

- *“As happens with children it would be beneficial to have an independent return interview offered with another appropriate agency to identify needs that emerge in the days following a missing episode.”* **Kent 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 agencies that 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**

Furthermore, some adults struggle to understand the rationale for police involvement on return and feel it implies they have participated in criminal activity. In the roundtable discussion, Teri Cooper-Barnes, a psychiatric nurse and mental health lead embedded within **Norfolk police**, asserted that support on return is not necessarily best provided by the police, partly to avoid a person feeling criminalised for going missing, but also because it requires professionals who have the skills and training in working with the specific issues vulnerable adults are experiencing. Dr Penny Woolnough (Abertay University) also notes that it may not always be appropriate for return discussions to be done by the police but a charity or social care provider may be better placed.

It is recognised, however, that a police officer may well not be the best person to undertake such an action given the nature of their role and responsibilities. However, a follow-up call and offer of support from a relevant charity, social or health care provider is a critical initial step in the return process and could allow an initial connection and therapeutic alliance to be built which might facilitate further support over a period of time. This could be in a virtual sense, via telephone or face to face sessions depending on the preference of the individual. A follow-up support service is integral to supporting located missing adults and to ensuring that appropriate support needs are identified and provided.” **Dr Penny Woolnough (Abertay University)**

Adults who have been missing and were returned to psychiatric care have varied opinions on the support they receive from staff on their return. Many report that it initiated a one-to-one discussion with a team member and some adults found having the chance to talk to staff about their experiences of, and reasons for, going missing beneficial. An adult who had been missing before being returned to psychiatric care explained why discussions with health staff are not always useful: *“Because what they say, I know it’s not gonna take effect.”* A lack of impartiality is also key. Adults sometimes feel cautious about speaking openly with ward staff about why they left, or what happened whilst they were away, because it has the potential to impact directly on their care plan. One returned adult told us that they felt their missing episode was *“seen as an inconvenience that had caused people hassle”* and, as a result she was punished in subtle ways by ward staff, for example a withdrawal of small privileges. In addition, another returned adult explained that if you go missing from psychiatric care it is assumed that it is because you are unwell and that there is no opportunity to discuss (and that you possibly would not be believed) if there is another reason for going, for example, not being happy with an aspect of your care. Furthermore, they said it can be difficult to discuss a problem with your care on return with the staff responsible for delivering that care.

One returned adult suggested that peer support could be useful for returned adults, providing them with the opportunity to speak with someone who has experienced similar thoughts, feelings and situations: *“It can often be easier to talk to someone who is a peer. They understand where you are coming from without you having to explain.”*

The need for a mixed economy of delivery for return discussions was also raised at the roundtable discussion. Susannah Drury, Director of Policy and Advocacy at Missing People, suggested that who conducts the return interview should be based on an assessment of the person’s circumstances and that potentially the returned adult should be able to choose who they wish to speak to as this is likely to ensure the best levels of engagement and information sharing. Jo Apps, from the UK Missing Persons Unit, commented that police are the appropriate agency to check whether a returned adult is ‘safe’ but are not trained to determine whether they are ‘well’; for example, someone who is experiencing mental health crisis may present lucidly to the police but then take their own life. He felt that too much responsibility sits with the police to assess whether a person is well. Evidence from a family member to the inquiry provides a stark example of the tragic consequences when an incorrect assessment of being ‘safe and well’ is made upon being found:

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 reported missing, however, despite warning signs of 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 at his hotel room, they found him dishevelled but refused to speak to them. He was recorded as safe and well. Four days later, with no other intervention or support, Simon took his own life.

Provide ongoing discussions for returned adults

At the roundtable discussions, Susannah Drury, Director of Policy and Advocacy at Missing People suggested that support should not necessarily be a one-off discussion, but instead, an ongoing dialogue to support the emotions and challenges that a person is facing might be more appropriate. It is important to understand that return from a missing episode can be deeply stressful for a returned adult – not least because being away may not have achieved what the person hoped for but also because new problems can arise on return:

- *“[By returning] you are defeating the object of the exercise, even if you do not know what the exercise was in the first place.” Returned adult*
- *“You are going through a mental health issue, then guilt kicks in. That makes you even more anxious and anxiety kicks in. Then you think: ‘I have got to get the hell away again. I have got to get away.’ That triggers it. Repeat.” Returned adult*

Returned adults themselves say that for return discussions to be helpful they need to lead to further support and signposting: *“It has to be meaningful. There is no point talking to someone when nothing will come of it...If there is no continued support and there is no forward plan from it, it is absolutely pointless having that conversation... It has got to be used for something like accessing the*

right support. A pathway to identify those issues. Say a link with mental health services, housing services, with local councils etc. The needs will depend on the person.” Returned adult

ii) A multi-agency response with better support and referral pathways available

The previous section of this report showed that the quality and availability of support for missing adults is inconsistent and can be dependent on whether a person is deemed to be high risk, meets mental and social services thresholds, is already known to support services, has a pre-diagnosed mental health issue, or simply the services are available in the local or health authority in which they live. Responses to the consultation identified a need for improved referral pathways to support better access to appropriate services. Dr Penny Woolnough of Abertay University summarises what support for a missing adult should consist of:

“Ongoing support needs to be provided at a number of levels (1) To help [vulnerable adults] deal with fundamentally challenging issues associated with returning to a situation they may have purposefully left (e.g. how to support positive engagement between family members about what has happened (2) To help them deal with the "ordeal of missing" (e.g. public awareness via local or national publicity, the stigma associated with police involvement and ongoing issues associated with the legacy of a digital footprint (3) To identify whether there was a specific trigger for the missing occurrence and how future missing can be prevented (4) To identify any broader and potentially relevant support needs. While initial support may be targeted at immediate challenges associated with return ongoing support should be broader and more long term in its impact and benefits.” Dr Penny Woolnough, Abertay University

Dr Karen Shalev Greene (Centre for the Study of Missing Persons, University of Portsmouth) asserts that there needs to be clearer ownership of the responsibility to resolve returned adults’ underlying issues from all agencies: *“a much better multi-agency approach to resolve some of the underlying issues and ... much clearer ownership of cases following a return”*. She cites the example of research conducted into ‘come to notice’ cases³⁸ *“which involve adults who go missing from health care services and exhibit serious mental health issues. While this is dealt by the police as missing incidents, there is no discussion by agencies as what intervention should take place, or support mechanism, despite the evident high risk behaviour and repetitive missing episodes exhibited by this vulnerable group.”*

Some police forces also express frustration that not enough is being done to support vulnerable adults on their return and, consequently, they are more likely to go missing again. **Hertfordshire** police suggests that joint visits to returned adults from the police and social services could be beneficial in terms of identifying need and pathways. **Surrey** police states that more engagement from partner agencies to support returned adults would be beneficial because they – not the police - have the right resources and training to help the individuals. Other comments included:

³⁸ Pakes, F, Shalev Greene, K, Marsh, C. Crisis, trauma and loss: an exploratory study into those who ‘come to notice’ to police and health services and subsequently abscond. International Journal of Police Science and Management. 16, 4. (2014)

- “[Additional support available] is an area of concern... nationally. In the event of an adult being reported missing, the most important factor is ensuring their safe return. Sometimes very little is actively completed by partner agencies to support the individual on their return. It appears that the Police often take the lead and press for more action especially for those that return unharmed, even when the individual continues to repeat their pattern of behaviour of going missing.” **Northamptonshire police**
- “Statutory and non-statutory partners need to be dealing with mental health before it becomes critical and results in a missing episode. Referrals to partners are being made by police but there is evidence of them not always being followed up. West Midlands police is encouraging mental health teams and partners to work more closely with Locate [the specialist missing persons unit in West Midlands] in conducting joint debriefs.” **West Midlands police**
- “For identified referral pathways into services to be offered immediately upon being located.” **Cheshire police**
- “Greater availability and timeliness of mental health assessment, counselling and access to mental health services in the call centre.” **South Yorkshire police**
- “There is a gap in any third sector agencies that can provide any support to a returned adult. This might be appropriate in providing independence from the police support and assistance. It may be of assistance to be able to provide adults with a list of support agencies, if available, during the safe and well check.” **Norfolk police**

Returned adults themselves describe how waiting lists for appointments to access mental health support – and the absence of any support in the intervening period - can be one of the most challenging aspects of return.

“Referrals to NHS services might be sped up because of the crisis but they will not be immediate and they do not have the capacity to deal with the ‘missingness’. I’ve been supported by a Community Mental Health team and trained in distress tolerance through DBT for an underlying mental health condition. This has not given me the opportunity to explore what actually happened in a therapeutic environment. I am on a waiting list for further support which I may get in September – two and a half years after being missing”.

Returned adult

In addition to improving the support available to returned vulnerable adults, Suffolk police suggest that staff training to better signpost appropriate support would be beneficial because the range of potential issues and support needed by a returned adult is so vast. At the Roundtable discussions, Detective Inspector Pippa Hinds from **Norfolk police**, also suggested that police training could be reviewed to help clarify referral pathways and identify the information it is necessary to collect to be able to signpost to most appropriate services.

“Additional intervention would need to be on a bespoke basis with no two episodes being the same such that a one size fits all tool box being unlikely to provide any real benefit. Training of staff to understand individual issues and concerns and then signpost to the appropriate

specialist support would be a more effective methodology for preventing reoccurrence and identifying support need.” Suffolk police

Similarly, better systems to help with effective signposting could also improve response to returned adults. In **North Wales** a system has been introduced which can be used by officers for signposting or accessing information on relevant services for returned adults: *“the Dewis Cymru website which offers a searchable facility to locate appropriate support services.”*

iii) Support that is empathic and responsive to the needs of returned adults

Immediate response to adults at the point they are found and any ongoing support offered needs to be delivered with empathy for the vulnerable adult. This is also important in police officers’ dealings with adults when they first return from a missing episode. At the roundtable discussions, Esther Beadle, a returned missing adult, explained that although it is not necessarily the job of the police to provide support after a person has been found, the safe and well check does set the tone for the onward journey and, therefore, it is important to have a compassionate approach. Returned adults interviewed as part of the Geographies of Missing project³⁹ explained that it had been helpful when police reassured them they were not in trouble because they had gone missing. Similarly, others valued police talking to them about ‘normal things’ unrelated to their mental health problem or missing episode on their immediate return:

- *“Just that one thing, asking me where I'd been and saying: ‘Look it's okay, don't worry you are not in trouble or anything.’ That is the bit that stood out for me because I was worried when I came in and saw the policeman. He put me at ease by saying that but yeah I do remember that yeah.” Returned adult*
- *“[Talking about normal things] which calmed me down just not having to think about what was going on and not being left to think about what was going on. Does that make sense? Returned adult*

The importance of having someone to talk to and listen properly on return was highlighted by some adults who had been missing. Acknowledging their feelings, the reality of the situation, giving them time, demonstrating love, support and that someone cares about their situation are all mentioned as important by returned adults: *“You need a big hug to say that everything is OK.”* Adults report that where this doesn’t happen it can make them feel worse than when they were away: *“They were surprisingly non-committal about it... ‘So you tried to kill yourself again. Oh right.’ It was almost as though I was back at the beginning again. There was no ‘why did you walk out and try and kill yourself?’ Which was interesting why they didn’t bother to do that because I was, I was pissed off. They weren’t helping they were making things worse.”* Examples of the need for a human approach include:

³⁹ Secondary analysis of the transcripts from the [Geographies of Missing People](#) research project was undertaken to contribute to the APPG inquiry evidence.

- *“I think further training to police officers will develop a more supportive and empathic policing. Harris & Shalev Greene⁴⁰ found that police officers expressed a sense of frustration at repeat missing person cases. These types of cases can be of the most vulnerable people.”* **Dr Karen Shalev Greene (Centre for the Study of Missing Persons, University of Portsmouth)**
- *“Empathy in professional encounters is essential (training helps with this and is currently provided in different mediums by research partners)”* **Professor Hester Parr (University of Glasgow)**
- *“[Tell them] I am not going to have a go at you. I am not going to get annoyed with you. I am glad that you are here. You are safe.”* **Returned adult**
- *“Treat them symptomatically. If they are hungry give them food, or if they are fearful provide safety.”* **CAIS**
- *“An effective response would be to assess the individual’s world in which they operate and lead their lives as human beings which lead them to feel fully human and valued. A needs assessment to be developed, which takes into account the systems in which people function/exist... This would then enable a more thorough response to be made to the need presented, based on a multi-disciplinary response, which takes into account those influences which contribute to the person’s life.”* **Church of Wales**

Adults who have returned from missing described how confusing and disorienting returning from missing can be which Dr Penny Woolnough (Abertay University) notes is further illustrated by the Geographies of Missing People research findings⁴¹: *“Considerations of return were often filled with practical questions and mixed emotions of guilt, relief, uncertainty and fear – often caused by uncertainty in how to return. Uncertainty about what ‘going missing’ means in terms of police involvement and procedure as well as wondering what family responses will be loomed large in respondents’ reflections.”* In **North Wales**, a Keep Safe Cymru Card system is used to help vulnerable people access support when they need it which could also be useful at the point a vulnerable adult returns from missing: *“If the card holder needs assistance, whether they are lost, a victim of crime or any situation that means they need some extra support, they can use the card to access this help. The card will hold basic information about the individual such as how they communicate, any health issues and any emergency contacts such as parents or carers.”*

Confusion on return is sometimes further exacerbated by the fact that adults do not necessarily identify as having been missing. This might be because they identify with other things they are experiencing in their lives more strongly than being missing, for example, their suicidal intentions, homelessness, or relationship breakdown. Furthermore, decisions to go missing are not necessarily present and as **Dr Penny Woolnough** points out: *“A few of those with mental health problems left unintentionally and had not really been aware of what they were doing at the time.”* This all

⁴⁰ Harris, M and Shalev Greene, K. Police attitudes in England to return interviews in repeat missing cases. *Journal of Investigative Psychology and Offender Profiling*. (2016).

⁴¹ Stevenson, O, Parr, H, Woolnough, P and Fyfe, N. [Geographies of Missing People: Processes, Experiences, Responses](#). (2013)

underlines the importance of the need for empathic policing and resources to help support what can be a fraught, complex and unsettling experience for the returned adult.

Therefore, it is important to understand that not all vulnerable adults are ready to talk in detail about their needs immediately on return and some tell us that they do not want to feel pressure to answer too many questions too soon after they return; one returned adult said: *“Because if you pressurise them, they are going to shut down.”* Indeed, sometimes the fear of having to explain yourself on return can put people off returning:

- *“I think you should let people relax first and then maybe give it a day or so and then try to talk them through it.”* **Man who had been missing from home**
- *“It’s like everybody wants to explain yourself and I couldn’t explain myself because I didn’t know how I felt... I wanted to be somewhere different, somebody different.”* **Woman who had been missing from home**
- *“I definitely don’t want to talk straight away. My head is not in a good space. I want to be left alone but surrounded by people if that makes sense?”* **Returned adult**
- *“It’s the feeling when I’ve done something and I can’t go back.”* **Returned adult**
- *“That is the last thing you want - to be questioned. Because it is like being interrogated. You do not want to be interrogated. You do not want to be going on about what you have been through. You just want to be left alone. Just this quiet space. A normal place. Give me that time alone to readjust. To come back to terms with where you have been. Reflect on what is going on around you.”* **Returned adult**
- *“There is guilt. There is the guilt complex. Going back. You feel guilty even before you go back. And when you go back the people...they do make you feel guilty. Giving you that complex. Why did you do it?”* **Returned adult**
- *“It’s a hard decision [to return from missing]... After all I have been through [whilst away]. The hardship. The hunger. The lack of sleep. The lack of companionship. What am I going back to? The questioning. The stupidity. Why did you go? They are treating you like a child and you are not.”* **Returned adult**

Indeed, Detective Inspector Jon Gross stated that the circumstances when a person returns can be chaotic – particularly when they are in mental health crisis – and, therefore, it is not appropriate to try and debrief them at that stage. Professor Hester Parr (University of Glasgow) explained that research with returned adults⁴² suggests that there needs to be a *process of engagement* after missing to allow time to build a trusted relationship – again suggesting that a one-off return discussion is not necessarily appropriate. Indeed, Esther Beadle, a returned adult, explained that in

⁴² Stevenson, O, Parr, H, Woolnough, P and Fyfe, N. [Geographies of Missing People: Processes, Experiences, Responses.](#) (2013).

the first couple of weeks she needed to focus on being okay but then, when things started to settle down, it felt really important to have the option to talk to someone but that support had not been available.

A couple of examples of 'safe' or breathing spaces for adults experiencing mental health distress were provided in the consultation responses. The settings can provide a useful alternative to the immediate application of section 136 of the Mental Health Act.:

- **West Mercia** has developed a sanctuary for people experiencing mental health crisis or distress. It was set up as an alternative to Section 136 arrests in partnership with MIND, Samaritans, and South Staffordshire Healthcare NHS Foundation Trust. The sanctuary is available from 8pm to 3am and welcomes anyone experiencing mental distress who is actively seeking help. It provides an alternative location and response to people who would otherwise be detained under Section 136. It offers people an opportunity to talk and be listened to with non-clinical workers and signposted to other relevant services with follow-up calls and support provided as appropriate. It provides a safe place to avert crisis or reduce stress but individual cases can be escalated to the Crisis Resolution Home Treatment team if the distress or crisis worsens.
- Similarly, **North Wales** police is currently reviewing the use of a crisis house/safehaven, providing a 'less restrictive' alternative to using section 136. *"The focus of a crisis house is to offer individuals who experience mental health crisis, intensive, shorter-term interventions so that they can be supported to manage their crisis in an informal residential setting as opposed to a hospital environment. Crisis houses are useful also because they allow individuals a place to manage their crisis away from their home environment in times when home might not be a safe place to be, or their domestic circumstances are contributing to their period of crisis but the cause of their crisis is not severe enough to require hospital admission... It is thought that they would be a useful intervention for some individuals who are involved in a missing from home incident and who are experiencing a mental health crisis at the time of that incident."*

It is also important to acknowledge that some adults do not want any support after a missing episode. This can be because they feel support structures that are already in place are adequate and can meet their needs – for example, if they get good support from the psychiatric team when returned to inpatient care, or they have an existing support network through family or services. It might also be because they feel they have been able to sort out the problem that caused them to go missing. Some adults are clear that they feel going missing was a one off incident. Others simply just want to be left alone: *"Sometimes you just want to be eased back in. Leave me alone. I am back now. Just let me get on with it. Just let me integrate in the way I want to integrate."* **Returned adult**

iv) Assistance to help adults navigate and access support options

Some adults who return from missing may feel unable to seek out support themselves, or make contact with organisations to which they are signposted. Navigating the support system can be challenging for a returned adult to do alone, both immediately on return and in the short to medium term. Although some people with a diagnosed mental health issue may be able to access support through their existing key workers, adults with no diagnosis or who are not receiving treatment could struggle more. Some responses to the inquiry indicated that more informal support for those

with lower level needs or people who are waiting for appointments with mental or social services would be beneficial.

The inquiry generated some examples of this kind of assistance. In **Devon and Cornwall** police try to ensure that no vulnerable adult is left at home alone without ensuring someone will follow up to provide support during their period of crisis. A Community Psychiatric Nurse working within the control room of **Norfolk** police will provide ‘*watchful waiting*’ for some adults to reduce the risk of them going missing again in the early stages of their return. This kind of support includes things like helping them to make GP appointments and following up to check they are coping whilst awaiting appointments with health services, or for medication to take effect. Dr Penny Woolnough (Abertay University) also cites an example of such support:

“In the course of my operational support work I once came across a supervisory officer (sergeant) who took the trouble to make a follow-up phone call to located missing adults approximately a week after their return (and after the initial police safe and well check) . In doing so, the officer was able to make a cursory assessment of the individual’s ongoing vulnerability and risk of further missing, guide them to potential sources of support and to reassure them of the Force’s support and understanding of their circumstances...”

South Wales police similarly suggests that an advocate support worker could offer oversight of the support provided to a vulnerable adult:

“An advocate support worker for adults would be beneficial. It has proved successful with children in opening up a trustful two-way communication stream and has allowed for greater, more detailed information sharing. This in turn has led to an enhanced, more structured support framework for the child. Similar services for an adult via trained professionals would provide a similar support network for the adult.” **South Wales police**

North Yorkshire provides an example where a similar type of scheme has been piloted. The police are working with a mental health charity to offer support to vulnerable adults who present as having a lower level of need and who, as noted earlier, are less likely to be offered support than those who are in crisis: *“Although referral routes in crisis are well established there appears to be an opportunity to greatly enhance the interventions for people at a lower level of need through the provision of practical and emotional support something that statutory agencies are finding difficult to provide because of resource constraints. As a result a project is being scoped with a mental health charity to support people identified as having unmet needs risks or vulnerabilities. This will then provide those identified people support for their needs.”*

The Aftercare Service pilot conducted by Missing People provided a mechanism for returned adults to access support and delivered practical and emotional support to families struggling with issues raised by the missing incident and return of their loved one. Indeed, returned adults say that they can often feel like going missing again a few days after returning. **Shane Hemsley**, the Aftercare Service Manager at Missing People said: *“Having the support and realising that there is still a lot of work to be done is critical at that time. This type of service can’t fix everything but where necessary, the service can provide a warm handover to those better placed to respond.”* The service was able to provide ongoing contact for returned adults and sometimes simply by listening, staying in touch and

providing a gentle guiding hand could make a big difference to individuals, as illustrated in the case study in Box 2.

Box 2: Adult Aftercare service case study

Missing People were asked to offer a return home interview to an adult who had returned after being missing for a significant length of time.

At the beginning of the interview the adult explained that the trigger for them going missing was a change to their home situation which meant they went from living with a relative as part of a long-term agreement to being alone. During the interview it was disclosed that they had mental health issues.

When describing the first few weeks away from home, the adult said that they had lived on the streets and had 'managed well'. They described how they felt less isolated because of bonds created with other members of the homeless community which had provided them with a sense of belonging that they had not experienced for a long time. But as the weeks went on, they started to cope less well and their physical and mental health began to suffer. After an incident of self-harm, the adult was admitted to hospital. The hospital established that the adult had been reported as missing and the police conducted a safe and well check. After this, the missing person was discharged and returned home.

Following on from the return home interview, the person accepted support from Missing People's Aftercare service. The returned adult said that they were more lonely and isolated since returning home and felt more vulnerable than when they had been homeless. The returned adult felt they were at risk of going missing again.

Therefore, Missing People agreed as part of the Aftercare support service, to make a weekly call to "check in" and to see what the returning person had been doing. Through this low level regular support, the team were able to monitor how the returned adult was feeling and whether they were experiencing a sense of isolation. It was possible to suggest activities to help maintain a sense of social connection - such as attending family events, or spending time in cafes whilst pursuing their interest in writing so that they could be out and about among people rather than at home - and check if the strategies were being used.

The returned adult appreciated the consistency of support provided by the key worker who had plans in place should they assess that the returning person was beginning to become reclusive. These plans included a list of support networks in the local area that were more creative in direction as this was something the adult was known to enjoy. The main objective was to empower the adult settle back into their day-to-day life with enough support that they felt comfortable to do this on their own terms. This support provided a subtle but significant change.

This follow-on help would not have been put in place if not for the return home interview and Aftercare Service which reduced the likelihood of a further missing incident.

v) Providing guidance to family and friends

Northamptonshire police say that providing advice to families and friends is a way of improving response when an adult returns. The Geographies of Missing People research⁴³ also showed that a missing episode can trigger more, or different, support from family and friends on return. Prior to the missing episode, family and friends are not necessarily aware that their loved one is unwell or experiencing difficulties in their life. Return can act as the trigger that enables the person to speak more openly about how they feel and what has been going on in their life. This can be challenging for families who may need support to cope with this – to know how to talk about it and get help processing their own feelings and emotions about the person having gone missing and then come back. Developing the resilience and practical tools for families to cope with such situations can help to sustain supportive relationships, as well as address practical issues like housing for returned adults, and in turn help prevent further missing episodes.

Missing People's pilot Aftercare Service provided ongoing support to families when their loved one came returned from being missing. Feedback from the families showed that they valued having a service they could access to get assistance for themselves which helped them feel more confident, knowledgeable and supported as a result. In turn, this helped them to develop the resilience to cope with their situation and to feel less alone in navigating the return. **Families** said:

- *"It was very helpful and supportive. The service helped to find out what to look out for, and anticipate when she may go missing, as well as how to deal with issues."*
- *"I thought they were brilliant, really supportive and liked the way they would just check in to see how things were. I knew very little. Lots of support and they would ring to make sure you were OK."*

d. Conclusions and recommendations for management of return and ongoing support

Response at the point of return

The inquiry evidence demonstrates that the point at which a person is found or returns from being missing is a vital moment for intervention and support. Adults 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 treated with compassion, supported and that everything possible is done to understand why they went missing and help prevent them doing so again. To do this effectively, the response must be multi-agency and sufficiently flexible to address different needs of people in different situations. An inappropriate response from professionals can mean that safeguarding flags are missed or that harm experienced whilst 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.

⁴³ Stevenson, O, Parr, H, Woolnough, P and Fyfe, N. [Geographies of Missing People: Processes, Experiences, Responses](#). (2013).

Although there are standard procedures in place for a response when someone is in acute mental health crisis, there is little 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. The inquiry evidence shows that the response to this group is inconsistent, particularly around safeguarding processes and referrals.

There is little direction laid out in legislation, 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 little 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 hold this interaction. We know, however, that in some cases these checks purely determine that the person has returned and is alive.

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, 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.

Prevention interviews

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 risk⁴⁴ 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

⁴⁴ National Crime Agency Missing Persons Data Report 2015/2016

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.

This inquiry has found that there is little standardisation or guidance in terms of what intervention should take place, what questions should be asked, what information should be recorded, or the circumstances that trigger a prevention interview. 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 police will not be the most appropriate service to connect with a returned person, something which was confirmed by the experiences of respondents to the inquiry who had been missing themselves.

In situations when 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 in 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 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 and 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 these 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 give more opportunities to share information and so it is 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

Referral pathways and ongoing support

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.

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 lead 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 is in light of the high numbers of people who go missing from hospital: up to 18% of missing incidents.⁴⁵

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 which are already in place to ensure an effective response to people in crisis. Although these cannot serve 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.

⁴⁵ Shalev Greene, K. and Hayden, C. Repeat reports to the police of missing people: locations and characteristics. Centre for the Study of Missing Persons, University of Portsmouth. (2014)

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 difficult to navigate and confusing landscape of services and pathways. Some adults would benefit from informal support and guidance to help them explore their options and access appropriate help. Equally, professionals and families supporting returned adults need to be equipped with knowledge and pathways for referral and signposting.

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

4. Prevention and strategic planning

a. What does APP guidance say?

Police Authorised Professional Practice (APP)⁴⁶ states that police strategies and responses to missing should be focused on multi-agency working with an emphasis on preventing people from going missing again. Furthermore, APP asserts that understanding the reasons why an individual went missing is critical in terms of successful prevention. Where it is identified that a person is likely to go missing again, APP suggests that a trigger plan should be created to inform appropriate action in any subsequent episodes.

APP recommends that data on missing is routinely collated, analysed and shared between agencies to understand patterns and develop prevention and intervention strategies, for example, creating problem profiles for places from where people are regularly going missing. Statutory guidance⁴⁷ states that information should be shared with the local authority for children and young people who have been missing. APP recommends this should also be done for vulnerable adults but there is no current statutory guidance which states this should happen. The role of the missing person co-ordinator is viewed as vital in supporting such multi-agency working by developing relationships, strategies and protocols with partner organisations, as well as ensuring the effectiveness of the strategic response of forces to missing reports and the safeguarding responsibilities associated with this.

b. Evidence from the inquiry: What prevention planning and strategies are used?

Responses to the APPG inquiry demonstrate some variance in terms of prevention planning and strategies across forces. As part of prevention, some forces systematically review missing person records and found reports for adults to ensure that sufficient information has been logged onto police record systems in case the person goes missing again and identify whether a trigger plan or other additional support might be appropriate.

- **Northamptonshire** police use prevention interviews to identify any harm experienced and collate details that may help trace the person in the event of a future missing episode. A 'trigger plan' is created where they feel a person is likely to go missing again in order to inform action should there be a subsequent incident. At present, they do not have any involvement from mental health professionals in these processes.
- 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

⁴⁶ College of Policing Authorised Professional Practice. Major investigation and public protection: Strategic responsibilities. (2016)

⁴⁷ Department for Education. [Statutory guidance on children who run away or go missing from home or care](#). (2014)

a found report does not include sufficient information, the co-ordinators will return to officers to obtain more information, using the opportunity to explain why it is important to have this information recorded.

- Similarly, in **Dorset**, the adult safeguarding team review Public Protection Notices and ensure the relevant information is logged on police systems for use if the person goes missing again.
- In **Norfolk**, the MASH team review all missing adult cases and found reports at their daily meetings which provides an opportunity to spot patterns, trends and identify potentially unmet needs upon return.
- In **Thames Valley**: *“The prevention interview is used to identify any signposting to other agencies that would be best places to assist or safeguard them.”* The missing persons co-ordinator also reviews the prevention interviews to identify any concerns, trends and patterns and refers to the relevant agencies where required where consent is obtained.

Trigger planning and problem solving for repeat missing adults, or those who they feel are at high risk of going missing again, are also used by some forces but there is not a consistent approach across the UK. Furthermore, there is no requirement for other statutory agencies to get involved in strategic planning for returned adults (in contrast there is statutory guidance on this for missing children) and, therefore, there is often little engagement with, and few processes set up to facilitate multi-agency working. Examples of trigger planning provided in the consultation responses include:

- **North Yorkshire**, police are focusing a ‘problem solving approach’ on people who are frequently reported as missing which identifies the causes and reasons for going missing in an attempt to reduce repeat episodes.
- **Avon and Somerset** police provided an example of trigger plan in practice. A woman with long standing mental health issues and who was frequently missing and at risk of suicide asked if she could collaborate with police to produce a trigger plan and guidance for how to respond in the event she was reported missing. The plan detailed places to look for her and how to communicate with her when she was in crisis.
- In **Norfolk**, Adult Social Services have signed up to a ‘3 in 42’ agreement which means that a strategy meeting will be arranged if an adult goes missing three or more times in 42 days.
- In the **West Midlands**, the specialist missing persons unit Locate has helped to develop closer partnership working and a consistent approach to missing person investigations which places the missing person at the centre of the process. *“In 2016 West Midlands Police, in partnership with Birmingham and Liverpool Universities, undertook a pilot project named Locate. Locate was a dedicated function that managed all missing person enquires once initial recording and fast track enquiries had been completed. The pilot also included an ‘Intervention and Prevention’ offer around reducing the risk and volume of repeat missing persons through close partnership working. Following an evaluation of the pilot in July 2017 Locate was implemented as the core operating model for investigating missing persons across WMP. Locate is resourced with 74*

police officers and provides a professionalised approach to investigating missing persons and offers significant benefits to the individuals reported missing and their families. Missing persons are treated as individuals, with a consistent approach to managing all missing person cases across all risk categories. Locate reduces demand from repeat missing persons as staff have greater knowledge and understanding of cases and have built confidence with partners leading to increased officer effectiveness and greater interaction. An additional benefit is the enriched intelligence picture with an increased number of intelligence submissions.” West Midlands Police

Devon and Cornwall police provided examples of how good multi-agency relationships and joint approaches to risk planning can better safeguard vulnerable adults:

“Following a missing episode of an adult with psychosis an officer made a referral direct to the Devon Specialist Team for Early Psychosis (STEP) team that was accepted outside the usual GP referral route. Following a risk strategy the adult received the support package they needed to enable them to stay in the community and no further missing reports were received by the police service. In Cornwall we currently have a pilot looking at triggering referrals to a support service of any adult involved in the criminal justice system that also has an identified mental health concern. Local neighbourhood police staff will attend any subsequent convened risk strategies; in order to assist with and agreeing, any multi-agency safeguarding plan for that individual. There is scope to expand this pilot for adults with mental health concern that have been reported missing. This is work still under development within the pilot and would need to be further explored with Adult Social Care and NHS Mental Health partner agencies.” Devon and Cornwall police

The **British Transport police** (BTP) Health and Policing teams, have a process to create Suicide Prevention Plans for adults identified as vulnerable. They create approximately 2,000 plans each year (for any vulnerable adult, not just those who are missing) which work through referrals and actions to help move people on the road to recovery. BTP also offers third party referral to Samaritans where individuals receive a call from the charity rather than it being incumbent on the adult to have to make the call to the charity. Psychiatric nurses are embedded within the Suicide Prevention Mental Health (SPMH) hubs who provide case management and decision-making support to officers and staff.

A few forces provided examples of how they work with hospitals and/or mental health trusts to review cases where people have gone missing from inpatient psychiatric care and make prevention plans around this.

- **Surrey** police discuss any missing episodes from mental health in-patient providers at a monthly meeting. A trigger plan is created for repeat missing adults and consideration given to allocating them to a SPOC (Single Point of Contact). The MASH team can also provide advice and guidance on relevant issues such as adult social care, homeless shelters, mental health safe havens etc.
- Similarly, in **Norfolk** monthly meetings are held with representatives from the local mental health trust (Norfolk and Suffolk NHS Foundation Trust) to review every case where a person has gone missing from one of their inpatient psychiatric units.

c. Evidence from the inquiry: How can prevention strategies and strategic planning be improved?

The inquiry identified a number of improvements to strategic planning and prevention of missing episodes which are discussed in more detail under the headings below:

- i. Improve information sharing and multi-agency record management
- ii. Introduce a requirement for strategy meetings for vulnerable returned adults and strengthen processes for prevention planning
- iii. Incorporate a strategic response to missing into current health strategic planning
- iv. Improve strategic planning and prevention response to missing from hospitals and care settings
- v. Standardise data collection and reporting on the extent and nature of missing

Information sharing and multi-agency record management

The need for stronger guidance requiring different agencies to take accountability for responding to vulnerable adults who have been missing was identified during the roundtable discussions. In addition, there was a recognised need for a multi-agency response to effectively support returned adults and improved protocols and systems to facilitate information exchange. Currently, referrals to external services can only be made with the consent of the returned adults unless there is a safeguarding concern. South Wales police force says: *“In general terms an adult needs to give consent for information to be shared with other agencies. This consent issue has been a problem in the past. However, the police can override their consent in certain circumstances depending on the apparent risk.”* Police forces suggest that developing protocols where information could be automatically shared between agencies without consent if an adult meets specific thresholds would help facilitate referrals and access to support. Some existing MASH information sharing protocols already provide such a degree of flexibility for exchanging information between agency partners.

- **North Yorkshire** police suggest that consent to share information with trusted partners – without the need to obtain consent – would enable *“positive action to help protect the person’s health, safety and wellbeing.”*
- **Northamptonshire** police feel that partner agencies should: *“Become more involved. Better response or contact with agencies that can assist through information sharing agreements.”*

Police forces would also like better communication from agencies on outcomes after an adult has been referred into their services. For example, **Devon and Cornwall** police say that they do not receive feedback when they have referred an adult to social services and have not been made aware of any safety planning that has taken place as a result: *“When officers submit VIST forms, these are referred to adult services, it may help to receive some feedback with what has happened to the referral.”*

In Buckinghamshire, **Thames Valley police** is trialling a multi-agency record management system which will: *“Gather real-time information to assist in a current and holistic assessment based on information from social care, health partners and voluntary sector agencies.”* The database allows all relevant agencies to review and input information about any missing person that is known to them – this can be invaluable in having a full picture of vulnerability. Information from a prevention interview can be recorded and actions can be generated and assigned to different agencies.

Introduce a requirement for strategy meetings and strengthen prevention planning

APP recommends that strategy meetings for repeat missing children occur when they have frequent missing episodes. The meetings are multi-agency and look at support needs and prevention planning for individuals. The need for strategy meetings to take place for vulnerable returned adults was also discussed at the roundtable meeting. Jo Apps, from the UK Missing Persons Unit, suggested that Authorised Professional Practice could be updated to include more guidance as to when a strategy meeting should be considered for missing adults. PC Guy Cochran (Devon and Cornwall police) suggested that involving families at this stage could also add significant value. A number of police representatives felt that for such a joint approach to be effective there needs to be statutory guidance which sets out a requirement for other agencies to participate in strategy meetings for returned adults. They feel that unless other agencies are required to respond to returned vulnerable adults, they will not be able to prioritise resources to participate in strategy meetings or other preventative work:

- *“Strategy meetings are completed for children but with adults there is no such process set out in standard operating procedures.”* **Northamptonshire police**
- *“In general, support is not as robust as it is for children.”* **Nottinghamshire police**

Hertfordshire police raised an important consideration that thresholds set for prevention planning for missing adults should potentially be different to those used for repeat missing children because adult patterns of missing tend to be different. They explained that most adults do not have a rapid escalation of episodes - their repeat missing episodes may be spread out over a longer period of time than for children. Therefore, thresholds for interventions and strategy meetings for adults should reflect this difference.

Sussex police suggest that strategic planning will help to pre-empt risks and potential behaviours with people who have been missing before, or are known to services, and would improve the effectiveness of response to missing reports. **West Yorkshire** police recommends better use of joint mental health care plans which are centrally recorded. They have just started using a mental health care plan occurrence on NICHE.

Kent suggests that the ‘At Risk of Going Missing Form’ developed in East Kent for use with people living with dementia could be expanded to use with other vulnerable adults. The form is completed by carers of people with dementia and is used to give police and other agencies the information they need to locate people if they go missing. *“This form could be adapted for people living with Asperger’s or even mental health issues.”* Participants at the roundtable discussions agreed that adapting a system like this, or the Herbert Protocol, could be useful for prevention planning for vulnerable adults who go missing frequently. Indeed, involving adults themselves in these plans

could be beneficial in helping them to understand the processes when they are reported missing, what happens on return, and equip them with strategies to make safe decisions if they do go missing again. Dr Penny Woolnough (Abertay University) asserts that a lack of knowledge about what happens on return can determine how people experience the process and, indeed, can deter some from return. She points to the Geographies of Missing People⁴⁸ research which demonstrates that: *“Developing an awareness and culture of talk around missing experiences could be helpful to those at risk of going absent, their families, police and other agencies.”*

Adults who have been missing themselves agree that prevention planning could be useful in reducing the risk of future episodes but feel that they should be involved in creating those plans. For example, some say it would be useful to have an opportunity to talk to someone independent when they can feel their stress building and recognise that they might be at risk of going missing again.

“It can sometimes be easier to talk to strangers. Someone who doesn’t know your story and doesn’t judge... It would be handy for some people, you know if someone said: ‘We know there is a chance you’ll go missing again so if you are feeling like that, think about doing this, and this and this,’ you know.” (Returned adult)

Incorporate a strategic response to missing into current health strategic planning initiatives

At the roundtable discussion, Andrew Herd from the Department of Health referenced the local mental health crisis concordats - a set of protocols and policies for how agencies should respond when someone is experiencing mental health crisis - and suggested that response to missing could be integrated within these strategies, particularly as missing often signifies a crisis. Local areas should also have a multi-agency suicide prevention plan and, given the links between suicide and missing, it should be possible to influence local areas – possibly with the support of Public Health England - to include response to missing incidents within these plans. Joe Apps from the UK Missing Persons Unit suggested that suicide hot-spotting and mapping should be prioritised and taken more seriously by police forces. Also that APP should be reviewed to ensure that it is consistent with current mental health guidance and the Mental Health Code of Practice⁴⁹.

Any guidance needs to be accompanied by training to ensure it is implemented with competency and consistency.

Improve strategic planning and prevention response to missing from hospitals and care settings

There is a need for more strategic planning and a better prevention response to incidents when a person goes missing from a hospital or care setting. The Mental Health Code of Practice states that there should be protocols in place to review incidents where a person goes missing from an institution to learn lessons and help prevent future occurrences. However, the inquiry evidence shows that this does not happen consistently. Contributors to the inquiry suggested that the Department of Health and Social Services should record and monitor the number of people who go missing from their care settings, as well as map locations with a high rate of missing incidents in partnership with local police forces. Furthermore, Care Quality Commission (CQC) and Her Majesty’s

⁴⁸ Stevenson, O, Parr, H, Woolnough, P and Fyfe, N. [Geographies of Missing People: Processes, Experiences, Responses](#). (2013).

⁴⁹ Department of Health and Social Care. [Mental Health Act 1983: Code of Practice](#). (2015)

Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) inspection frameworks should be updated to include an assessment of whether reviews are being carried out after a person has gone missing from a care setting and the quality of any subsequent response and prevention planning: *“There should be multi-agency inspections if we’re expecting a multi-agency response.”* Detective Chief Inspector Pete Hornby, Norfolk police. Inspector Michael Brown asserted that such monitoring and strategic reviews are also necessary for incidents where people are missing from Accident and Emergency departments.

In addition, at the roundtable discussions it was suggested that APP could be reviewed to include a recommendation that incidents missing from care settings should trigger a strategy meeting.

Standardise data collection and reporting on missing

A discussion about the importance of standardising how information is recorded about missing individuals and incidents took place at the roundtable meetings. It was suggested that standardised consistent and accurate data on missing incidents and individuals across all police forces is necessary as a basis for effective multi-agency strategic planning so that the scale and nature of issues can be properly understood and appropriate responses developed.

d. Conclusions and recommendations for prevention and strategic planning

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.

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 £2,500.⁵⁰ By reducing the reasons for missing and 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 which are often ‘hotspots’. This can help to improve local understanding in both 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 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 reduced the number of missing episodes and an opportunity to save a life.

⁵⁰ Shalev Greene and Pakes, Establishing the Cost of Missing Person Investigations (2012, 2013a)

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, some will go many times. An improved multi-agency response after every missing episode could mean preventing the next. Returned missing adults should always receive an offer of help to ensure that they can keep themselves safe, can access support and do not feel that going missing again is their only option. 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 and the inquiry evidence demonstrates that such an approach is not adopted with any consistency across the UK.

Recommendation:

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

Lessons for prevention planning for adults who have been missing could be learned from the Herbert Protocol - a national scheme which 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.

It is also possible that a similar scheme could be developed to 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 as both 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, 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 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.

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 and if found to be valuable should be implemented across all forces

Strategic prevention planning across all agencies involved in the care and support of vulnerable adults is also crucial to reducing the incidence of missing and associated risks of harm. A strategic response to missing could be incorporated into existing multi-agency planning initiatives. The Crisis Care Concordat is an agreement which sets out how organisations will better work together to ensure that people who are in mental health crisis get the help they need. The response to missing from the participating agencies could be incorporated into local mental health crisis concordats.

Local areas also have a multi-agency Suicide Prevention Plan which is developed by local authorities, Clinical Commissioning Groups (CCGs), the voluntary sector and wider networks to monitor and take action to reduce the risk of suicide in localised areas. The plans should include information and expectations regarding the response to missing.

Recommendation:

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

Appendix 1: Calls for evidence

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?

Appendix 2: 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