APPG for Runaway and Missing Children and Adults

Inquiry into safeguarding missing adults who have mental health issues

July 2018

Foreword

Many people have felt that sense of wanting to run away from it all at moments of crisis. The desire to hit the pause button. The vast majority stay put.

But increasing numbers of people are finding it difficult to cope and are going missing – up to 80 per cent are struggling with mental health issues.

It can happen to anyone. We need to understand that going missing is a red flag moment. A warning sign of crisis in someone's life which ought to trigger help.

But, instead, this inquiry heard evidence that tens of thousands of missing adults are left isolated, alone and without support on their return. Up to a third go missing again, often with tragic consequences.

Opportunities for intervention and prevention of further harm are frequently being missed. People are found and forgotten.

Our inquiry was set up to find out what we can do to help adults, struggling with their mental health, who go missing and who frequently come to harm. It is literally a life or death issue. Over 600 people reported missing in 2015/16 were subsequently found to have died – most through suicide.

At the moment the police are firefighting the problem almost single handed.

But this is not predominantly a police problem, it is a health problem. We need a better multi-agency response.

Mental health services should step up and play a bigger role. The police can find missing people and check they are alive, but it is up to the health and social care services to help identify risk and to support people on their return and put measures in place to prevent them going missing again.

Mental health professionals should be involved at all stages of a missing person investigation, and the Department of Health should record and monitor the number of people going missing from care settings and hospitals – which is too high.

Many missing people told us that returning was far more difficult than going missing, because their problems have not gone away and they are desperate for help.

The whole response to adults who go missing needs improving – we need better risk assessment, better training of call handlers and frontline officers to identify mental health issues, and better initial and long-term support.

There is no doubt that a more systematic multi-agency approach with a high input from health services could prevent deaths and reduce the risk of people repeatedly going missing.

It could halt the 'ground hog day' situation of a person going missing; the police finding them; the person being left without support and then going missing again.

It is vital that this cycle is broken. If implemented, I believe the recommendations in this report could offer some solutions and help and save lives.

Ann Coffey
Chair of the All Party Parliamentary Group for Runway and Missing Children

Aims of the Inquiry

This APPG Inquiry was launched with the aims of:

- Developing a better understanding of the current response when an adult goes missing, and the support provided upon their return.
- Developing a better understanding of which agencies are or should be involved when an adult returns from missing.
- Understanding what additional support and interventions could help these vulnerable adults, including what could prevent future missing episodes.

Acknowledgements

The All Party Parliamentary Group would like to thank all the people who gave their time to contribute to this inquiry.

Many thanks to the professionals who shared their knowledge and expertise, to the staff at Missing People who analysed the evidence provided to the inquiry, and special thanks to the people with lived experience for their openness and willingness to talk about their personal experiences.

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Introduction

In the United Kingdom almost 15 adults are reported missing every hour. In 2015/16 there were an estimated 126,062 reported incidents of adults going missing involving 96,324 individuals.[1]

> *"That's the hardest thing, coming home again. Going away is easy"*

Research shows that up to 80% of those who go missing are experiencing mental health problems[2]. Many will struggle upon their return and up to a third will go missing on more than one occasion.

Fortunately, the majority of missing adults are found or return quickly.[3] However, they are often vulnerable and may experience serious harm even while away for a short time period.

The most common issues raised in conversations with adults calling the Missing People helpline are mental health issues including risks of suicide or self-harm; homelessness; problems at home including relationship breakdown; and abuse or domestic violence. Many missing people will sleep rough, become a victim of crime, come to physical harm or experience worsening mental health.

Suicide is a very real risk - research suggests that one in every twenty missing adults will have gone with the intention to take their own life[4]. In 2015/16 over 600 people[5] who had been reported missing were found to have died – the most common single known cause being suicide[6]. Police responses to this inquiry show that on average up to a third of missing incidents are recorded as involving suicide or self-harm. In some areas this figure can be even higher with one force reported that 42% of incidents had a suicide or self-harm marker attached.

High numbers of adults go missing from hospitals – up to 18% of missing incidents according to research carried out in 2014.[7] In some areas this proportion is even higher: one police force told the inquiry that up to 29% of missing incidents in its area were reported from hospitals. Many of the police responses raised concerns regarding how hospitals work with the police when responding to missing adults.

Missing episodes often signify a moment of crisis and should be understood as a warning sign of problems in someone's life. However, support is rarely offered upon an adult's return, meaning that an opportunity for intervention and prevention of further harm is missed: people's welfare can

[1] Based on figures provided by the National Crime Agency, Police Scotland and the Police Service of Northern Ireland
[2] Gibb, G. and Woolnough, P. *Missing Persons; Understanding Planning Responding* (2007)
[3] 76% within 24 hours and 3% missing for longer than a week. National Crime Agency Missing Persons Data Report 2015/2016
[4] Biehal, N., Mitchell F., and Wade J. *Lost from View* (2003)
[5] National Crime Agency Missing Persons Data Report 2015/2016
[6] Newiss, Geoff. *Learning from Fatal Disappearances*, Missing People (2011)
[7] Shalev Greene, K. and Hayden, C. *Repeat reports to the police of missing people: locations and characteristics.* Centre for the Study of Missing Persons, (2014)

further deteriorate and lives can be put at risk and lost. Missing people have spoken of the importance of support upon their return and the challenges of facing this alone.

As the police are involved in missing person investigations at the point of reporting, conducting the search and when a person is found, it is vital that they are equipped to understand the mental health issues that the missing person may well be facing. Police guidance, training and protocols must therefore be improved to ensure that missing people receive a compassionate and well-informed response.

Responding to the issues raised by missing people should not be the responsibility of the police alone. With an estimated 80% of missing adults experiencing mental health issues it is clear that health and social care in particular must play a greater role.

The availability of multi-agency support is vital if we hope to address the reasons why people go missing, provide the necessary help when it is needed, and reduce the likelihood of future missing episodes.

Without this, people who are vulnerable, struggling with their mental health, and often in crisis will be unable to access adequate support.

Returning from missing can be difficult, frightening and isolating: without an improved response tens of thousands of people are left to face this alone.

This inquiry recommends more strategic involvement from mental health services, led by the Department of Health and Social Care and NHS England.

This Inquiry has focused on four key steps in the response to a missing person.

1. Risk assessments
2. Response at the point of return
3. Ongoing support
4. Prevention

1. Risk assessments

A well-informed assessment of the risk of coming to harm facing a person who has been reported missing will inform the response by the police and other agencies. If risks have not been properly identified this can lead to tragic consequences as the corresponding response may not reflect the level of risk the person is actually facing.

An effective risk assessment can only be carried out if all the relevant information is available – information which can only be gathered if:

a) the right questions are asked, and

b) the questions are asked of the right person

Asking the right questions

Police Authorised Professional Practice[8] suggests a standardised set of questions to be asked when an individual is reported as missing. These have been adopted and adapted to various degrees by the 46 police forces across the country. However, little has been done to validate these questions empirically, so their efficacy for effectively and accurately identifying risk levels is unknown.

Recommendation:
The standard risk assessment questions should be empirically validated by the College of Policing and the guidance updated accordingly.

Asking the right person

The police must speak to the most relevant people to understand the missing person's situation, possible reasons for going missing, and potential risks.

For many, in the first instance this will be the person's family: they will most likely have the best understanding of their wellbeing and what may have happened. They may be the only ones able to flag concerns about the missing person. For example, some missing adults might be experiencing mental health issues which have not been identified, or for which they have not received treatment. In these situations family or friends of the missing person can be the only sources of potentially crucial information on vulnerability, which is why it is so important that any of their concerns are taken seriously. Equally, however, the family and friends may not know about any mental health issues the person is experiencing. It is therefore vital that the police can access information from mental health professionals who can check medical records and provide invaluable insight into what a mental health condition or associated behaviour might mean for the level of assessed risk and lines of inquiry for the investigation.

Call-takers and police officers must have the skills to be able to raise questions about mental health in a sensitive manner. They must be able to identify signs of poor mental health – even where they are not explicitly stated. Concerns of the families of missing people must be taken seriously in any risk assessment.

Recommendation:
Training on mental health and identifying warning signs of vulnerability should be made available to all police call takers.
Training on mental health, missing, prevention interviews and working with families of missing people should be developed for response officers and should wherever possible use testimony from people who have been missing.

The Inquiry evidence demonstrates that mental health professionals provide assistance to police teams via different models including street triage, co-located mental health staff embedded within force control rooms, and access to professionals via mental health advice lines. There is some

[8] College of Police Authorised Professional Practice Risk Assessment (2016)

excellent practice in partnership working between police and mental health teams taking place across the country; however, it is inconsistent and there is little guidance or oversight. Furthermore, mental health professionals are not always involved in missing person investigations and their support can be limited to certain times of day or constrained due to high levels of demand and limited resources.

Inappropriate risk assessments can cost lives. Without the necessary training and support from mental health professionals, the police may fail to identify a risk of suicide and therefore not dedicate the necessary resources to find someone before they end their life.

Recommendation:
Mental health trusts must ensure that mental health professionals are available to assist the police at all stages of missing investigations if deemed necessary.

When someone is being treated within a health care setting there should be joint responsibility for carrying out the risk assessment, similar to current expectations for children in care.

The Home Office and the Department of Health and Social Care should develop joint guidance on multi-agency working as part of the implementation of the 'Missing Children and Adults Cross Government Strategy'. When reviewing or revisiting any existing guidance relating to vulnerable adults, agencies should consider, and where appropriate include, the response to missing people.

Responses to the inquiry detailed many examples of good practice within the police forces in respect of risk assessments; however, there is still significant inconsistency that can only be resolved by improved understanding, professional guidance and training.

2. Response at the point of return

When a missing adult is found or returns it is not the end of their missing journey. They may be unwell, have experienced harm, or the reasons they originally went missing may still be present or have worsened. It is important that they are supported and everything possible is done to understand why they went missing and to help prevent them doing so again. To do this effectively the response must be multi-agency and flexible to address different needs of people in different situations. An inappropriate response from professionals when someone first returns could mean that safeguarding flags are missed or that harm experienced while missing remains undisclosed. It is vital that there is proper co-operation with mental health professionals at this stage to accurately identify and assess risk.

Although there are standard procedures in place for a response when someone is in acute mental health crisis, there is little on offer for the majority of missing adults who may be unwell or vulnerable but would not meet the high thresholds for immediate medical intervention or referral to adult social care. Responses to the inquiry showed that the response to this group is inconsistent, particularly around safeguarding processes and referrals.

There is little direction laid out in legislation, in statutory guidance or in the guidance provided by each relevant agency's governing body. This is in sharp contrast to the guidance available for the response to missing children, which is much more comprehensive. The result is that there is not much consistency in the action taken for returned missing adults. It is likely that the only response will be provided by the police, and while they will endeavour to carry out a check to ensure that these adults are safe and well, few people will have an opportunity to talk at any length about what has happened to them, why they went missing and whether they need further support. There is little information available about what the checks carried out by the police involve, how effective they are, and whether the police are the best agency to provide this interaction. We know, however, that in some cases these checks merely determine that the person has returned and is alive.

> *"I spoke to the police once – they asked for my name, address, date of birth and any crimes that I wanted to report. That was it. In St Thomas A&E in a cubicle – whilst banging my head against a wall. I was safe yes, but not well"*
> *"That is why we need to make it a statutory requirement to have a return interview. If I go missing again, the police aren't going to have anything to go on."*
> Esther, who went missing in 2016

The lack of support was highlighted vividly by Esther, a returned missing person, who gave evidence to the inquiry. She explained how going missing had led her to lose her job, her partner and to leaving a city she had been happy to call home. Esther told the inquiry about the response when she returned from missing: a police officer merely asked for her name, address and age. He did not ask her why she had gone missing or where she had been, and he let her leave after she said she would go and stay with a friend.

Such a response does not enable any support needs to be identified, potentially leaving a vulnerable person at crisis point with no available support. It also means that the police and other agencies will have no relevant information about what happened to the person if they are reported missing again:

"If I go missing again, the police aren't going to have anything to go on." (Esther).

Current practice when a person returns

In January 2017, new Authorised Professional Practice (APP – police guidance) introduced 'prevention interviews': an enhanced check with the dual purpose of confirming that someone has not experienced immediate harm, but also identifying any ongoing risk or factors which may contribute to the person going missing again.

The new guidance states: "The police have a responsibility to ensure that the missing person is safe and well". It says the new prevention interviews should be carried out in all high risk cases but that they only need to be *considered* for no apparent risk, low and medium risk categories.

We are concerned that as only 12.5% of cases are classed as high risk[9] this means that many people could fall through the net, receiving no comprehensive response from the police on their return if they are categorised as no apparent risk, low or medium.

In addition to concerns about the guidance on when prevention interviews should take place, responses to this inquiry raised significant concerns regarding the consistency and quality of delivery. In some responses from police forces the terms 'safe and well check', 'prevention interview' and 'return interview' were used interchangeably with little understanding of what each individually should involve.

Where prevention interviews are delivered it is unclear in what situations they are used and what they actually consist of.

Recommendation:
The College of Policing, in partnership with the National Police Chiefs' Council Lead for Missing Persons, should carry out a review of prevention interviews within the next year to explore how often they are being used and how effective they are in safeguarding missing adults with mental health problems.

When Interventions fail…
Prevention Interviews may be the only chance to intervene at a point of crisis. When they are not delivered effectively there can be tragic consequences for vulnerable people and their families.

Simon, an ex-police officer, went missing in 2011 after experiencing extreme stress and bullying at his workplace. Going missing was completely out of character, and his wife was immediately concerned. Simon was duly reported missing. However, despite warning signs for vulnerability being recorded on the police report, he was not assessed as high risk.
Twelve days after he was reported missing Simon was located in a hotel near his family home. Two officers were dispatched to carry out a Safe and Well Check. When officers knocked they found Simon vulnerable and dishevelled but refusing to speak to them. He was recorded as safe and well.
Four days later, with no intervening intervention or support, Simon took his own life.

This inquiry has found that there is little standardisation or guidance in terms of what intervention should take place, what questions should be asked and what information should be recorded. This means that safeguarding processes are unclear and referral pathways vary. There is a clear need for more guidance, improved processes and better training for the police when a missing person is found. Regardless of whether someone receives a safe and well check or prevention interview, there should be clear expectations on the minimum information collected and recorded when someone returns from missing, which should be clearly laid out in guidance.

While the police will often be the first agency involved when a missing person is found or returns, they should not be the only agency with responsibility for providing support. In some situations the

[9] National Crime Agency Missing Persons Data Report 2015/2016

police will not be the most appropriate service to connect with a returned person, a fact that was confirmed by the experiences of respondents to the inquiry who had been missing themselves.

In situations where a person who is known to mental health services goes missing, healthcare professionals should necessarily form part of the multi-agency response. This involvement should also be considered when someone is vulnerable but has not previously accessed services. Issues around confidentiality and barriers to mental health professionals sharing information with families and other agencies were raised at our roundtable meetings. This will continue to be an issue.

Recommendation:
Mental health professionals should be available to support the police in responding to a missing adult's return when mental health concerns are identified

Return interviews

In addition to prevention interviews, which are generally conducted by the police, the APP recommends that a return interview should be provided within 72 hours of a vulnerable adult's return from missing. Return interviews are more in-depth conversations which can be delivered by agencies independent of the missing investigation or vulnerable person's care.

Despite clear APP guidance, return interviews are not being offered to vulnerable missing adults in any police force areas in England, Wales or Northern Ireland.

APP guidance reads: "Following the return of the missing person, individuals should be offered the opportunity to engage in a more in-depth interview in order to:

- identify and deal with any harm they have experienced, including harm that might not have already been disclosed as part of the police prevention interview (any medical conditions should be discussed and any need for medical attention assessed)
- understand and try to address the reasons for the disappearance
- try to prevent it happening again.

"The information gathered from the interview helps professionals to understand the reasons why the person went missing and to take action to prevent future missing episodes. It is important that a process exists to share information gathered from these interviews with partners."

Scotland is the only area in which return interviews are routinely offered to vulnerable adults. There is currently a statutory duty for return Interviews to be provided for children and young people who have been missing across England and Wales; however, there is no similar requirement for them to be offered to adults.

There is a clear need for return interviews to be made available to adults, as highlighted in APP guidance. However, this is not solely a police responsibility, rather, responsibility for their delivery should sit between health, social care, the police and the third sector.

A return interview should be an opportunity for an independent, trained professional to hold a conversation with someone who has been missing. They can discuss why the person went missing,

what happened while they were away, and what support they now need. It can take place when the returned person is ready, and should be flexible enough to address their specific needs. As the interviews can be conducted by independent professionals, their use could reduce the resource requirement on the police of having sole safeguarding responsibility for returned missing adults. Evidence submitted to the inquiry suggested strong police support for the introduction of these interviews for adults.

When the new National Missing Persons Register is introduced in 2019, this valuable database will provide more opportunities to share information. It is therefore vital that information collected at a local level is as comprehensive as possible.

Recommendation:
Return interviews and other specialist support should be offered to vulnerable missing adults

3. Ongoing support

"I returned very vulnerable and having to fight my corner to seek the help that was so badly required"
A missing person

Many adults, when they return from a missing episode, may need ongoing support. However, evidence to this inquiry showed that referral pathways are not always clear or effective and that many returned missing people will not have the opportunity to access support.

At a minimum, guidance should be made available for missing people who have returned. Some returned adults will need help in understanding how to re-enter their day-to-day life, whether it's information on how to talk to family members about their experience or how to return to work. All returned missing people should be able to find information on the support services available to them and guidance on how to access them. This guidance could be developed by Missing People, building on their existing resources, and using their experience of supporting missing people and their families, to ensure that returned missing people are able to easily find information that can help them in their return. Returning can be an isolating experience; peer stories and support can help to alleviate this and should be incorporated into any guidance development. Mechanisms of peer support should be explored and developed, including online forums.

> *"If you return from missing, the place you are returning to is no longer a safe space because you have already proved you can go missing. Your relatives can't trust you and you can't trust yourself. Any space you have inhabited is all now tainted and fraught with difficulties…You have to try and do all of this alone…. There was not one easily identifiable route to access help or speak to other people who had been through the same thing."*
> A missing person

Although guidance will be invaluable for some, it will not be enough for everyone. Without the option of direct, and sometimes ongoing support people are left scared and alone to face the challenges of returning to their life whilst still struggling with mental health issues or other vulnerabilities. Effective referral pathways and

appropriate services are the only way to ensure that people receive the help that they desperately need.

Every police force has processes for sharing concerns about a vulnerable person with other services: some responses to the inquiry showed excellent examples of multi-agency working regarding referrals, often based around Multi-Agency Safeguarding Hub models. However, other responses reported significant concerns about whether referrals were appropriately made, and whether they actually led to offers of support. National guidance and local protocols should be developed to include how concerns about vulnerability can be raised, what steps will be taken by the relevant agencies, how concerns can be escalated, and how information will be shared back with the police where appropriate. This would ensure that all agencies understand their role and that good practice is consistent across the UK.

The development of this guidance would mean that inspections by both Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and the Care Quality Commission (CQC) could include the response to missing, thereby ensuring that every returned person receives a consistent, quality assurance checked response.

A clear example of the importance of introducing joint health, social service and police protocols and inspections lies in the high numbers of people who go missing from hospital: up to 18% of missing incidents.[10]

The Mental Health Act 1983 and associated Code of Practice already outline requirements for local protocols to be put in place and for a review to take place if a patient goes missing. However, without explicit inclusion in inspection frameworks and more oversight of multi-agency working, it is currently unclear how regularly these duties are being upheld.

The Crisis Care Concordat and Suicide Prevention Plans are both multi-agency agreements that are already in place to ensure an effective response to people in crisis. Although these cannot offer the same value as missing-specific guidance, a greater emphasis on the response to missing within both the Crisis Care Concordat and Suicide Prevention Plans would be a good first step and could ensure that local strategies and action plans include responsibilities for the relevant agencies when a vulnerable person goes missing.

It is important to note that many responses to the inquiry outlined the need for better support specifically for people who are vulnerable but who do not meet thresholds for immediate health or adult social care intervention. In some areas these services are lacking altogether; in others the support may be there but in a confusing landscape of services and pathways that may be difficult to navigate.

[10] Shalev Greene, K. and Hayden, C. *Repeat reports to the police of missing people: locations and characteristics*. Centre for the Study of Missing Persons (2014)

Recommendations:
Pathways to support need to be made more accessible for adults who have been missing. This should be outlined in local protocols or practice agreements between the police, health and social services.

The Care Quality Commission should enhance their inspections of patient safety to include the response to adults who go missing whilst under NHS care.

Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services should include specifically the response to missing people who are vulnerable because of their mental health in their inspections.

The benefits of a joint inspection should be considered and both agencies should ensure that the Mental Health Act 1983 and Code of Practice, which already outline requirements for local protocols to be put in place and for a review to take place if a patient goes missing, are being upheld.

Crisis Care Concordat and Suicide Prevention Plans should include the response to and support available for missing people.

4. Prevention

Every missing episode should be understood as an indicator of vulnerability or a risk of serious harm. It should also be understood as an opportunity to prevent future missing episodes, including through prevention interviews, escalation triggers, independent return interviews, and the availability of support.

> *"Well sometimes when you go missing you know the core is historical… They have not dealt with it. Nobody has dealt with it or been aware of it. And this is what triggers all this that happens."*
> A missing person

Although less important than an individual's safety and wellbeing, it is also worth considering the financial impact of missing – each episode is estimated to cost the police almost £2,500.[11] By helping to prevent people from going missing again, professionals can ensure considerable savings to public spending.

For the police, information gained through prevention interviews or return interviews can be used to create profiles of risk by mapping locations with significant numbers of missing reports such as hospitals, mental health units and care homes that are often 'hotspots'. This can help to improve local understanding in both the police and health sectors of why people are going missing, and steps can be taken to mitigate those risks.

Sometimes the answers can be simple. The inquiry heard evidence about a man who had taken his own life, having absconded while detained under the Mental Health Act. At his inquest, the Coroner

[11] Shalev Greene, K. and Pakes, F. *Establishing the Cost of Missing Person Investigations.* Centre for the Study of Missing Persons (2012, 2013a)

said that police had previously told the Mental Health Trust that there were high numbers of instances of people going missing from that particular hospital ward. It was later found that patients had access to a button that released the door of the ward and so could leave at will. A better understanding of how and why people were going missing from this ward could have meant a reduction in the number of missing episodes and an opportunity to save a life.

Recommendations:
At a local level the police and NHS Trusts should map locations with high numbers of missing reports. The information gathered should be used to jointly understand high-risk locations and develop plans for better prevention.

The Department of Health and Social Care should record and monitor the number of people going missing from hospitals and care settings.

Many adults will go missing on more than one occasion, and some will go many times. An improved multi-agency response after every missing episode could mean preventing the next.

Recommendation:
Local protocols should include a commitment to hold strategy meetings when a person goes missing on multiple occasions or they have significant vulnerabilities

The Herbert Protocol is a national scheme that is mainly used for people living with dementia who are at risk of going missing. The scheme encourages carers and families to compile useful information which could be used in the event of a vulnerable person going missing, for example their favourite places to go or where they may have been found before. It enables forward planning of a response to people with dementia who may go missing and are at high risk.

A similar scheme could potentially be developed for use with people who are vulnerable to going missing because of their mental health issues. This would need to involve a collaborative discussion with the vulnerable person and could act both as a preventative measure and a tool to help the police find people quickly and safely.

Many people who are reported missing have not gone missing intentionally and do not realise the potential police response to a missing report. A discussion between them and carers or health professionals could be an opportunity to talk through any issues which might cause them to go missing, to explain the risks, to discuss when a report will be made to the police and what will happen, and to inform them of sources of help if they do go missing. The discussion in itself, if carried out in an appropriate way, could be a preventative measure. The additional benefit would be the opportunity to gather and record information that could help the police investigation if they did later go missing. This information could include places the person might go, the people it would be appropriate to contact, and any risks that the vulnerable person might themselves be able to identify.

Such an approach could allow for better multi-agency understanding, improved risk assessments, and more power being given to vulnerable people to understand their situation and the implications of going missing.

Good practice in healthcare should include individuals being given a say in their own care. When a person is known to health services, the healthcare professionals should engage with them to discuss plans for supporting their recovery, including ensuring that their rights and wishes are being considered and providing a thorough explanation of their care plan and any steps that will be taken if they do not attend appointments or go missing from an in-patient ward. This new protocol could therefore sit within processes that are already taking place.

Recommendation:
A similar scheme to that of the Herbert Protocol, including care planning, should be considered for people who are vulnerable to going missing because of mental health issues. If found to be valuable it should be implemented across all forces

Going missing is a complicated issue and it is important to remember that adults have the right to do so, unless detained under the Mental Health Act. However, missing adults should always receive an offer of help when they return to ensure that they can keep themselves safe, can access support, and that they do not feel that going missing again is their only option.

Recommendations

We have identified three key areas for improvement in responding to missing adults. Within each there are additional recommendations on how these should be achieved.

1. **All missing adults should receive an offer of help upon their return, including mental health support if appropriate.**

    - *Return Interviews and other specialist support should be offered to vulnerable missing adults*
    - *Mental health professionals should be available to support the police in responding to a missing adult's return when mental health concerns are identified*
    - *Pathways to support need to be made more accessible for adults who have been missing. This should be outlined in local protocols or practice agreements between the police, health and social services.*

2. **National guidance from the Home Office and the Department of Health and Social Care outlining multi-agency accountability should be jointly developed as part of the implementation of the 'Missing Children and Adults Cross Government Strategy'. All local areas should use this to develop local protocols to better respond to missing adults.**

    - *Mental health trusts must ensure that mental health professionals are available to assist the police at all stages of missing investigations if deemed necessary.*

      When someone is being treated within a health care setting there should be joint responsibility for carrying out the risk assessment, similar to current expectations for children in care.

      The Home Office and the Department of Health and Social Care should develop joint guidance on multi-agency working as part of the implementation of the 'Missing Children and Adults Cross Government Strategy'. When reviewing or revisiting any existing guidance relating to vulnerable adults, agencies should consider, and where appropriate include, the response to missing people.
    - *The Department of Health and Social Care should record and monitor the number of people going missing from hospitals and care settings*
    - *At a local level the police and NHS Trusts should map locations with high numbers of missing reports. The information gathered should be used to jointly understand high risk locations and develop plans for better prevention*
    - *Local protocols should include a commitment to hold strategy meetings when a person goes missing on multiple occasions or has significant vulnerabilities*

- *The Care Quality Commission should enhance their inspections on patient safety to include the response to adults who go missing whilst under NHS care.*

  Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services should include specifically the response to missing people who are vulnerable because of their mental health in their inspections

  The benefits of a joint inspection should be considered and both agencies should ensure that the Mental Health Act 1983 and Code of Practice, which already outline requirements for local protocols to be put in place and for a review to take place if a patient goes missing, are being upheld.

- *Suicide Prevention Plans should include information and expectations regarding the response to individuals going missing. These strategies are developed by local authorities, clinical commissioning groups (CCGs), the voluntary sector and wider networks to monitor and take action to reduce the risks of suicide in localised areas. The upcoming review of all local suicide prevention plans, currently being carried out by the Department of Health and Social Care, the Local Government Association and the Association of Directors of Public Health, should consider missing as a necessary element.*

- *The Crisis Care Concordat is an agreement that sets out how organisations can better work together to ensure that people who are in mental health crisis get the help they need. The response to missing should be included as part of the considerations within local Crisis Care Concordat Action Plans.*

3. Police training and APP guidance on responding to vulnerable missing adults needs to be reviewed and updated

- *The standard risk assessment questions should be empirically validated by the College of Policing and the guidance updated accordingly.*

- *The College of Policing, in partnership with the National Police Chiefs' Council Lead for Missing Persons should carry out a review of prevention interviews within the next year to explore how often they are being used and how effective they are in safeguarding missing adults with mental health problems.*

- *Training on mental health and identifying warning signs of vulnerability should be made available to all police call takers.*

- *Training on mental health, missing, prevention interviews and working with families of missing people should be developed for response officers and should wherever possible use testimony from people who have been missing.*

- *Guidance needs to be made available on the referral process when a returned missing person is identified as vulnerable*
- *A similar scheme to that of the Herbert Protocol, including care planning, should be considered for people who are vulnerable to going missing because of mental health issues. If found to be valuable it should be implemented across all forces*

Inquiry Report

This Inquiry focuses on a specific issue: vulnerable adults who go missing because of their mental health.

While there are often many contributing factors when someone disappears, mental health is the most commonly shared factor in adult missing episodes. Research suggests that up to 80% of adults who go missing will be experiencing mental health concerns. [12] This figure includes both those who have received an official diagnosis and those who haven't.[13] People with mental health issues are often vulnerable. They may be at increased risk of harm from others, and may struggle to look after themselves or make safe decisions while away. Some people will try to take their own lives.

The range of vulnerabilities in this group, as well as the significant numbers of people affected, led to the decision to focus on this area. Throughout the inquiry we have included discussion about other issues related to missing and vulnerability wherever appropriate.

Methodology

The inquiry has consisted of three stages:

1. Consultation with people who have previously been missing, their families and professionals who work with them;
2. Calls for evidence to police forces and other relevant agencies. The inquiry received responses from 39 of the 46 police forces contacted and a further 35 from a variety of professionals;
3. Follow-Up Consultation and Roundtable Meetings

For the full methodology, please see the appendix.

Background - Missing and mental health

Mental health issues can be both a cause and consequence of people going missing. Research and police statistics show that they are among the most common reasons for adults going missing: NCA statistics show that 'mental health' or 'depression / anxiety' was recorded in over half (52%) of missing incidents. Research conducted by Missing People analysing the prevalence of mental health in police force data found similar figures, with around 50% of individuals reported missing having a mental health record.[14] As high as these figures are, they are still likely to be an underestimate: one

[12] Gibb, G. and Woolnough, P. *Missing Persons; Understanding Planning Responding* (2007)
[13] *Only a third of adults who believe that, in their lifetime, have had a diagnosable mental health problem receive a diagnosis.* Mental Health Foundation. *Fundamental Facts About Mental Health 2016* (2016)
[14] Holmes, L. Woolnough. P. Gibb, G. Lee, R. and Crawford, M. *Missing Persons and Mental Health.* Paper presented to the 1st International Conference on Missing Adults and Children. June (2013)

study of missing persons reports found that 80% of missing adults in the UK could be regarded as having some form of mental health problem at the time they went missing.[15]

The discrepancy between the national statistics and the more in-depth analysis could be due to people not disclosing their mental health issues explicitly to the police during a safe and well check, or because of problems with the police recording processes.

It is difficult to assess how these figures compare with those for the population at large. It is noticeable that the prevalence of depression and anxiety among missing people recorded in the national police statistics[16] is much higher than that for the adult population in England as recorded in the Adult Psychiatric Morbidity Survey.[17]

The role of mental health issues for people who have gone missing is also highlighted in qualitative studies, with the Geographies of Missing People research project documenting a substantial presence of mood disorders, including depression, anxiety and bipolar disorder as well as schizophrenia or other psychotic disorders among the people they interviewed.[18] Although the extent of the relationship between missing and mental health has varied in different studies, the vast majority show a close link between the two[19].

Not all people who have a mental health issue and go missing will have received an official diagnosis. This inquiry has not been able to look into this issue in depth, but we suggest that more needs to be

I have to run away
Because being here's too terrible to bear
But there is even worse,
It feels like nowhere I can be.

I zigzag foreign streets,
A startled pinball desperate for its hole
I crawl into the body of an animal
Cowering in my snare.

When I go missing
You'll not find me in a place of sanity,
But in the wilderness of my despair

Excerpt from 'When I go missing',
a poem by a returned missing adult

[15] Gibb, G. and Woolnough, P. *Missing Persons; Understanding Planning Responding* (2007)
[16] National Crime Agency Missing Persons Data Report 2015/2016
[17] http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-cmd.pdf / http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-psychosis.pdf
[18] Stevenson, O. Parr, H. Woolnough, P. and Fyfe, N. *Geographies of Missing People: Processes, Experiences, Responses* (2013)
[19] Missing People, *Missing and Mental Health Information Sheet* (2015)

done to understand what differences, if any, a pre-missing diagnosis means for police risk assessments, the search for the missing person, and offers of support upon their return.

People with mental health issues are often vulnerable. They may be at increased risk of harm from others[20], may struggle to look after themselves or make safe decisions while away, and some people may try to take their own lives.

Some people suffering with psychotic disorders may not be missing intentionally; their disappearance may instead be related to delusions or other aspects of their condition. People living with mood disorders may feel that they are protecting or helping their family and friends by going missing. It is therefore important to remember that even though someone might appear to have gone missing intentionally, they still may need and deserve support.

Suicide is a very real risk for missing adults with mental health issues. Whilst not all individuals who attempt to end their own life necessarily have mental health problems, a large proportion do.[21] The risk of suicide should not be overlooked when considering the harm that adults may face when missing.

Research shows that suicide was the reason for going missing in approximately 6%[22] of missing incidents.[23] Research in 2011 suggests that the majority of cases where missing individuals are found deceased are due to suicide.[24]

There is still relatively little known about the links between missing and mental health. This fact is reflected in the lack of statutory and operational guidance for responding to missing people who are

[20] Desmarais, S. Van Dorn, R. et al. *Community Violence Perpetration and Victimization Among Adults With Mental Illnesses* (2014)
[21] See https://www.mentalhealth.org.uk/a-to-z/s/suicide, referencing 'Comorbidity of Axis I and Axis II Disorders in Patients who attempted Suicide. The American Journal of Psychiatry, 160 (8), 1494-1500'
[22] Biehal, N., Mitchell F., and Wade J. *Lost from View* (2003)
[23] It is not always possible to differentiate between completed suicides, suicide attempts, and individuals who were reported as being suicidal on going missing. In responding to the consultation, 24 forces provided information about suicide and self-harm. Eight of these gave information about suicide only, reporting that around 5% of cases were recorded in this manner. Eleven forces responded with information about suicide or self-harm but without differentiating between the two: one third of cases were recorded as involving suicide or self-harm. Five further forces recorded suicide and self-harm separately, reporting suicide figures at a similar level to those only reporting suicide, and self-harm in roughly one-third of cases.
[24] Newiss, G. *Learning from Fatal Disappearances*, Missing People (2011)

experiencing mental health issues. Specialist support is rarely available and, when referrals are made, people often face challenges in navigating the complicated support pathways or long waiting lists before they actually access help.

Risk Assessments

Risk assessments are a vital part of any missing person investigation. The assessment will inform the amount of police resources allocated to the search and provide an opportunity to identify the harm that someone might be at risk of. It is vital that mental health is considered as one of the possible risk factors due to the associated vulnerability and harms. The questions asked at this stage must enable information to be provided which can usefully be taken into consideration when assessing risk.

The College of Policing Authorised Professional Practice for Missing Persons (APP) explains that police forces should use a standardised set of questions to gather information. At this stage any vulnerabilities are identified, including whether a person has mental health issues, suicidal intentions or ideation, medication needs, or other vulnerabilities. APP suggests a series of questions that individual forces can tailor to a certain extent.

While many of the police officers who responded to the consultation felt that risk assessments were generally effective, we are unaware of any evidence that these questions have been empirically validated. It is therefore unclear whether they are successful at effectively identifying risk. A 2014 research report suggests that "*the decision-making process that generates these risk ratings is often regarded as subjective and inconsistent"* by police officers.[25] Multiple respondents to the inquiry also raised concerns about the lack of evidence for the current risk assessment questions. One response reported that "*The risk assessment question set currently used by UK Police needs to be explored/verified by academics. It has been in use since 2003 and there is little or no research to support that we are currently asking the right questions, in the right order, to obtain the best information to inform our decision making." (West Mercia Police).*

It is also essential that information is being sought in the right places. The police can only make a thorough and comprehensive risk assessment when they have all the relevant information. When an adult is missing and has mental health issues, their mental health history, concerns and treatments must be a key part of the risk assessment process. Information-sharing systems and protocols should be outlined at a national level and implemented locally to ensure relevant information can be shared with the police in a risk assessment process.

APP guidance states that officers should seek guidance from healthcare professionals when there are any concerns about a missing person's mental health. The police and call-takers need to be able to identify the possibility of mental health issues for this to be effective. While neither are mental health professionals, it is vital that they should have basic training to understand and identify mental health concerns as they will be the only point of contact when someone is reported missing. Without it they

[25] Smith, R. Shalev Green, K. *High Risk? Attitudes to the Risk Assessment Process in Missing Person Investigations* (2014)

risk missing or underestimating vulnerabilities and risk. Officers who are making risk assessment decisions need to then be able to access information from health records.

The evidence responses show that many forces are using mental health professionals to support the risk assessment; however, this is not consistent across all forces despite its evident value.

Mental Health Professionals (MHPs) and Risk Assessments

Twenty-two forces reported using mental health professionals to support risk assessments and the responses showed this happening in a number of different ways:

- Co-located MHPs in force control rooms. These professionals will have access to health records and can therefore check for mental health issues and relevant notes on someone's wellbeing.
- MHPs employed in street triage teams. Similar to above, these professionals can access records as well as provide on-the-ground support when someone is experiencing a mental health crisis.
- Some forces have access to MHPs through an advice line. By contacting the advice line the police are able to access information about individuals.

In addition to providing information for risk assessments, responses show that MHPs are vital in interpreting and explaining often complicated medical terminology. Most importantly, MHPs can help to explain what the implications of someone's mental health, treatment and medication (or lack thereof) might be for the risk assessment and for the wider investigation.

In Norfolk mental health professionals receive a daily list of missing and found people, review this against health records, and update the missing person database records so that the relevant police officers have the information necessary to assist the investigation.

Forces access to MHPs is inconsistent: some reported having access to MHPs 24 hours a day; others could only use this resource during limited time periods; others did not report having any contact with mental health professionals regarding missing persons investigations at all. There are also significant differences in what triggers MHPs' involvement in missing investigations. In some forces health records are looked at in relation to every investigation. In others, however, officers might only contact a MHP if they have significant concerns – therefore putting considerable pressure on officers to be able to identify mental health issues, sometimes based on very limited information. In other forces MHPs will only be contacted if someone is assessed as high risk, which happens in only 12.5%[26] of investigations.

"*The mental health representatives are invaluable in providing advice and support when considering our level of intervention and helping us to more effectively determine our risk assessments and potential care plans*".

Gloucestershire Police call for evidence response

Many respondents to the inquiry stated that having involvement from MHPs in missing persons investigations

[26] National Crime Agency Missing Persons Data Report 2015/2016

is a vital part of an effective response. There is excellent practice in partnership working taking place across the country; however, it is inconsistent and there is little guidance or oversight.

Listening to family and friends

An estimated one in four people[27] in the UK will experience mental health problems, yet only 25% of adults with depression and anxiety, and only 65% of people with psychotic disorders receive treatment.[28] Some people who go missing might be newly experiencing mental health issues, or may never have sought help or received a diagnosis. So while it is important that police can access health information, in these circumstances there may be no health records.

Where this is the case it is vital to remember that mental health may still play a significant part in an individual's disappearance and could lead to serious risks. The family and friends of these people may be the only ones able to flag these concerns. It is therefore important that call-takers and police officers take any reported concerns seriously. They should also be able to identify if mental health might be a concern from a narrative given by the reporting person, even if they don't necessarily identify it themselves.

Missing from hospitals or mental health care settings

There is very limited data available about how many adults are reported missing from hospital. Although 31 police forces were able to provide data about the number of adults 'missing from care' in the 2015-16 NCA report, there is no detail about the different settings this category applies to. Where police forces made data available to this consultation, on average around 14% of missing individuals were recorded as having absconded from hospital, with one police force reporting a figure as high as 29% of missing incidents in its area being reported from hospitals. Research using a sample of 2011 missing persons reports found that almost 18% went missing from hospital or from a mental health unit.[29]

Respondents to the inquiry discussed the challenges around making risk assessments for people reported missing in these circumstances. The APPG heard examples of reports being made by staff who had little or no knowledge about the patient and therefore about what risks they might face. Where effective risk assessments happen, it can be because of good local relationship between the police and healthcare settings. In Nottinghamshire, staff within psychiatric units complete a risk assessment based on a shared definition of risk before reporting a person missing to the police. However this practice is patchy, and there is little guidance or accountability for ensuring these relationships are in place. National and local protocols for joint working, including for the purpose of risk assessment, will be discussed later in this report.

[27] McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. *Adult psychiatric morbidity in England, 2007: results of a household survey*. The NHS Information Centre for health and social care (2009)
[28] The Mental Health Policy Group, *A Manifesto for Better Mental Health* (2015)
[29] Shalev Greene, K. and Hayden, C. *Repeat reports to the police of missing people: locations and characteristics.* Centre for the Study of Missing Persons (2014)

Jo who has been missing on a number of different occasions told the inquiry about her experience of going missing from hospitals:

Despite often having good experiences with the police, Jo spoke about how being returned to the hospital she had gone missing from felt like a punishment. She felt that the police often saw their duty of care as simply returning her to the care setting, even when that didn't feel like a safe space or when she was scared of returning.

Once back Jo felt she was expected to 'slot straight back in' to the ward, without the missing episode triggering any review or chance to discuss her concerns about staff, her treatment or her health. She explained that if someone is being treated in psychiatric care, their going missing is assumed to be because of being unwell; there is no opportunity to discuss or try to understand other reasons that might have caused someone to go.

Suicide and Missing

1 in 20 missing adults will go missing with the intention to end their lives.[30]

Police responses to this inquiry show that on average up to a third of missing incidents are recorded as involving either suicide or self-harm. Of the 24 forces that provided statistics on this matter, 8 gave information about suicide only, reporting that around 5% of cases were recorded in this manner. Eleven forces responded with information about suicide or self-harm but without differentiating between the two: one third of cases were recorded as involving suicide or self-harm. Five further forces recorded suicide and self-harm separately, reporting suicide figures at a similar level to those only reporting suicide, and self-harm in roughly one-third of cases.

Several studies have explored the relationship between suicide and missing. Lost from View found that 6% of adults went missing to end their own lives. In the Geographies of Missing People qualitative research, a significant number of adults who had previously been missing reported having suicidal thoughts while missing or attempting to end their own life whilst away.

[30] Biehal, N., Mitchell F., and Wade J. *Lost from View* (2003)

Learning from Fatal Disappearances[31] found suicide to be the largest single known cause of death in police missing person cases. In 54 of the 186 cases examined, the missing person had taken their own life.

Currently ongoing research suggests that men with no previous history of mental health issues or going missing are one of the groups at highest risk of suicide whilst missing. In these situations the family or reporting person's explanation of any recent low moods or changes in behaviour may be the only opportunity to identify a serious risk. If missed, incredibly vulnerable people may be at risk of being assessed as low or medium risk, which could have life threatening consequences.

Suicide TextSafe®

Suicide TextSafe ® is a system through which a police officer can share the mobile number of the missing person with the Missing People charity who then send the missing person a supportive message with information about contacting the Samaritans and about Missing People's 24/7 confidential free-to-access support for missing adults

Pilot: The service is currently being piloted in 3 police force areas. Phil Shakesheff, a representative from West Mercia Police, said: "The scheme started in West Mercia in 2009 after there were 27 deaths of missing people in the Force. In 2010 the number of deaths dropped to 12, and whilst it's difficult to evidence that this was all down to the scheme we felt it had a significant impact. Local research showed that those people who the Samaritans spoke to did not go on to harm themselves or take their own lives."

All efforts should be made to support people who go missing and are at risk of suicide. The police focus should be on finding the person quickly and safely. However, the police may not always be best placed to provide support to the person, either while they are missing or when they return. Those who are missing and at risk of suicide may need specialised support from MHPs or third sector organisations that are better placed to provide that crisis support, as shown below:

For those in health or social care settings, including the response to missing within Suicide Prevention Plans and the Crisis Care Concordat could ensure that steps are taken to reduce the number of missing episodes leading to fatalities. The significant numbers of people reported missing whilst receiving health care clearly shows the need for more involvement from the Department of Health and Social Care and the NHS in responding to missing adults.

[31] Newiss, Geoff. *Learning from Fatal Disappearances*, Missing People (2011)

Response at the point of return

When a missing adult is found or returns, it is not the end of their missing journey. They may be unwell, have experienced harm, or the reasons they originally went missing may still be present or even have worsened. It is important that they are supported and that everything possible is done to understand why they went missing and to help prevent them doing so again. To do this effectively, the response must be multi-agency and flexible to address different needs of people in different situations.

APP emphasises the importance of a comprehensive response when someone is found, and that safeguarding measures should be put in place where appropriate. It suggests that prevention interviews (formerly known as safe and well checks) should be carried out in high-risk cases and considered in other cases. The guidance also states that forces should establish a process for providing return interviews where adults are vulnerable and at risk of harm so as to: "understand the reasons why the person went missing and take action to prevent future episodes."

> *"Return is as important as leaving… and so investing in prevention saves lives and significant future costs involved in policing those repeated missing journeys."*
> Professor Hester Parr

The majority of the evidence shows that there are clear processes in place if someone has immediate health needs, including if they present in a state of acute mental health crisis; much of this is outlined in the Mental Health Act. This inquiry did not look in detail at sectioning powers or their use, but it is clear that all responding forces use them as a tool to help returned missing people when deemed appropriate.

The evidence showed that most significant issues arose when responding to returned missing people who did not meet thresholds for immediate medical intervention, which is to say the vast majority of people who have gone missing. There are examples of good practice in a number of areas, as for example, having mental health practitioners available to attend the prevention interview if a person is suspected to have mental health issues. However, this option is not available in some areas and, where it is, resources mean it is not available in all situations in which it would be beneficial. One force explained that *"Staff are encouraged to request street triage to assist with a screening assessment as part of the Management of Return process but at this time it is not taking place with any consistency."* For other returned people there may not be the need for a medical professional to attend but they will still need an effective prevention interview and the option of further 'lower-level' support. The evidence suggests that this sort of support is often hard to access for a variety of reasons including: not having a suitable opportunity to disclose concerns or have vulnerability identified; no effective pathways being in place for referrals; thresholds being too high or waiting lists too long; distrust of the available services; or simply the lack of services in existence.

Safe and well checks or prevention interviews

The responses to the inquiry showed significant inconsistency in how APP has been adopted and how prevention interviews are working where they are used. The terms 'safe & well check', 'prevention

interview' and 'return interview' were used almost interchangeably across different forces. It is unclear which forces have adopted the prevention interview approach and, where they have, what happens if someone does not 'qualify' for a prevention interview; what a prevention interview actually involves; or what is happening in the forces that are still using safe and well checks. No forces other than Police Scotland are currently providing return interviews. It seems important that there should be greater clarity around this issue.

Safe and well check: No longer referred to in APP guidance. Previously used to describe the police's statutory duty to check that a returned person has not been a victim of crime and is not in need of immediate health care.
Prevention interview: A police-led interview with the purpose of identifying any ongoing risk or factors that may contribute to the person going missing again. APP states that they should be carried out in all high-risk cases, but should also be considered for other risk categories. They should be an opportunity to find out useful information that may indicate harm suffered by the returning person as well as details that may help trace the person in the event of a future missing episode.
Return interview: Not currently a statutory duty for adults. Return interviews are an in-depth conversations with the purpose of: identifying and dealing with any harm experienced while missing; understanding and trying to address the reasons for the disappearance; and preventing future missing episodes. The APP states that the police should consider delivering these but, where possible, they should be delivered by an independent agency.

Within existing processes, the police may be the first and only professionals coming into contact with returned missing people and may form the first step to accessing support. It is therefore crucial that the initial response should give people the opportunity to disclose risk and harm; that the police are trained to recognise vulnerability; and that effective pathways are in place for getting people the help they need. As the assessment made by the police may be the only opportunity for people to be referred for further support, it is important that appropriate information is recorded and passed on. More guidance should be made available on what a good prevention interview looks like, what information should be recorded and how the officer should proceed if there are reasons for concern.

"I think if they had sat down and talked to me. They didn't spend any real time talking to me apart from saying "right where have you been? And stuff...If they had sat down with me instead and said "okay do you want to tell us what's been going on and where you have been and things" in that chatty kind of way then I think it would have been easier and they wouldn't have needed the handcuffs because I wouldn't have ran." "But when I got back to the ward I had the general need and it was the need to talk to someone about my experience."

A previously missing person

It is important to note that many of the people who had been missing who were interviewed in both the Geographies of Missing People project and the consultation process flagged the importance of police attitudes when they were found. People emphasised the value of kindness and compassion from the officers, including when they were experiencing an acute mental health crisis. Different experiences of this made a significant difference to how people felt about returning to their home or care setting.

A further consideration raised within the inquiry was the question of whether the police are always the best people to deliver prevention interviews and so serve as the first point of contact for a returned missing person who may be experiencing mental health issues.

A significant number of returned adults do not want to talk to the police upon their return. This may be for a variety of reasons including: they did not intend to be 'missing' and therefore didn't feel it needed to be a police matter; they felt criminalised by having a police presence; they felt embarrassed by police involvement; they felt that they were wasting police time; they distrusted the police, or did not feel willing to open up to them about their mental health concerns. Some forces recommended that, in the case that someone has been missing from a mental health care setting, the staff there are best placed to carry out this conversation.

Mental Health Professionals (MHPs) in Return

Mental health practitioners can play a significant role in a person's safe return. Wherever possible, if there are mental health concerns, the police should be seeking their help to:

- *Support prevention interviews, attending if possible*
- *Provide advice in the case that someone may be sectioned*
- *Arrange referrals for further mental health assessment or support*
- *Review prevention interview found reports to identify mental health concerns and risks where the attending police officer might not have*
- *Follow-up visits or contact if someone has been identified as vulnerable*

More work needs to be done to understand whether the prevention interviews should always be delivered by the police. However, the concerns expressed clearly show that there is a need for intervention or support to be available from other agencies wherever possible. Whatever the outcome of this discussion, it is clear that the response to adults upon their return should be multi-agency. Guidance for the introduction of protocols between the police, health trusts and local authorities could go a long way in ensuring this shared responsibility.

Missing People Prevention Interview Pilot

In January 2018, Missing People, Wiltshire Constabulary and Sussex Police received funding from the Home Office Police Transformation Fund to pilot a new approach to prevention interviews. Staff from the charity have been carrying out prevention interviews with a number of adults and children following their return from being missing. The aim is to test whether a third party organisation can safely be deployed to deliver prevention interviews, as well as to explore the effectiveness and efficiency of prevention interviews delivered by an agency other than the police.

Prevention interviews are critical in being able to understand and explore why the person went missing, what happened while away, whether they experienced any harm or were the victim of a crime, and what might prevent them from going missing again, amongst other topics. Missing People-led prevention interviews follow a similar format – allowing people the time to talk in much greater depth with someone independent to the police and with the time and appropriate skills to be able to provide holistic, wrap around support. When necessary the worker is also able to provide some

ongoing support by: raising any concerns regarding vulnerability with the appropriate service; making referrals for ongoing support; signposting to relevant services; or when needed, arranging follow-up meetings or phone calls.

Multiple responses flagged the importance of how the data is recorded and reviewed for purposes of prevention and for informing any future investigations if the person goes missing again. This will be discussed further in the prevention section of this report.

Providing greater clarity on the purpose and process for prevention interviews would enable returned missing people to receive a more consistent response and give them the best chance possible of accessing support they might need.

Missing from hospital or care settings and return

Given that around 18% of missing adults go missing from hospital or mental health care settings, it is essential that effective protocols are in place between NHS Trusts and the local police force. The requirement to have local agreements is laid out in the 1983 Mental Health Act; however, there seems to be little inspection to ensure these are in place, and collaborative working in practice depends largely on whether there are good relationships at a local level.

Hospitals, mental health units and other healthcare settings should take joint responsibility with the police when someone in their care goes missing. This should include having agreed actions for both parties when someone is reported missing; supporting the risk assessment process; and supporting the person's return.

Adults who return, or are admitted, to inpatient psychiatric care after their missing episode report mixed experiences and have varied opinions about the support they receive. Many report that it initiated a one-to-one discussion with one of the team and some found having the chance to talk to staff about their experiences of, and reasons for, going missing very beneficial.

Others felt that the follow-up discussions were not useful. Sometimes this was because they felt that nothing would change as a result of the discussion. Some adults were cautious about speaking openly with ward staff about why they left, or what happened whilst they were away because they thought it would impact directly on their care plan. An option to speak to someone independent of the person's care should be offered whenever possible.

The Mental Health Act Code of Practice outlines that: "Incidents in which patients go AWOL or abscond should be reviewed and analysed so that lessons for the future can be learned.", adding that "It may be useful for the patient's care plan to include specific actions which experience suggests should be taken if that patient were to go missing again." It is reasonable to suggest that effectively delivering these duties should involve a discussion with every person who goes missing at the point of their return to establish why they went and what might prevent them from doing so again. This should be a collaborative discussion and should give the person an opportunity to flag concerns with their care.

One returned adult we spoke to explained that: "*If someone is being treated in psychiatric care, their going missing is assumed to be because of being unwell, there is no chance to discuss (and possibly it wouldn't be believed) if there is another reason for going, for example unhappiness with the care that they are being given."* The same woman felt that she had been punished in subtle ways for having gone missing when she returned to hospital.

There should be more guidance available for responding to people going missing from hospital and greater scrutiny of how this is delivered.

> *Coping with deleting the many voicemails from scared friends and family; the responsibility of dealing with messages from people you may not have seen for 25 years; sleeping in a bedroom that has been combed over by police, including your diaries and underwear drawer; trying to work out how you are going to walk back into your office; working out when you can leave the house without a chaperone; trying to cope with your nervous breakdown picked apart on social media; trying to phone your mother for the first time after four weeks of being back. You have to try and do all of this alone.*
>
> A returned missing person

Some people who go missing will do so whilst under the care of a Community Mental Health Team. This inquiry did not look specifically at this cohort. However, research carried out by Missing People in 2015 examined the response to these missing patients. [32] The report raised a number of issues, as well as examples of good practice. The recommendations detailed in the report should be considered by Health Trusts when developing any plans for the response to missing people.

[32] Rickford, R. *Community Mental Health Teams and the Response to Missing Patients,* Missing People (2015)

Ongoing support

There is a need for an effective assessment of vulnerability and risk, and steps should then be taken to ensure that the person, if necessary, accesses further support. Many people who have been missing will need this support to ensure they are safe and well and do not go missing again. However, such support is often scarce or hard to access, or the vulnerable person may not have the capacity to navigate accessing it alone. It is important that this process is made clearer, more accessible and is multi-agency. The responsibility cannot fall solely to the police.

One option that was discussed in many of the inquiry responses was the introduction of Return Interviews for adults.

Return interviews

While Return Interviews are an immediate response to a missing adult being found or returning, they should also be seen as an opportunity to identify ongoing support needs and be viewed as the first stage in this support.

There is no statutory duty for adults to be offered a Return Interview. However this provision is recommended in the Scottish Framework for Missing Persons, where it is understood as an opportunity to "*support a person following their return, provide a platform to identify underlying issues and obtain information that could prevent future missing episodes."* They are also recommended in police APP, but they are not currently happening in England, Wales or Northern Ireland.

Respondents to the Inquiry emphasised the benefits these conversations could have for returned missing adults, noting also that the interviews should ideally be delivered with the possibility of ongoing support. Benefits include:

- An opportunity for detailed assessment of needs
- An opportunity to safeguard
- Support for the adult to access other services depending on their needs

Return Interviews would give adults the chance to speak to a neutral person about going missing and any risks or harm they are facing. The interviews would also allow for safety planning and would hopefully decrease the likelihood of someone going missing again. For many people, their specific support needs will only be identified when there is an opportunity to hold an in-depth discussion about their missing episode and what is happening in their life. If further help was needed the Return Interview worker would be able to make more effective referrals or at a minimum be able to support warm signposting – a process by which they support the person in accessing help themselves. This can be done by being physically present when the person contacts a support service, or by checking in to ensure that they have done it and received a response.

Police perspectives on the benefits of Return Interviews

"An independent return interview… could provide valuable information to safeguard an adult, address any issues and reduce the likelihood of them going missing again." Bristol police

"Presently Leicestershire Police and its connected local authorities do not offer return interviews for adults…it is clear that such a process would be hugely beneficial considering the emphasis that is currently placed upon the equivalent area within child safeguarding." Leicestershire police

"There are crucial cases in which a return interview (similar to children return interviews) are ***imperative*** *to understand the wider concerns. This should be offered by an agency who are independent to the police. This will allow the individual to have a follow-up from the missing incident to discuss matters most prominent to them. It may be that the individual has no agencies working with them at the time of the missing incident so there are little avenues to prevent missing incidents and preclude any future harm."* Thames Valley Police

It is also important to consider the timing of support. Many returned adults are not ready to speak at any length immediately upon their return, and others told us about their need for multiple conversations – both to build trust and as an opportunity for different support to be provided at different times. Return Interviews, if delivered with some ongoing support, could address these issues.

Referral pathways

Regardless of whether vulnerability is identified during a safe and well check, prevention interview or return interview, it is important that referral pathways should be available to raise concerns and ensure that people are able to access further support to suit their needs.

A missing person's return should be seen as an opportunity for intervention and support. The process for referrals varies in each area, but in broad terms most have a similar mechanism: a vulnerable adult form (or equivalent) can be completed at the prevention interview and then reviewed by a specialist police officer, safeguarding team, or Multi-Agency Safeguarding Hub. Where appropriate, or if thresholds are met, the person is then referred onwards to a specialist police team like a MASH or directly to adult social services, or mental health services.

A concern raised in some areas was the lack of communication regarding action following police referrals. Some forces will not receive any information once a vulnerable adult form is submitted meaning that the relevant officers will not know whether the person has received an assessment or if any support has been put in place. This can be particularly troublesome if the person goes missing again and no information is known about intervening interventions or support.

Good practice in Norfolk

Although the general model for the referrals was the same in the majority of responses, there were some examples of better practice amongst them.

Norfolk uses a MASH which brings together twenty-one different agencies involved with safeguarding, some of which are co-located while others partner virtually. A Mental Health Nurse embedded within the Control Room, who works closely with the MASH, will receive a notification when an adult goes missing and there are concerns about their mental health. They can search for relevant information in health records; provide advice to officers carrying out a safe and well check; or even offer a follow-up visit with people who are identified as vulnerable to identify the best pathways for onward referral. To ensure no vulnerability is missed, the team hold a daily multi-agency meeting where they share a list of all missing and found persons, and any adult can be referred to adult social services or other services if support needs are flagged. If a missing adult has particularly significant needs, or goes missing more than three times in forty-two days, a multi-agency strategy discussion can be convened.

In situations where there is concern that an adult will go missing again, a community psychiatric nurse within the team can provide short-term support to help them into accessing services.
The benefits of the MASH model were regularly apparent in the written responses and consultation process. Decision making within multi-disciplinary teams is viewed positively because it ensures that joint expertise feeds into assessments of need and decisions on eligibility thresholds.

Problems with referrals and the availability of support

A number of forces reported difficulties in referring to adult social care and mental health services, with a number of issues being highlighted:

- Police not knowing about the available services and necessary processes for referral.
- The services not being available out of hours.
- The referral process is ineffective: simple signposting will not ensure that an adult will go on to access what can be complicated and slow processes to get support. ‘Warm referrals’, when a professional is able to support the returned person to make an appointment, or can follow-up to check that they have, were considered more effective.
- Service provision is patchy and varies greatly depending on location.
- Few options are available for adults who don’t meet thresholds for Adult Social Care or Mental Health Services.
- Not all adults, whether they are vulnerable or not, will want help or support. Adults have the right to go missing and a right to privacy. Consent needs to be sought before referrals can be made, and this can often be challenging, particularly if there is little time to build trust.

There is significant frustration amongst professionals and people who have been missing at the lack of appropriate support available when an adult returns from missing. Without ensuring there are options available, vulnerable people can fall through the cracks.

If missing were truly understood as a warning sign of significant issues, and interventions were therefore put in place, action could be taken to ensure that further harm was avoided and the likelihood of repeat missing episodes decreased.

Good practice in Humberside
In Humberside police have an option to refer adults who do not meet the threshold for general adult social services to See and Solve, an early intervention team within social services who are able to make a further assessment of need and re-escalate if necessary, or help with assisted signposting to other services.

This ensures that vulnerable people are less likely to fall through the cracks, and that the responsibility does not lie solely with the police.

Levels of support

People who do not meet the thresholds for health intervention or adult social care need alternative options for support.

This support will require different levels, depending on the needs of each individual. It may simply be the need to talk to someone, whether a professional or someone with lived experience, about what happened when they were missing. It may be assistance in navigating the challenges of returning to their life. Others will need more specialist support.

Respondents to the Inquiry spoke of the frustrations and challenges in ensuring returned adults can access support:

"*I believe hardly any consistent support is available to returned missing people on a national basis, especially for those who are not in caring systems or places (like key-worker relationships or hospitals or out-patient programmes). Specific and time-limited projects have been provided by NGOs (e.g. Missing People's 'Aftercare Service' and Shelter Scotland's 'Safe and Sound' project) but nationally this is a huge gap."* Hester Parr

"When a vulnerable adult is open to services such as health or adult social care a referral can be made via the normal safeguarding channels. If however the adult is not open to health the Safeguarding Coordination Unit do not have a way of referring into mental health services and everything relies upon the adult themselves seeking support." Bristol Police

"[Support is available from] family, voluntary sector, and some professional services from NHS and local authorities. However, service availability and provision is not consistent across the UK leaving many adults with care and support needs without adequate support." UK Missing Persons Unit

One possibility is a triage system with varying levels of support dependent on need, for example:

Need level	Risks identified	Action to be taken/support offered
Level 1	Immediate health needs Mental health crisis or risk of serious self-harm	Taken to an acute health care setting Mental Health Act Assessment
Level 2	No immediate health needs but clear cause for concern/immediate vulnerability	Referral to Mental Health Professional if available within Street Triage Team or otherwise co-located service Mental Health Services referral Adult Social Care Referral
Level 3	Vulnerability identified Disclosure of mental health concerns Low mood	Offered a follow-up conversation Warm referral to local services (dependent on local availability – Third Sector, Social Care, Mental Health) Referral to Missing People or similar support helpline
Level 4	No cause for concern identified at Prevention Interview	Signposting to national or local services Signposting to GP if the person has any concerns

As a minimum, more online or printed guidance should be made available for people who have been missing and their families. Where someone is unable to access formal support services, being able to access relevant information about return could ensure they feel less isolated and more comfortable with going back to their life. Missing people who return and their families have told us about feeling as though they were the only person who had had that experience, that they didn't know how to talk to one another or what to say, that they felt stigmatised and unable to communicate what had happened. Guidance will never be able to effectively replace professional support, but it could allow people to feel less alone and better equipped. For others it could be a stepping stone enabling them to seek further help themselves.

Prevention

There are opportunities to prevent people from going missing both before the first episode and when someone returns. In this section we will explore how professionals can reduce the risks in both instances.

Before missing

By identifying people who are at high risk of going missing, professionals can put appropriate measures in place to reduce these risks.

This is particularly the case where there are high numbers of missing reports from one particular location, such as a care home or hospital. Different agencies, including the police and staff members from that location, can have a role to play.

Police responses to this Inquiry detailed mapping exercises in which their MisPers teams attempted to identify missing 'hotspots': places with unusually high numbers of missing episodes. These exercises can inform local partnership working to attempt to prevent people going missing from those locations, as well as additional resource requirements to ensure safeguarding.

Reducing missing episodes in one 'hotspot'

A response to the Inquiry described a hospital with high missing incident numbers. The hospital had an area outside where patients went to get fresh air or smoke: the area had a bench next to a perimeter fence. It transpired that this bench could be used to climb over the fence.

The bench was moved and the rate of missing at that hospital significantly reduced.

For staff in the hotspots, increased awareness and training could help to reduce missing episodes. Health professionals should take on a more preventative role in these areas, including identifying any practical steps which could be taken in their location. Improving understanding and protocols between the police and the local health trust, as well as individual hospitals or care homes, can ensure that vulnerable people are kept safe.

Relatively simple steps can be taken to greatly reduce the risk to groups that are particularly vulnerable to going missing. The Inquiry heard many examples of good practice in local partnerships, but without national guidance there is little consistency. Without CQC and HMICFRS inspections focussing on missing, there is little chance that all the relevant agencies will ensure they are adopting good practice.

Preventing repeat missing

In 2015/16, 96,324 adults went missing, but this equated to more than 126,000 individual episodes: many adults will go missing more than once and some will go many more times. There is significant risk every single time someone goes missing, and doing so repeatedly should be seen as a clear sign of vulnerability. Although people's wellbeing should always be considered above any economic impact, it is also important to consider that each missing episode is estimated to cost the police

£2,415[33]. Every intervention missed that could have prevented further missing episodes means significant additional public spending. Cuts to services that could prevent missing provide a false economy as police budgets will be stretched further.

Little comprehensive research has been done to understand how we can better prevent repeat missing episodes. However, the Inquiry heard a number of examples of good practice in the response to missing adults that could ensure that they do not go missing again.

Prevention Interviews and Found Reports

A key aim of prevention interviews is to decrease the likelihood of future missing episodes. However, this focus often seemed to be lost or deprioritised. The process for these interviews was discussed earlier in this report, but it is important to flag their value in prevention:

- An opportunity for intervention: a supportive, meaningful conversation at the point of someone's return can be an opportunity to discuss why someone went missing and to put the necessary help in place, thereby reducing the likelihood of the returned person feeling the need to go missing again.

- Found reports: the reports completed by a police officer carrying out a prevention interview can be a valuable tool for prevention. A handful of forces have a robust reviewing process in place that ensures that these reports are of high quality. This can have the additional benefit of providing another chance to put safeguarding measures in place.

- Informing the search: using found reports to inform trigger plans or carry-over actions can be extremely valuable for the police but will often need input from other services. Although this may not prevent a future missing episode, it can help to ensure that the risks are minimised and the person is found quickly and safely if they do go again. The process for this should be agreed in local protocols to ensure that there is multi-agency involvement whenever appropriate.

In Nottinghamshire all found reports and prevention interviews are reviewed the following day by safeguarding and prevention co-ordinators to ensure trigger plans are created, appropriate referrals are made, and any other required actions taken. They create 'carry over' tasks on COMPACT which show up if a person goes missing again (useful information and/or flag tasks). If a found report does not include sufficient information, the co-ordinators will return to officers for more information, using the opportunity to explain why it is important to have this information recorded.

[33] Shalev Greene, K. and Pakes, F. *Establishing the Cost of Missing Person Investigations.* Centre for the Study of Missing Persons (2012, 2013a)

Strategy meetings

Strategy meetings for repeat missing children occur when they have been missing three times in 40 days. The meetings are multi-agency and look at support needs and prevention planning for individuals. There is no statutory obligation to do the same for adults: *"In general, support is not as robust as it is for children."* (Nottinghamshire police). However, a number of responses indicated that it would be useful to create a similar requirement for returned adults who are considered vulnerable.

> *"Strategy meetings are completed for children but with adults there is no such process set out in standard operating procedures."*
> Northamptonshire police

Sussex police suggest that pre-empting risks and potential behaviours with people who have been missing before, or are known to services, would improve the effectiveness of response to missing reports.

It is important to note that these procedures should already be taking place in some form when people go missing from mental health settings, as detailed in the 1983 Mental Health Act Code of Practice. However, without inspections it is not possible to know if these are effective, or indeed if they are done at all.

When a preventative opportunity is missed: Carl's Story

Carl, who has lived with mental health issues for a number of years, first went missing for just a few days. He was at very serious risk in that time and attempted to take his own life. Fortunately he reached out for help and was picked up by the police. He returned home but received little professional support.

Carl went missing again twice more the following year. Both times he slept rough and struggled in the depths of a mental health crisis. However, he managed to return to his family and tried to get back to his life, again with limited professional support.

Tragically Carl went missing again in early 2016 and has not been seen since.

Carl's father gave evidence to the inquiry as he felt more could have been done to support his son after the first missing episodes – support that could have prevented him from going missing again. He identified that Carl had not been able to talk about going missing immediately upon his return, but had opened up later on, when he would have found it helpful to have someone to talk to – someone who understood the pressure he was facing and the mental health issues he was experiencing. This could have helped Carl to manage his feelings before they built up and made him feel the need to go again. Such a simple intervention could have prevented a family from facing the heartache of having a loved one missing for more than two years.

Extended Herbert Protocol

One possible method to prevent first or repeat missing episodes amongst vulnerable people would be to introduce a similar scheme to that of the Herbert Protocol, for people who are at high risk of going missing or who have previously been missing because of mental health issues.

The Herbert Protocol is a tool currently used for people living with dementia. Carers, family or friends are encouraged to complete a form that contains information about a person at risk that can be passed to the police at the point when the person is reported missing. The form can include vital details, such as medication required, mobile numbers, places previously located, a photograph etc. It enables forward planning of a response to people with dementia who may go missing and are at high risk.

Use of this tool would need to be very carefully considered to ensure the rights and views of the vulnerable person are protected. The current version can be completed on a person's behalf and by anyone involved with their care; however, a new scheme would need to always be completed by a professional in collaboration with the vulnerable person. Many returned missing people explained that they did not know that they were missing, or were unhappy with being reported as such, so this collaborative conversation could help to clarify and give an opportunity to discuss what might cause someone to go missing and could potentially mitigate some of those triggers. The discussion in itself, if carried out in an appropriate way, could be a preventative measure. An additional benefit would be the police having necessary information if the person is reported missing, thereby increasing their chances of being found safe quickly.

The introduction of a scheme similar to the Herbert Protocol could allow for better multi-agency understanding, improved risk assessments, and more power being given to vulnerable people to understand their situation and the implications of going missing.

More work needs to be done to understand what should be included in this new protocol. However, in view of the positive feedback surrounding the Herbert Protocol, which has now been rolled out across the majority of police forces, consideration of a similar protocol should take place.

Appendix

Methodology

1. Consultation

Missing People led a process of consultation to better understand the current processes in place when the police, healthcare professionals and adult social care respond to a missing person. This included seeking information on the statutory duties for each agency, as well as the guidance put in place by individual governing bodies. This included fifteen interviews with professionals who work with vulnerable or missing adults. In addition Missing People met with academics and carried out a review of relevant guidance and previous research.

A second strand of the consultation involved conducting interviews with adults who had previously been missing and with families of missing people. These conversations were an opportunity to hear first-hand experience of the support provided when someone goes missing, as well as a chance to explore what alternative or additional support would be helpful.

The final strand of the consultation was an in-depth analysis of transcripts from thirty five interviews with returned missing adults which had been carried out as part of the Geographies of Missing People project[34].

The purpose of the consultation process was to get a clearer picture of existing provision and to understand the needs of adults who have been missing. An additional benefit was the opportunity to hone the focus of the inquiry and to develop the questions for later stages.

2. Call for Evidence

The APPG issued two calls for evidence, both of which can be found in appendixes following this report. The first was sent to the Chief Constables of every UK police force. Responses were received from 39 of the 46 police forces contacted.

The level of information provided in responses varied greatly, highlighting the difficulty of obtaining reliable information relating to missing people and the police response to missing reports. Forces have different recording practices and use different software systems so producing comparable data is not always possible. Where meaningful statistics have been provided, they have been included in this report.

We principally asked questions that encouraged qualitative in-depth responses in order to gain as much detailed, relevant information as possible. This means that while we were provided with extremely useful information as to the actions and responses of those police forces who responded, we cannot say for sure how many forces are taking any of the specific steps mentioned in this report as we did not ask the questions in a way which enabled quantitative analysis.

[34] Stevenson, O. Parr, H. Woolnough, P. and Fyfe, N. *Geographies of Missing People: Processes, Experiences, Responses* (2013)

The second call for evidence was sent to frontline police officers and missing persons teams, the UKMPU, healthcare professionals, social workers, charities and academics. Principally qualitative questions were asked, focusing on risk assessments, intervention and immediate response, and the ongoing support available to returned vulnerable adults.

We received 35 responses from a variety of professionals, however, the majority were from police officers. The fact that the police made up the majority of respondents raises concerns, which were also discussed in a number of the responses themselves, regarding whether responsibility for responding to missing adults lies too much with the police with other agencies failing to recognise their role. Where possible we contacted other agencies to ensure their views were included, however, there is still under-representation of health, social care and the third sector in the evidence.

3. Follow-Up Consultation and Roundtable Meetings

After beginning the analysis of the evidence we identified some gaps in the information provided and other areas that needed greater clarity. To address this we arranged follow-up phone calls with professionals from the police, Adult Social Care and health to hold more in-depth discussions.

The APPG held two parliamentary roundtable meetings. The first focused on risk assessments and methods of prevention for people at high risk of going missing. The second focussed on the response at the point of return, ongoing support and preventing repeat missing episodes.

Both roundtables were attended by a variety of experts from all relevant agencies, although there was again a heavier representation from the police than any other. The discussion was comprehensive and valuable, and it was decided to include the notes as formal evidence within the inquiry.

Call for evidence 1 (Chief Constables)

A breakdown of the following data for the year 2016/17:

- The numbers of missing adults
- A breakdown of whether they were missing from home, care or hospital
- The number of missing cases with a marker for mental health
- The number of missing cases with a marker for suicide or self-harm

- Can you tell us anything about the resource implications of missing persons with mental health issues for your force?
- What is the risk assessment process within your force when an adult is reported missing?
- Does your force have mental health professionals working within any teams (for example, street triage teams)?
- If so, do mental health professionals support with missing persons cases at point of risk assessment, during the investigation or at the Safe and Well Check or Prevention Interview?
- What action do your officers take if they believe someone to be vulnerable at the Safe and Well Check or Prevention Interview?

Call for evidence 2 (Professionals)

Risk assessments

- When an adult goes missing, how effective is the risk assessment process?
- What would make risk assessments more effective or better at identifying vulnerability?
- When a young adult goes missing, are vulnerabilities identified during their childhood taken into account for risk assessment?
- Do you have any examples of best practice?

Intervention/Immediate response

- When a missing adult is found or returns, what is the immediate response?
- What intervention or additional response might help that returned adult?
- Do you have any examples of best practice?

The ongoing support available to returned vulnerable adults

- When an adult has returned from being missing, what support is available to them?
- What additional support might be helpful for a returned adult?
- Do you have any examples of best practice?

Roundtable meeting attendees

Ann Coffey MP, Chair of the APPG on Runaway and Missing Children and Adults

Superintendent Steve Cox, NPCC Lead Staff Officer

Joe Apps, UK Missing Persons Unit

Lucy Turner, UK Missing Persons Unit

DI Jon Gross, Sussex Police

Gary Fretwell, College of Policing

Inspector Michael Brown, NPCC / College of Policing

Andrew Herd, Department of Health

Kate Stewart & Louise Rutherford, Home Office

Hester Parr, Academic – University of Glasgow, Geographies of Missing People researcher

PC Guy Cochran, Devon and Cornwall Police

Vicki Noble, Senior Mental Health Practitioner and Clinical Lead – Leicestershire Partnership NHS

Trust working alongside Leicestershire police

PC Stacey Swan, Leicestershire Police

DS Tom Brenton, Leicestershire Police

Pauline & Jim Green, Family of Matthew Green, a returned missing person

Esther Beadle, Returned missing person

Fiona Didcock, Missing Persons Manager – Buckinghamshire Police

DCI Peter Hornby, Norfolk Police

Teri Cooper-Barnes, Mental Health Nurse – Norfolk

DI Pippa Hinds, Norfolk Police

David Willey, Missing People

Susannah Drury, Missing People

Shane Hemsley, Missing People

Josie Allan, Missing People

Jenny Dickson, Missing People