

**The multi-agency response for adults missing
from health and care settings
A national framework for England**

**missing
people**

Registered charity in England and Wales (1020419)
and in Scotland (SC047419)

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This framework was commissioned by the All-Party Parliamentary Group for Runaway and Missing Children and Adults and developed in consultation with a dedicated Task and Finish Group with representation from the following agencies:

- NHS England
- Public Health England
- UK Missing Persons Unit (National Crime Agency)
- Care Quality Commission
- HMICFRS
- College of Policing
- National Police Lead for Missing
- National Police Lead for Mental Health
- National Network for Safeguarding Adults Board Chairs
- Local Government Association
- ADASS
- NHS Redbridge Clinical Commissioning Group
- London Borough of Bexley Adult Safeguarding
- National Fire Chiefs Council
- Missing People

This framework will sit alongside a set of National Principles underpinning the health and police response for missing people which will be published in 2020.

This framework will be reviewed and amended to reflect changes in national guidance and legislation as appropriate.

Foreword

There are few times when people in our society can be more vulnerable than when they go missing. Even more so if they have gone from a health or care setting and need physical or mental health support.

It is vital that we see the response to missing as every agency's responsibility. People go missing because of a myriad of reasons but mental health issues are often a key factor. All the professionals who have contact with anyone struggling with their mental health can play a role in prevention, in helping to ensure people who go missing are found safely, and in supporting people upon their return.

This framework cannot dictate what will happen in every local area, but we hope that it will provide a basis for multi-agency partnerships to consider the best model for their area, and to think through the roles and responsibilities of different professionals at each stage. If we all focus on what is best for the individuals we are here to support, and how we can play our part, then fewer people will go missing and those who do will hopefully experience less harm while away and when they return.

The APPG inquiry found a desperate need for a better multi-agency response for missing adults. Despite examples of excellent practice in some areas, it highlighted that this group have often been overlooked and underserved in national guidance and local service provision. We hope the implementation of this framework will be a step towards addressing that.

I am incredibly grateful to all the participants in the Task and Finish Group who contributed to the development of the framework. There is clearly a passion at the most senior level in all the agency's represented to ensure a better response for missing adults. With their thoughts, feedback and recommendations we are hopeful that this document will speak to colleagues across the range of sectors that intersect with missing.

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

Going missing can be a traumatic experience, but returning can be even worse. Whatever caused someone to go missing in the first place, may not have been resolved and appropriate support may not be in place. In fact, the person who went missing may feel guilty or be blamed for 'the trouble they caused'. Now imagine that this person is met by understanding, non-judgemental and supportive people upon their return, who will work out how this person can be best supported. A person-centred approach, based on care, multi-agency cooperation and understanding.

I have gone missing a number of times in my life for different reasons; I remember the guilt, the shame, being made to feel like a burden, being blamed. Nothing was resolved, no support and this just led to either going off again or withdrawing from services as they were not helpful.

The last time I took off, after being overwhelmed by a situation, it was different. There was a person who looked out for me, reached out and communicated with me in a way that was appropriate, understanding and supportive. When I felt ready to return, he was there waiting for me, never questioned why I had taken off, instead we went for a walk and talked about nothing really. It gave me the space I needed to calm down, reflect, know I was not being judged or made to feel bad, and that there were people who cared and made it easy for me to come back. I have not gone missing since.

This document is important as it advocates a multi-agency, and dare I say, common sense stance to people going missing from health and social care settings. It promotes a person-centred approach aimed at supporting that person and to prevent repeat 'going missing' incidents. Going missing is often an indication of something not being right in a person's life, and may be a cry for help. Supporting that person and their return in a sensitive and timely manner, with the right agencies working together to provide that support is the right thing to do.

Saskia, a previously missing person

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1. Introduction

- 1.1. Each year nearly 85,000¹ adults are reported missing in over 110,000 incidents² across England. Missing may be an indicator of a range of serious harms in a person's life and some people who go missing will become victims of crime or experience harm while they are away.
- 1.2. Adults go missing for a broad range of reasons and there are still gaps in the understanding of adults' experiences of missing. However, research has clearly shown that there are strong links between missing and a range of factors including: mental health issues; suicide and self-harm; periods of crisis in someone's life; dementia; homelessness; and many other harms.³
- 1.3. In 2018 the All Party Parliamentary Group (APPG) on Missing Children and Adults published an 'Inquiry into safeguarding missing adults who have mental health issues'. Evidence submitted to the inquiry suggested that the police were often seen as the primary or only agency involved when someone is reported missing, despite many of the issues linked with missing relating to a healthcare or social care response. Findings from this inquiry included the need for a better multi-agency response for missing adults at both a national and local level.
- 1.4. Missing may be an indicator of a range of risks and harms in a person's life that could require involvement from a wide variety of agencies. Responsibility for the necessary support and response should be shared between all professionals working with people who are vulnerable or at risk of going missing.

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

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

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

APPG Inquiry into safeguarding missing adults who have mental health issues

About the framework

- 1.5. Following the publication of the APPG's report, a national Task and Finish Group was convened with representatives from a range of sectors to agree a better multi-agency

¹ UK Missing Persons Unit Missing Persons Data Report 2018-19. The figures were taken from the England and Wales total with the individual Welsh police force figures removed.

² The number of incidents is higher than the number of individuals as some adults will go missing on more than one occasion.

³ <https://www.missingpeople.org.uk/about-us/about-the-issue/research/76-keyinformation2.html?start=3>

response for missing adults which is captured in this framework.⁴ This framework hopes to ensure that the response to missing is prioritised by all relevant agencies and that existing resources and processes are adapted to improve that response.

- 1.6. This document outlines good practice, as well as referencing some existing mandatory procedures. It is not a statutory document in itself and the processes and recommended practice are not compulsory for local areas to adopt. However, their implementation would improve the response for vulnerable people and people at risk of harm.
- 1.7. This framework focuses on a response for those people who go missing from health and care settings including hospitals and residential care homes. It does not detail any guidance on the response for adults who go missing from their private home. However, we hope that some of the recommended local structures will be relevant and can be extended to consider support for that group as well.
- 1.8. This framework should form the basis of local multi-agency protocols for the strategic and operational response for missing adults, or adults at risk of going missing. It does not supersede any statutory guidance or legislation detailing professional responsibilities in safeguarding or responding to vulnerable groups. Adults generally have a right to go missing unless they have been detained under the Mental Health Act,⁵ or are subject to a Deprivation of Liberty Safeguard. This framework does not aim to impede that right, instead the aim is to support people's safety wherever possible.
- 1.9. It is recommended that in each local area two multi-agency groups should be created or assigned through existing partnership arrangements to deliver a more effective response for missing adults:
 - 1) A strategic oversight group which should be responsible for the 'big picture' oversight of the missing response in the area. This group should develop the local protocol and monitor its implementation. This group should also develop reporting procedures to allow them to review missing statistics and any emerging trends within their area.
 - 2) An operationally focused group comprised of multi-agency, frontline professionals assigned by the agencies who form the first group. This group should hold regular meetings to review specific operational aspects, including individual missing incidents and locations from which those incidents are reported.
- 1.10. Every missing incident will happen within a unique context. This framework does not outline the full response that may be possible through integrated care systems, including the contextual safeguarding that may be put in place to support people through the space in which they are residing and the family and networks around them. This should be considered at a local level when developing local protocols to ensure a holistic response is put in place to best protect people at risk.
- 1.11. This framework does not make any suggestions about the appropriate response for missing children. This is due to the different legal and statutory regulations around the care for children, as well as the likely differences in the needs of children as compared to adults.

⁴ Members of the Task and Finish Group are listed in appendix two

⁵ Mental Health Act 1983

However, there may be good practice in the framework which should be replicated in protocols and processes for children and young people. It is also important that the structures and responsibilities outlined in this framework are implemented in a way that is compatible with the processes in place for children. Special care should be given to agreeing procedures around young people at the age of transition from childhood to adulthood – ensuring as much continuity in support as possible. Where appropriate agencies responsible for the professional response for children should be included in both the development of local protocols, and in the monitoring of whether the implemented response is working well for young people.

The remainder of this document is structured into the following sections:

Part 1: Definitions of missing and risk

Part 2: How to set up a response for missing people in your area.

This section outlines how to ensure strategic oversight of the response to missing in local areas, including: developing local protocols in line with the National Principles⁶; establishing structures to ensure successful implementation; and monitoring missing statistics and responding to emerging trends in local areas.

Part 3: How to deliver a response for missing people in your area.

This section focuses on operational processes to help professionals ensure a good multi-agency response when a person goes missing and plan to prevent missing episodes. Processes for response will need to be adapted to reflect local contexts.

⁶ See Appendix one

Part One: Definitions of missing and risk

2. Definition of a missing person

- 2.1. For the purposes of this multi-agency framework, the following definition has been developed to help the professionals working with people at risk of going missing to understand when they should be taking action, which may include when they should be reporting a person as missing to the police.

A missing person is anyone whose whereabouts can't be established and:

- The context suggests the person may be a victim of crime; or
 - The person is at risk of harm to themselves or another; or
 - Where there is particular concern because the circumstances are out of character, or there are ongoing concerns for their safety because of a previous pattern of going missing.
- 2.2. This is not the national police definition of a missing person as a need has been identified for a more specific version for the purpose of multi-agency understanding. The police definition allows for a broad range of circumstances within which the police can make an assessment of risk and decide appropriate action. This multi-agency definition aims to provide more clarity on the circumstances that should trigger action by professionals to find and safeguard someone by including the context of risk.
- 2.3. A shared definition and understanding of missing is important but will also require supporting processes and practice to be in place across all agencies involved. Every missing incident is different and it is therefore challenging to develop a definition that would be appropriate for all situations. We would suggest therefore that it is much more important to focus on a holistic, individual based approach to understanding what might be happening in someone's life and what steps can be taken to protect them if they are at risk.

3. Risk definitions

- 3.1. The following table details the definitions of levels of risk from the College of Policing's Authorised Professional Practice. All professionals working with people who are at risk of going missing should be aware of the risk levels and be able to provide appropriate information to the police to inform the risk assessment.

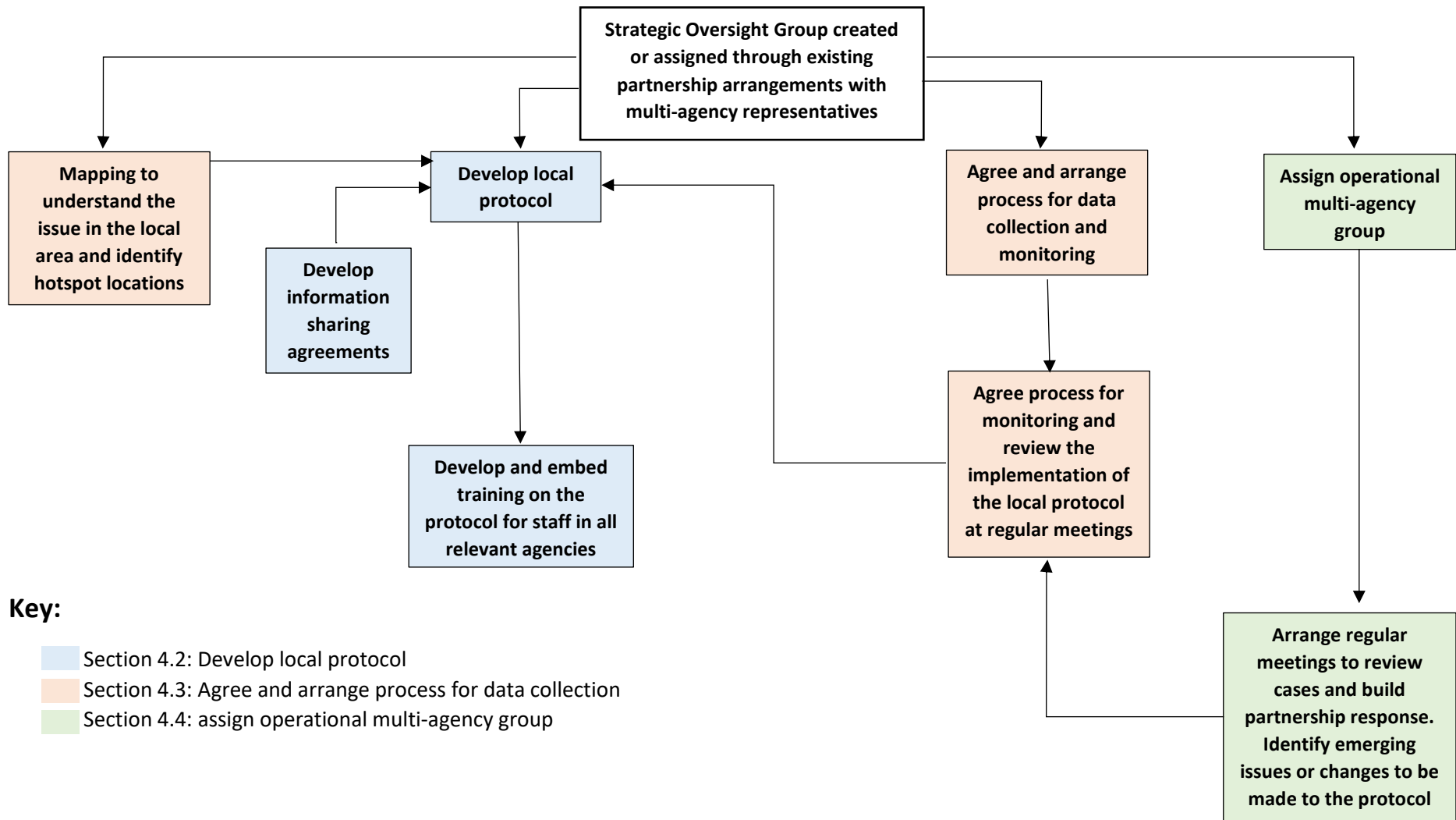
No apparent risk (absent)	
There is no apparent risk of harm to either the subject or the public.	Actions to locate the subject and/or gather further information should be agreed with the informant and a latest review time set to reassess the risk.
Low risk	
The risk of harm to the subject or the public is assessed as possible but minimal.	Proportionate enquiries should be carried out to ensure that the individual has not come to harm.
Medium risk	

The risk of harm to the subject or the public is assessed as likely but not serious.	This category requires an active and measured response by the police and other agencies in order to trace the missing person and support the person reporting.
High risk	
The risk of serious harm to the subject or the public is assessed as very likely.	This category almost always requires the immediate deployment of police resources.

NB. Some police forces do not use the category of 'no apparent risk (absent)'. If professionals have no concern about a person in their care who is not where they are expected to be it is unlikely that a missing report or procedures will need to be considered. However, processes should be put in place to reassess risk.

Part Two: How to set up the strategic response for missing adults in your area

Flow chart for local protocols



4. A multi-agency approach

- 4.1. It is vital that the response to missing adults is considered a multi-agency responsibility. Missing may be an indicator of a range of harms that will require support from a wide variety of agencies. Responsibility for prevention, early physical searches, reporting, risk assessment, and support for people upon their return should be shared between all professionals working with people who are vulnerable or at risk of going missing. This multi-agency approach should ensure that people are only reported as missing to the police when necessary and in their best interests. Once someone is reported missing to the police, the police may take responsibility for the investigation, but information and support should still be provided by the reporting agency.

The flowchart on the previous page outlines how to set up a strategic response to missing people in local areas and ensure ongoing strategic oversight. Further detail on key considerations for each element is provided in the remainder of this section of the framework.

4.2. Multi-agency strategic group and local protocols

- 4.2.1. Every area will have different services, partnerships and processes in place based on local need and arrangements. A national framework cannot provide granular detail on how the response to missing people should work in every area. There is therefore an expectation that a multi-agency, strategic group in each area will develop their own local protocol for missing adults.
- 4.2.2. The strategic multi-agency group may be a new, dedicated group created for this work, or an existing multi-agency group may be able to assume responsibility for this role. This will depend on local context. Whenever possible the group should involve people with lived experience of going missing and ensure that their views inform the development of the local protocol.
- 4.2.3. Development of local protocols should begin with mapping to understand the local picture and consideration should be given to which agencies should be included within the partnership and how the strategic group will work. Those agencies may include the following, however this list is not exhaustive:
- NHS trusts including acute (hospital) trusts, mental health trusts, community health trusts, ambulance services trusts, and any other associated agencies
 - Clinical Commissioning Groups
 - Local authorities
 - Safeguarding Adult Boards (SABs)
 - Police forces
 - Health and Wellbeing Boards
 - Care homes and domiciliary care providers
 - Homelessness services
 - Housing providers
 - Extra-care housing providers

- Third sector organisations
- Search and Rescue agencies
- Fire and Rescue Services

4.2.4. The protocol should detail each agency's responsibility at every stage of missing, as well as procedures for monitoring and detail on how agencies will be held accountable for their role. Flowcharts are included in this framework detailing how local protocols can be set-up and what will need to be included.

4.2.5. The protocol should include clear guidance on the actions to be taken by staff within each agency. It should also include detail of the process for documenting these actions within each organisation and an information sharing agreement to encourage timely, proportionate information sharing.

4.2.6. In addition to outlining the response when someone does go missing, local protocols should also consider how people most at risk of going missing will be identified; and how information that can help to keep them safe, or support that can prevent them from going missing, will be targeted to ensure that it reaches the right people.

Good practice: Fife Missing Person Partnership Protocol

Following the publication of the National Missing Persons Framework for Scotland agencies in Fife formed the Missing Person Partnership Group with representatives from Police Scotland; Fife Council; NHS Fife; Fife Health & Social Care Partnership; Criminal Justice; the third sector; Education & Children's Services; Scottish Care; Housing and Public Protection; and the Scottish Prison Service.

The group developed a partnership protocol with the aims of ensuring a consistent, positive response for all missing people and setting out the responsibilities of each relevant agency. The document outlines key principles of the shared role for all professionals in preventing people from going missing; responding when people are missing; and providing support to those who return. The protocol is complemented by a series of appendices detailing the roles and responsibilities of each agency in relation to specific groups of missing people (for example adults missing from NHS settings).

In addition to developing the protocol, two groups were created to ensure an effective response for missing people was delivered. The first a Strategic/Tactical Group made up of senior managers who can affect policy change and commit resources from their organisation. This group look at prevention, response and support while identifying the direction and specific tasks to be carried out by the sub group. The second or sub group is a Tactical/Operational Group made up of professionals who will implement the protocol in their respective agencies and ensure the operational delivery.

Crucially governance processes were also put in place to review progress in implementing the protocol and to manage self-evaluation and monitoring missing statistics and emerging issues. This included clear feedback loops so both groups were aware of progress and new information, and could take action accordingly.

Since implementing the protocol there has been a reduction in the numbers of people reported missing and improvements in the speed at which support can be provided to those who do go missing.

4.3. Monitoring (national and local)

- 4.3.1. Recording and monitoring reports of missing incidents is essential to effective local protocols and multi-agency working. The police should collect information on incidents reported to them and other agencies should collate any incidents that are not reported to the police. The information should be regularly reviewed to identify hotspots, patterns, emerging issues, and inappropriate reporting.
- 4.3.2. The police should be able to understand where their missing reports are coming from and should work proactively with providers and services that have a high number of missing incidents. The police should review incidents to ensure that the reports were appropriate and that relevant information was provided by the reporting agency. They should also monitor trends in missing person reports and consider whether any increases or concentrations of missing reports indicate a change in the local picture of crime or safeguarding risks.
- 4.3.3. Hospitals, local authorities, care homes, homelessness services and other partner agencies should monitor the reports from their locations to ensure that the correct action is being taken when someone is at risk, and to identify any changes or additional training that might be needed to ensure people's safety. Data about missing reports should be collected and reviewed by the local multi-agency group set-up to develop and review the strategic 'big picture' response to missing. This group can monitor emerging patterns, as well as potential hotspots and feed relevant information to the operational multi-agency group for consideration and action.
- 4.3.4. In addition to monitoring incidents internally, it is a requirement of the NHS contract that health bodies make a safeguarding referral when someone is reported as missing to the police. This would also require them to report to the CQC as a statutory notification through the National Learning Reporting System. To ensure that missing people data is accurate and can be used by commissioners and regulators it is crucial that NHS Trusts report missing people incidents accurately and with sufficient detail to outline outcomes for people.
- 4.3.5. The UK Missing Persons Unit, within the National Crime Agency, collect national missing persons data from police forces which can support a better understanding of the national picture of missing.

4.4. Missing response meetings

- 4.4.1. To ensure ongoing multi-agency working across a partnership of agencies it is important to maintain contact and opportunities to discuss progress and hold all partners to account. Local protocols, drafted by the strategic oversight group, should

include provision for multi-agency, operational missing response meetings between relevant partners to review missing incidents, the effectiveness of procedures, and to identify emerging trends or concerning patterns. These meetings should have the additional purpose of allowing relationship-building amongst professionals in different fields who will be sharing the responsibility to respond to missing but may not otherwise have opportunities to meet. Reporting processes should be put in place to ensure that the strategic oversight group are informed of the effectiveness of these missing response meetings and are kept up to date with any emerging issues raised through the meetings.

4.4.2. These meetings should be prioritised, with buy-in from senior staff within the strategic oversight group and a commitment to ensuring appropriate staff are able to attend.

4.4.3. All agencies attending the meetings should bring appropriate information. What should be included in discussion will need to be agreed within local protocols but may include key information about recent incidents; relevant information about people who are at risk or have been missing repeatedly; and any concerns about process raised by professionals who are not in attendance at the meetings.

The Camden and Islington NHS Foundation Trust trialed holding monthly meetings to discuss missing adult cases and emerging issues. These meetings had a positive impact, helping to reduce the numbers of missing reports, and importantly, allowing relationships to be built between colleagues working across the police and the NHS within that local area. The meetings were chaired by trust staff and attended by representatives of the police missing or mental health teams, as well as by ward managers.

An additional benefit of these meetings, where individual people's cases could be discussed, was allowing better safeguarding of specific individuals who are at high risk or may not have previously been given a multi-agency focus.

Part Two: How to deliver the operational response for missing people in your area

This section of the framework describes operational processes which can help professionals develop and ensure a good multi-agency response when a person goes missing and plan to prevent missing episodes.

The flowcharts in figures 1, 2 and 3 provide an example of the process that could be followed when professionals have concern about a person who is not where they are expected to be. Each area will need to adapt this process to reflect their local context. Figure 1 focuses on prevention (discussed in section 5); figure 2 on reporting a person missing and the investigation (discussed in sections 6 and 7); and figure 3 outlines processes when a person returns from missing and monitoring the response for the purpose of improvement (discussed in sections 8 and 9).

Flow chart of responsibilities: Planning and response if someone is not where they are expected to be

Fig 1: Working with individuals at risk to prevent missing

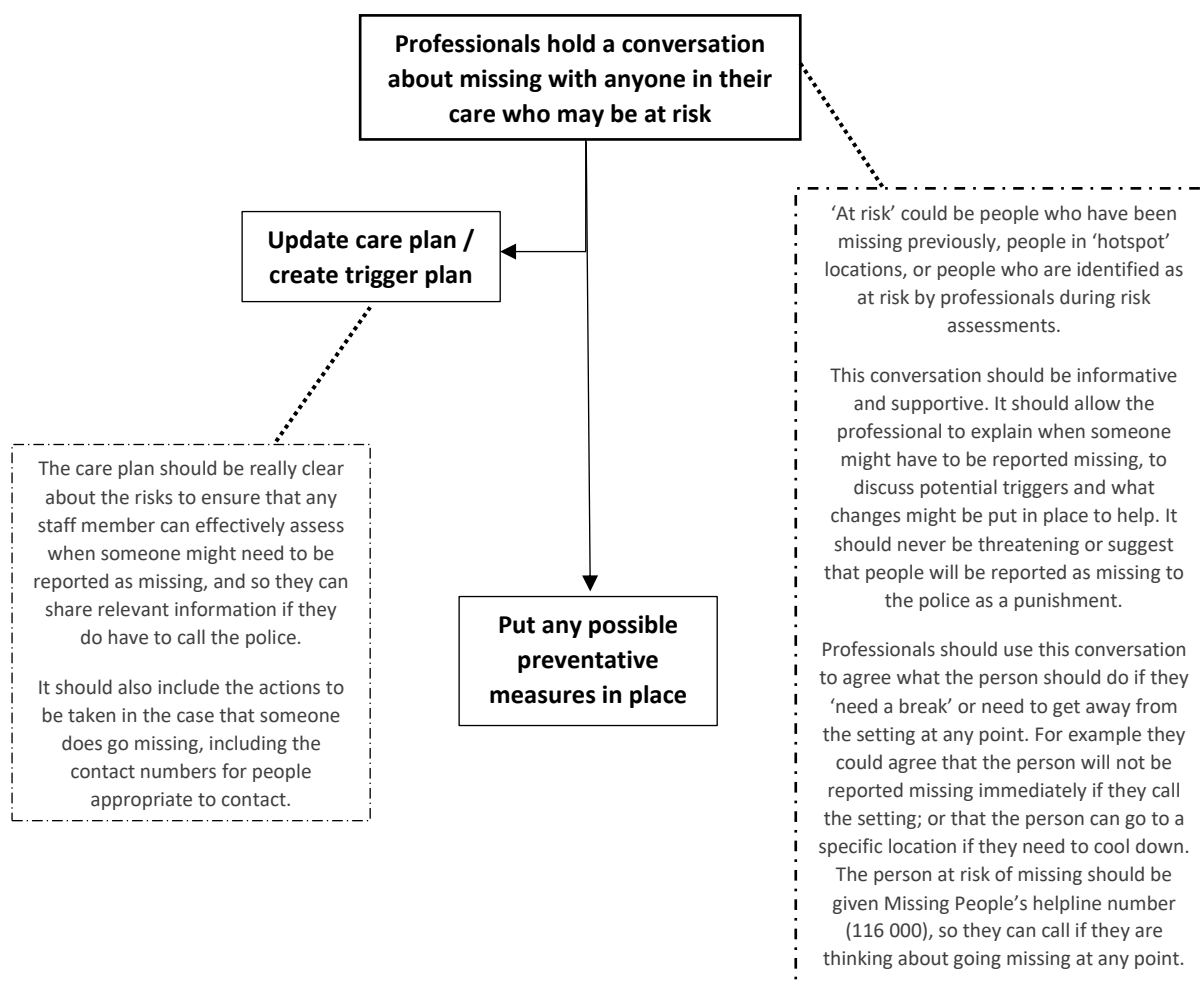


Fig 2: Actions when a patient or resident is not where they are expected to be

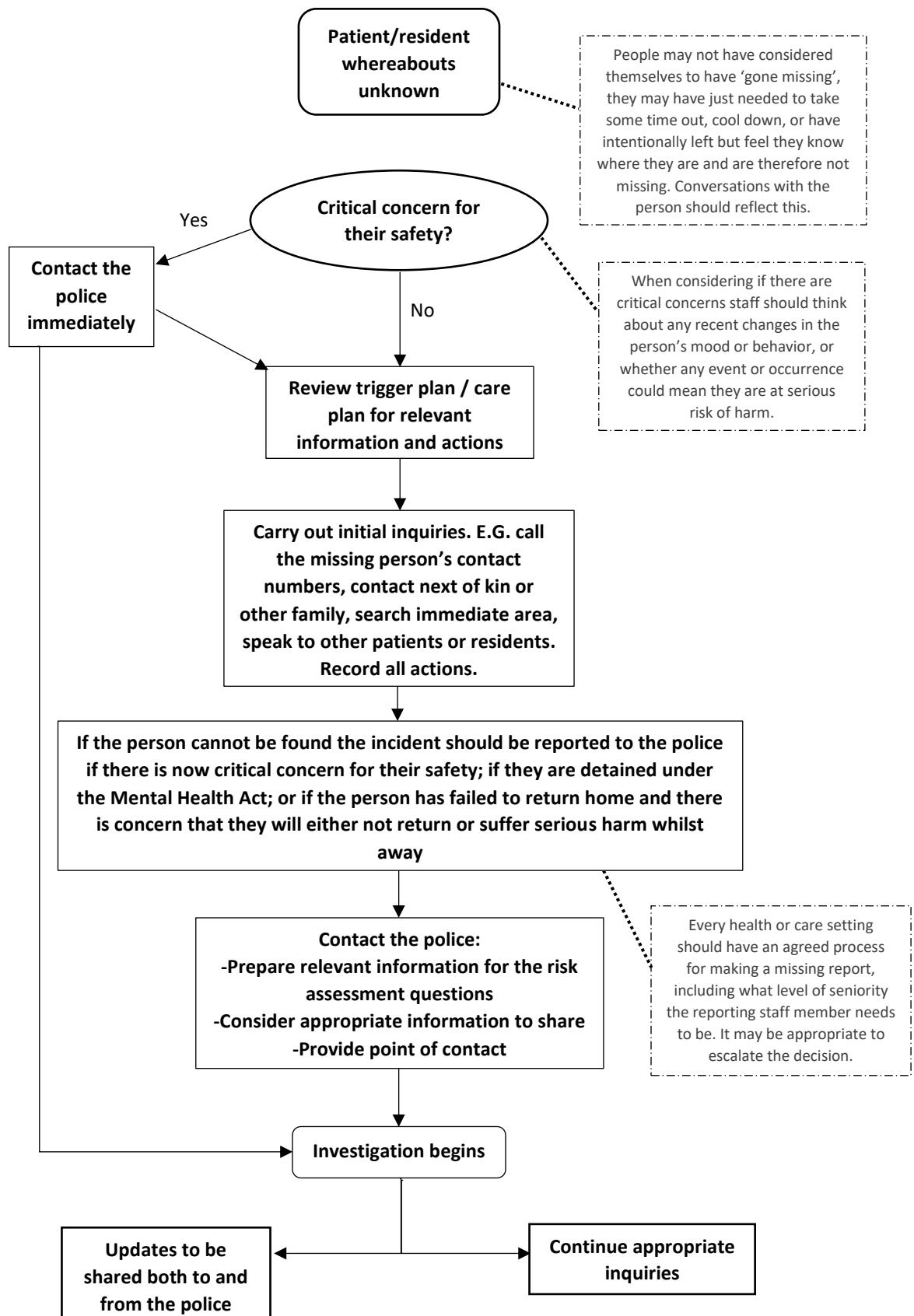
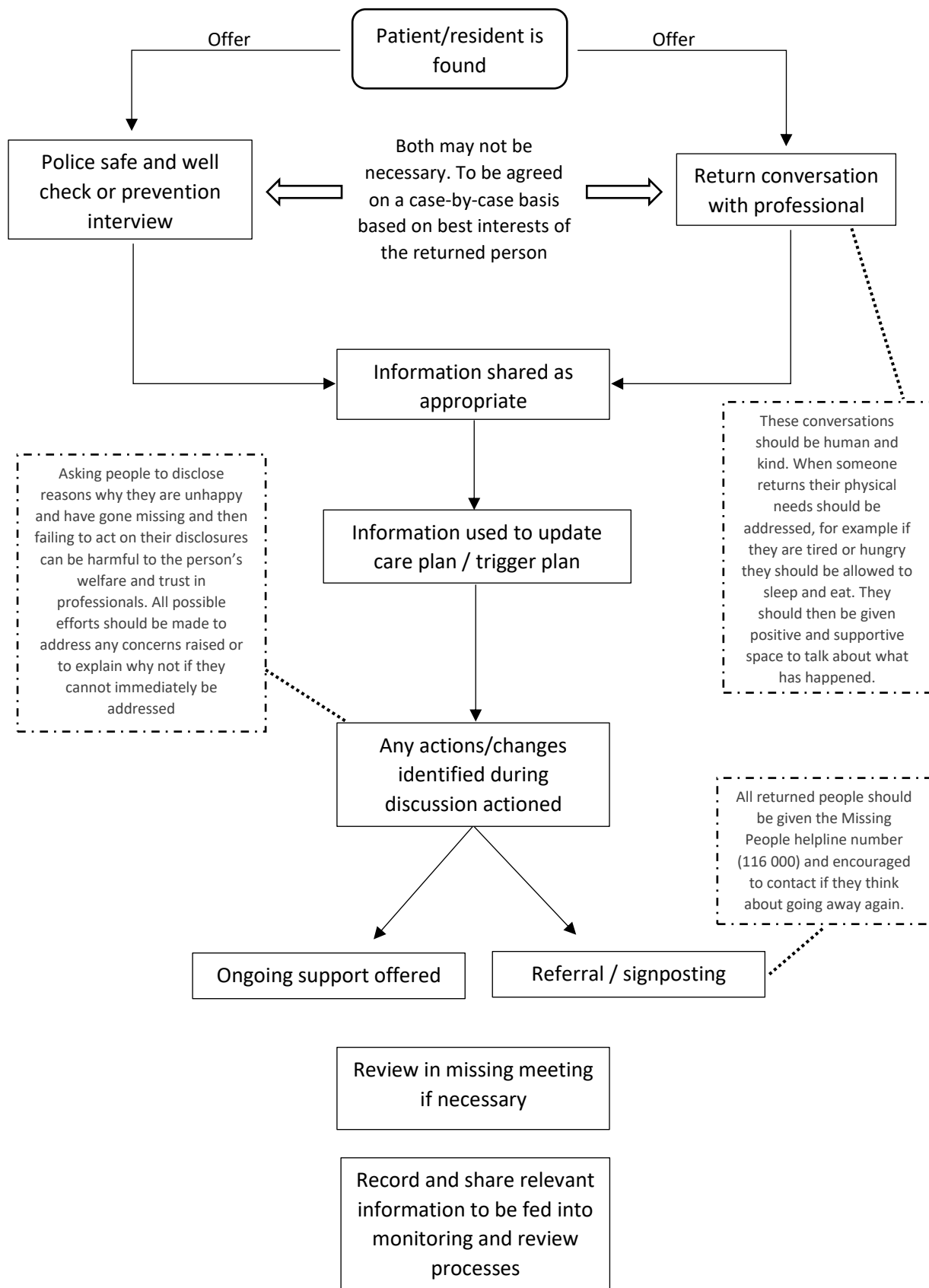


Fig 3: Actions when the patient or resident is found or returns



5. Prevention

5.1. Preventing people from going missing is every agency's responsibility. Going missing can be an indicator that someone is unhappy or unsafe, and being missing could put them at increased risk of harm. Some people may go missing because of past experiences of poor care which have led to distrust of professionals, or they may not mean to go missing at all, but do so because of vulnerability or confusion. By identifying people who are at high risk of going missing, professionals can put appropriate measures in place to reduce these risks. This is particularly the case for staff at locations where there are high numbers of missing reports, such as a care home or hospital. Both the police and those staff have a role to play.

5.2. Training

5.2.1. All staff who will be in contact with people at risk of going missing should receive training to ensure the following:

- They understand the risks associated with going missing
- They understand the policy under which they are expected to act and the decision-making process they are expected to follow when considering risk and deciding when to escalate.
- They know the responsibilities expected of them in terms of prevention and responding if someone does go missing
- They understand the police's responsibilities and powers when someone is reported missing
- They understand the expectation on them to support the family of a person if they are reported missing

5.2.2. Where possible this training should be co-produced with or by people who have lived experience of going missing and/or representatives with lived experience from local patient or support groups.

5.2.3. By providing training to their staff agencies can ensure people are safer and that people are not reported missing unnecessarily.

5.2.4. All agencies should focus on providing a supportive environment for their staff which encourages confidence in professionals to make decisions in line with their policy.

Good practice: Partnership working

In South Yorkshire, having identified a local hotspot, the police co-developed training with the NHS trust to be delivered to ward staff in that location. The training clearly outlined the responsibilities of both agencies and provided an opportunity for questions from the ward staff to be addressed, as well as space for myth-busting some long-held assumptions about each agencies' responsibilities.

The training was supported by the development of a flowchart for frontline staff so there was clear, accessible guidance on the action to be taken if a patient was not where they were supposed to be.

Following the training and introduction of the flowchart and associated process, there was a notable decrease in the number of missing reports made from that location.

5.3. Speaking to people at risk and safety planning

- 5.3.1. Professionals should speak to people in receipt of care who may be at risk of going missing about how that can be prevented and how they can stay safe. Processes should be put in place to allow for these discussions. This could be done at the point of admission to a regulated service or at the start of delivery of a care package by a domiciliary care agency for people who are at high risk of going missing (for example people who have been missing previously, people in 'hotspot' locations, or people who are identified as at risk by professionals during risk assessments on admission or when they are first assessed).
- 5.3.2. These conversations may be a preventative measure in themselves as many previously missing adults report not realising that they would be reported missing to the police, as well as giving the opportunity to address issues with their care that might cause them to go.
- 5.3.3. These conversations should be supportive, non-judgmental and conducted in a safe and neutral environment, led by the person at risk. It should be made clear that this conversation is taking place to help and support them to feel safe and able to ask for and accept help.
- 5.3.4. These conversations should avoid any language that could be perceived as threatening. The process that will need to be followed, which may include calling the police, should be explained in a way that is not punitive and does not make the patient, resident or service user feel that being reported missing will be used as a form of punishment.
- 5.3.5. Local partnerships should develop procedures for these conversations and assign responsibility to the most appropriate members of staff. The conversations should include:
- A discussion about when someone would be reported missing and what this will mean, including what information may need to be shared with other agencies. For example, a clear explanation of the expectations on a patient or resident in regards to where they should be at what times; what might trigger a member of staff to report them missing; what the police may then do in terms of investigation.
 - Space for the person at potential risk to discuss what might trigger them to go missing, what might help to mitigate this, and any concerns about the expectations put upon them. This should be an open conversation that allows people to raise concerns about anything they may not be happy with in terms of their care or restrictive measures put in place to make them safe. It is vital that any appropriate changes raised by this conversation are actioned.
 - A discussion about how the person can stay safe if they do leave the health or care setting, including how they can keep staff informed of what is happening if appropriate.

- Recording relevant information about locations and activities that the person might attend or seek out if they go missing.
- Recording relevant information about who may be appropriate to contact if they do go missing.

5.3.6. Information from these conversations should be incorporated into people's care plans or used to develop a trigger plan to be used in the event of them going missing. All information should be regularly reviewed and updated, and when appropriate, the information should be shared with other relevant agencies.

These conversations should also be reviewed in a broader sense to identify any persistent reasons that people are going missing; emerging themes that may inform prevention; or necessary changes to the local protocol and response.

Good practice: Experiences of a previously missing person

When undertaking Eye Movement Desensitisation and Reprocessing (EMDR) or other forms of trauma therapy it is worth bearing in mind for the clinician, that 'revisiting' a traumatic memory may trigger an urge to go missing, especially if there is a previous history of going missing.

"Following prolonged trauma as a child, I worked with a clinical psychologist, who is highly experienced in both EMDR and other trauma therapies, to address the consequences of this trauma. We started off with more recent, less severe, trauma, for which the EMDR worked very well. I was confident that we could tackle the more complex trauma target.

However, as we progressed to addressing more profound trauma, I became aware that I was worried about processing the most traumatic experiences and I started getting nightmares about therapy that had not even happened yet. I realised that I kept having visions of just running out of the sessions and disappearing to hide. It is what I used to do as a child. I realised I might be at risk of going missing again. I tried to discuss this with the psychologist, but he had no previous experience of this.

I realised I must do planning in case it happened. As I knew when we had our sessions (at this time virtual meetings due to CV19), I decided to take several precautions. I purchased a cheap phone with a prepaid SIM card, which I ensure is fully charged and in my pocket prior to starting each session. If I become so distressed, that I take off, at least there is a means of communication in my pocket. Only the psychologist and a trusted other (who is very good at crisis management) have this number. I have a completed 'at risk of going missing' form on the back of my front door. I have updated my details on a special local police scheme to help vulnerable people, which includes potential locations I may head to. I hope that if I become so distressed that I do go missing, this will help to find me again."

Having a discussion with the person at risk of going missing and planning to prepare for the possibility of another missing episode, means that the risk is reduced if it does happen. Missing People and local Lowland Rescue groups can help with this preparation. Also check whether your local police force has a scheme for vulnerable people.

5.3.7. The Herbert Protocol and the Philomena Protocol have already been introduced as tools to help safety plan for and with people living with dementia and looked after children who are at risk of going missing. Good practice when using these tools should

involve, where possible, a genuine engagement with the person to empower them to stay safe and identify anything that might increase their risk of going missing.

Good practice: Herbert Protocol

The Herbert Protocol is a form developed by the police that carers, family or friends of a person living with dementia can fill in and share with the police and other relevant agencies in the case that the person goes missing. It contains a list of information to help the police if the person goes missing including: medication that the person needs; mobile numbers; places they have previously been found; and a recent photograph. Being prepared with a completed form saves carers and loved ones the worry of trying to recall the information during the stressful time of someone going missing. It also saves time for the police, allowing the search to start sooner.

In Bedfordshire the Herbert Protocol is managed and administered by the Mental Health Hub office:

- Each Dementia Form holds key personal information about the vulnerable person living with dementia. All details on the form are processed by the Mental Health Team onto the missing person Compact database.
- A unique reference number (pin) is generated after entering this information.
- The reference number is recorded together with pertinent information onto a spreadsheet which is stored on the police's internal database.
- An information marker is placed onto our Force Contact Centre's (FCC) Command and Control system which alerts the FCC that a vulnerable person with dementia lives at the location.
- If that person living with dementia is reported missing the information marker will immediately signpost the Police to check the missing person database to extract the relevant information about the missing person.
- This information gives all officers and staff the opportunity to provide a quicker and more targeted response in locating the person.
- A referral will then be generated and forwarded to Alzheimer's Society, Fire and Rescue and community policing for them to complete any necessary follow up safeguarding checks and offer specialist advice

Good practice: Ellam Protocol

The Ellam Protocol is being developed to support people with mental health issues and those who care for them in providing information to the police that will help in the search in the case that someone goes missing.

The Ellam Protocol has been developed following concerns raised at the Kirklees Mental Health Partnership Board by one of the Carer representatives sitting on the board, Angela Ellam, about reporting someone missing at a time when you may be under a great deal of stress. The scheme will be used by police across the West Yorkshire area along with partners from other agencies.

This protocol is similar to the national Herbert Protocol and the Philomena Protocol (for looked after children) in its aims to provide information to support the police in their role in locating a missing vulnerable person. Angela's concerns were that whilst the Herbert Protocol was very useful in providing information to the police in the event of mostly an older adult going missing, it didn't fully meet the needs for those with mental health problems and their carers as it did not consider some areas that are important for those of a younger age, such as employment and use of social media, and when confronted with having to provide information in stressful circumstances it is easy

to forget some key information. This form would assist in ensuring good information is provided to support in locating their loved one.

5.4. Practical changes to locations

5.4.1. Staff at the locations where people might be reported missing from should consider practical changes which will reduce the risk of people going missing. Changes needed will vary based on the individual location but could include anything from moving outdoor furniture in a smoking area to reduce the chance of someone climbing over a wall, to introducing a more secure exit with staff who will be able to engage with the individual and reduce the risk of them leaving. In some police forces there are crime prevention officers who may be able to help with these practical recommendations.

6. Reporting someone missing

6.1. Initial actions and inquiries

6.1.1. When there is critical concern for someone's safety they should always be reported missing to the police immediately and the reason for concern should be thoroughly explained to ensure an appropriate level of response.

6.1.2. Where the concern for someone's safety is not critical, the professionals in contact with any person who is not where they are supposed or expected to be should make initial inquiries to ascertain their whereabouts. These procedures will need to be detailed and agreed locally but should include:

- Checking the person's care plan or other relevant information
- Calling the person's mobile phone as well as any other contact numbers
- Contacting appropriate next of kin
- Searching the immediate area
- Informing other staff members
- Speaking to other patients or service users to establish any recent events that may be relevant
- Check CCTV recordings to check for possible sightings or signs that they have left the premises
- Recording the actions that have been taken, people who have been spoken to, and the rationale for any decisions about risk and when to escalate to another agency or not.
- Checking the person's home address if appropriate.

6.1.3. If appropriate, the missing person's next of kin or other family members should be informed of the incident. Staff should listen to any concerns from them about their loved one as this may help to inform the risk assessment. From this point onwards they should be kept updated and involved with the investigation where possible.

6.1.4.If the person cannot be found the incident should be reported to the police if there is now critical concern for their safety, if they are detained under the Mental Health Act, or if the person has not returned home and there is concern that they will either not return or suffer serious harm while away.

6.1.5.The decision to report someone as missing to the police should be agreed with an appropriate (in some cases more senior) member of staff. By agreeing the decision to report with a senior member of staff it ensures an opportunity to check that the local protocol has been adhered to, as well as preventing frontline staff from holding full responsibility for a complex situation. **However, this process should not contribute to delays in reporting if there are immediate, serious concerns about someone’s safety.**

6.1.6.Information that may help the police will include:

- A recent photograph
- A full description of the person and any unique characteristics
- A full description of what the missing person was last seen wearing
- Details of places that the person frequently likes to visit
- Any known, relevant medical or mental health conditions
- Information about medication the person is taking or needs
- Behaviour patterns
- Any information which might inform how the police or search and rescue agencies approach the person when they are found
- Information about any previous missing episodes
- The missing person’s contact information

6.2. Risk assessment

Police risk assessment levels:

Low risk	The risk of harm to the person or the public is assessed as possible but minimal.
Medium risk	The risk of harm to the person or the 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.

6.2.1.When any person is reported missing to the police a risk assessment will be carried out to inform the level of response that is required. The police can only make a thorough and comprehensive risk assessment when they have all the relevant information so it is important that this risk assessment is informed by multi-agency involvement. Any agency or individual reporting someone missing should therefore ensure they have all appropriate, available information to hand when making a report. It is a serious issue that could lead to significant harm for an individual if all known information cannot be provided in a timely way.

6.2.2.When an adult is missing and has mental health issues, their mental health history, concerns and treatments may be key to making a thorough risk assessment. Information-sharing systems and protocols should be agreed at a local level. Every

effort should be made to prevent delays in the information sharing process. If staff are concerned about a patient or resident they should be able to share appropriate, proportionate, accurate information at the point of reporting them missing. This may fit within existing information sharing protocols, but if not, the multi-agency group should make new arrangements specific to the response to missing.

6.2.3. The reporting person should provide a point of contact to the police for ongoing updates. Consideration should be given to how the police will continue to stay in touch if there is a change in shift or staff.

6.2.4. Police forces should have access to health and mental health professionals who can help to inform their understanding of risk if there are any concerns about a patient's physical or mental health. For example, the implications of not taking medication that the person has left behind, or the meaning of terms describing someone's mental health. This should be available for all missing person investigations, not just those which have been reported from a hospital.

Good practice: ELPIS system and Thames Valley Police

Elpis is a multi-agency recording system currently in use by Thames Valley Police which can be accessed by Police, Mental Health, Health and Adult Services, amongst others.

The multi-agency nature of the system means that current information can be inputted and updated by a range of partners about vulnerable people, therefore allowing for accurate, informed risk assessments to be made when someone goes missing and throughout the investigation.

7. During the investigation

- 7.1. Once the police have recorded someone as a missing person and a risk assessment has been carried out the police will assume responsibility for the investigation and any physical search. However, it is vital that all professionals who have had contact with the missing person keep the police updated with any new information that might help lead to the person being found safe and well. This could include the missing person being seen or being in contact; information provided by their next of kin or other person that knows them well, or any developing information that might impact the risk assessment, for example about their treatment or medication.
- 7.2. If CCTV is available within the hospital or care setting this should be reviewed, retained and any pertinent information shared with the police.
- 7.3. The health or care setting professionals should be guided by the police on carrying out further physical searches to ensure that the missing person is not still on the premises. Appropriate resources should be assigned to this to ensure a thorough search can be carried out.

7.4. Ongoing inquiries

7.4.1. The professionals with responsibility for the missing person's care should continue to make any appropriate inquiries to support the search. This may include continuing to call their contact numbers or next of kin if they were unable to get in touch before reporting the person missing to the police; or continuing a wider search of the area where the person went missing from. Any action taken should be recorded, similarly to the actions taken before reporting to the police as this may later need to be reviewed.

7.5. Updating the police

7.5.1. The police should provide a point of contact for professionals to remain in contact about the missing person. This should be used to communicate any updates or changes that professionals may become aware of before the police.

7.5.2. The police should also keep the professionals responsible for the missing person's care updated. Any changes to the risk assessment, or new information about their well-being should be shared in a timely manner.

7.5.3. Partnership working is based on respect and communication. Both parties should trust the other and share appropriate and proportionate information without unnecessary bureaucracy or delay.

8. When someone is found

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

APPG Inquiry into safeguarding missing adults who have mental health issues

8.1. People can return from being missing in a range of different ways. In some cases they may return of their own choice, either to a setting where they have been receiving care, or to their home; others may be found by the police; others again may be found by someone known to them who takes them to a safe place. If the person is to return to a health or care setting arrangements should be made to ensure the most appropriate professional picks them up or transports them. For some people being transported in a police vehicle may be traumatic.

- 8.2. It is vital that people receive a good, non-judgmental and supportive response upon their return. They may need support to address something that happened while they were away, or need help to address whatever caused them to go missing in the first place. It is estimated that one third of adults who go missing will do so on more than one occasion. **A good response on return may help to prevent future missing episodes and the associated harm.** Professionals who come into contact with a missing person upon their return should consider their physical *and* mental wellbeing.
- 8.3. Plans for what happens when someone returns from missing should be detailed in local protocols. This should include what that response will include, how the response will be recorded and how compliance to any agreed process will be monitored and reviewed.
- 8.4. In most situations adults have the right to go missing and crucially *they have not done anything wrong by doing so*. Evidence from the APPG inquiry showed that many adults are in need of support when they return so this should always be offered. However, it should remain the person's choice whether they accept this.

8.5. Safe and well check/prevention interview

- 8.5.1. When a person returns from being missing the police will generally carry out a safe and well check or prevention interview to confirm that the person has indeed returned and to identify whether they have come to any harm.

Safe and well check: No longer referred to in Authorised Professional Practice (police guidance). Previously used to describe the police's statutory duty to check that a returned person has not been a victim of crime and is not in need of immediate health care. This term is still used in some police forces.

Prevention interview: A police-led interview with the purpose of identifying any ongoing risk or factors that may contribute to the person going missing again. APP states that they should be carried out in all high-risk cases, but should also be considered for other risk categories. They should be an opportunity to find out useful information that may indicate harm suffered by the returning person as well as details that may help trace the person in the event of a future missing episode.

- 8.5.2. For some returned missing people this intervention may be the first and only professional contact they will receive and may form the first step to accessing support. It is therefore crucial that this contact gives people the opportunity to disclose risk and harm; that the police or other professional holding the conversation are trained to recognise vulnerability; and that effective pathways are in place for getting people the help they need. The professional must be kind and compassionate during these interactions as this can make a significant difference to how people feel about returning to their home or care setting. It is also vital that prevention interviews are delivered in a sensitive way that meets the needs of the returned missing person.

8.5.3. Information from safe and well checks or prevention interviews can inform care plans if the person is known to services, and may be needed for safety planning to prevent future episodes. Returned missing people may also disclose dissatisfaction with their existing care which will need to be actioned. Effective information sharing processes must be put in place to ensure that relevant information is passed from the police to the professionals responsible for the returned person's care.

8.5.4. If the missing person is not going to receive further professional care, it is important that the professional holding the conversation on return can signpost them to alternative support, including Missing People's 24hr helpline.

8.6. A conversation on return

8.6.1. If someone has gone missing from a hospital, care setting, or from any kind of professional care it is important that the professionals responsible for their care talk to them about having gone missing upon their return. It is possible that this conversation can replace the need for a police safe and well check or prevention interview, as long as a meaningful intervention is offered, and that relevant information is shared with the police if appropriate. Staff who are expected to carry out these checks should receive training to ensure they have the skills and knowledge to deliver effectively. The local protocol should detail who is responsible for holding this conversation in each situation. This conversation should be:

- **Non-judgmental:** People should not be blamed for having gone missing. Punishing or reprimanding them may make them more likely to go missing again.
- **Timely:** People may not want to talk immediately upon their return. Staff should check that they are okay, make it clear that someone will be available to talk to them when they are ready and then allow them space until they are ready to speak about what has happened. When the conversation does happen, it should not feel rushed or be deprioritised. People should also be given a choice on where they want to have the conversation to ensure they feel safe and comfortable.
- **Open:** People may have gone missing for a variety of reasons, including being unhappy with their care. Any conversation on their return should provide space for an honest conversation about their concerns and what they need.
- **Flexible:** Some people may not want to talk about what has happened, or may not feel that there was a cause for concern. If they do not want to engage with a conversation this should be accepted. Although it should be made clear that if they want to talk more at another time they can.
- **Actioned:** If people raise concerns about their care, frustrations with the limitations put upon them by professionals, or any information about external harm, efforts should be made to make changes and/or ensure their safety. Concerns should be taken seriously, and any commitments to make change should be monitored to ensure they happen and any delays should be explained to the returned person. Failing to take action on concerns raised could cause later distrust in professionals.

- 8.6.2. The option of having an appropriate adult in attendance during these return conversations should be offered. If possible the returned person should be given a choice in who they speak to.
- 8.6.3. Information from these conversations should be used to inform people's care plans, wellness recovery action (WRAP) plans, or recorded on existing systems as appropriate.
- 8.6.4. If the returned person makes any disclosures about being the victim of a crime while missing the professional should work *with* them to pass this information on to the police.
- 8.6.5. Some adults may be cautious about speaking to the person responsible for their care so whenever possible returned missing people should be given a choice in who they speak to, including an independent person within the care setting or a police officer.
- 8.6.6. The decision not to carry out a police safe and well check or prevention interview should be agreed and recorded by both a senior police officer and the care setting.
- 8.6.7. Both the police and the health and care settings should regularly review incidents in which the conversation is offered by a non-police professional to ensure that good quality conversations are genuinely being offered and taking place. These reviews should be the responsibility of the strategic oversight group.
- 8.6.8. Every missing adult deserves a genuine offer of support upon their return. This support is everyone's responsibility.
- 8.6.9. If the person cannot or does not want to engage with a conversation about going missing, on their return staff should still review any available information. If there is any cause for concern, they should consider measures for further support or prevention of future episodes
- 8.6.10. Conversations upon someone's return should be accessible and should be arranged in a way that supports that person's needs.

Good practice: AfterCare for missing adults

Between 2015 and 2017 Missing People piloted a service that provided ongoing support to adults who had been missing and delivered practical and emotional support to families struggling with issues raised by the missing incident and return of their loved one.

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.

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: *“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.”*

8.7. Ongoing support

8.7.1. Following a missing episode, the returned person should be offered the opportunity for further support.

8.7.2. The availability and type of support will vary depending on location but professionals should consider the options and ensure appropriate signposting is put in place. This may include: escalating the health or social care available to the returned person, based on a mental health or Care Act assessment; referrals into mental health services; a referral to the person’s GP; signposting or referrals to local charities or other support services; and signposting to national helplines relevant to the returned person’s experience.

8.7.3. If the returned person is vulnerable, they may not have the capacity to navigate accessing support alone. It is important that the process is made clear, accessible options are provided and that, if necessary, people are supported through the process by a professional or peer worker.

The following table outlines a potential approach to the support that could be offered. Processes for the provision of any support will need to be agreed at a local partnership level and within the legal and statutory frameworks.

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

Level 4	No cause for concern identified at Prevention Interview	Signposting to national or local services Signposting to GP if the person has any concerns
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Table taken from the APPG Inquiry into safeguarding missing adults who have mental health issues.

8.8. Missing Response Meetings

8.8.1. There should be an opportunity to discuss specific missing incidents at the multi-agency Missing Response Meetings if it has been identified that the local protocol has not been adhered to; if the missing person came to significant harm; or if further multi-agency work is needed to prevent future missing episodes for the individual. This discussion should include a review of what happened at each stage of missing, whether the processes in place worked as well as they should, and whether any changes need to be made to the local arrangements.

9. Monitoring and improvement

9.1. Processes for monitoring and reviewing the response to missing adults are vital. The strategic oversight group should develop reporting procedures to allow them to review missing statistics and any emerging trends within their area. There should be regular communication between the strategic and operational multi-agency groups to ensure that a problem-solving approach can be taken when any issues are identified, with all agencies holding one another to account in a positive and constructive way.

9.2. Improvement may include the need for the following although this list is certainly not exhaustive:

- Identifying locations where high numbers of missing reports are originating and working with staff there to understand why and put in place any possible preventative measures, including, if appropriate, developing memorandums of understanding so all partners understand their role in reducing missing incidents
- Identifying the need for and providing training to frontline staff where gaps are identified in understanding of missing and appropriate processes
- Identifying emerging patterns of harm or exploitation and working as a multi-agency group to address those issues and safeguard anyone at risk
- Reviewing cases and ensuring the local protocol is fit for purpose, amending the relevant processes when issues are identified

9.3. Local Safeguarding Adults Boards (SABs) have a role in ensuring a good response by all agencies for people who are vulnerable as defined by the Care Act (2014):

An adult who:

- a) has needs for care and support (whether or not the authority is meeting any of those needs),*
- b) is experiencing, or is at risk of, abuse or neglect, and*

c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Although this does not mean that SABs will hold responsibility for the response for all missing adults, they will play a key role in seeking assurance of the robustness of local partnerships in responding to those who do fall within the definition. SABs should be ensuring that the relevant multi-agency groups are in place, that they are working effectively, and that they are meeting the needs of the most vulnerable people.

- 9.4. If individuals or specific events with a link to missing are reviewed within Vulnerable Adult Risk Assessment Conferences (VARAC) or in Safeguarding Adult Reviews the responsible agencies should consider the role played by the operational missing group if relevant. Any findings should be shared with both the operational and strategic groups to ensure that learning can be implemented.
- 9.5. Inspections and monitoring carried out by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) should include consideration of how police forces are responding to missing adults when incidents are reported to them from hospitals and care settings, and engagement with multi-agency partnerships.
- 9.6. Inspections and monitoring carried out by the Care Quality Commission (CQC) should include consideration of how the regulated service has managed missing people incidents and how they have addressed any safeguarding issues.
- 9.7. If there are issues with a particular setting or agency's response to missing adults, or a lack of engagement with the multi-agency partnership, the operational group should try to address this directly with the setting or agency through relationship building. If these issues are persistent this should be escalated to the strategic oversight group who may be able to address the problem, or if necessary, can raise it with the relevant inspectorate or regulator for their consideration.

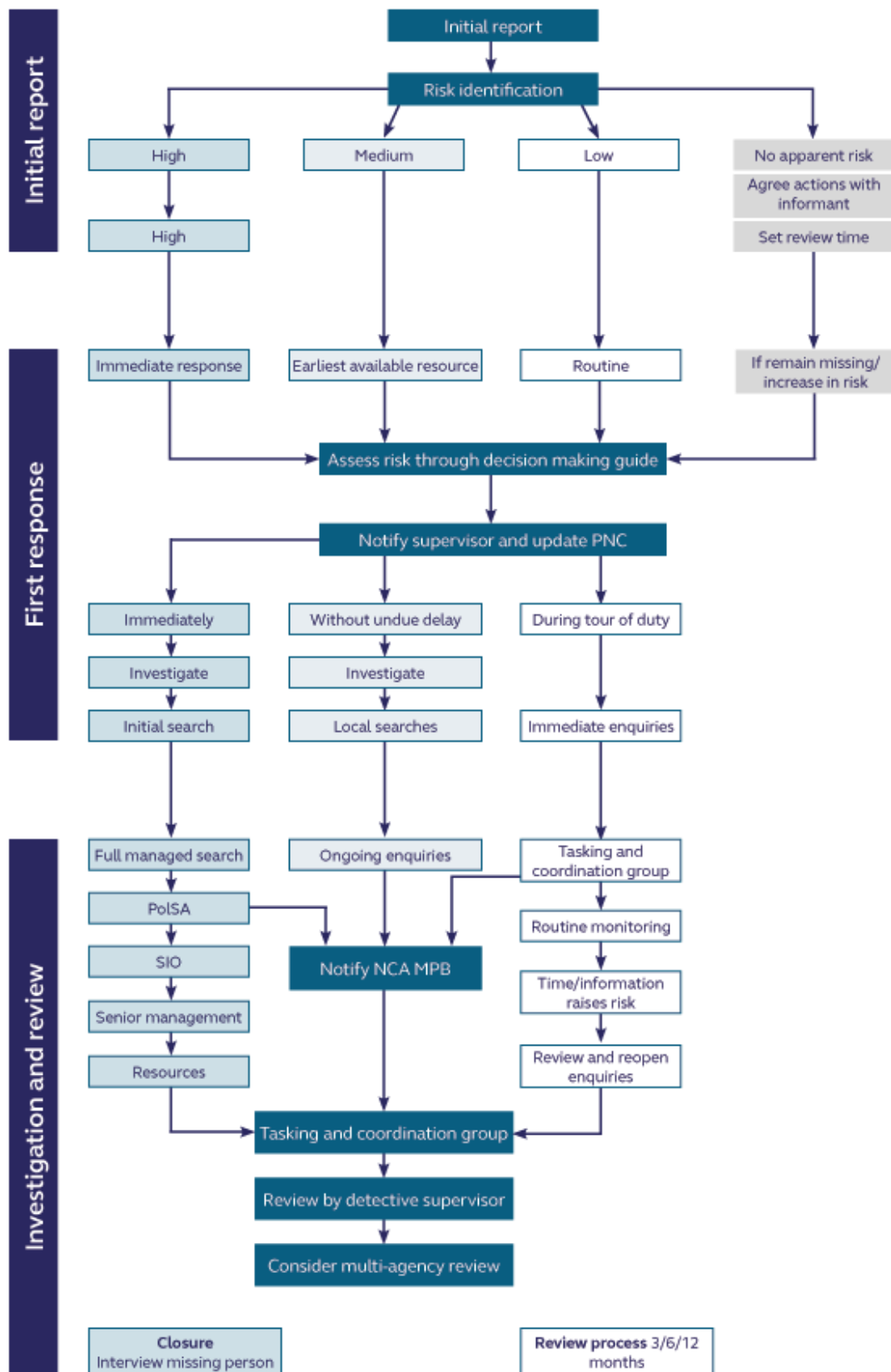
Appendix one

Task and Finish Group Member Organisations:

- NHS England
- Public Health England
- UK Missing Persons Unit (National Crime Agency)
- Care Quality Commission
- HMICFRS
- College of Policing
- National Police Lead for Missing
- National Police Lead for Mental Health
- National Network for Safeguarding Adults Board Chairs
- Local Government Association
- NHS Redbridge Clinical Commissioning Group
- Bexley Adult Safeguarding
- National Fire Chiefs Council
- Missing People

Appendix two

Police Missing Persons Process Chart – Authorised Professional Practice



Appendix three

References and Links to Key Documents

APPG (2018) Inquiry into safeguarding missing adults who have mental health issues

<https://www.missingpeople.org.uk/files/InquiryReport-Safeguardingmissingadultswhohavementalhealthissues.pdf>

College of Policing Missing Persons Authorised Professional Practice

<https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/missing-persons/>

ADASS (2019). London multi-agency adult safeguarding policy and procedures

<https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/>

Care Act (2014). <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Suicide prevention sector led improvement programme: <https://www.local.gov.uk/suicide-prevention-sector-led-improvement-programme>

Office of the Public Guardian (2009) Deprivation of Liberty Safeguards Code of Practice

https://webarchive.nationalarchives.gov.uk/20130105062314/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_087309.pdf

Mental Capacity (Amendment) Act 2019. <http://www.legislation.gov.uk/ukpga/2005/9/contents>

Office of the Public Guardian (2007) Mental Capacity Act - Code of Practice

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

Mental Health Act 1983. <http://www.legislation.gov.uk/ukpga/1983/20/contents>

NHS England (2019). Safeguarding Children, Young People and Adults at Risk in the NHS:

Safeguarding Accountability and Assurance Framework

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-children-young-people-adults-at-risk-saaf.pdf>

UK Government: Report or find a missing person <https://www.gov.uk/report-missing-person>