APPG for Runaway and Missing Children and Adults

Inquiry into safeguarding missing adults who have mental health issues

Summary of Evidence

July 2018

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.

Table of contents

1. Introduction

This report summarises the evidence submitted to the All Party Parliamentary Group Inquiry into safeguarding missing adults who are vulnerable due to mental health issues. The report complements the Executive Summary and Campaign recommendations report.

Background

In the United Kingdom almost fifteen 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]

Fortunately, the majority of missing adults are found or return quickly.[2] However, they are often vulnerable and may experience serious harm even while away for a short time period. Research shows that up to 80% of those who go missing are experiencing mental health problems.[3] Many adults will struggle upon their return and up to a third will go missing on more than one occasion.

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 further deteriorate and lives can be put at risk and lost. Returning from missing can be difficult, frightening and isolating; without an improved response tens of thousands of people are left to face these challenges alone.

Police are involved in missing person investigations at the point of reporting, conducting the search and when a person is found. However, responding to the issues raised by missing people is not the responsibility of the police alone. Multi-agency support is vital to address the reasons why people go missing, provide the necessary help when it is needed, and reduce the likelihood of future missing episodes.

Purpose of the inquiry

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.[4] This includes both those who have received an official diagnosis and those who haven't.[5] People with mental health issues are often

[1] Based on figures provided by the National Crime Agency, Police Scotland and the Police Service of Northern Ireland
[2] 76% within 24 hours and 3% missing for longer than a week. National Crime Agency Missing Persons Data Report 2015/2016
[3] Gibb, G. and Woolnough, P. *Missing Persons;* Understanding Planning Responding (2007)
[4] Gibb, G. and Woolnough, P. *Missing Persons;* Understanding Planning Responding (2007)
[5] *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)

vulnerable. They may be at increased risk of harm from others, 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.

Missing and mental health

Mental health issues can be both a cause and consequence of people going missing. Research and police statistics show that it is one of 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.[6] As high as these figures are, they are still likely to be an underestimate: one 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.[7]

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 far 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[8] is much higher than that for the adult population in England as recorded in the Adult Psychiatric Morbidity Survey.[9] The role of mental health issues for people who have gone missing is also highlighted in qualitative studies. The Geographies of Missing People research project documents 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.[10] Mental health, including risks of suicide and self-harm, is one of the most common issues raised in conversations with adults calling Missing People's helpline. 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.[11]

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 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.

---

[6] 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)
[7] Gibb, G. and Woolnough, P. Missing Persons; Understanding Planning Responding (2007)
[8] National Crime Agency Missing Persons Data Report 2015/2016
[9] http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-cmd.pdf / http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-psychosis.pdf
[10] Stevenson, O. Parr, H. Woolnough, P. and Fyfe, N. Geographies of Missing People: Processes, Experiences, Responses (2013)
[11] Missing People, Missing and Mental Health Information Sheet (2015)

People with mental health issues are often vulnerable. They may be at increased risk of harm from others,[12] may struggle to look after themselves or make safe decisions while away, experience worsening mental health and some people may try to take their own lives.

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.[13] 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%[14] of missing incidents.[15] Research in 2011 suggests that the majority of cases where missing individuals are found deceased are due to suicide.[16]

High numbers of adults go missing from hospitals – up to 18% of missing incidents according to research carried out in 2014. [17]

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.

There is still relatively little known about the links between missing and mental health. This is reflected in the lack of statutory and operational guidance for responding to missing people who are experiencing mental health issues. Specialist support is rarely available and, when referrals are

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

[12] Desmarais, S. Van Dorn, R. et al. Community Violence Perpetration and Victimization Among Adults With Mental Illnesses (2014)
[13] 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'
[14] Biehal, N., Mitchell F., and Wade J. *Lost from View* (2003)
[15] 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.
[16] Newiss, G. *Learning from Fatal Disappearances*, Missing People (2011)
[17] 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)

made, people often face challenges in navigating the complicated support pathways or long waiting lists before they actually access help.

Methodology

The inquiry has consisted of three stages each of which is discussed in more detail below:

- Consultation
- Call for evidence
- Follow-up consultation and Roundtable meetings

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. The consultation 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.[18]

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 the appendices following this report. Evidence was submitted between 25 October and 23 December 2017.

The first was sent to the Chief Constables of every UK police force. Responses were received from 39 of the 46 police forces contacted. Chief Constables were asked a number of questions to explore in more detail how mental health and other vulnerabilities are taken into account in practice in missing person investigations, and whether mental health professionals provide support to officers at any stage. Forces were also asked about what action is taken when a person is found or returns and is considered to be vulnerable at that point.

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

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.

The second call for evidence was sent to frontline police officers and missing persons teams, the UK Missing Persons Unit (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. A list of attendees at the roundtable discussions is appended.

Report Structure

This report is structured into three main sections focusing on:

- Risk assessment and missing person investigations
- Response at the point of return, referral pathways and ongoing support
- Prevention and strategic planning

Within each section information is presented under the following headings:

- A summary of what professional guidance says should happen
- A summary of evidence submitted to the inquiry about what does happen in practice
- A summary of how contributors to the inquiry think each area could be improved
- Conclusions and recommendations

2. Risk assessment and missing person investigations

a. What does APP guidance say?

The College of Policing Authorised Professional Practice for Missing Persons (APP)[19] sets out guidelines for missing person investigations to ensure that they are conducted effectively and supported by appropriate management structures. APP states that: *"Going missing should be treated as an indicator that the individual may be at risk of harm"* and emphasises that a missing person report is an opportunity to identify and address risks. The key factors for consideration in a missing person investigation outlined in the guidance are:

- Protecting those at risk of harm
- Minimising distress and ensuring high quality of service to the families and carers of missing persons
- Prosecuting those who perpetrate harm or pose a risk of harm

Police forces organise their local response to missing person reports and subsequent investigations in a range of ways. APP states that police response should use risk assessment to prioritise activity so that the most intensive work addresses the needs of missing people who are assessed as being at greatest risk. Risk assessments should be guided by the College of Policing Risk Principles[20], the National Decision Model[21] and the Police Code of Ethics.[22] The different levels of risk associated with a missing person report are summarised in the table below. Risk assessment is an ongoing process and, where appropriate, the risk level is reassessed and reclassified as a missing persons investigation progresses.

No apparent risk (absent)	**There is no apparent risk of harm to either the person or the public.**
Low risk	The risk of harm to the person of public is assessed as possible but minimal.
Medium risk	The risk of harm to the person or public is assessed as likely but not serious.
High risk	The risk of serious harm to the person or the public is assessed as very likely. Serious harm is defined as: *"A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible."*

[19] College of Policing Authorised Professional Practice. Major investigation and public protection: Missing Persons (2016).
[20] College of Policing Authorised Professional Practice. Risk Principles (2013).
[21] College of Policing Authorised Professional Practice. National Decision Model. (2014).
[22] College of Policing Code of Ethics

Consideration of mental health and other vulnerabilities in police risk assessment and response

At the stage a person is reported missing to the police, the missing persons decision-making guide[23] (or a similar set of questions) is used to gather the information about the person, the circumstances relating to their disappearance and influences on the person's life. At this stage any vulnerabilities are identified – including whether a person has mental health issues, suicidal intentions or ideation, medication needs, or other vulnerabilities. This informs the risk assessment and investigation to find the person.

In terms of decision making, APP guidance states: *"When police officers are called to respond to a situation involving a mentally vulnerable person, it is important that they have access to relevant information that may inform risk management. They should seek guidance from health care professionals where appropriate."* (College of Police, APP for mental vulnerability and illness).[24] The APP is clear that police officers are not medical professionals, nor are they expected to hold or maintain any level of clinical knowledge or understanding. However, the APP states that: *"It is reasonable to expect officers to recognise the potential medical significance of symptoms and behaviours associated with mental vulnerability. It is also important that they are able to record, act on and communicate it to medical professionals in a meaningful and structured way."* To this end, APP emphasises the importance of officers receiving training which enables them to recognise indicators of mental health problems so that they can be taken into consideration.

b. Evidence from the inquiry: How is mental health considered in missing person investigations?

In line with APP, all the police forces that responded to the inquiry said they gather information about potential vulnerabilities of a missing person during the initial report taken in the force control rooms. This helps to identify the existence of mental health issues, suicidal intentions or ideation, and other vulnerabilities. This information is used to make the initial risk assessment and determine the subsequent response.

Use of mental health professionals

As detailed earlier, APP guidance stresses the importance of seeking input from health care professionals to inform risk assessments when responding to a situation involving a mentally vulnerable person. Many police forces report using mental health professionals to support the risk assessment and missing person investigation. However, this is not consistent across all forces and the nature of their input varies. In some forces, mental health professionals are co-located in force control rooms and/or via street triage teams; they can be deployed in person to respond to incidents, or contacted by telephone. Some forces also access support from mental health professionals via an advice line (often covering time periods when force control room or street triage teams are not available, or supplementing the resources of street triage teams). A few forces had

[23] College of Policing Authorised Professional Practice. Major investigation and public protection: Risk assessment. (2016).
[24] College of Policing Authorised Professional Practice. Mental health: Mental vulnerability and illness. (2016).

plans in progress to introduce mental health professionals within the control rooms who would be available to assist with missing person investigations, alongside other police work.

The responses to the inquiry also suggest that there is quite a bit of variance in the extent to which mental health professionals are involved in missing person cases. A small number of forces say that they do not use mental health professionals in missing person inquiries at all, examples include: **West Mercia** and **Warwickshire**, **City of London** and **South Yorkshire**. In contrast, a few forces state that their officers have access to mental health professionals 24 hours a day (examples include **Dorset** and **West Yorkshire**), either co-located within police teams or through an advice or crisis line. In most forces mental health professionals are available at fixed periods during the day or night ranging from 8 to 20 hours of coverage. The availability of resources also impacts on the extent to which mental health professionals can be used within missing person inquiries; **North Yorkshire** police made the point that their mental health staffing is limited: "*Staffing is extremely limited with the Registered Mental Nurse covering Force Control room triage and two staff covering each of the street triage teams*."

In addition to the hours that mental health professionals are available, there are also differences in what triggers their use in missing persons investigations. In some forces the use of mental health professionals seems fairly systematic. For example:

- In **Norfolk** mental health professionals receive a daily list of missing and found people, review them against health records and update COMPACT records so that the Officer in Case has the information to assist the investigation.

- In **Dorset**, the mental health triage teams within the custody environment have responsibility to review all messages relating to missing people and check them against their health database to identify any relevant information.

- In **Northamptonshire**, when a missing person is transferred from the Command and Control System onto COMPACT (i.e. the report becomes a missing persons investigation), a task is created to contact the Community Psychiatric Nurse who then reviews health records to identify information to help manage the risk and safeguard the individual.

- In **Leicestershire,** when someone is reported missing and a mental health marker is added at the initial risk assessment, it will automatically flag the case with the force triage car. They will check for any known information which could help inform the investigation.

- **Durham** police has a briefing note on the role of mental health professionals within missing person inquiries which sets out the scope of when and how they should be considered within missing investigations.

In many forces, activity from mental health professionals is more discretionary and on request from a police officer. For example:

- in **West Yorkshire** the mental health professionals are primarily set up for consultation regarding section 136 Mental Health Act but officers can consider getting advice from the mental health

professionals during live missing investigations or where a person needs further help and support when they are found.

- In **Staffordshire**: *"There is no structured support process by mental health professionals at the point of risk assessment or at the prevention interview. However, the triage teams can facilitate information to assist the risk assessment or investigation which regularly occurs at an operational level."*

- **Cheshire** police acknowledges that mental health professionals can be crucial in assessing risk but states that mental health professionals are only currently involved in high risk cases.

How do mental health professionals support missing person investigations?

One of the main ways mental health professionals support police officers at this stage is checking health records to identify any information regarding mental health diagnoses and medication use which can help police make a more accurate risk assessment or help with the investigation to locate the missing person. For example, in **Cambridgeshire**, if a missing person is taking medication but does not have it with them, then their risk is assessed on the effect of not taking the medication. The records can also identify whether any other professionals are involved in the person's care who may be able to further help with the investigation. In addition to checking mental health records, mental health professionals can also provide advice to help officers assess the likely risk of harm to the missing person:

- *"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**)

- *"The street triage team assist at all stages of the risk assessment process. The staff in the Control Room assist with the initial risk assessment and provide ongoing support during the investigations."* (**Durham police**)

It is important to acknowledge that there are limitations to identifying mental health issues from the initial screening questions and health record checks. **Bedfordshire** police points out: *"Although specific questions are asked about the person's mental health, the risk assessment can only be as good as the information provided by the informant or the information previously held on police system. If the person has an undiagnosed mental health condition, or a condition that has been diagnosed but never reported to the police, it is unlikely this will be taken into account when assessing risk."* It should be recognised that individuals may be at risk and/or experiencing mental ill-health even if they do not have a diagnosed condition. Indeed, **Police Scotland** identified a pattern that almost all of those traced deceased following a missing person investigation are: *"adult males who had often not been missing before and/or not known to have had a mental health condition or issue and who had died by suicide. We are working to adjust guidance and training to ensure this information is highlighted for officers."* This highlights the importance of listening to families and friends of missing people and recognising and acknowledging any warning signs that they raise. A family member whose son was missing gave evidence to this inquiry and told us that warning signs

she reported to the police - of stress, bullying ill-health and out-of-character disappearance - had not impacted on the risk assessment and she felt that the police did not acknowledge, listen to, or act upon the family's concerns.

Police officer training in mental health issues

In addition to seeking advice from mental health professionals, APP guidance emphasises the importance of training officers to recognise the indicators of mental health issues so they can be taken into consideration in missing person investigations. **Bedfordshire** police provided an example of where this has happened. Although the force does not routinely use mental health professionals in risk assessment, they have provided specialist vulnerability training and dedicated mental health training (produced by the College of Policing) to a large number of their frontline responders to ensure they are better able to identify and respond to vulnerability. Similarly, **Gwent** police has trained their front line officers*: "to ensure they are clear on their powers, the expectations placed on them and the options available to ensure that the person in need has the most appropriate support."*

Missing from inpatient health care settings

Some forces also outlined their procedures when a person is reported missing from in-patient psychiatric care. In **Nottinghamshire**, staff within psychiatric units complete a risk assessment based on a shared definition of risk before reporting the person missing to the police. The shared definition of risk means that police have all the information they require and can respond more effectively when receiving the missing report. Officers in the **Metropolitan** police work directly with professionals to ensure the risk assessment and investigation are appropriate when someone goes missing from an in-patient health setting.

However, the inquiry also presented evidence where processes for reporting and risk assessments for people missing from inpatient settings could be improved. **Avon and Somerset** police say that the information provided by care settings when a person is missing is often incomplete and does not include crucial information such as the time they were last seen, or specific concerns regarding diagnoses:

- *"For example when a vulnerable adult has not returned to their accommodation, the information is being shared by a third party who has little or no knowledge of the missing person's personal information but are merely reporting as it is company policy to do so."* **Avon and Somerset police**

Similarly, **Sussex** police says that information from hospitals is not always complete:

"Reports of patients missing from A&E or some other outpatient ward are a common occurrence. In too many cases the police are called when it has not been established whether the person is actually missing (i.e. no enquiries have been conducted at the person's home address or even contact attempted by phone), or whether there is a clear immediate medical risk…. Failing to turn up from up from a weekend from home leave from a voluntary mental health placement can also result in premature reports of a missing person to the police – with no reasonable enquiries undertaken by the institution to ascertain the person's wellbeing or whereabouts…. Any improvement amongst

health and care institutions to be able to prevent and respond to the routine incidence of missing and absent patients themselves, can only assist in the overall identification of risk and vulnerability."

Missing adults and suicide

Police responses to this Inquiry show that up to a third of missing incidents are recorded as involving suicide or self-harm. There were different methods of recording and reporting suicide or self harm. Of the 24 forces that provided statistics on this, eight 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[25] found that 6% of adults went missing to end their own lives. In the Geographies of Missing People[26] qualitative research, adults who had previously been missing reported having suicidal thoughts while missing or attempting to end their own life whilst away.

Learning from Fatal Disappearances[27] 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 (not yet published) 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.

When an adult is missing and 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. The Suicide TextSafe scheme run by Missing People is currently being piloted in several forces. Where a person is missing and considered to be at risk of suicide, police can share the mobile phone number and request that Missing People send a specially-worded text message to the missing person. At the same time, Missing People then automatically refer the case to Samaritans who will telephone the vulnerable person to offer a person support. **West Mercia** police started using the scheme in 2009 after 27 missing people had died whilst missing. In 2010, the number of deaths had dropped to 12. West Mercia police say: *"It is not possible to evidence that the fall can be totally attributed to the scheme but West Mercia feel that it had significant impact."* In addition, **West Midlands** police described how they use the Suicide

[25] Biehal, N, Mitchell, F, Wade, J. Lost from View. (2003).
[26] Stevenson, O, Parr, H, Woolnough P and Fyfe, N. Geographies of Missing People: processes, experiences, responses. (2013)
[27] Newiss, G. Learning from Fatal Disappearances. Missing People. (2011)

TextSafe service: *"WMP has a long standing Memorandum of Understanding with the Missing People Charity. Every case is automatically referred to them for Samaritan contact and family support in long term loss. Contact lifelines can be made available to each individual. This relationship is one of the most successful in the UK based on referrals and support received."*

c. Evidence from the inquiry: How could the current risk assessment process be improved?

The inquiry evidence identified a number of areas where the process of risk assessments for adults reported missing could be improved, each of which is discussed under the individual headings below:

i. Empirically evaluate the effectiveness of risk assessments

ii. Standardise the risk assessment process

iii. Refine the risk categories

iv. Improve information sharing systems and protocols

v. Improve access to information collated during previous missing episodes

vi. Improve the quality of information collected and recorded during the initial missing report

vii. Utilise expertise of mental health professionals

viii. Raise awareness and understanding of mental health issues and vulnerabilities

ix. Improve reporting processes and risk assessments for people missing from care settings

However, it is also important to note that many police forces who responded to the inquiry feel that the current risk assessment processes for missing person inquiries are effective. Some examples include:

- *"It is an effective risk assessment process that assists officers to effectively assess the risk posed to the missing person."* **Cheshire police**

- *"The risk assessment is fit for purpose and prompts the call taker/officer to consider a wide range of factors that are known to pose a risk to that missing person or the wider community."* **Dorset police**

- *"Currently Leicestershire Police risk assessment process for missing adults is as robust as it has ever been. We have a multi-stage risk assessment process and have recently undergone force-wide training to ensure that it is as effective as possible at all stages. This has been affirmed by a recent internal audit."* **Leicestershire police**

- *"The THRIVE process is very effective in identifying the initial risk and therefore ensuring an appropriate response. This allows the attending officers to be effective in identifying and monitoring the ongoing risk. These stages have oversight of a manager to ensure that the force policy is being adhered to and that the appropriate actions are being undertaken."* **Norfolk police**

- *"The process is effective and allows for a full understanding of the levels of risk being managed."* **North Yorkshire police**

- *"In summary, although there are many challenges and pitfalls to effective risk assessment, the police generally perform well in this area. Contributory factors are: 1) A widespread focus on threat harm and vulnerability amongst first responders; 2) Modern risk assessment processes which have recently refreshed at national and local level; 3) Many years of development and experience as a risk management service. All these factors ensure risk is accurately identified an assessed in the overwhelming majority of the thousands of calls received each day."* **Sussex police**

The effectiveness of the current risk assessment process in predicting longer term risk was, however, questioned by some. The UK Missing Persons Unit says: *"There is a view that THRIVE+ is good for assessing immediate risk (threat to life type of risk) but less good at assessing more long term risk (assessed risk before a missing event, during the missing event and post-event)."* Similarly, **Surrey** police state: *"But what it* [the risk assessment] *doesn't do is consider the actual totality of the risk for individuals – it focuses on the risk to them at that moment in time."*

i) The effectiveness of risk assessments should be empirically evaluated

The need to empirically test the accuracy of the current risk assessment process in categorising risk and predicting likely harm was highlighted by a number of responders to the inquiry. Dr Karen Shalev Greene (Centre for the Study of Missing Persons, University of Portsmouth) asserts that without this: *"It is actually not possible to conclude whether or not it* [risk assessment process] *is effective."* Shalev Greene summarises the ways in which the process should be made more objective:

1) *Establish what harm is and how it is recorded. At the moment there is no definite answer and without clarifying what we are measuring it is impossible to determine whether people are at risk or not.*

2) *Establish what the vulnerability indicators are and how often they relate to fatalities and harm.*

3) *Develop a scoring system which is able to predict, to some extent, whether a person is likely to come to harm or not.*

Dr Penny Woolnough (Abertay University) concurs and states that: *"A more advanced theoretical understanding of police and other professional decision making and risk assessment in relation to*

missing person is needed." Woolnough references current Police Scotland policy[28] which stipulates that: "A common sense approach must be taken to assessing the risk associated with missing persons." Woolnough states that 'virtually nothing' is known academically about missing person risk assessments in terms of accuracy, utility, feasibility and contribution to formulation. She draws contrast with progress that has been made in other areas of forensic psychology relating to violence risk assessment, sex offender risk assessment and domestic abuse risk assessment. Woolnough, using research completed by Newiss[29] in 1999, says that the lack of an evidenced based approach can result in inconsistent assessment: "*There is little evidence based guidance available to support police risk assessment decision making; as a result, risk formulations are largely based on gut instinct and vary considerably across officers as a function of service length and operational experience."* Abertay University is currently conducting research to support operational risk assessment through development and validation of the first evidence based structured professional judgement tool for missing persons investigations. The tool aims to help prioritise cases and identify the most important aspects of a case to aid investigation. Detective Inspector Jon Gross from Sussex police force also commented at the roundtable discussion that missing does not receive the same formal level of scrutiny or standardisation as other policing areas like domestic violence or sexual abuse in terms of the risk assessment process and the information that all forces are required to record.

A number of police forces also call for a rigorous evaluation of the effectiveness of the risk assessment questions used at the start of a missing person investigation. **Suffolk** police state that further academic study and analysis would be beneficial to better inform the evidence base and ensure the most effective questions and factors are being utilised. Other forces concur:

- *"An academically tested and evaluated risk assessment which is used consistently throughout all police forces. The risk assessment gradings given in APP are subjective and the set of questions 1-19 within North Wales Police trace system is not nationally recognised or academically evaluated risk assessment tool."* **North Wales police**

- *"The introduction of a standardised risk assessment model or weighted questionnaire with increased weighting for higher risk factors, e.g. dependency on medication, would deliver a more consistent assessment of risk… Utilising an evidence based approach to inform decisions regarding likelihood of harm could lead to a more mature understanding of risk."* **West Midlands police**

- *"Predictive analytics to identify who is most likely to be at risk of serious harm."* **West Mercia police.** The force has taken some initial steps towards predictive analytics. They have developed a local toolkit based on four years of COMPACT data which can proactively inform officers of the potential risks of harm based on their age and gender.

- *"To make sure the information gathered is current and relevant. The more accurate the questions are and the responses gathered, the better assessment of an individual's vulnerability can be made."* **North Yorkshire police**. The force is currently considering a screening assessment

[28] Police Scotland. Missing person investigation standard operating procedure. (2014)
[29] Newiss, G. Missing presumed…? The police response to missing persons. Police Research Series, 114. Home Office (1999)

tool called Pol Quest, developed by the NHS to improve identification of mental vulnerability. The tool uses 14 questions and has been academically validated and used by other police forces.

- *"A national review of the question set and analysis would greatly assist in any opportunity to make risk assessment more effective The Northamptonshire police question set is based on practitioner experience and has not been subject to evaluation."* **Northamptonshire police**. In particular, they feel the question set should be expanded to include questions about their lifestyle, habits and hobbies, more in-depth questions about associates and last places with a memory attached to it.

ii) The current risk assessment process should be standardised

Standardising how the risk assessment process is applied is an additional area thought to require improvement. The UK Missing Persons Unit states that there is a lot of variation in the application of the risk assessment process between police forces and feel that: *"More work is needed to increase understanding of the risk assessment process; standardise the risk assessment process; and make the process sufficiently compatible between police forces."* **Dr Karen Shalev Greene** (Centre for the Study of Missing Persons, University of Portsmouth) points to a thesis by Naomi Eales (not yet published) that shows there is considerable variation in the questions police forces in England and Wales use to assess risk and that the questions have not been formally evaluated to be valid or reliable. Furthermore, results from research by Smith and Shalev Greene[30] highlight concerns in relation to knowledge transfer, training, leadership and utility of risk assessment tools - all of which can impact on consistency of approach. Similarly there is acknowledgement among some police forces that the initial risk assessment is dependent on the expertise of the individual attending officer and therefore – even after significant training – can be subjective: *"So whether it is an effective risk assessment process is sometimes predicated on the expertise of the officer/staff dealing, their ability to ask questions and obtain detail."* **Kent**. Similarly, Gary Fretwell from the College of Policing, noted at the roundtable discussion that there is significant disparity in the extent and quality of initial and ongoing police training for missing across forces, citing an example in one force where initial training on missing is limited to 45 minutes: *"It is clearly not enough - it is a big area of concern and 45 minutes just isn't good enough."*

In contrast to the views above, several forces feel that the standard managerial review processes for risk assessments do help to ensure they are consistent, objective and accurate.

iii) The risk categories require refinement

Some stakeholders feel that the risk assessment categories associated with a missing report require further refinement.

Dorset police suggest that the medium risk category could be further refined: *"In our experience, the majority of missing people will fall into the medium risk category. There is scope for the 'medium risk'*

[30] Smith, R and Shalev Greene, K. Recognising risk: the attitudes of police supervisors to the risk assessment process in missing persons investigations. Policing, Volume 9, Issue 4. (2015).

category to be broken down to allow officers the opportunity to prioritise missing people that fall into this group more accurately."

Kent police point out that there is an element of subjectivity in the risk assessment categorisation: *"The grading of a missing person can also be subjective, especially when it comes to grading someone as high. It used to be that someone needed to be in immediate risk of significant harm however that has now changed to a wider definition."*

The **UK Missing Persons Unit** questions the necessity of the risk assessment classifications and asserts that the 'no apparent risk' category appears to attract more policing effort and activity than 'low risk' category cases despite low risk being higher on the risk continuum: *"There is an argument that categories are not required as a consequence of a risk assessment process. The risk can be assessed and actions organised to mitigate the risk without the need to categorise as NAR, low, medium or high risk."* Shalev Greene and Hayler are due to publish a report in 2018 based on a survey police officers and staff in England, Wales and Northern Ireland about their views on the risk assessment classification system. The analysis to date shows that the majority of participants would like to see the current classification system redesigned.

iv) Improve information sharing systems and protocols

A number of forces feel that risk assessments could be more accurate if information sharing protocols and arrangements were improved to ensure they are able to access relevant information from other agencies in a timely fashion. In addition, some call for relevant information to be recorded on a national database, multi-agency database or the Police National Computer system so that it can be accessed across geographical and institutional boundaries:

- *"The access rights for all Force Control Room operatives to have access to other agencies' systems."* **Northamptonshire police**

- *"Early access to records such as recent medical history, any current medication and treatment, detail of any previous attempts to harm, mental capacity and care status would assist the police in identifying vulnerabilities... Strategically a national IT system incorporating health, social care and emergency service records would be a huge step forward when assessing risk and vulnerability. Many of our repeat missing cases involve people who are users of multiple services and the level of knowledge available across agencies if it were pooled would be hugely valuable. I acknowledge there are huge difficulties in achieving such a system but believe it should be something that is aspired to."* **Avon and Somerset police**

- *"Having sight of information held by other agencies such as health and social care would assist. Whilst we have limited access through our street triage mental health teams, enhanced information helps to inform risk assessments and identify vulnerability."* **Cheshire police**

- *"Additional information from/access to partner records such as social care, GP records would improve making fuller informed risk assessments from the outset."* **Nottinghamshire police**

- *"Having a more comprehensive risk assessment to include partner information i.e. adult Multi Agency Safeguarding Hub…. This [risk assessment] could be improved with direct access to mental health provision within the call centre environment."* **South Yorkshire police**

- *"Risk assessments are heavily influenced on the information provided to Police. A full comprehensive risk assessment can be hindered by a lack of information which could be held by partner agencies."* **Thames Valley police**

- *"A national missing persons database which makes intelligence and information on risk previously recorded for a missing person available in another policing area."* **West Mercia police**

- *"Improved information sharing with partners, in particular around repeat cases, would enhance the police understanding of vulnerability and risk."* **West Midlands police**

At the roundtable discussion Inspector Michael Brown explained that the Data Protection Act 1998 means that police officers can already contact a mental health trust to access mental health information: the Act states that relevant information (as assessed by the person asking the question) can be shared. However, whilst that power exists, it remains best practice to agree protocols between mental health trusts and the police to facilitate information sharing. That said, negotiating information sharing protocols with health trusts can be time consuming for police because agreements need to be reached with individual trusts but confidentiality policies, definitions of missing and assessments of risk vary between trusts and health authority regions. This can be a particular challenge when police force areas works across multiple local or health authority areas: *"Ideally this consistent approach should be covered as a minimum in a joint working protocol across those local authorities or ideally wider and have a regional, or national, cross governance protocol."* (**Devon and Cornwall police**). At the roundtable discussion Joe Apps (UK Missing Persons Unit) concurred that there tend to be individual agreements with individual heath trusts as exemplified in Essex where there are 14 separate agreements rather than a pan-county protocol. Temporary Superintendent Steve Cox explained that work taking place over the next twelve months as part of the National Vulnerability Action Plan[31] (which will replace individual force action plans) might help attain joint protocols for all forces, rather than requiring individual forces to negotiate bespoke protocols with each agency.

The ability to access information outside of core office hours is also an area some forces think should be improved: *"The key to ensuring effective identification of vulnerability and subsequent intervention derives from the timeliness and detail of information provided from partners, as well as force systems…. In our experience, MASH is providing the best environment for partners and agencies to work together… However, this is limited to office hours."* **South Wales police**

v) Improve access to information collated during previous missing episodes

Improvements to the recording and use of information from previous missing episodes are identified as an area that could enhance risk assessments. **Devon and Cornwall** police suggests that the

[31] College of Policing. National Vulnerability Action Plan 2017-2019. (2017)

processes for vulnerable adults are brought more in line with those used for missing children by ensuring any information and research carried out on agency systems is created and stored on force record systems to inform the next missing episode and risk assessment process.

Temporary Superintendent Steve Cox provided an update on the National Register for Missing People at the roundtable discussions. The register will be introduced nationally in 2019 and should go some way to improving access to information across forces from previous missing incidents. It will provide a system which uploads information local forces put onto their own missing person systems to a central database that all forces can access. This means that all previous missing episodes will be visible to all police forces and information about a person's history of missing can be used to assist the risk assessment and investigation. The system is also intended to help with prevention – being able to view a person's history of missing across forces should help put appropriate safeguarding measures in place for individuals where appropriate.

There are a few limitations with the new system. It will only include information recorded on police missing person databases – some missing incidents are only recorded on the force command and control systems but are not transferred to the force missing person systems. Information on these incidents will not be visible on the new Register. Detective Inspector Jon Gross from Sussex police explained that incidents which do not register on force missing person systems are typically short in nature, often relate to health care settings and, therefore, include high risk cases. He expressed concern that unless the way forces record data is standardised, it will not be possible to get an accurate picture of patterns of missing – particularly those missing from health care settings. That said, Detective Sergeant Tom Brenton explained that in the Leicestershire police force area, all missing incidents are transferred from their Command and Control System on to their missing person system. He asked whether it would be possible to introduce national guidance on standardising recording of missing incidents to require all relevant information to be held in one place.

At present, there are no plans to make the new Register accessible to non-police agencies and, therefore, it will not address barriers to sharing information with other agencies. Needless to say, the effectiveness of the Register will inevitably rely on the quality of information that is recorded on missing person systems. Detective Inspector Jon Gross stated that ensuring data on missing is collected, recorded and reported in a standard way across all police forces should, therefore, be a priority.

vi) Improve the quality of information collected and recorded during the initial missing person report

The need to collect high quality of information when the initial missing report is made is highlighted by **West Midlands** and **Hertfordshire** police. A good quality primary investigation will help identify potential vulnerabilities at the earliest opportunity.

> *"Detailed information and intelligence being researched and entered onto the initial call log and raising awareness of vulnerability issues."* **Hertfordshire police**

Similarly, **Northamptonshire** police feel that the risk assessment process followed by their Force Control Room is effective and clear. However, they point out that the responses to the questions - and therefore the information recorded by the call handler - can appear vague at times which may impact on the initial risk assessment:

> *"An example is not identifying any specific risk to which the subject was believed to be exposed, yet assessing the circumstances that they were likely to suffer harm. The harm perceived and the reasons why they are likely to suffer that harm should form part of your rationale."* **Northamptonshire police**

Surrey police feel that better training for staff completing missing person reports and investigating disappearances could be beneficial, with more focus on the wider factors that affect a missing person. **Dr Karen Shalev Greene** (Centre for the Study of Missing Persons, University of Portsmouth) concurs: *"It is imperative they understand underlying issues, particularly in repeated cases, where intervention and prevention are key for future safeguarding of a vulnerable person."*

vii) Utilise information and expertise of mental health professionals

Temporary Superintendent Steve Cox stated that embedding mental health professionals within police teams is the best model because it provides immediate access to, and interpretation of, relevant information; if there is no triage facility within a force then access to vital heath information outside of office hours can be difficult. Vicki Noble, Senior Mental Health Practitioner and Clinical Lead within Leicestershire police noted that embedded practitioners can add significant value to missing person investigations beyond access to health records because they are able to interpret the information provided by the health system and pass it on to a police officer in a way that is clear and meaningful for the inquiry. For example in **Leicestershire**, if a missing person does not have access to their medication, they use their professional expertise to inform police officers whether this poses a significant risk to the individual: *"It is about sharing the right information and working together in an embedded way gives both parties the confidence to do this."*

Mental health practitioners are usually limited to accessing health records from within their own area. However, Vicki Noble explained that it is often much easier for a mental health practitioner to access information from another practitioner in a different health authority area and understand what they are being told, whereas, the information would be much less likely to be shared with the police. PC Guy Cochran from Devon and Cornwall police commented that another advantage of embedded mental health staff is that they are able to enter information direct onto police systems so that it is visible to everyone involved in the investigation in a timely fashion.

viii) Raise awareness of mental health and vulnerability issues amongst frontline staff

Hertfordshire police say that raising awareness of mental health and vulnerability issues amongst frontline staff would help to improve risk assessments. They are currently delivering training to front line officers in collaboration with Mind.

At the roundtable discussion, Inspector Michael Brown explained that as part of the Crisis Care Concordat, the College of Policing had been tasked with updating the national guidelines on mental health for police and that the Authorised Professional Practice on Mental Health had since been

reviewed and published. Additionally, national training packages on mental health have been developed for police officers but Chief Constables are not necessarily able to commit resource to enable individuals to attend the two day training course.

ix) Improve reporting and risk assessments for people missing from care settings

Improved working arrangements with hospitals and other care settings could improve the effectiveness of risk assessments when institutions make a missing person report. At the roundtable discussion Inspector Michael Brown stated that the Mental Health Code of Practice states that statutory protocols between the police service and mental health trusts should exist. He stated that the protocols are required to outline when a person should be reported as missing, how the risk assessment is conducted and how information about the person is shared. The meeting suggested that the existence and quality of such protocols should be included in the inspection frameworks used by the Care Quality Commission (CQC) and Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). It was also acknowledged that protocols for incidents of people going missing from Accident and Emergency departments would also be useful because they often have a mental health dimension an can pose legitimate difficulties for staff in terms of the law, competence, skills and security.

d. Conclusions and recommendations for risk assessment

Risk assessment is the first step in a missing person investigation. It provides an opportunity to identify the harm that a missing person might be facing and will inform the level of police response to find them. If risks are not properly identified, and a low or medium assessment is wrongly made, it can lead to tragic consequences as the corresponding response may not reflect the level of risk an individual is actually facing. Research shows that one in twenty adults will go missing with the intention to end their lives[32] and responses to this inquiry suggest that up to a third of missing incidents involve suicide or self-harm.

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[33] 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 and the guidance updated accordingly.

[32] Biehal, N., Mitchell F., and Wade J. *Lost from View* (2003)
[33] College of Police Authorised Professional Practice Risk Assessment (2016)

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 of harm.

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, 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.

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

Recommendations:

- 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.

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 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.

Recommendations:

- Mental health professionals should be 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.

- Information on how this should happen should be included in guidance jointly developed by the Home Office and the Department of Health and Social Care 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.

3. Management of return and onward referral for support

"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 (University of Glasgow)**

a. What does APP guidance say?

APP states that effectively managing the return of a missing person should be considered as a core part of an investigation; a case should not be closed until the full circumstances of going missing have been explored and appropriate safeguarding measures put in place. 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. Where it is identified that a person is likely to go missing again, a 'trigger plan' should be created to inform action if they do. The guidance also states that forces should establish a process for providing return interviews where adults are vulnerable and at risk of harm to: *"understand the reasons why the person went missing and take action to prevent future episodes."* APP recommends that return interviews are carried out within 72 hours of being found.

Information collected at prevention (and/or return) interviews should be collated and accessible to inform the risk assessment and investigation if the person goes missing again. Returned adults should be referred to social care where they meet thresholds if the person has:

- been missing 3 or more times in 90 days
- experienced or likely to experience significant harm

APP states that while investigating a missing person report is the duty of the police, the responsibility for safeguarding when a person returns is shared between all agencies involved in the care of vulnerable adults. Processes to facilitate joint working and planning are needed to support return and prevent future missing episodes. The guidance states that risk management mechanisms and pathways when people are found are subject to local force arrangements but a range of potential pathways to care for people with mental ill-health and vulnerabilities, including those who have returned from missing, are suggested in APP[34] including:

- *Local Safeguarding Adult Boards (SAB)*: every local authority must establish an SAB which has responsibility to oversee and lead adult safeguarding in their area.

- *Multi-agency Safeguarding Hubs (MASH)*: teams where services are co-located to improve information sharing. Many are focused on children but some areas have separate arrangements for vulnerable adults.

[34] College of Policing Authorised Professional Practice. Mental Health: Mental vulnerability and illness. (2016).

b. Evidence from the inquiry: How is return from missing and onward referral for support managed?

i. Response at the point of return

How do police forces consider mental health when a person is found or returns?

Forces responding to the inquiry stated that officers take any immediate action that is required when a missing person returns or is found. If a person has immediate health needs, they are taken to an acute health care setting. Where appropriate a person might be detained under Section 136 of the Mental Health Act.

Beyond responding to immediate needs, forces follow a range of different risk management and referral pathways for people with mental health issues. Many forces, although not all, state that access to mental health professionals is available (co-located or via an advice line) where needed when a missing person is found. In a number of forces there is a street triage team (including a mental health professional) who can attend - either in person or on the telephone - to provide support, advice or referrals for the returned person. Mental health professionals also often assist in providing advice about whether detention under Section 136 of the Mental Health Act is appropriate. Where forces do not have a street triage team, many can access similar support from mental health professionals co-located in the force control room. Examples of how police forces use mental health professionals when a person is found include:

- In **Leicestershire** and **Durham**, the street triage teams provide advice to attending police officers by telephone or if required can attend in person: *"Once the individual is located, the crew* [street triage] *can either attend and access them in person, or provide advice to attending officers as appropriate."*

- In **Gloucestershire**, a mental health response car is being introduced to support officers and help reduce the demand on Section 136 mental health arrests.

- In **Devon and Cornwall**, a health care professional located in the force control room is notified of all incidents involving mental health or where NHS assistance and assessment is required: *"The health care professional will update police systems direct and can also be deployed direct to an incident with the police to assist in any mental health assessment, or used to directly engage with the individual subject of the concern. This contact with the vulnerable person could also be on the phone."* They provided an example where a duty healthcare professional was deployed from the police control room to attend an incident where a suicidal missing adult was intending to end their life: *"The mental health nurse attended the scene and was able to build rapport with the individual, encouraging them to come down off the bridge."*

- In **Avon and Somerset** the street triage teams are acknowledged as being helpful in advising whether a person's vulnerability is linked to mental ill-health which determines the onward pathway.

- In **Cambridgeshire**, the Integrated Mental Health Team can provide information directly to people over the telephone in lower risk cases: *"Where intervention is required, the co-located professionals work effectively to secure an appropriate strategy."*

- In **Essex**, the street triage team can: *"Make a referral to the relevant mental health team or provide signposting to other services."*

A few forces also explicitly state that they use mental health professionals to carry out some prevention interviews where there is concern about a person's mental health (**Nottinghamshire** and **Norfolk** are examples of forces where this happens).

Again, it is difficult to assess the consistency with which support from mental health professionals is used at the point an adult is found or returns from missing. For example in **Dorset** it is force policy that where an officer has concerns about a person who has been found, advice should be sought from a mental health professional via the street triage or crisis teams. In contrast, **North Yorkshire** police report less consistency: *"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."* In **Sussex** the police force ran a trail using street triage and found it to be successful but have not secured funding to implement such support on a permanent basis.

Forces that do not have co-located mental health professionals to support when a person is found, do still contact hospitals or health professionals direct where they feel it would be beneficial.

Do forces use safe and well checks and prevention interviews?

Safe and well checks, prevention interviews and follow-up interviews are terms that were used inter-changeably between forces responding to the inquiry and, as with risk assessment, the nature of the discussion and information collected is not standardised. When a person is found, and before officially closing a case, police have to confirm the person's identity and check whether they want to report any criminal activity – this is often done by the attending duty officers. However, not all returned adults will receive a prevention interview (formerly known as safe and well checks) to fully explore the reasons they went missing and identify any support needs. Even when offered, adults can choose not to engage with a prevention interview. As mentioned earlier, APP guidance recommends that prevention interviews are carried out for all high risk cases and just *considered* for others. Local forces have a range of triggers for a follow-up visit or prevention interview when someone returns from missing:

- **Leicestershire** provide an explanation of how they determine whether or not an officer needs to attend when a person returns*: "If a low risk adult returns and there are no concerns from the reporting person once the reason for their absence is explained, the report will be closed without attendance. If a patient from a mental health unit returns, the most appropriate person to verify them, confirm their welfare and conduct their prevention interview is a mental health professional. In almost every other circumstance a police officer will attend to complete the prevention interview and ensure onward safeguarding."*

- In **North Yorkshire**, whether a police officer visits a returned adult depends, to some extent, on the risk assessment category allocated to the missing persons investigation. If they were

classified 'Missing, no risk' then the case might be closed without further response. If the risk classification was higher, then attempts will be made to meet with the person to complete a 'Management of Return' but a visit may not always be possible. If the adult was high risk then action to prevent further missing episodes will be undertaken. This highlights the importance of the initial risk assessment because it is, in part, determining both the extent of the investigative response and the potential enquiries and support on return.

- In **Durham**, anyone who is found and has contact with a street triage team will receive a call or visit the following day unless their case is already open to an adult care team.

The nature and extent of information collected at the point of return and the processes for doing this vary across forces. For example, **Police Scotland** has an aide memoire outlining what police officers are expected to discuss on a missing person's return. In contrast, **Kent** police explain that the content and quality of the safe and well check will be dependent on the expertise, experience and time available of the attending officer: *"The safe and well check is done to the standard applied by the attending officer, their available time and aptitude."* They also point out that there can be a time lag of several hours between a person returning and a safe and well check being conducted and people can go missing again in the intervening period.

An important point highlighted by **Avon and Somerset** police is that not all returned adults will wish to engage in a prevention interview or have any further involvement with the police: *"While this may be difficult, and sometimes the person will be unwilling to speak to a police officer, every effort is made to encourage them to engage to do so. Where a missing person is unwilling to engage with the police, consideration is given to the use of another appropriate professional to conduct the prevention interview."* Similarly, in **Leicestershire** police force the default is that police carry out prevention interviews but, where appropriate, another professional might conduct it instead. For example, if someone has gone missing from a mental health inpatient unit, then a mental health practitioner might do the interview and feed relevant information back to the police. **Sussex** police are currently undertaking a pilot project in conjunction with Missing People whereby some prevention interviews are carried out by trained support workers from the charity rather than the police: *"The premise being tested is that individuals are more likely to provide a comprehensive disclosure of issues connected with their missing behaviour/risk with a non-authoritarian person conducting the interaction."*

At present, return home interviews for adults are only offered in Scotland. The National Missing Persons Framework for Scotland[35] states a commitment to carry out return discussions with formerly missing adults in addition to a safe and well check. In practice, the police tend to carry out these discussions, although there is a desire to move some of this work to other agencies (Professor Hester Parr, University of Glasgow).

> *"The 2017 Scottish Government framework makes it clear that return discussions (this term being preferred to return interviews) should be available for all missing persons to prevent repeat missing episodes and enable a referral to support if required. In commitment 4.2 local multi agency partnerships will be required to agree a protocol for delivering return discussions."* **Police Scotland**

In 2017, Missing People carried out a six month pilot return home interview project for adults who had been missing. An independent evaluation of the project[36] found that return discussions had provided a safe space for adults to talk about their situation, what had led them to go missing and how they might avoid doing so again in the future. Individuals felt better supported by having the chance to talk and it improved their awareness and understanding of potential sources of support. As is the case with children, the RHIs generated a significant amount of information which was then, with the informed consent of the adult, shared back with the police to help with any future investigations for repeat missing episodes. A case study illustrating how the return discussion helped one adult is included in the Box 1.

Box 1: Adult return home interview case study

Missing People were asked by the police to offer a return home interview to a high-risk adult following their return from a missing incident. The person had gone missing a number of times over several days and there were concerns for the adult's safety and wellbeing. The adult had been taken to hospital immediately after being found.

Missing People spoke with them on their return home from hospital. They talked about a relationship breakdown that had led to several suicide attempts. The returning adult described the missing incidents as being a blur but that once they start feeling this way they would focus on ending their life.

During the interview the adult explained that following their last suicide attempt a referral had been made into a mental health team by the doctors at the hospital they had been taken to and that they were currently waiting to be contacted with an appointment. They were keen to get the correct type of support but were struggling with the length of the referral process. They were worried about their current emotional needs and felt that if that they didn't get help soon their situation would spiral downwards.

At the conclusion of the interview Missing People agreed with the adult to pass the information disclosed to the local Protection Of Vulnerable Adults (POVA) team. Missing People communicated the urgency of the referral into the mental health unit and potential risks to the missing adult's safety.

Subsequently, POVA notified Missing People that they had been in touch with the mental health unit and contact had been made with the returned adult to confirm a time and date to suit them for a meeting to discuss further support.

[35] Scottish Government. National Missing Persons Framework for Scotland. (2017).
[36] Trilein. An evaluation of the Missing People Adult Return Home Interviews Pilot. (2017).

The most significant change in this case was the offer of a space for the vulnerable adult to be able to take their time and explain what would be of help to them following the missing incident. Through this it was established that they did want help but the timescale was causing them anxiety and could possibly lead to a further incident if they felt there was no progress with this. The return home interview team were able to advocate for the returned adult and, as a result of this, the importance of the timing of the referral was recognised and acted upon. POVA indicated that the information from the RHI had been shared with the Local Community Health Team and that they had made contact with the returning adult in order for them to confirm when an appointment would best suit them to attend an assessment at the screening clinic.

ii. Referral pathways and ongoing support

What are the referral pathways and processes?

Police officers are often the first agency to have contact with a returned adult and, therefore, regularly have a role in initial signposting and first referrals to other agencies. It is then these partner agencies who have responsibility for assessing need more fully and making further referrals if appropriate:

- *"It is recognised that support does not cease once the missing person is located. Where vulnerabilities are identified a referral will be made to partner agencies to enable signposting to support services."* **South Yorkshire police**

- *"The expectation is that officers would deal with any immediate need; this can range from making contact with family or friends, other local support networks such as church or informal community organisations known to local officers or family."* **Avon and Somerset police**

- *"Once returned there is limited ongoing support from the police service and the expectation is that the welfare need is resolved by partner agencies as this is not a primary policing function. Additional support and counselling may be a benefit but again this should be on a case by case basis."* **Suffolk police**

The processes, mechanisms and referral pathways for adults who are identified as vulnerable on return from missing vary between forces. In broad terms though, most forces have reporting mechanisms - a vulnerable adult form (or equivalent) - which officers complete and is then reviewed by either a specialist 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.

- *"The 2017 Scottish Government framework makes it clear that return discussions (this term being preferred to return interviews) should be available for all missing persons to prevent repeat missing episodes and enable a referral to support if required. In commitment 4.2 local multi agency partnerships will be required to agree a protocol for delivering return discussions."* **Police Scotland**

- *"Further support will be offered through signposting to other agencies through submission of a Vulnerable Adult Form."* **Durham police**

- *"Aside from the emergency treatment options… intervention / support is provided by way of our Public Protection Notification system – which updates the individual's GP of the situation and prompts further work with the individual. Ultimately however this is a primarily consent-based approach as is the case with most adult services."* **Leicestershire police**

- *"A PPN will routinely be submitted covering the circumstances of that missing episode. The person will need to consent for the PPN to be shared with other agencies. If consent has been obtained this will enable the possibility of intervention with the appropriate Agency, for example the substance misuse team, TEDS etc."* **South Wales police**

- In the **Metropolitan** police, if officers believe someone to be vulnerable at a prevention interview then an Adult Come to Notice (ACN) form is completed on their MERLIN system which will then automatically alert social services to the individual and their circumstances.

Co-located mental health professionals can be involved in screening safeguarding reports and identifying or advising on onward pathways. Examples include:

- In **Gloucestershire**: *"Feedback from this scheme* [mental health response car] *has been positive in that it helps officers provide a more tailored approach when concerns have been raised as part of safe and well checks. They have also been able to support officers by finding suitable care pathways and support which would have been difficult for the operational officers to have previously resolved."*

- In **Norfolk**, mental health nurses carry out follow-up visits with some people who are identified as vulnerable to identify the best pathways for onward referral.

As already noted, some forces have specialist teams like Multi Agency Safeguarding Hubs which are often used for decision making on the best pathway for onward support. Multi-disciplinary decision making is viewed positively because it ensures joint expertise feeds into assessments of need and decisions on eligibility thresholds.

- In **Durham**: *"Within the MASH a mental health worker works alongside other partners to screen any Safeguarding Reports to assess whether that person would benefit from referral to any mental health services."*

- In **Cheshire** there is an Integrated Front Door which fulfils broadly the same role as a MASH in supporting referral decisions: *"[Additional support offered] is dependent on the vulnerabilities identified and level of need and whether support is required… If the person has attempted suicide or is clearly suicidal, they will be taken to a place of safety by the police where they can receive*

the care they need. When the case is less acute, the referral into the integrated front door is an effective way to identify the need and the most appropriate agency to meet it."

- In **Norfolk**, there is a multi-agency discussion of all found cases by the MASH and the adult will be referred to adult social services for assessment, or other services will accept a referral, if they feel they would be able to offer appropriate support.

- An alternative model used in **Kent**, where they do not have a MASH, is a new role of PCSO Vulnerable Adult Intervention Officer. This officer holds responsibility for completing all necessary referrals and signposting of a vulnerable person for support (the force says it is a new role so too early to evaluate the effectiveness).

What challenges are there with referrals and availability of support?

A number of forces report a general lack of availability of, and access to, appropriate services which meet the needs of returned vulnerable adults. Challenges navigating and identifying possible referral options are also highlighted:

- *"These referral pathways are not always available or easily found and navigated. West Yorkshire Police is currently looking at implementing a simpler force wide process to ensure that safeguarding concerns are passed on to key partner agencies."* **West Yorkshire police**

- *"There is either a lack of service or possibly a lack of knowledge of services offering support for adults whose missing episodes have been triggered by or linked to common issues such as financial hardship, substance or alcohol misuse, family breakdown, housing difficulties etc. Improved professional awareness of services and signposting may help the returned adult access the support they need to address their issues and decrease the likelihood of them going missing in the future."* **Avon and Somerset police**

- *"Highlighting the range of police and partner services available to vulnerable adults would be of benefit. Services are at times disaggregated and can be confusing to vulnerable adults. Simplifying what services are available and how they can be of benefit to the returned adult would assist significantly."* **West Midlands police**

- *"[Need] more access to out of hours services, particularly health and social care, [and] easier access to adult services, mental health and voluntary support."* **Cheshire police**

- *"Vulnerable adults [need] improved access to immediate support from partner agencies i.e. Crisis Team, Doctors, Social Workers, support workers, liaison and diversion, drugs and alcohol support etc. and immediate access to mental health support."* **South Yorkshire police**

Inconsistency in the quality and availability of support is highlighted as an issue with significant local and regional variations in the effectiveness of referral pathways:

- *"[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**

- *"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."* **Professor Hester Parr (University of Glasgow)**

- *"The support of the return of an individual is at best patchy."* **The Church of Wales**

The extent of support available to vulnerable adults also varies by level of need. There tend to be fewer options for adults who are vulnerable but do not meet the high thresholds for support from adult social and mental health services, often limited to signposting, or writing to General Practitioners or a consultant already involved in the person's care. Responsibility for navigating to and accessing support can rest solely with the returned adult which can be challenging if they are unwell or experiencing other vulnerabilities. Exceptions to this include **Thames Valley**, where response to an assessment of need by the MASH team can include *assisted signposting*, where an adult is supported to contact appropriate services. In **Humberside,** police have an option to refer adults who do not meet the threshold for referral to 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.

In the main, however, forces suggested that there are more options for individuals deemed to be high risk, particularly those who are detained under Section 136 of the Mental Health Act, or returned to medical care, than for vulnerable adults presenting with a lower level of need. Some police forces also suggest that support is more likely to be available if an adult went missing from mental health services or were known to mental health services prior to going missing; consequently those with a past mental health diagnosis may find it easier to access support than those who were not previously identified as having mental health issues.

- *"[Support available] is often dependent upon the circumstances of the missing person. If they are reported missing from a mental health establishment, and are then returned to the same, the level of support available should already be in place. If they are missing from a home address, but are known to Mental Health Services, then support from the CPN / GP may be sought.***"** **Greater Manchester police**

- *"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 either from their GP or social care. Often this can mean an individual is advised by officers to contact their GP if they require support."* **Avon and Somerset police**

- *"When an adult person has returned from a missing episode, the support available is dependent upon need and level of engagement."* **Durham police**

- *"The details of all missing people are shared daily with both local authorities. This allows the authority to check if the person currently or in the past has accessed their services as a vulnerable adult. If this is the case further work will be completed by the adult social care to support the vulnerable adult. Joint referral screening between North Yorkshire Police and Yorkshire County Council adult social care has commenced and in the event of new referrals and needs this will assessed by both agencies."* **North Yorkshire police**

- *Where there is a pre-established mental health diagnosis, West Midlands Police, Birmingham City Council, along with Birmingham and Solihull Mental Health NHS Foundation use a missing person monitoring form that sets out an ideal minimum standard of information and actions that all parties can expect from each other during a missing episode. Unfortunately this still isn't perfect and it will vary between establishments as to the quality of information that we receive. WMP work closely with all partners to enable us to have an open dialogue with each other and feedback constructively where appropriate. All identified factors are documented and depending on the complexities, inherent referrals and intervention work is carried out."* **West Midlands police**

When an adult withholds consent for their details to be passed to partner agencies, there is less possibility for ongoing support to be provided, unless the safeguarding considerations are deemed serious enough to over-ride the requirement for consent:

- *"BTP will always make every effort to ensure that ongoing support is available for a missing, vulnerable adult. However, if the individual does not want or accept any support there is little BTP can do."* **British Transport police**

- *"Should a PPN be submitted on a number of occasions for the same individual but consent is always declined; the vulnerable adult team will review the PPN submissions and a professional assessment is made as to whether in the best interest of the person, the information should be shared. In these circumstances, partner agencies are then involved and the adult be signposted to the appropriate agency(s) available to help them. These could include for example, intervention programmes for alcohol and/or drugs."* **South Wales police**

c. Evidence from the inquiry: How could support for returned adults be improved?

A number of ways in which support for returned adults could be improved were highlighted from the inquiry responses, each of which is discussed in more detail under the headings below:

i. Better and more detailed assessment of need on return

ii. Multi-agency response with appropriate support and referral pathways available

iii. A person-centred response that is empathic and responsive to the needs of adults with mental health issues who return from a missing episode

iv. Assistance to help adults navigate and access support options

v. Support for families and friends of missing people

i) Better and more detailed assessment of need

The need for a comprehensive assessment of need when an adult returns from missing is identified by many as a necessary improvement to current practice. As shown in the section above, there is significant variance in whether or how prevention interviews (still referred to as safe and well checks in some forces) or return discussions are conducted. However, as Detective Inspector Jon Gross asserted at the roundtable discussion: *"The quality of what we do at a prevention interview is really important because it is probably going to be the only interaction at that stage by an agency."*

At the roundtable meetings the need to standardise information collected and recorded at prevention interviews was discussed, both to ensure support needs are identified, and that information is collected which can help with risk assessments and investigations if a person goes missing again. Detective Inspector Pippa Hinds from Norfolk police suggested there is a need to review the structure of, and training for, safe and well checks to ensure good quality information is collected and recorded. Professor Hester Parr (University of Glasgow) pointed out that in Scotland training in carrying out return discussions had been delivered to relevant agencies as part of the National Missing Person Framework[37] in order to introduce some standardisation. Joe Apps from the UK Missing Persons Unit suggested that it would be useful to update Authorised Professional Practice and standardise the process for safe and well checks/prevention interviews in consultation with police forces. That said, many do not believe that it is possible to offer the time or depth of discussion necessary to identify vulnerability and need immediately at the point an adult is found. For example, **Professor Hester Parr** (University of Glasgow) stresses the need for *"Time allocated by the right people for talking about being missing – an effective 'return discussion'."* She asserts that a safe and well check carried out by the police does not offer the required depth of discussion to assess returned adults' needs effectively.

There are many suggestions that a return discussion (similar to return home interviews set out in statutory guidance for missing children) should be offered to some adults shortly after they are found. The discussions would help identify and address needs more fully, reduce the likelihood of a person going missing again and collect information which might help any future police risk assessments or investigations. There is general agreement that a return discussion would allow a fuller assessment of need than is possible in a brief prevention interview (or safe and well check).

- *"Perhaps a process could be set up with adult services similar to the Return to Home Interview (RHI) process conducted for juveniles; with the local authority sending the police service a summary report which is then added to the police intelligence system and missing system."*

[37] Scottish Government. National Missing Persons Framework for Scotland. (2017).

Devon and Cornwall police

- *"Detailed return home interview, support, assistance with guidance for families and prevention from going missing again. Safe and well visits and third sector support groups."* **Hertfordshire police**

- *"An independent return interview… could provide valuable information to safeguard an adult, address any issues and reduce the likelihood of them going missing again. It could also assist officers with potential lines of enquiry if they do go missing again. Any intervention should however, respond to the particular need of the individual."* **Avon and Somerset police**

- *"To have follow-up return home interviews to identify the push-pull factors and better understand the risks and vulnerabilities."* **West Mercia police**

- The UK Missing Persons Unit supported the provision of return home interviews, stating that *"Family reconciliation services may follow from well-conducted RHIs. Signposting to adequate care services would be useful."* **UK Missing Persons Unit**

- *"Preventative interviews for all adults to identify factors causing the missing incident and any underlying vulnerabilities would help but would be very resource intensive. Where mental health issues have been identified, preventative interviews completed every time by appropriately trained staff on the mental health triage team."* **Cheshire police**

- *"Presently Leicestershire Police and its connected local authorities do not offer return interviews for adults. I am aware that this is a consideration nationally and is being trialled elsewhere. It is my understanding however that currently locally adult social care lack the infrastructure or finances to support such a scheme based on current practice. That said, 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**

- *"Offering this opportunity may help in police understanding of future missing behaviour and few minutes spent at point of location could be value added investment in terms of prevention and referral."* **Dr Penny Woolnough (Abertay University)**

Who should deliver return discussions?

Some responses indicated that the police are not always the most appropriate agency to make a detailed assessment of need when an adult returns from being missing and that value is added if carried out by an independent partner:

- *"Vulnerable persons may not trust police and a better service may be provided by the third sector who can gain the support and trust of the missing person and explore the root cause of the missing episode."* **North Wales police**

- *"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' cases[38] *"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 project[39] 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 Greene[40] 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 findings[41]: *"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 adults[42] 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 research[43] 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 risk[44] 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 guidance[47] 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 People[48] 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 Practice[49].

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