Allow partner agencies to initiate Requests to Trace

As described in section 4.3.1 some partner agencies approached Missing People for advice and assistance in finding missing service users. Currently, the charity can offer publicity services when a case is being investigated by the police. However, it might be possible to amend the protocol to allow partner agencies to ask Missing People to circulate a Request to Trace for missing service users, even when the police are not investigating.

Currently the only way for a partner agency to trigger a Request to Trace would be to report an individual missing to the police and to recommend that the police force engages the services of the Missing People, who could then circulate a Request to Trace. This process could be streamlined by allowing partners to circulate Requests to Trace to their local protocol partners. This may help to resolve cases of clients who have stopped accessing a given organisation, where there are concerns for their wellbeing.

5.5 Identification and recruitment of potential new partners

> ***"you need to get hold of the supporting people team in each borough. They can provide a big list of people providing accommodation."***
>
> Round two interview, NGO Manager

A number of methods may be considered for identifying new partners in any given area. The snowballing technique used during the development of the protocol was deemed effective by partner organisations, although it can be time consuming. Relevant professional networks may provide opportunities for accessing large numbers of organisations in a timely and cost effective manner.

> ***"I think to have an event and invite people to it, less of an event to promote the protocol and more then to improving mental health, you know improving services generally"***
>
> Round two interview, NGO Manager

Holding a conference style event was recognised to be a successful method for recruiting new signatories by both existing members of the protocol and potential signatories. A strong service provider presence was felt to be an important tool for engaging new organisations in the operational benefits of joining the protocol. In the mid-pilot event, existing partner organisations were keen to meet with and field questions from potential signatories, and this approach might work well in the future.

Currently there are two ways in which service providers can join the search for vulnerable missing adults. One is by signing the information sharing protocol and receiving Requests to Trace. The second is to become a Poster Partner. Poster Partners agree to receive and display (where directed) appeal posters for missing people.

Some organisations might reasonably become both protocol partners and Poster Partners. However, some organisations might be more suited to one or the other. For example, organisations that do not have regular contact with service users, or do not collect identifying information, may find being a Poster Partner more practical.

Learning point: 22

A decision making flowchart might help potential partner organisations decide their appropriate level of involvement in responding to missing people, including signing the protocol, becoming a Missing People Poster Partner or communicating information about Missing People to their service users.

5.6 The involvement of police forces in new protocol areas

During the pilot, the local police missing persons unit received Requests to Trace. During interviews at the end of the pilot, police interviewees unanimously reported that they had been unable to take meaningful action because the Requests to Trace did not include sufficient information or intelligence.

> ***"All it is, is that it's an email coming to us that we can do nothing with".***
>
> Round two interview, Police respondent 2

Where these requests pertained to people missing from the Westminster area, the police were already working on the case so gained nothing from the process. Where the person was missing from outside the Westminster area, the police did not receive sufficient information from the Request to Trace alone to be able to act on it. In order to make resources available to act on a missing person case from outside the area, local police would need to have specific intelligence about the missing person and their likely whereabouts. However, a flag on the Police National Computer means that investigating police forces from outside Westminster are able to make the Westminster Missing Persons Unit aware of missing persons believed to be in the area.

It is recognised that the police in Westminster deal with a very large number of missing person cases. It is also possible that the nature of the area means that a disproportionately large number of people missing from elsewhere are believed to have travelled to Westminster. The police experience of the pilot may not be replicated by forces elsewhere.

There are a number of options for involving the police in new protocol areas. These options are not all mutually exclusive; a force may choose to take more than one.

i) The police force may sign the protocol and become a partner on the same basis as other partner organisations, receiving Requests to Trace that only contain public domain information.

ii) A separate version of a Request to Trace may be sent to the police force, containing information about the investigating police force, in order that the recipient force can contact them for additional details.

iii) The police force may opt not to receive Requests to Trace but agree that Missing People ask the investigating force to make the force in the protocol area aware of the case.

iv) The police force may choose to become a Missing People Poster Partner, receiving visual display posters about missing people believed to be in their area. This might be targeted at other police teams, for example dedicated homelessness teams, as well as the missing persons units.

v) The police force may choose not to be made aware of protocol cases, instead relying on investigating forces to contact them should they feel it necessary.

Learning point: 23

When the protocol is introduced to new areas, the police force in that area should be thoroughly consulted about their role in order to make a decision about their level of involvement. A number of options for involvement may be considered, depending on the local force's preference.

5.7 Cost and workload for Missing People

The pilot has not afforded the opportunity for a full cost benefit analysis of Missing People's involvement in the protocol. The processes that underpin the protocol may also be subject to technological improvements and automation, reducing the burden on staff and volunteers. More comprehensive cost benefit analysis may be undertaken on an ongoing basis in Westminster, and where any new areas are included.

There is potential for the workload on Missing People to increase significantly. Changes to the inclusion criteria could mean a larger proportion of open cases are suitable for issuing a Request to Trace. Furthermore, awareness of the protocol may prompt police officers to send more cases to Missing People for inclusion in the protocol. More widespread recognition of the protocol may prompt more families to report disappearances to the police, and they may in turn call on the broader support services of the charity.

5.8 Sustainability: conclusions

Partners who took part in the pilot phase were keen to communicate their experiences to potential new partners, and had a number of suggestions for ways in which to expand the scope and benefits of the protocol. The findings from the evaluation show that the partner agencies who took part in the pilot believe that the pilot should be rolled out both to a wider group of vulnerable missing people, and to more organisations. Many of the decisions about whether to roll the protocol out to new areas in the UK will depend on capacity within Missing People to manage the increased workload burden.

The findings from the evaluation have identified a number of key lessons about identification, recruitment and training of additional partners, whether they be in Westminster or elsewhere. The findings show that the protocol can encourage improved joint working practice, and that joint training events help partners better to understand not only the protocol's procedures but also the work of other partner organisations.

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, and should be provided with relevant information in an appropriate format.

6. Conclusion and recommendations

6.1 Overall conclusion of the evaluation of the protocol

The evaluation has sought to answer a number of questions about the protocol in order to assess the effectiveness of the development process and identify the lessons learned during the pilot. During the pilot phase the procedures detailed in the protocol have been tested and a number of outcomes identified.

The overall conclusions that can be drawn are limited by the number of cases that were shared, and by the outcomes of those cases. No missing people reconnected with family, carers or police, and no unidentified people were identified as a direct result of the protocol. However, a number of important conclusions can be drawn about the development and implementation processes.

The implementation of the protocol has substantially raised the awareness of participating staff in partner organisations about the issue of missing and the charity Missing People. Training needs were mostly met, with the findings suggesting that, where possible, training should be based on face-to-face workshops and make use of case study examples to encourage thorough understanding of processes.

All of the partner organisations that took part in the pilot implemented adequate internal processes to deal with incoming Requests to Trace. While the protocol was felt to be user friendly by many who used it, some areas of confusion or omission in the protocol document have been identified. Once the protocol and associated documents have been amended, they will provide adequate support to signatories' internal activities, and the processes in place will enable partner organisations to continue to share information appropriately.

Finally, the protocol development process has been successful, having been inclusive of a variety of partner organisations. The protocol complies with all the relevant legal requirements as well as with partner organisations' own policies and principles. The protocol has been wholeheartedly supported by most of the organisations involved in the pilot, and it is a mark of success that all continue to be partners.

6.2 Demonstrated and potential benefits

The evaluation of this pilot cannot conclude whether the protocol has helped partners to identify and locate missing persons more effectively. However, a number of realised and potential benefits have been demonstrated.

Benefits for vulnerable missing adults

The protocol creates the opportunity for missing adults to find out, in a supportive way, that they have been reported missing. At the same time adults who approach service providers and wish to find out whether they have been reported missing, or who wish to reconnect with family, will be better supported by staff with increased knowledge of 'missing' and the options available to help vulnerable missing people.

The protocol pilot also resulted in a number of partner agencies requesting publicity materials about Missing People's Message Home helpline. The helpline is available to all adults who are away from home and can support them to explore their options and reconnect with family. This is a potential benefit for all service users at the agencies displaying these materials.

Benefits for families of vulnerable missing adults

Previous research has highlighted that families are keen to know that everything possible is being done to find their missing family member, and their wellbeing can be deeply affected by the perceived quality and scope of the investigation (Holmes, 2008: 39). This protocol can provide reassurance to the families that agencies are working together to minimise risk and harm to the individual by sharing information across organisational and sector boundaries and are better prepared for supporting missing adults.

Benefits for partner agencies

Participation in the protocol development and pilot has brought a number of benefits for partner agencies, both planned and unforeseen. Support staff working directly with service users who may be missing or unidentified may feel better prepared and more able to support their clients.

Mental health service providers stand to benefit from unidentified adults being identified, so that their medical and treatment records can be accessed, and relevant agencies involved in funding their care can be identified.

The protocol has also brought about increased awareness of 'missing', and improved joint working between the partner agencies. For example, two agencies reviewed their joint practice in dealing with missing patients and instigated a new bi-lateral information sharing procedure.

Several agencies reported that the protocol prompted a review of wider policies and procedures, for example on safeguarding, confidentiality and information recording. These were recognised to be of benefit to the individual agencies concerned and potentially the sector at large.

6.3 Recommendations

1. The protocol and associated documents should be amended to clarify: the process for partners to request assistance to search for a missing service user; the action to be taken following a database search; the action to be taken when a person is traced outside the protocol area; what to do when a historic trace is found and; how partners should handle overlapping commitments (e.g. if they are also a Missing People Poster Partner).
   (See Learning Points 6, 8 and 15).

2. Missing People should review and make changes to the internal processes involved with sending Requests to Trace, and examine the opportunity to train more staff and volunteers, in order to ensure the efficient and effective operation of the protocol.
   (See Learning Points 17, 18, 19 and 20).

3. Missing People and partners should consider methods for collecting feedback from traced missing people to better understand their reaction to receiving a response as a result of the information sharing protocol.
   (See Learning Point 5).

Recommendations for future roll out of the protocol

4. Missing People should prepare a range of leaflets/summary sheets that succinctly explain to potential new signatories the underlying principles of the protocol and its legal safeguards, so as to effectively market the protocol
   (See Learning Points 3, 4, 16 and 21).

5. Missing People should include the protocol and connected services in its existing materials for professionals, making clear the distinction between the protocol and other mechanisms for engaging with the charity, for example, becoming a Poster Partner.
   (See Learning Point 22).

6. Potential new partners should consider the merits of consulting with their service users to explore the benefits or otherwise of joining the protocol.
   (See Learning Points 1 and 2).

7. Missing People should explore the options for providing face-to-face training to new partners, and for raising awareness of the protocol amongst potential new signatories.
   (See Learning Points 10, 13 and 14).

8. Missing People should examine the opportunities to automate processes by which police forces send cases to Missing People for a Request to Trace to be issued.
   (See Learning Point 11).

9. Missing People should prepare materials to increase awareness amongst police forces of the opportunities the protocol presents to safeguard vulnerable missing adults, and that explain the various options for how a police force might chose to become involved with the protocol.
   (See Learning Points 12, and 23).

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Protocol documents:

The protocol:
http://www.missingpeople.org.uk/uploads/files/020_missing_people_mental_health_protocol.pdf

The pilot briefing document:
http://www.missingpeople.org.uk/uploads/files/mental_health_protocol_westminster_pilot_briefing.pdf

Guidance for managers:
http://www.missingpeople.org.uk/uploads/files/03_guidance_for_authorising_managers.pdf

Guidance for administrators:
http://www.missingpeople.org.uk/uploads/files/04_guidance_for_admin_staff.pdf

The protocol briefing document:
http://www.missingpeople.org.uk/uploads/files/hp_onepager_2.pdf

Appendix 1: The Protocol

An Information Exchange Protocol to improve our joined up response to Missing Vulnerable Adults in the City of Westminster[6]

1. Signatories to protocol ('partner agencies')

- City of Westminster
- Central & North West London Mental Health NHS Foundation Trust (CNWL)
- Metropolitan Police Service
- Joint Homelessness Team
- Westminster Mind
- Thames Reach
- London Cyrenians
- The Connections at St Martins-in-the-Fields
- The Passage
- 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 wellbeing
- 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 wellbeing.
- *Requests to identify* from protocol partners to Missing People to assist identify or find vulnerable adults, where there are specific concerns about their mental health.

Appendices s.3 to s.6 describe these activities. Separate Guidance is also available for staff undertaking roles in relation to the safe exchange of information within the terms of this protocol.

3. Reasons for this protocol

[6] Available online at http://www.missingpeople.org.uk/uploads/files/020_missing_people_mental_health_protocol.pdf

This protocol is intended to facilitate timely support to adults experiencing mental health problems; where appropriate, 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% 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% 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 (Bartholomew, Duffy and Figgins, 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.

Following endorsement by partner agencies, the protocol will be operated in the City of Westminster for a trial period of six months, so that its impact can be evaluated.

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 where there are reasonable grounds to believe they may be in contact with one or more of the parties to this protocol, and where there are specific concerns about their mental wellbeing.

Requests To Identify

Parties to this protocol will send information about unidentified adults who are vulnerable by virtue of their mental health status to Missing People to cross-reference this against their database of known missing adults. Missing People may be requested to offer assistance to partners in tracing missing vulnerable 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, following a search of the organisation's information systems, a response to the *Request To Trace* is made to Missing People 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:
Email: mhp@missingpeople.org.uk

6.4. Information content

The information transferred between parties will be limited for the specific purposes of finding the vulnerable adult reported missing or identifying a vulnerable adult where there 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 last place where 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 email

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 will 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 Caldicott Guardian/Information lead.

6.9. Consent

In the event that a vulnerable missing person is found, no one will be informed of their discovery without the express consent of the person. Where a person is identified through an exchange of information, the person will be informed that this has happened.

The nature and extent of any communication on behalf of the vulnerable missing adult to partner, relatives, friends or organisation will be with their express consent only, except for circumstances required by law where consent is not required. Consent to the disclosure of information and what limits, if any, the person wishes to place on the level of disclosure should be recorded by the partner organisation using a *Service User Consent to Share Information* Form.

When confidential information is shared, for example, by a partner agency with Missing People, a written record should be made and the missing person informed of the actions that were taken when they have returned.

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 and a response made within 24 hours.

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 and a response made 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.

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 at the start of the pilot. The results of the audit will be reported to the Reference Group, including any recommended changes.

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.

We, the undersigned, agree that the organisation we represent will adopt and abide to all of the terms of this information sharing protocol:

Agency	Name	Post Held	Signature	Date

Gordon Boxall, Chair of Missing People Westminster Pilot Reference Group

Professor Louis Appleby, National Director for Mental Health and Project Sponsor

Appendix 2: Protocol appendices

s.1. Further notes on Section 3

The conditions reported range from mild depression to severe psychosis (Grampian Police, 2007). This is confirmed by the experience of Missing People. While it is recognised that many adults are voluntarily missing, have control over their actions and have decided on this course of action (e.g., fleeing from Domestic violence) there is evidence to suggest that many others are lost or missing due to accident, injury, illness and who may lack capacity over decisions concerning health and wellbeing.

The body of a man found in the grounds of Manchester Royal Infirmary in January 2003 was believed to be John Delaney and the person was cremated. In 2008 a person who had been admitted to a care home in Oldham in 2000 was identified as John Delaney through a response to a television broadcast.

More than one health or social care worker and several professional disciplines are usually involved in the delivery of treatment, care and support to a person using health and social care services. This includes persons who experience mental health problems and who require treatment, care or support to protect or maintain their health. It is commonly the case that more than one agency is involved in service delivery. Sharing specific information about an individual for agreed purposes between partner agencies is vital to the provision of co-ordinated and seamless care and support to the individual.

The National Service Framework for Mental Health (NSF 1999) requires services to have policies that enable the sharing of information on a confidential and secure 'need to know' basis.

The General Medical Council Standards of Practice and Confidentiality (GMC 2000) requires Doctors to … "seek patients' consent to disclosure of any information wherever possible, whether or not you judge that the patient can be identified from the disclosure …". Where all available means of gaining consent have been considered and found not practicable … "personal information may be disclosed in the public interest where the benefits to the individual or to society of the disclosure outweigh the public and the patient's interest in keeping the information confidential".

The UKCC Professional Code of Conduct requires Registered Nurses to "Protect all confidential information concerning patients and clients obtained in the course of their professional practice and make disclosures only with the consent, where required by the order of a Court, or where you can justify disclosure in the wider public interest". (UKCC 2001).

The General Social Care Council's Code of Practice (2002) states that Social care workers must strive to establish and maintain the trust and confidence of service users and carers, including (section 2.3) "Respecting confidential information and clearly explaining agency policies about confidentiality to service users and carers".

s.2. Further notes on Section 4

Position under common law

English common law protects an individual's right to expect that personal information about him or her will be kept confidential. Information will be protected by the law if it has been given in circumstances where there is an obligation of confidence. Information given to a doctor, social care worker or nurse will normally be considered to have this quality of confidence and the obligation is required of these professionals and their agencies.

There are two main exceptions to this duty of confidence:

1. Public interest can override this duty;

2. Disclosure of confidential information may be required by an order of a Court.

Confidential information may be passed to someone else with the person's consent for a particular purpose on a "need to know" basis.

There are no grounds under common law, which authorises disclosure of information to relatives, partner, carers or friends.

In circumstances where a person is reported missing by a relative, partner, carer or friend to Missing People with a request to find them, the person who is reported missing cannot give their consent for personal information to be disclosed for this purpose. They may have had control over their actions at the time of their disappearance and decided on this course of action.

For one partner to request assistance from the other parties to this protocol, there must be substantial grounds to believe that the person reported missing, or where there is identity is unknown, is vulnerable by virtue of their poor mental health status at the time of their disappearance, or where there is a previous history of poor mental health that gives grounds for concern about the person and/or the safety of others. This is consistent with an exception to the duty of confidence concerning public interest. The case studies provided below are given as examples of such circumstances.

Data Protection Act 1998

The Data Protection Act 1998 regulates the processing and disclosure of information and provides individuals with rights to access such information. The Act contains important basic definitions covering *data*, *personal data*, *sensitive personal data*, *processing*, *data subject*, *data controller* and *data processor*. The Act does not allow information to be disclosed which could not be disclosed under common law because it is confidential. There are eight "principles" governing the proper handling of data under this Act. This section focuses only on those areas of the Act most pertinent to this information-sharing protocol.

The First Principle states that personal data shall be processed fairly and lawfully and shall not be processed unless at least one of the conditions set out in Schedule 2 of this Act is met. In the case of sensitive personal data at least one of the conditions in Schedule 3 of this Act is met, or that the processing is permitted in the public interest.

Data may also be processed without consent if it is 'in the substantial public interest' and is necessary to help to prevent or detect an unlawful act. 'Substantial public interest' means the potential benefit from disclosure must outweigh the harm done to the individual by breaching his or her confidentiality. Disclosure without consent following a minor piece of misbehaviour may not be reasonable.

The Second Principle of this Act states that data shall be obtained only for specified and lawful purposes.

The Third Principle is that personal data shall be adequate, relevant and not excessive in relation to the purpose for which it is processed.

The Fifth Principle states that personal data shall be kept for no longer than is necessary for the purpose for which it is processed.

The Seventh Principle requires appropriate technical and organisational measures to be in place against unauthorised and unlawful processing of personal data and that adequate safeguards are taken to protect information and keep it confidential.

At least one of the conditions in Schedule 2 and one condition in Schedule 3 of this Act must be met. The most likely condition is the "vital interests" of the missing or unidentified person is met in Schedule 2 and the "vital interest" of this person or another person is met in Schedule 3. For example, that there are grounds to be concerned for the immediate safety of the missing or unidentified person, or there are grounds for concern for another person who may be put at serious risk of harm by the actions of the missing person by virtue of their poor mental health.

Any transfer of information that takes place in accordance with this Act places an obligation on the recipient of information to treat the information confidentially following the principles of this Act.

This Act requires every organisation appoint a senior manager as a Data Controller.

Human Rights Act 1998

The European Convention on Human Rights was brought into UK law by the Human Right Act 1998. Article 8 states:

1. Everyone has a right to respect for his private and family life, his home and his correspondence.

2. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

The individual's wish to protect his or her privacy must be balanced against the needs of relevant public authority to obtain and use specified information.

Public authorities (such as NHS authorities and trusts, government departments, the police or local authorities) are not the only organisations recognised in this law. Private and charitable bodies that perform functions of a public nature are also covered: for example, housing associations providing social housing on behalf of a local authority may be considered to be performing functions of a public nature and so be bound by this Act.

There are legitimate restrictions on the right to privacy. "Interference" must be justified and satisfy certain conditions compatible with the legitimate objectives set out in Article 8(2). For the purposes of this protocol, the relevant legitimate objective is "Acting for the protection of health or morals". In some circumstances, the legitimate objective of "Acting for the prevention of disorder or crime" may also be justified.

Crime and Disorder Act 1998

Section 115 of the Crime and Disorder Act 1998 makes it lawful for responsible authorities and their co-operating partners, including voluntary agencies, to exchange personal relevant information, with an individual's consent. The Act does not impose a requirement on authorities and partners to exchange information, and control over disclosure remain with the agency that holds the data.

Prior to a disclosure of personal information, consideration must be given to whether public interest would justify disclosure, against the normal presumption of confidentiality. For the purposes of this protocol, attention should be given to public interest in the protection of vulnerable members of the community.

Caldicott Principles

Six Caldicott Principles apply to handling patient-identifiable information:

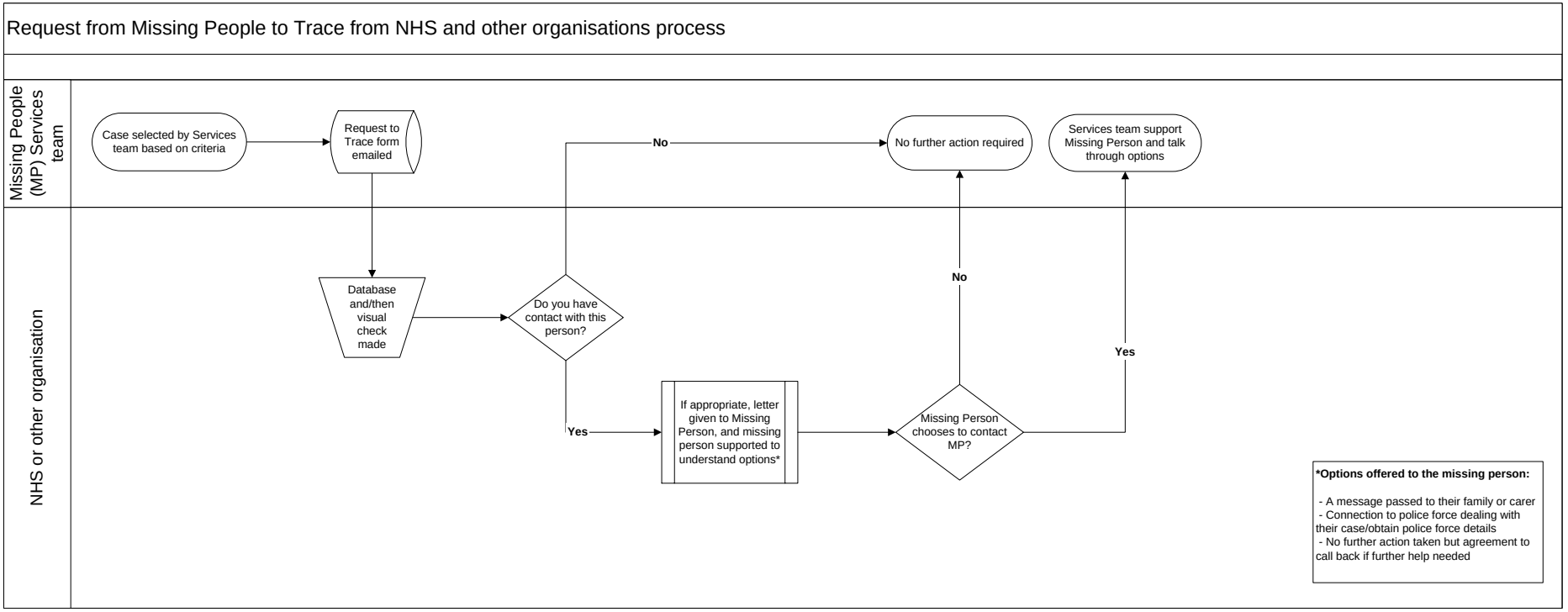
1. Justify the purpose of every proposed use or transfer,
2. Don't use it unless it is absolutely necessary,
3. Use the minimum necessary,
4. Access should be on a strict need to know basis,
5. Everyone with access to information should be aware of their responsibilities,
6. Understand and comply with the law.

s.3. Missing People *Request To Trace* form

Request to Trace Form		
Name of person: John XXXX		
Missing People's reference: 09-xxxxxx Risk assessment: [7]		
Age: XX		Race/Ethnicity
Date of Birth:		NHS no. (if known):
Gender:		NI no. (if known):
Photo [8]	**Time and place person went missing and any other areas known to be in** '… John has been missing from XX since XX/XX/XX …' **Description of missing person and any further information** John is of Xft Xin tall, of X build with X eyes. When last seen John was wearing XX and XX. John has a X regional accent, and a tattoo of a XX on his left arm. [9]	
Contact: nhsp@missingpeople.org.uk		

[7] Risk assessment is consistent with police risk assessment
[8] This photo would be the photo provided by the police and/or next of kin/carer of the missing person. This photo would already be saved in the correct format in P:\Photos Services '09
[9] The text for this would the same as used from the Missing Persons poster, which is information that Missing People have permission to release within the public domain.

s. 4. *Request To Trace* Flowchart

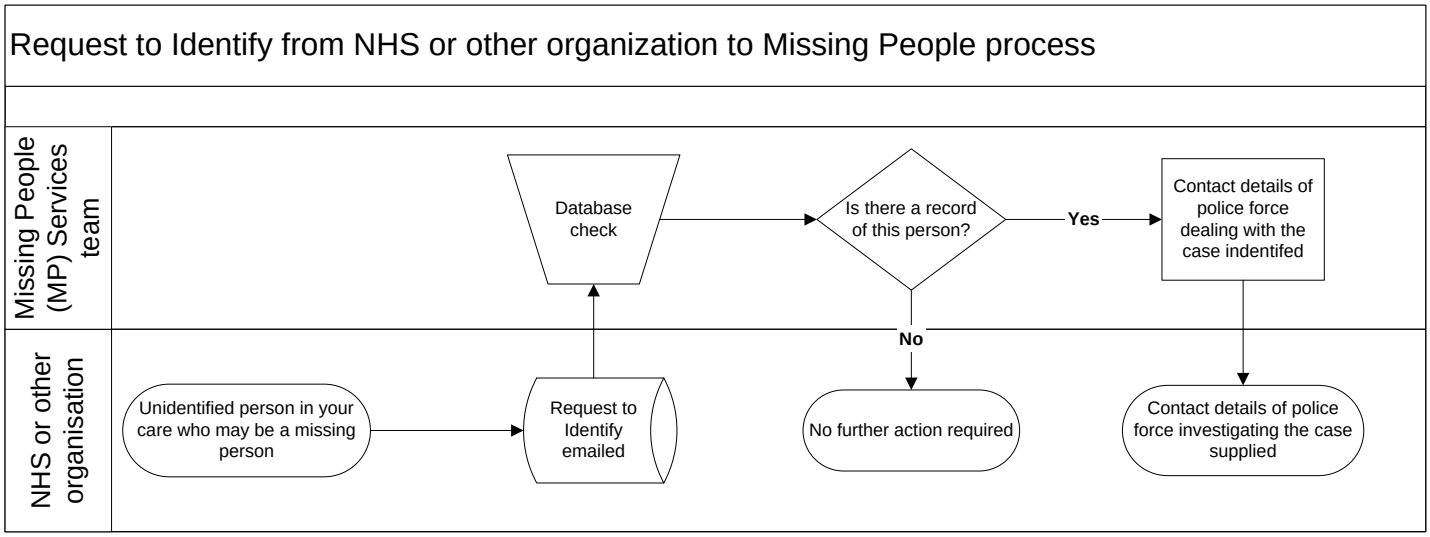


missing people
Registered Charity No. 1020419

s.5. *Request To Identify* Form to Send to Missing People

Request to Identify Form	
Risk assessment:	
Estimated Age (range):	
Gender:	Race/Ethnicity:
Photo 	**Time, place and circumstances person found/had contact/admitted to service** **Description of missing person and any further information** (for example: height, weight, hair, eyes, build, distinguishing features, accent etc.)
Name of sender:	
Contact details (name of organisation, telephone number, secure email address):	

s.6. *Request To Identify* Flowchart



missing people
Registered Charity No. 1020419

s7. Case Studies

The following case studies are provided to give examples of circumstances where vulnerable adults have become missing people.

Case Study 1

Missing People received a request from a London Social Services team to help identify next-of-kin and home address for a male patient in hospital. The patient had been admitted the previous week and was unable to provide any details, as he was very confused and severely dehydrated. The Missing People database was searched but had no details matching the patient's details. Upon learning that the patient had several receipts in his pocket from shops' in another area of London, Missing People put the social worker in touch with the local Metropolitan Police Service Missing Persons Unit (MPU). It transpired that the Missing Persons Unit had been actively looking for this person for a week. They were able to provide the identity, home address and other personal details of the patient.

Case Study 2

A woman from Eastern Europe went missing from her accommodation in London, shortly after arriving in the UK. Metropolitan Police Service Missing Persons Unit (MPU) sent Missing People a report and recent photograph of the woman, asking for assistance in tracing the woman, who was known to have had previous mental health problems. Missing People prepared appeal posters and lined up a TV appeal. The police agreed to contact all the mental health units across southeast England and were to send through an appeal for assistance, plus posters to each of the 130 or so mental health services. Before the letters were sent, a nurse from a hospital on the other side of London called Missing People and confirmed that the woman had been admitted to the hospital but was unable to give any personal details. The nurse had found an e-mail address for the woman and discovered a message to her from the police asking her to contact them or Missing People. Missing People contacted the MPU. The woman was subsequently reunited with her family and friends.

Case Study 3

TA is a young man with learning disability. He was reported missing to Missing People in the afternoon of the same day that Missing People had received a call from a London Hospital to say that they had admitted an unidentified young man with learning disability. The young man was reunited with his family on the same day.

Excerpt from an email received by Missing People

It is four weeks tomorrow that my uncle went missing and we are very concerned, particularly due to his medical condition and lack of money, warm clothing, medication etc.

One advantage of searching for him is that his deteriorating mental condition is likely to result in him being admitted to a mental health unit somewhere in the country. Without ID and in a confused state, the hospital may not be able to identify him. Our understanding is that the protocols for unidentified mental health patients is somewhat confused and inconsistent in different areas of the country.

We have already contacted some mental health units, but without success. We now need to extend this search Nationwide. Is this something you may be able to assist with, in a co-ordinated way to ensure areas are not missed?

We understand there is no public central database etc for mental health units throughout the country - any guidance would be invaluable.

s.8. References are available online at

http://www.missingpeople.org.uk/uploads/files/020_missing_people_mental_health_protocol.pdf

Appendix 3: Guidance for Managers

Guidance to the Single Point of Contact/Authorising Manager on the Missing People Mental Health Information Sharing Protocol[10]

1. Introduction

Your organisation has signed up to an information-sharing protocol with the national charity Missing People. A copy of the Protocol may be viewed at:
http://www.missingpeople.org.uk/uploads/files/missing_people_mental_health_protocol.pdf

As part of this agreement each organisation has identified a *Single Point of Contact* to act as the gateway to the organisation to regulate the safe exchange of information with Missing People.

To support the protocol agreement this guidance is intended to assist authorising managers who will act as the single point of contact for their organisation to ensure this process works effectively.

In addition to this guidance, a separate guidance note has been produced for administrative staff who will be making the checks in practice. It is recommended that you also study the guidance to administrative staff as well as the protocol itself. A copy of the Guidance to Administrators may be viewed at:
http://www.missingpeople.org.uk/uploads/files/04_guidance_for_admin_staff.pdf

2. The Single Point of Contact

To ensure there is a safe and regulated exchange of confidential information between your organisation and Missing People, a *Single Point of Contact* will be established for each organisation.

For some organisations, because of their size and dispersal, and to take account of staff absence, while there may be one point of contact, several managers may undertake this role at different times. Organisations will determine the best way of organising these arrangements internally.

3. Confidential information

Personal information held by organisations is privileged information. The law regulates what information about a person can be given to another organisation - and in what circumstances.

There is a common law duty of confidentiality which organisations owe to the persons they are working for. In most circumstances if personal information is to be shared it must be with the consent of the person.

Only in some specific circumstances, where it may be in the interests of the person's safety or wellbeing can information be shared between organisations without consent.

Organisations must have in place a Confidentiality policy and a Data Protection procedure to ensure that they comply with the law.

The information-sharing protocol this guidance supports concerns vulnerable adults experiencing mental health problems who may be reported missing or whose identity is uncertain or unknown.

The protocol provides an agreement so that two processes can take place to exchange personal information with Missing People. These processes are a *Request To Identify* and a *Request To Trace*. Each process is shown in the flowcharts attached in Appendices (i) and (ii) of this guidance.

Because the protocol provides assurance that an appropriate search will be carried out as a response to *Requests To Trace*, it will not necessary to re-contact Missing People or provide them with information about the result of searches.

[10] Available online at http://www.missingpeople.org.uk/uploads/files/03_guidance_for_authorising_managers.pdf

4. Capacity

The *Mental Capacity Act 2005* was introduced to safeguard the human rights of those who may have lost the capacity to make decision for themselves. It follows common law in recognising the right of autonomy, and there is a presumption of capacity for those aged 18 or more. Incapacity does not take away an individual's underlying rights to their confidentiality, but in circumstances where the person cannot give their consent because they lack capacity, their best interests must be safeguarded through the legal framework provided by this Act.

Where a person is found to be known to the organisation and is believed to have capacity, they should be given the letter provided by Missing People in the most appropriate manner sensitive to their circumstances, taking full account of the current working relationship with the person.

In circumstances where the person may lack capacity to exercise the options set out in the letter, the organisational procedure related to mental capacity must be followed.

5. Request To Identify

The information-sharing protocol with Missing People provides the organisation with an ability to make a *Request To Identify* to Missing People.

This *Request To Identify* may be made where the organisation is working with a person whose identity is unknown or uncertain. It may be valuable to obtain the person's identity so that the organisation can provide an appropriate service to the person.

A *Request To Identify* should be made on the template shown in Appendix (iii). This Template should be saved separately as a *Request To Identify* Form.

The *Request To Identify* details should checked by the Single Point of Contact/Authorising Manager and be sent to Missing People using a secure email arrangement.

Wherever possible a recent photograph of the person should be included for identification purposes.

Wherever possible the consent of the person should be obtained and recorded on a *Service User Consent to Share Information Form* (Either use an existing organisational Form or the template attached (available on request).

6. Request To Trace: Database check first and then further search if appropriate

Where a *Request To Trace* is made by Missing People, the first check should be of the organisational database(s) within the time-scales indicated in the protocol:

- If the risk level is *high* a search of the organisation's information system should take place immediately and certainly within 24 hours.

- If the risk is *medium* a search of the organisation's information system should take place and a response made as soon as a possible and certainly within 72 hours.

These time-scales refer to database checks only.

If, following on from this database check, it is appropriate to carry out a visual check, you should instruct the administrator supporting this work to distribute the information contained in the *Request To Trace* Form to appropriate Team Managers within your organisation. This may not be to all teams across an organisation, but limited to those most likely to come into contact through duty or intake arrangements.

This information should be distributed to Teams only. It is not for public display.

If the person is found as a result of a search, you should discuss with the relevant Team Manager the best means of providing the Missing People Letter which sets out the person's options (see Appendix (v).) and which will be sent with the *Request To Trace* Form.

7. Removing Information after Completed Search

The information contained in the *Request to Trace* should be removed from the organisational information systems once the search has been completed.

To bring this into effect it will be necessary for the authorising manager to set a timescale to give a reasonable time to make a visual check and to ask Team Managers to whom information has been sent to remove this information from their information systems following the completion of the search.

8. Working relationship with person

It is recognised that organisations receiving a *Request To Trace* may have different types of working relationships with the person about whom *a Request To Trace* has been made. This may range from being in the care of the organisation; to being known by the organisation, but not directly in its care; to the organisation having infrequent contact with the person; to the organisation having previously been in contact with the person.

The intention of this information-sharing protocol is not to cut across the working relationship the person has with the partner organisation, or to presume the nature of the working relationship.
In each case a professional judgement will be necessary concerning the most appropriate way of protecting the working relationship. An assessment will also be necessary to determine who is best placed to provide the person with the Missing People letter, which sets out their options.

9. Recording

A record should be kept of all of the *Requests To Trace* made to the organisation and all of the *Requests To Identify* made by the organisation to Missing People for the purpose of audit and the evaluation of the pilot of the protocol. Care should be taken not to store personal confidential information as part of this record.

10. Supervision

Where an administrative member of staff is assisting in the search of organisational databases(s) or the distribution of information to assist in visual checks, the authorising manager should supervise this process and provide any advice or guidance necessary to support this process. Let administrative support staff know if there are any special arrangements they must follow in carrying out their tasks.

Appendices

(i). *Request To Identify* Flowchart (See Appendix 2, page 60)
(ii). *Request to Trace* Flowchart (See Appendix 2, page 59)
(iii). *Request to Identify* Form to Send to Missing People (See Appendix 2, page 60)
(iv). Missing People *Request to Trace* Form (See Appendix 2, page 58)

(v). Template of letter to person who is traced

Dear [name of missing person]

We are contacting you from the charity Missing People. Missing People provides support for missing children, vulnerable adults and families left in limbo. At Missing People we have a team who support families of people who have gone missing and we actively try to find missing people.

We are contacting you because you have been reported as a missing person, and it may be that we can help. We understand that this letter may have come at a difficult time for you, and may be a shock. We would encourage you to speak to someone around you that you feel you can trust and help you get some support if you need to. You have received this letter as part of a standard process where the charity have reason to believe you may be in contact with another agency.

We firstly want to reassure you that we at Missing People will not even know that you have received this letter unless you choose to make contact with us. We also want you to know that we are a confidential organisation and we respect everyone's right to go missing, and to stay missing, if that is what they want to do. We know that people go missing for many different reasons and that returning home or getting in touch with family is not always an option. For some people, picking up the phone and making contact with family can be the hardest thing to do, especially after weeks, months or even years of being missing. We also know that some people who are reported as missing people will not see them selves as missing people.

How can Missing People help?

If you would like to get in touch with someone to let them know that you are OK, or that you are not missing there are ways we can help:

If you want to let someone close to you, such as a family member, know that you are ok but feel unable to make direct contact, Missing People may be able to help by forwarding a message on your behalf to them.

Missing People can also arrange a three-way call or conference call where we can connect you through to your family or loved ones. Having someone else on the line can make it easier for you to talk. These calls cannot be traced.

If you want to speak to the police who are dealing with your missing person case we can connect you via. a three-way call which cannot be traced and enables you to ask the questions you need to. The police will eventually want to carry out a safe and well check to make sure you are ok. It might be this can be done over the phone, or it might be that they need to see you to know you are OK.

If you are concerned about speaking to the police you can call Missing People for advice and support.

If you are not sure about how you feel about receiving this letter you can call us to talk through these options confidentially. You do not have to make any choices until you want to. You can contact Missing People on Freefone **0500 700 700**

Yours sincerely

Appendix 4: Guidance for Administrative Staff

Guidance to Administrators on the Missing People Mental Health Information Sharing Protocol[11]

1. Introduction

The purpose of this guidance is to support operational and administrative staff of the partner organisations that have signed up to use the information-sharing protocol to improve our joint work on missing vulnerable adults experiencing mental health problems. A copy of the Protocol may be viewed at: http://www.missingpeople.org.uk/uploads/files/missing_people_mental_health_protocol.pdf

Each organisation will have identified a 'single point of contact' who will act as the authorising manager for this protocol. Make sure you know who the appropriate manager is with whom you will work.

This guidance is intended to lead you through the process, step-by-step, so that there is a safe and properly regulated exchange of information. We recommend that you study this guidance before you undertake tasks related to *a request to trace* or *a request to identify*. Keep a copy of this guidance so you can refer to it when you are undertaking work in relation to this protocol.

2. Confidential information

Personal information held by organisations is privileged information. The law regulates what information about a person can be given to another organisation - and in what circumstances.

There is a common law duty of confidentiality which organisations owe to the persons they are working for. In most circumstances if personal information is to be shared it must be with the consent of the person.

Only in some specific circumstances, where it may be in the interests of the person's safety or wellbeing can information be shared between organisations without consent.

Organisations must have in place a Confidentiality policy and a Data Protection procedure to ensure that they comply with the law.

The information-sharing protocol this guidance supports concerns vulnerable adults experiencing mental health problems who may be reported missing or whose identity is uncertain or unknown.

The protocol provides an agreement so that two processes can take place that exchanges personal information between different organisations. These processes are *a request to identify* and *a request to trace*. Each process is shown in the flowcharts attached in Appendices (i) and (ii) of this guidance.

3. Sending a *Request To Identify* to Missing People

Your organisation may be working with an adult who is vulnerable and at risk because of mental health issues where their identity is uncertain or unknown.

Missing People may be able to assist in determining the identity of the person. This may be important so that the person may be treated, cared for, or supported appropriately.

What to do:

1. Consult with the authorising manager about obtaining consent for the person.
2. Complete a *Request to Identify* Form - copy attached to the end of this guidance as Appendix (iii).
3. Check the details are correct with the manager identified as the lead for this protocol (the 'Single Point of Contact' for your organisation).

[11] Available online at http://www.missingpeople.org.uk/uploads/files/04_guidance_for_admin_staff.pdf

The information sent should include as much of the following information as possible:

- Risk Assessment
- Estimated Age (range)
- Gender
- Race/ethnicity
- Time, place and circumstance person found/in contact/admitted to service
- Description of Missing Person and any further information
  (for example: Height, Weight, hair colour, colour of eyes, build, all special/distinguishing characteristics - scars, tattoos, accent etc.
- Name of sender
- Contact details (name of organisation, telephone number and secure email address)
- A recent head and shoulders photograph of the person where available.

4. Send information to the Services Team Leader - Lead on Missing Adults by email: nhsp@missingpeople.org.uk

5. Ask for confirmation of safe receipt of e-mail.

What happens next?

Missing People will check their database of Missing Adults to see if there is a record of a person matching the information provided. If there is a record, the contact details of the police force dealing with the case will be supplied to you by Missing People within the timescales set out in the protocol (24 or 72 hours depending on level of risk).

Missing People will check if there is any further support they can offer.

What you should do next:

Communicate the result of the search to the authorising manager/Single Point of Contact for your organisation. Remember this could include the disclosure of personal information and it should be shared on a "need to know" basis only.

Made a record of the request and the outcome.

4. A *Request to Trace* from Missing People to your organisation

Missing People may contact you with details of a person it wishes to trace, where they are believed to be a vulnerable adult with mental health problems reported missing, who may be known to your organisation.

What will happen?

You will receive from Missing People:

- A *Request to Trace* Form
- A Letter from Missing People to the person.

The Form and Letter are shown in Appendices (iv). And (v). of this guidance.
The *Request to Trace* Form will provide the following details:

- Any/All names the person may be known as
- Age/Date of Birth
- Gender
- Race/Ethnicity
- Height

- Weight
- Hair colour
- Colour of eyes
- Build
- All special/distinguishing characteristics (e.g., scars, tattoos, accent)
- NHS Number/ N.I. (National Insurance Number) if known.

+ A recent head and shoulders photograph of the person where available.

The *Request to Trace* Form will also indicate the level of risk to the person.

If the risk level is high a search of the organisation's information system should take place immediately and certainly within 24 hours.

If the risk is medium a search of the organisation's information system should take place and a response made as soon as a possible and certainly within 72 hours.

What do you need to do?

1. Check the organisation's database(s) to confirm whether or not the person is in the care of the organisation.

2. If the person is not recorded on the organisation's database(s) consult the organisation's Single Point of Contact and seek advice about whether or not a visual check of services is appropriate in this case.

3. If this is appropriate in this case, distribute the information to relevant service teams with an indicated time-scale for response.
4. If the person is known to the organisation, consult the organisation's Single Point of Contact to seek advice about if the person should be given the letter supplied by Missing People, outlining the options available to them about making contact in response to this search. The letter should be given to the person by their link worker or another professional who is known to them.

5. No other action is necessary. Missing People do not need to be informed about the results of this search.

5. Points to Note

Your organisation has signed a protocol that provides for the safe exchange of information between organisations that have signed the protocol.

You should seek advice and check the actions to be taken with the organisations lead for this protocol: the Single Point of Contact/Authorising Manager.

You should keep a record of all exchanges of information in relation to this protocol and send a copy to the Single Point of Contact.

Check with the Single Point of Contact if there are any additional arrangements that you must follow in the safe exchange of information with Missing People.

Appendices

(i). *Request To Identify* Flowchart (See Appendix 2, page 60)
(ii). *Request to Trace* Flowchart (See Appendix 2, page x)
(iii). *Request to Identify* Form to Send to Missing People (See Appendix 2, page 59)
(iv). Missing People *Request to Trace* Form (See Appendix 2, page 58)
(v). Template of letter to person who is traced (See Appendix 3, page 65)