

Fife Missing Person Partnership Protocol



Developed by



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CONTENTS		PAGE NUMBER
1.0	Introduction	3
2.0	Background	3
3.0	Purpose	3
4.0	Definitions	4
5.0	Risk Assessment	5
6.0	References	6
7.0	Information Sharing	6
8.0	Duty to Report	8
9.0	Roles and Responsibilities – Prevention	8
10.0	Roles and Responsibilities – Response	10
11.0	Roles and Responsibilities – Support and Protect	10
Appendix A	NHS	14
Appendix B	Adults Who Go Missing from Private or Residential Care Setting	16
Appendix C	Looked After and Accommodated Children	20
Appendix D	Children Missing from Education Establishment	24
Appendix E	Risk Assessment	27
Appendix F	Police Initial Missing Person Information	28
Appendix G	Risk Assessment Matrix	30
Appendix H	Return Home Welfare Interview Pro Forma	39
Appendix I	Self-Evaluation	43

1.0 INTRODUCTION

- 1.1 All agencies recognise the negative impact of people going missing. A missing person is exposed to unnecessary risk, is negatively impacted in terms of health and wellbeing, and a small number of cases can lead to death.

Between 1 April 2023 and 1 April 2024, nationally 16,381 persons were reported to Police Scotland as missing. For the same period 1,848 persons were reported missing in Fife. All agencies recognise the demand these places on resources.

- 1.2 A robust and consistent partnership approach is critical to prevent people from going missing and to locate them quickly in the event of a missing episode.

2.0 BACKGROUND

- 2.1 In May 2017, the Scottish Government published the [National Missing Persons Framework for Scotland](#) (NMPF) with the following four objectives;

- To introduce **preventative** measures to reduce the number of episodes of people going missing.
- To **respond** consistently and appropriately to missing person episodes.
- To provide the best possible **support** to missing people and their families.
- To **protect** vulnerable people to reduce the risk of harm.

3.0 PURPOSE

- 3.1 The purpose of this joint protocol is to:

- Mitigate the risk to the people who go missing.
- Provide a consistent approach for the relevant agencies when a person is missing.
- Ensure that the collective response delivers on the achievement of the objectives contained within the National Framework.
- Ensure that the national definition of a missing person is consistent across partner agencies.
- Embed into involved agencies' internal processes associated risk assessments.
- Set out the roles, responsibilities, and actions to be taken by each agency in respect of missing persons.

- Ensure that single agency protocols reflect the National Missing Persons Framework for Scotland and are subject to ongoing evaluation and review.
- Ensure that internal protocols are disseminated and utilised consistently and appropriately within each agency.
- Ensure that there is robust single and joint self-evaluation and review of the processes contained within this protocol, the quality of Return Home Welfare Interviews and the impact on outcomes for missing persons.

3.2 As single agencies, we recognise that this partnership agreement will not consider every specific missing person circumstance. However, it does incorporate principles of child protection, adult support and protection, public safety, collaborative decision making, statutory responsibility and duties of care. It places a significant responsibility and accountability on staff within each agency to work together, share the rationale underpinning their professional judgements, and do so in a way that promotes joint working and enhances our ability to keep people safe. We recognise that this will provide challenges and that ongoing joint evaluation and decision making via the Missing Person Partnership Group will be required to make this successful.

4.0 DEFINITIONS

- 4.1 All agencies will adopt the national definition of a missing person recommended by the NMPPF.
- 4.2 A missing person is defined as anyone whose whereabouts are unknown **and**:
- Where the circumstances are out of character **or**,
 - The context suggests the person may be subject to crime **or**,
 - The person is at risk of harm to themselves or others.
- 4.3 It is critical to the success of this protocol that this definition is embedded into all internal protocols and procedures.
- 4.4 This protocol applies to all staff within the partnership agencies who are involved in any capacity with missing persons.
- For the purpose of this protocol, a child is defined as someone under the age of 18.

5.0 RISK ASSESSMENT

Where Child or Adult Protection concerns are identified, Child or Adult Protection processes must be initiated immediately and at any stage in the missing episode.

If you believe that an adult or child or children is/are in immediate danger, do not delay, call Police Scotland on 999

Confidentiality is **not** an option.

Where a child is on Fife's Child Protection Register and missing, processes must be initiated immediately and at any stage in the missing episode.

- 5.1 Prior to making the decision to report someone as missing each agency will assess the circumstances to ensure that the person meets the national definition of a missing person.
- 5.2 An initial risk assessment should be undertaken utilising the Police Scotland risk assessment questions (Appendices F and G) and the associated risk assessment matrix (Appendix H). This aims to accurately identify the risk attached to the incident and ensure that the response is proportionate and appropriate.
- 5.3 Once a missing person is confirmed, as per the definition at 4.0 above, a risk assessment must be undertaken by the agency who are reporting using the following standard grading process:
 - **High Risk**
The risk posed is immediate, and there are substantial grounds for believing that the missing person is in danger through their own vulnerability or been the victim of a serious crime; , or the risk posed is immediate. There are substantial grounds for believing that the public is in danger.
 - **Medium Risk**
The risk posed is likely to place the missing person in danger, or they are a threat to themselves or others.
 - **Low risk**
The apparent threat of danger to either the missing person or the public is low.

6.0 REFERENCES

6.1 Whilst not exhaustive, the following statutory legislation and guidance are relevant to this protocol:

- [Children \(Scotland\) Act 1995](#)
- [Children and Young People \(Scotland\) Act 2014](#)
- [Adult Support and Protection \(Scotland\) Act 2007](#)
- [Data Protection Act 2018](#)
- [UK GDPR](#)
- [Human Rights Act 1998](#)
- [National Missing Persons Framework for Scotland](#)
- [Human Trafficking and Exploitation Strategy](#)
- [Human Trafficking and Exploitation \(Scotland\) Act 2015](#)
- [Scottish Government *Getting it Right for Every Child* Website](#)
- [Scottish Government GIRFEC Information Sharing Webpages](#)
- [National Guidance for Child Protection Scotland 2021 – updated 2023](#)

7.0 INFORMATION SHARING

7.1 Information sharing between partner agencies is crucial to successfully achieve the objectives of this protocol and to fulfil the statutory obligations to protect and support children and adults at risk of harm.

7.2 Legislation underpinning information sharing includes the:

- [UK General Data Protection Regulation \(GDPR\)](#),
- [The Data Protection Act 2018](#),
- [The Human Rights Act 1998](#)
- [European Convention on Human Rights \(ECHR\)](#).

This legislation supports lawful information processing, which includes information sharing and should not be seen as a barrier.

7.3 Guidance has also been provided by the Chief Officers Public Safety Group, which can be found via this link [Information Sharing - letter to staff from Chief Officers](#)

7.4 [The Information Commissioner](#) defines the types of information that can be shared and on what Basis.

7.5 Information Sharing for Practitioners Concerning Children and Young People

7.5.1 Information can be shared to **safeguard children to:**

- *Prevent harm*
- *Promoting the welfare of a child; and*
- *Identifying risk to prevent harm (especially helpful where the risk may not be obvious to a single person or organisation).*

7.5.2 Practitioners must refer to and understand their specific statutory/legal functions related to supporting, promoting, or protecting children's wellbeing. This will provide you with a clear legal basis that empowers you to share information where it is necessary to deliver statutory professional duties or is in the public interest.

Information Sharing Considerations for children up to and including 17 years of age

- Where the sharing of information about C&YP is being considered, you need to be clear of the [Lawful Basis](#) you are relying upon, as this will determine if consent to share is required.
- The lawful basis of 'performance of a [Public task](#)' applies where sharing information is necessary to ensure the best interests of the child or young person are met.
- The lawful basis of '[Consent](#):' applies where information sharing would enable a child young person or family to access support that, while possibly helpful, is entirely optional.
- It is important that practitioners do not ask for consent when another lawful basis for sharing that information exists.
- If you do not need consent for information sharing, you should still seek a child, young person or families' views on sharing their personal information and consider those views in your decision making. Unless doing so would endanger the child or another person or would impact on a criminal investigation.
- Practitioners must record, in line with their agency's directive, what information they have shared, with whom, why, and how as well as the 'lawful basis'.

8.0 DUTY TO REPORT

- 8.1 People who go missing do so from a variety of care placement establishments and private dwellings and this protocol should be supported by the care providers' internal protocols that reflect the responsibility to report a person missing where appropriate and in line with the missing person definition and risk assessment.
- 8.2 While any person can raise a missing person report, there is a responsibility on agencies with a duty of care for an individual when they go missing, to ensure that this protocol and supporting internal protocols are followed.

For example:

- A child living in a Children's House would typically be reported missing by staff from that establishment, but should they go missing from the school the report may be made by Education staff.
- Social Work may report a missing person having been alerted by other support services of a lack of contact from that person.

9.0 ROLES AND RESPONSIBILITIES - PREVENTION

- 9.1 Where an adult or child is involved with or under the care of a particular agency an assessment of their needs must be conducted which should highlight any risk associated with going missing. Where a likelihood of a person going missing is apparent this should be risk assessed, taking into account of, but not limited to, the following information:
- Previous behaviour and missing person episodes that may identify factors or triggers.
 - The views of the person and/or their parents/carers on their needs and the action to be taken if missing.
 - Medical and/or physical issues and the impact of being missing without access to medication or treatment.
 - The level of supervision the person requires and any condition that limits the individual's mental capacity.
 - External influences that may result in the person going missing.
 - Risk of exploitation – sexual, financial or other.
 - Any link to or risk of trafficking.
 - Specific actions to be taken if the person goes missing.
- 9.2 This risk assessment should focus on the risk associated with the person going missing and the likelihood of that happening for example a person who suffers from

a particular medical condition and is in good physical condition might be considered at high risk of being a missing person. However, someone with the exact same condition but also has poor mobility would present a different risk.

- 9.3 This information from the risk assessments will be incorporated into an individual's Care and Support Plan with the appropriate levels of support and preventative measures required to reduce the likelihood of them going missing. (NB, the term "Care and Support Plan" is used as a generic term for the various plans used by agencies).
- 9.4 Where there is an identified risk of missing episodes, the Care and Support Plan should include an up-to-date physical description and, where possible, a recent photograph. Where possible, this should be recorded and held at the place of residence to be available to staff and Police when required.
- 9.5 Where the Missing Person Operational Co-Ordinator for Police assesses that use of the Philomena Protocol would be helpful for children living in Childrens Houses, or that use of the Herbert Protocol would be helpful for adults living with dementia they will supply relevant advice guidance and documentation.
- 9.6 Where it is determined that a child is at risk of 'significant harm' or that their behaviour presents a 'serious risk of harm to others' they should be referred to Police or Social Work to consider whether raising an IRD under Child Protection Guidance or Care and Risk Management Guidance (CARM)
- 9.7 A child on the Child Protection Register, who is missing should be referred immediately as missing to Social Work or Police.
- 9.8 Based on the risk factors, agencies will ensure that the place of residence is suitable for that person and/or review any additional support or preventative measures that may be required to protect the individual. It is acknowledged that when a person is resident in their own or another private residence (e.g. foster placement) this may be limited to providing advice to the person and their family/carer.
- 9.9 Risk factors are categorised into two headings:
 - **Stable factors** – those that are not likely to change between episodes, for example previous behaviour and earlier life experiences.
 - **Dynamic factors** – those that can be different for each episode for example emotional state, current influences/associates, weather conditions, vulnerability, mental health, use of alcohol / drugs and offending

10.0 ROLES AND RESPONSIBILITIES - RESPONSE

- 10.1 Where a person goes missing each agency will have clear guidance on the actions to be taken by staff appropriate to the level of risk to the individual (Appendixes B to E).
- 10.2 Guidance should include a process for documenting these initial actions taken by staff (i.e. an initial search of premises).
- 10.3 Once a missing person is reported to Police Scotland, ownership of the investigation will lie with the Police and it will be conducted in line with their Standard Operating Procedures. However, other agencies are responsible for supporting and assisting the investigation, to maximise the opportunity to trace the missing person at the earliest juncture.
- 10.4 There is an obligation on the reporting agency to complete the risk assessment process at the earliest opportunity.

11.0 ROLES AND RESPONSIBILITIES – SUPPORT AND PROTECT

- 11.1 At the earliest opportunity, a Single Point of Contact (SPOC) should be agreed upon with the family/closest person to the missing person and timescales for updates will be agreed upon. In the majority of cases Police will be the SPOC with support provided, where appropriate, from partner agencies. Particularly in the case of high-risk missing persons, consideration should be given as to what agency or agencies are required to provide ongoing support.
- 11.2 When a missing person is traced, an initial safe and well check should be completed by the Police to ensure that there are no immediate concerns or criminality that need to be progressed.
- 11.3 A Return Home Welfare Interview will be conducted to give meaningful opportunities to be listened to and express their views.
- 11.4 It is recognised within the NMPF, and by the partner agencies, that it is best practice not to conduct a Return Home Welfare Interview at the point of tracing the missing person and that a planned approach should be taken to complete this interview within 72 hours of their return. However, there may be circumstances when it is necessary to interview at the point of return (i.e. NHS patients from Accident and Emergency where staff have no relationship or prior knowledge of the missing person).
- 11.5 The Missing Person Operational Co-ordinator for Police will co-ordinate the tasking of Return Home Welfare Interviews and consider who should interview to ensure a high likelihood of the person engaging in the process. Children will be asked for their views about who they would like to conduct the Return Home Welfare Interview.

- 11.6 Decisions on who should undertake the interview must also consider the missing person's availability to ensure they are conducted within the 72-hour recommended timescale.
- 11.7 In the majority of cases, it is likely that the Police will not be the best placed agency to conduct the Return Home Welfare Interview as the missing person may be reluctant to engage with the Police. However, Police will be required to conduct interviews in the absence of other options. The child's views will always be sought as to whom they would like to conduct the interview.
- 11.8 The options, whilst not prescriptive, are as follows and in order of preference.
- **Child allocated to Child and Families Social Work**
Interview carried out by:
 1. Allocated Key Worker or
 2. Allocated Social Worker or
 3. Other involved agency (i.e. Multi-Systemic Therapy Team, Includem etc.) or
 4. Named Person within Education or
 5. Police Officer.

 - **Child not allocated to Child and Family Social Work**
Interview carried out by:
 1. Named Person within Education (term time only) or
 2. Police Officer where there are no escalating risks or concerns (school holidays only) or
 3. Social Work where Police note escalating risks or concerns via concern report submissions.

 - **Adult allocated to Adult Social Work**
Interview carried out by:
 1. Allocated Key Worker or
 2. Allocated Social Worker or
 3. Police Officer.

 - **Adult not allocated to Adult Social Work**
Interview carried out by:
 1. Police, in consultation with Social Work where escalating risk is identified, will hold discussions as to which agency is best placed to carry out return interview and if this is required depending on circumstances.

- **Adult missing from NHS**

Interview carried out by:

1. Social Work (if allocated) or
2. Mental Health Officer (if allocated) or
3. Police Officer.

11.9 When determining who to carry out the Return Home Welfare Interview, consideration will be given to whether any of the professionals involved may be a factor in them going missing. If this is considered a possibility, they should not conduct the Return Home Welfare Interview.

11.10 Given the importance of the outcomes, the interviewer should plan their approach to the Return Home Welfare Interview. Speaking with the person and explaining the process beforehand is good practice.

The reason for the Return Home Welfare Interview should be explained to the person before it begins as well as what will happen to the information they share. Information given will be shared with the Missing Person Coordinator and any other relevant agency in line with each agency's privacy notice.

Ideally, the Return Home Welfare Interview should be informal, and support should be made available to the individual when vulnerabilities or needs are identified. If a referral is made for the person to receive further support the agreed leading organisation should follow this up to ensure action is being taken.

This will develop good practice and allow local partnerships to measure the outcomes for people who have been missing following a Return Home Welfare Interview. Appendix H RHWI pro forma can be a guidance document if required.

Should any information provided by the subject require to be shared with the partner agency, this should be done in line with current information-sharing practice protocols and privacy notices. Where harm is suspected or identified, agency child protection and adult protection processes should be followed. On occasions a missing person will return home and be unable/unwilling to engage in a Return Home Welfare Interview. However, valuable information such as emotional state, cleanliness and sobriety should still be captured. The Missing Person Operational Co-ordinator for Police will ensure that such valuable information is recorded in the 'Chronology' Section on the Vulnerable Persons Database (VPD) relevant to the missing person.

11.11 Information from the Return Home Welfare Interview will be used to update any Care and Support Plan, share learning points with partner agencies and make appropriate adjustments to prevent future episodes.

11.12 The summary outcome of the Return Home Welfare Interview will be E-Mailed to:
The Fife Missing Person Coordinator
FifeMissingPersonCoordinator@scotland.police.uk

- 11.13 The Police Scotland Missing Person Coordinator will assess the content of the interview and will share any relevant and proportionate information with the Named Person/Lead Professional who will share with the Team Around the Child, where appropriate.
- 11.14 Further details on specific actions for NHS, Looked after Children, Adults in Care and Education can be found in Appendixes B – E.
- 11.15 Further details on Self Evaluation and Improvement processes can be found in Appendix I.

APPENDICES

APPENDIX A – NHS

1.0 Roles and Responsibilities

- 1.1 NHS Fife defines a missing patient (Adults and Children) as an inpatient or day patient who has wandered away, absconded from, or is absent from the clinical area and whose whereabouts are unknown.
- 1.2 Once a patient is missing, a Missing Patient Form and Risk Assessment Framework must be printed off and used as a working document. This document will capture the description, circumstances and other useful information concerning the missing patient.
- 1.3 Staff must determine a level of risk associated with the patient using the Risk Assessment Framework within the document to inform the decision-making process. This document will be made available to the Police should it be required.
- 1.4 Missing patients will be reported to the police as per the following guidance:

High Risk: Patients whose whereabouts are unknown and:

- Who are at immediate and significant risk of suicide or serious self-harm; or
- Have a serious physical condition; or
- Are extremely vulnerable; or
- Pose a threat to public safety.
- REPORT TO THE POLICE IMMEDIATELY

These patients should be returned to the hospital immediately.

Medium Risk: Patients, whose whereabouts are unknown, and:

- Who are at no immediate risk; or
- Who pose no threat to the public; but
- Whose continuing absence would give cause for concern.
- REPORT TO THE POLICE AFTER 12 HOURS IF THE PATIENT REMAINS MISSING

These patients should be returned to the hospital at the earliest opportunity.

Low Risk: Patients, whose whereabouts are unknown, and:

- Whose pattern of behaviour is well-known; or
- Who poses no risk to either themselves or others.
- REPORT TO THE POLICE AFTER 24 HOURS IF THE PATIENT REMAINS MISSING

- 1.5 The Nurse in Charge is responsible for identifying a missing patient, completing the risk assessment as per the Risk Assessment Framework and reporting the missing person to the police. They also have a responsibility to notify line management within NHS Fife.
- 1.6 Full details of the action to be taken, depending on the risk and location of the patient missing are contained within the main document and not reproduced here. However, regardless of grading or location the following actions will be carried out:
- Identifying the patient is missing;
 - Confirm level of risk – is the patient missing and at High / Medium / Low Risk;
 - Co-ordinating a local search of the immediate area;
 - Attempt to contact a patient at their home number and mobile telephone;
 - Ensuring an accurate description of the patient's details including description / identifying features/clothing, last time/date and place patient seen to ensure all staff searching for the patient have the same information to assist with reporting, search and escalation;
 - Follow the relevant algorithm based on the agreed risk;
 - Contacting family (NOK) to advise of the situation, and any other key contacts (nursing home staff, warden if in sheltered housing, neighbour if no family);
 - Complete the missing patient form;
 - Maintain an up-to-date record of the incident in the missing person healthcare record, including actions & updates at regular intervals (min per shift handover);
 - Complete DATIX;
- 1.7 When a patient is traced, a Return Home Welfare Interview will be conducted and an investigation into the circumstances that led to the missing patient to identify any learning or improvements in care.
- 1.8 Should any information provided by the subject require to be shared with partner agency then this should be done in line with current information sharing practices and protocols. Where harm is suspected or identified then agency child protection and adult protection processes should be followed.
- 1.9 Full details can be found in the NHS Fife Wide Procedure for Missing Patients.
- 1.10 This protocol relates to inpatients and outpatients who abscond from NHS premises. Further guidance for NHS Staff is available within their single agency.

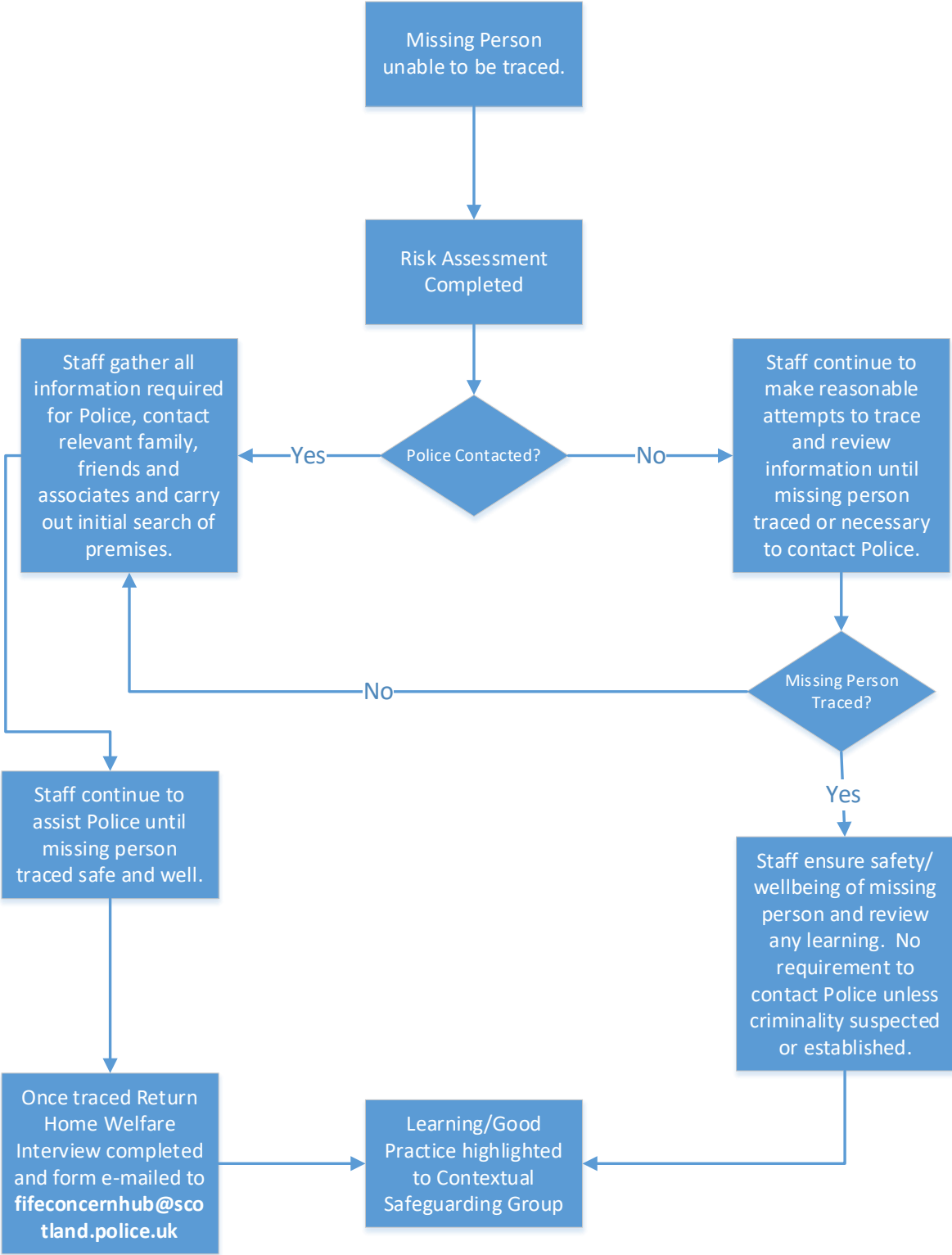
APPENDIX B – Adults Who Go Missing From Private or Residential Care Setting

1.0 Roles and Responsibilities

- 1.1 The roles and responsibilities referred to in this section relate to adults with identified vulnerabilities who receive care either within their private residence or residential care setting. This includes adults in day care.
- 1.2 Where the assessment of the needs of an individual identify a risk of missing episodes the care agency will have a Care and Support Plan which will include an information related to the likelihood and associated risk of them going missing.
- 1.3 Where a risk is identified a clear plan will be in place with the actions to be taken in the event of the person going missing. This will be proportionate to the level of risk with consideration given to calling a Professionals' Meeting to agree the response plan where it is identified there is a high risk associated with the person going missing.
- 1.4 The initial collation of all information on the individual is one of the key elements to the protocol and time should be taken to extract as much information as possible that may help in the early and safe recovery of the individual. All relevant fixed information should be recorded within the Care and Support Plan and updated as required by the Care Staff. The Care and Support Plan should be stored within the client's home / care home and be accessible at all times.
- 1.5 The Care and Support Plan should include the following information:
 - Physical description and photograph
 - Medical / health conditions
 - Medication and impact of being denied access to same
 - Information on next of kin, places of interest or any other information that may assist during missing person episodes.
- 1.6 Care and Support Plans should be reviewed after any missing person incident or in line with the agency review timescales in the absence of an incident to ensure that all information is up to date and relevant. Reviews periods should take cognisance of the level of risk of a client going missing especially in terms of keeping physical descriptions up to date for high risk clients.
- 1.7 As part of the proactive measures, a list of people with links to the individual should be collated for ease of reference and included in the placement plan. Local community focal points should also be considered such as nearby pubs, libraries, supermarkets so that early alerts can be undertaken as part of the initial actions of the Care Staff and backed up by the Police with actual visits later.

- 1.8 Where appropriate, proactive measures can also include highlighting the individual to the occupants of identified past addresses without revealing personal information. This is most likely to be for cases involving people suffering from dementia where evidence has shown a likelihood of attending at previous addresses / point of interest.
- 1.9 Where an individual is identified as being a potential high risk missing person, the use of a GPS location device should be considered and has been previously used successfully in conjunction with the above preventative measures. The device can be worn by the resident and will provide a location for the device within a 5/10 metre radius. On certain models it can send an alert to the Care Staff if the person goes out with a specific distance of the home.
- 1.10 In cases where the use of a GPS device or other relevant technology is being considered this should be fully discussed with the individual and/or their family. Partner agencies will also require to consider the guidance provided by the Mental Welfare Commission for Scotland – Decisions about Technology.
- 1.11 Whenever a missing person is reported then a full risk assessment will be conducted by the reporting Care Agency based on the information available at the time of going missing. Staff involved with providing care should be familiar with the 23 questions Police Officers will ask in relation to risk and the risk assessment matrix (Appendix F and H).
- 1.12 When an individual goes missing Care Staff should provide the Care and Support Plan and the risk assessment to the initial attending Police Officer.
- 1.13 When a person is reported missing the following actions will be completed by care home staff or care worker involved where they are missing from a private residence:
 - All relevant staff working in the vicinity should be informed of the missing individual and a thorough search conducted of the home, grounds and outbuildings. It should be noted that Police will also conduct extensive searches of the building and area but this should not preclude the initial searching by staff.
 - Other residents should be spoken to, to establish any current information on the missing person.
 - CCTV, where available, should be checked to establish the exact time the missing person left the building (if they have left), confirm what the missing person was wearing and any direction of travel.
 - Care Staff should contact those highlighted in the Care and Support Plan to alert them that the person has gone missing.
 - For all high risk missing persons, Police should be contacted through 999.
 - Family and friends should be called by the Care Staff.
 - Staff should commence telephoning the list of contacts for local focal points in the area giving a detailed description of the missing person.

- The duty on call care manager should be informed and be available to speak to the police if required.
- 1.14 Upon return a Return Home Welfare Interview will be conducted and the Missing Person Return Home Welfare Interview Pro-forma will be completed to identify any learning or improvements in care.
- 1.15 Where the missing person is not capable of engaging in a Return Home Welfare Interview there should still be a review by agencies involved in the care of the individual to identify any learning for the ongoing care of the individual and put in place measures to prevent future episodes.
- 1.16 Should any information provided by the subject require to be shared with partner agency then this should be done in line with current information sharing practices and protocols. Where harm is suspected or identified then agency child protection and adult protection processes should be followed.



APPENDIX C – LOOKED AFTER AND ACCOMMODATED CHILDREN

1.0 Roles and Responsibilities

- 1.1 The roles and responsibilities in this section relate to children who are looked after either within a residential care or Foster Care setting within Fife. Accommodated children placed out with Fife are not within the scope of this protocol.
- 1.2 Looked After Children (LAC) in residential care and where appropriate, foster care will have a Missing Person Proforma (MPP). The MPP will include an assessment of the likelihood and the associated risks of them going missing and should include the following information where available:
- Up-to-date physical description and photograph
 - Details of family/next of kin
 - Details of associates
 - Mobile phone number
 - Social Media use including any known profiles
 - Places of interest
 - Medical/physical conditions
 - Medication and impact of being denied access to same
 - Details of drug/alcohol use
 - Any other relevant information

The Care and Support Plan/Missing Person Proforma should be reviewed and updated if appropriate, by the relevant Care Provider after every missing person episode or in line with the agency review timescales in the absence of an incident to ensure that all information is up to date and relevant.

- 1.3 Staff must all be familiar with the national definition of a missing person, the risk assessment questions and the Risk Assessment Matrix. This will provide a consistent approach to deciding whether or not a child is missing or Not At Home.
- 1.4 Looked after Children who are subject of a home-based Supervision Order are not subject to every aspect of this protocol. However, the principles of this protocol should be applied in developing their Child's Plan and discussed with them and their parent/guardian.
- 1.5 Where the whereabouts of a child are unknown the carer(s) for the child will utilise their knowledge of the child, professional judgement and the risk assessment process to decide on whether to report the child as missing.
- 1.6 In circumstances where a decision is made, based on the definition and risk assessment process, that the child is not missing or Not at Home, there is **no requirement** to contact police. The carer or care establishment will retain

responsibility for carrying out actions to trace or contact the child. Whilst not exhaustive the following information are examples that would provide a rationale for not reporting a child missing:

- Behaviour is not out of character and only a short period has elapsed (i.e. late for coming home).
- The child has been spoken to and whilst they would not disclose their location they otherwise engage well and there is nothing to suggest they were at risk or under duress.
- Credible information from family/friends that the child is safe and well.

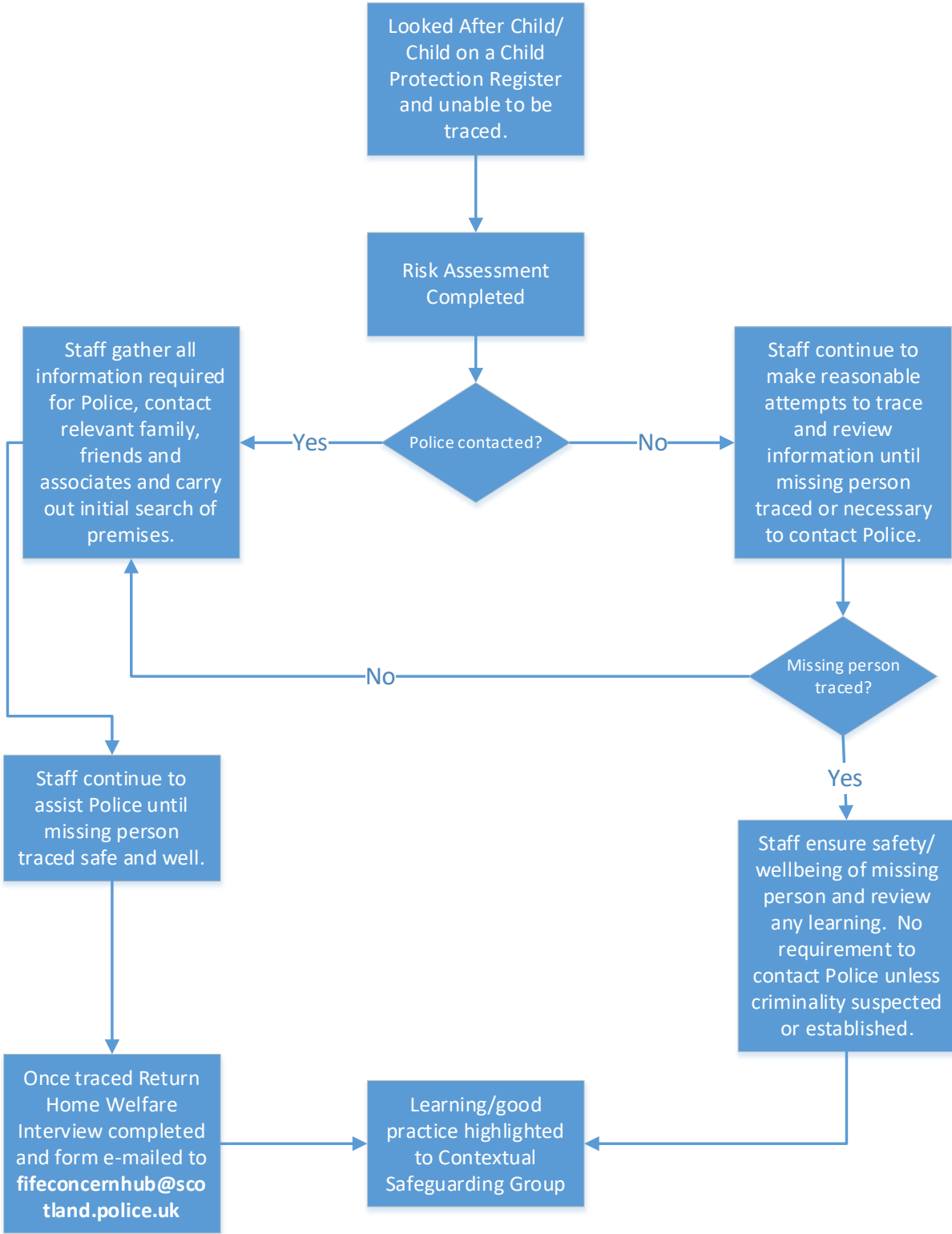
1.7 In circumstances where a decision has been made that the child is not required to be reported missing, this should be subject to ongoing review and reassessed by the Care Agency as and when information is obtained. Whilst timescales for review will depend on the information available and variable factors (e.g. weather conditions), a review should be conducted at least every two hours.

1.8 When a Looked After Child does not come home on time from or does not attend school, the risk assessment process will still be followed in consultation with the Education establishment and a decision will be made on whether to report the child as missing or treat the incident as truancy. A child should not be reported missing solely on the basis of them being Looked After without other information that would give rise to a level of risk being associated with the absence.

1.9 When a child is reported missing the following actions must be completed by care home staff or foster carer involved where they are missing from a private residence:

- All staff should be informed of the missing individual and staff should conduct a thorough search of the home, grounds and outbuildings. It should be noted that Police will also conduct extensive searches of the building and area, but this should not preclude the initial searching by staff.
- If appropriate, other residents should be spoken to by staff, to establish any current information on the missing person.
- CCTV, where available, should be checked by staff to establish the exact time the missing person left the building (if they have left), confirm what the missing person was wearing and any direction of travel.
- Care Staff should contact those highlighted in the Child's Plan to alert them that the person has gone missing.
- For all high-risk missing persons, Police should be contacted through 999.
- Family and friends should be called by the Care Staff / Carer.
- If known, Staff should commence telephoning the list of contacts for local focal points in the area giving a detailed description of the missing person.
- Complete the Missing Persons Pro-forma and send it to Police.

- 1.10 Upon return, a Return Home Welfare Interview will be conducted to gather information and identify any learning / additional risks identified from the missing episode. This information will be used to update the Care and Support Plan.
- 1.11 Should any information the subject provides require to be shared with a partner agency, this should be done in line with current information-sharing practices and protocols. Where harm is suspected or identified, agency child protection and adult protection processes should be followed.
- 1.12 Any instance of a child being reported missing must be reported to the Care Inspectorate within 48 hours of the event having taken place. A record of this notification must also be made in the child's record.

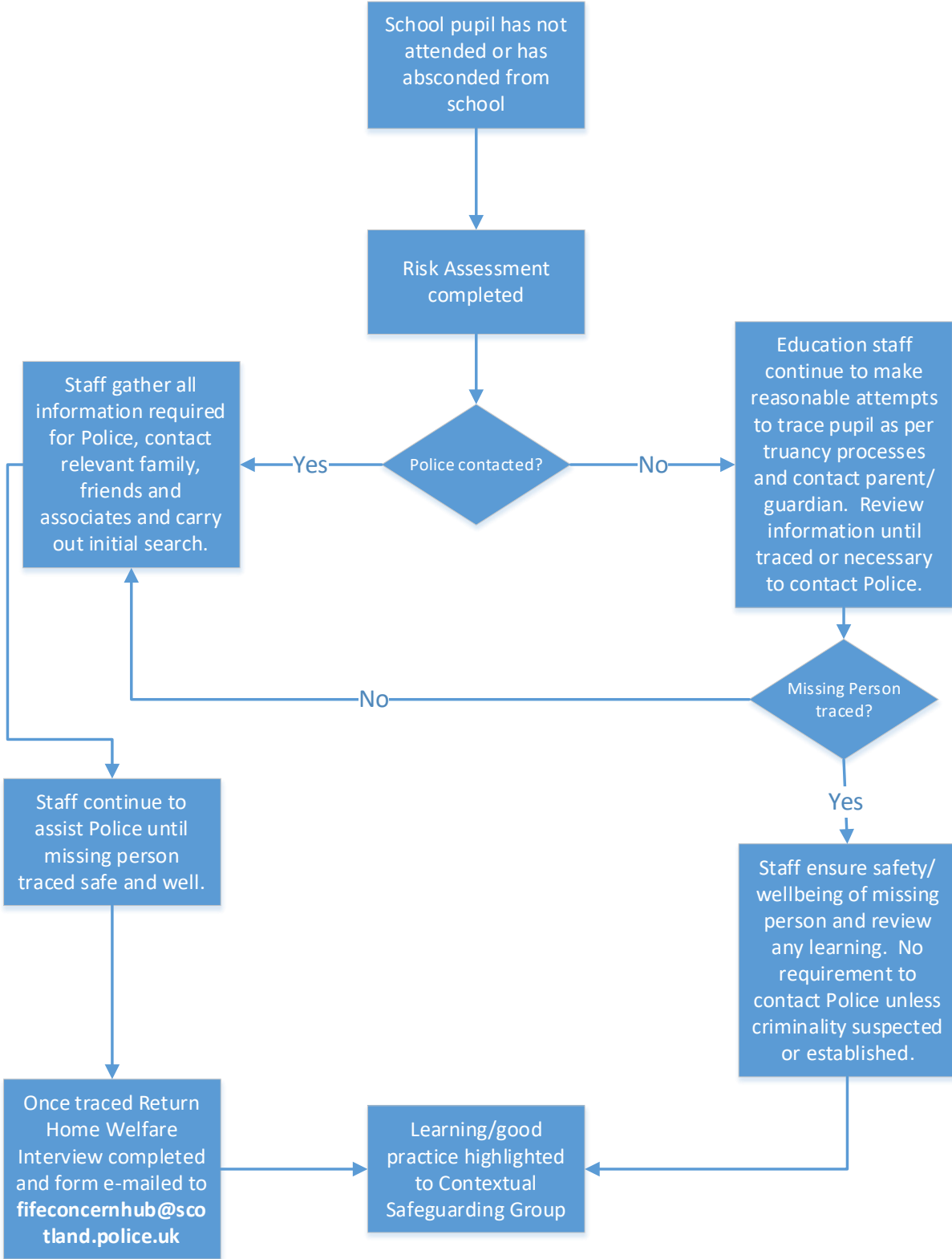


APPENDIX D – Children Missing from Education Establishment

1.0 Roles and Responsibilities

- 1.1 The roles and responsibilities in this section relate to children who either unexpectedly fail to attend school or abscond from school during the school day. Procedures in relation to ongoing absence are covered in the Education Attendance Policy (2024)
- 1.2 Where it is identified that a child has not attended school or has left school unexpectedly during the day the Education establishment will have in place clear processes and guidance for staff to make a decision as to whether this child is a truant or should be reported to police as a missing person (see Flowchart).
- 1.3 Staff must all be familiar with the national definition of a missing person, the risk assessment questions and the Risk Assessment Matrix. This will provide a consistent approach to deciding whether or not a child is missing.
- 1.4 The risk assessment will be conducted on every occasion a child is considered to have left school without explanation and where there is reason for concern that they may be missing to ensure that all relevant factors are considered during the risk assessment process. This will include researching concerns noted and shared by other agencies.
- 1.5 Education staff will alert Social Work staff when a Looked After Child or a child on the Child Protection Register goes missing from school or does not attend when expected.
- 1.6 When a Looked After Child is missing from their home or does not attend school the risk assessment process will still be followed in consultation with the Care Provider / Social Work and a decision will be made on whether to report the child as missing or treat the incident as truancy. A child should not be reported missing solely because they are Looked After without other information that would give rise to a level of risk associated with the absence.
- 1.7 If the child is classed as absent without authorisation after assessment, the school will retain responsibility for making attempts to trace the child and to inform and update the parent/guardian.
- 1.8 This will be reviewed on an ongoing basis considering any information obtained that indicates an increased risk and escalation to a missing person.
- 1.9 Where it has been identified that there is an ongoing high risk associated with a child missing from school a profile will be created by the school / named person in consultation with the parent/guardian with the following information included where available:

- Physical description and photograph.
 - Medical and mental health conditions.
 - Medication and impact of being denied access to same.
 - Mobile phone number and any known Social Media profiles.
 - Family contacts and addresses.
 - Current associates.
 - Places of interest.
- 1.10 Where a high risk is identified the school/named person/allocated Social Worker will call a Team Around the Child Meeting or Risk Management Meeting involving Police, Education, Social Work and parents/guardian where appropriate to ensure that all relevant information is documented and available in the event of a missing person episode.
- 1.11 When a child is reported as a missing person to the Police there will be clear guidance on the initial actions to be taken by Education staff. Whilst not prescriptive this will include some / all of the following:
- Who calls the Police to ensure the re that 999 is used for high-risk cases.
 - Update the parent or guardian that it has been or will be reported to Police
 - Update the Lead Professional / Social Worker if allocated that it has been or will be reported to Police
 - Guidance on ensuring all staff are made aware of the missing person
 - Associates to be spoken to regarding any information they have about the missing person and their whereabouts.
 - Update the parent or guardian that it has been reported to the Police.
 - Systematic search of the building and outbuildings to be conducted as far as possible by staff
 - Any relevant CCTV to be reviewed by staff which will give an accurate time and place the missing person was last seen.
 - Staff should commence telephoning family or friends connected to the missing person.
- 1.12 Once traced a Return Home Welfare Interview will be conducted. The Return Home Welfare Interview Pro-forma will be completed to identify any learning or preventative measures that can be considered to reduce the likelihood of future episodes. Whilst it may be that another agency conducts the Return Home Welfare Interview any relevant information obtained from it will be shared with Education.
- 1.13 Should any information provided by the child require to be shared with a partner agency, this should be done in line with current information-sharing practices and protocols. Where harm is suspected or identified, agency child protection and adult protection processes should be followed.



APPENDIX E - RISK ASSESSMENT

Police Scotland utilises the following risk assessment in all missing person investigations. This information will be requested from the person reporting an individual missing.

Vulnerability

1. Is there any identified risk of suicide?
2. Is criminality suspected to be a factor in the disappearance?
3. Is the person vulnerable due to age, infirmity or other similar factor?
4. What are the effects of failure to take medication unavailable to them?
5. Does the missing person have medical or mental health conditions, physical illnesses or disabilities?
6. Can the person interact safely with others when finding themselves in unfamiliar circumstances?
7. Is there a dependency on drugs, alcohol, medication or other substances?
8. Are they on the Child Protection Register?
9. Do the current/previous weather conditions present additional risk? Consider all circumstances including age & clothing.

Influences

10. Are there family/relationship problems or recent history of family conflict and/or abuse?
11. Are they the victim or perpetrators of domestic violence?
12. Is there an ongoing personal issue linked to race, sexuality, homophobia, the local community or any cultural/religious issues?
13. Were they involved in a violent and/or hate crime or incident before disappearance?
14. Are there any school, college, university, employment or financial problems?
15. Is forced marriage or honour-based violence an issue?
16. Are they the victim of sexual exploitation, human trafficking or prostitution? If so, is going missing likely to place them at risk of considerable harm.

Past Behaviour

Behaviour that is out of character is often a strong indicator of risk

17. Are the circumstances of going missing different from normal behaviour patterns?
18. Is there a reason for the person to go missing?
19. Are there any indications that preparations have been made for absence?
20. What did the person intend to do when last seen? Did they fail to complete their intentions?
21. Has the person disappeared previously and were they exposed to harm on such occasions?
22. Is the missing person a risk to others? And in what way?
23. Are there other unlisted factors that are relevant in the assessment of risk.

APPENDIX F - POLICE INITIAL MISSING PERSON INFORMATION

Police Scotland utilises the following information in all missing person investigations. This information will be requested from the person reporting an individual missing.

Personal Details

1. Full name, including middle names, nicknames, previous names and aliases
2. Age, date & place of birth
3. Occupation/school attended & addresses
4. Home address
5. Location missing from (if different)
6. Phone number (contracted or pay as you go & service provider)
7. Access to other phones or SIM cards
8. E-mail addresses (passwords)
9. Social networking sites used (obtain account names and passwords)

Personal Description

1. Photograph
2. Gender
3. Height, build, weight & complexion
4. Ethnicity and skin colour
5. Eye colour
6. Glasses/contact lenses worn
7. Habits & mannerisms
8. Accent
9. General health / mental health (diagnosed or otherwise)
10. Hair cut & facial hair (colour & style)
11. Clothing
 - a. Headwear
 - b. Upper body clothing
 - c. Lower body clothing
 - d. Footwear
 - e. Underwear
 - f. Outer clothing
 - h. Other clothing, gloves/scarves / glasses etc
13. Visible marks, scars, tattoos, piercing or distinguishing features.
14. Jewellery (earrings, watches, bracelets, rings, necklace, other)
15. Languages spoken/read
16. Ability to understand/read English
17. Shoe size
18. Dentures
19. Medical implants

Other Information

1. Nationality
2. Religion or beliefs
3. Marital/civil partnership status
4. Sexuality

5. Previous addresses
6. Previous schools/occupations
7. Financial details (income source, bank, sort code, account no, cards)
8. Passport details (number & location)
9. Details of Doctor
10. Details of the Dentist
11. Right / left-handed
12. Are there any objections to a media release?
13. Does the family/informant need personal support?
14. Possessions e.g. cash, keys, computer, medication, bank cards, store cards, travel cards, passport, make / model of phone. Is it internet enabled or have phone locator apps installed
15. Preferred modes of transport, access to vehicles, ability & licence to drive, types of public transport used regularly

Information relating to previous movements

1. Date, time and place last seen.
2. Date, time and method of the last contact - call/text
3. Details of person who last saw/spoke with the missing person
4. Known demeanour of missing person at last sighting
5. Were they accompanied?
6. Is any property missing from the home?
7. Any preparations made to leave?

Information relating to contacts and behaviour

1. Next of kin (including relationship to missing person)
2. Friends, relatives, partners or associates
3. Intended destination when last seen
4. Daily routines, routes used
5. location/addresses
6. Locations frequented, favourite places, beauty spots, walking routes etc.

Information relating to personality, lifestyle and influences

1. Social interests
2. Personality (outgoing, insular, deep)
3. Recent demeanour
4. Details of any addictions
5. Involvement with crime, cults or gangs?
6. Recent life troubles? e.g. family, financial or work
7. Religious and cultural influences?

APPENDIX G – RISK ASSESSMENT MATRIX

1. NHS Risk Assessment Matrix

PATIENTS NAME		D.O.B.	
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Section 1 – If the answer to any of the questions in Section 1 is 'Yes', the initial risk assessment is HIGH, and an immediate response is required

Factor	No	Yes	Details
Is there any information that the person is likely to harm themselves or attempt suicide?			
Is there any information to suggest the missing patient intends to harm others?			
Is the person suspected to be the subject of crime? e.g., abduction, threats, blackmail			
Is there reason to believe that the person has been removed or encouraged to leave by another because of domestic circumstances or cultural reasons?			
Is this behaviour out of character AND does it cause belief that the patient may be at increased risk of harm?			
Is the person under 16 or, if between 16 and 18, vulnerable due to other factors?			
Is it likely the missing person would be a significant risk to themselves due to their vulnerability in an unknown environment?			
Does the missing person need essential medication or treatment not readily available?			
Are there inclement weather conditions that would seriously increase health risks especially where the missing person is a child or elderly person?			

Notes:			
<p>Section 2 – If the answer to two or more of the following criteria are YES the Patient risk must be classed as Medium, otherwise the Patient should be classified as Low Risk (Subject to review)</p>			
Factor	No	Yes	Details
Has the person previously gone missing AND suffered or was exposed to harm because of this?			
Are there contributory factors relating to the person’s social circumstances?			Family / Relationships Housing Employment Finances School/College/University
Is the person suffering from drug or alcohol dependency?			
Is the person assumed to be alone?			
Is the person unfamiliar with the area?			
Is the patient the subject of any warning markers?			
Is the Patient subject to any life-critical medication?			

REVIEW PROCESS

The measures of risk are subject to constant change and the risk assessment process must be reviewed regularly and at a minimum prior to shift handover to reflect on any new and emerging threats to the patient’s safety. Risk may be either heightened or lowered depending upon the circumstances available. However, it may be the case that nothing has altered in the material circumstance, in which case the Risk Level will remain static.

The process of regular reviews must be continued until directed otherwise by the Executive on call or equivalent.

2. Adults Missing from Private or Residential Care Setting

SERVICE USER NAME		D.O.B.	
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Section 1 – If the answer to any of the questions in Section 1 is ‘Yes’, the initial risk assessment is HIGH and an immediate response is required

Factor	No	Yes	Details
Is there any information that the person is likely to harm themselves or attempt suicide?			
Is there any information to suggest the missing person intends to harm others?			
Is the person suspected to be subject of crime? e.g., abduction, threats, blackmail			
Are there inclement weather conditions that would seriously increase risk to health, especially where the missing person is elderly?			
Is this behaviour out of character AND does it cause belief that the person may be at increased risk of harm?			
Does the person suffer from any physical and/or mental illnesses that impact on their capacity / decision making (e.g. dementia)?			
Is it likely the missing person would be a significant risk to themselves due to their vulnerability in an unknown environment?			
Does the missing person need medication immediately or treatment not readily available to them?			
Is their reason to believe that the person has been removed or encouraged to leave by another because of domestic circumstances or cultural reasons?			

Section 2 – If the answer to two or more of the following criteria are YES the person is likely to be at Low or Medium risk and should be reported as missing. If the answer to the following criteria is NO to all or all but one then it may be that the person does not require to be reported to police until further enquiry has been conducted. (Subject to review)

Factor	No	Yes	Details
Has the person previously gone missing AND suffered or was exposed to harm because of this?			
Are there contributory factors relating to the persons social circumstances?			Family / Relationships Housing Employment Finances School/College/University
Is the person suffering from drug or alcohol dependency?			
Is the person assumed to be alone?			
Is the person unfamiliar with the area?			
Is the person the subject of any warning markers?			
Does the person require medication that is not immediately required but will impact if denied access to same over a longer period? (please specify timescale if Yes)			
Incident Reported to Police			Rationale:

REVIEW PROCESS

The measures of risk are subject to constant change and the risk assessment process must be reviewed regularly by a designated staff member and in any case on receipt of new information. The timescales for review should be based on the circumstances and available information. Timescales for review may be dictated by, for example, prevailing weather conditions, time of day or increasing risk due to medication not being administered. Risk may be either heightened or lowered depending upon the

circumstances available, however it may be the case that nothing has altered in the material circumstance, in which case the Risk Level will remain static. This process will continue until the welfare of the person has been confirmed.

3. Looked After Children

CHILD NAME		D.O.B.	
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Section 1 – If the answer to any of the questions in Section 1 is ‘Yes’, the initial risk assessment is HIGH and an immediate response is required

Factor	No	Yes	Details
Is there any information that the child is likely to harm themselves or attempt suicide?			
Is there any information to suggest the missing child intends to harm others?			
Is the child suspected to be the subject of crime? e.g., abduction, threats, blackmail			
Is there reason to believe that the child has been removed or encouraged to leave by another because of domestic circumstances or cultural reasons?			
Is this behaviour out of character AND does it cause belief that the person may be at increased risk of harm?			
Is the child diagnosed with any illness or condition that significantly impacts on their capacity or decision making?			
Is the child unfamiliar with the local environment to the extent that this would place them at significant risk?			
Does the missing child need essential medication in the short term?			
Are there inclement weather conditions that would seriously increase the risk to health, especially where the missing			

child is very young / not appropriately dressed etc.?			
<p>Section 2 – If the answer to two or more of the following criteria are YES the child is likely to be at Low or Medium risk and should be reported as missing. If the answer to the following criteria is NO to all, or all but one, then it may be that the person does not require to be reported to police until further enquiry has been conducted. (Subject to review)</p>			
Factor	No	Yes	Details
Does the child have a recorded history of being exposed to harm whilst reported missing?			
Do the circumstances suggest that the child is at risk of sexual exploitation?			
Has the child been exposed to harm due to over consumption of drugs/alcohol?			
Has the child been out of contact for a significant period?			
If contact has been made with the child, did they sound significantly impaired or distressed?			
Has the child failed to make contact with friends/associates that would give cause for concern?			
Does the person require medication that is not immediately required but will impact if denied access to same over a longer period? (please specify timescale if Yes)			
Incident Reported to Police			Rationale:

REVIEW PROCESS

The measures of risk are subject to constant change, and the risk assessment process must be reviewed regularly by a designated member of staff and in any case on receipt of

new information. The timescales for review should be based on the circumstances and available information. Timescales for review may be dictated by, for example, prevailing weather conditions, time of day or increasing risk due to medication not being administered. Risk may be either heightened or lowered depending upon the circumstances available, however it may be the case that nothing has altered in the material circumstance, in which case the Risk Level will remain static. This process will continue until the welfare of the person has been confirmed.

4. Children Missing from Education Establishment

CHILD NAME		D.O.B.	
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Section 1 – If the answer to any of the questions in Section 1 is ‘Yes’, the initial risk assessment is HIGH and an immediate response is required			
Factor	No	Yes	Details
Is there any information that the child is likely to harm themselves or attempt suicide?			
Is there any information to suggest the missing child intends to harm others?			
Is the child suspected to be the subject of crime? e.g., abduction, threats, blackmail			
Is there reason to believe that the child has been removed or encouraged to leave by another because of domestic circumstances or cultural reasons?			
Is this behaviour out of character AND does it cause belief that the person may be at increased risk of harm?			
Is the child diagnosed with any illness or condition that significantly impacts on their capacity or decision-making?			
Is the child unfamiliar with the local environment to the extent that this would place them at significant risk?			
Does the missing child need essential medication in the short term?			

Are there inclement weather conditions that would seriously increase the risk to health, especially where the missing child is very young / not appropriately dressed etc?			
Section 2 – If the answer to two or more of the following criteria are YES the child is likely to be at Low or Medium risk and should be reported as missing. If the answer to the following criteria is NO to all, or all but one, then it may be that the person does not require to be reported to police until further enquiry has been conducted. (Subject to review)			
Factor	No	Yes	Details
Is this the first occasion the child has been absent without reasonable explanation?			
Do the circumstances suggest that the child is at increased risk of harm?			
Is there information that the missing child is accessing drugs or alcohol at this time (please specify)?			
Have family / Social Work provided any information to suggest an increased risk to the child?			
Does the person require medication that is not immediately required but will impact if denied access to same over a longer period? (please specify timescale if Yes)			
Incident Reported to Police			Rationale:

REVIEW PROCESS

The measures of risk are subject to constant change, and the risk assessment process must be reviewed regularly by a designated member of staff and, in any case, on receipt of new information. The timescales for review should be based on the circumstances and available information. Timescales for review may be dictated by, for example, prevailing weather conditions, time of day or increasing risk due to medication not being administered. Risk may be either heightened or lowered depending upon the circumstances available, however, it may be the case that nothing has altered in the material circumstance, in which case the Risk Level will remain static. This process will continue until the welfare of the person has been confirmed.

APPENDIX H – RETURN HOME WELFARE INTERVIEW PRO- FORMA

Name		Date of Birth	
Address		Gender	

Date Reported Missing		Time	hrs
Date Traced		Time	hrs
Length of Time Missing		MP Report No (Police to Input)	MP

1. What happened to make you go missing? (What were they doing prior to going missing, planned, bored, something happened, to get away from someone else...)
2. What happened whilst you were missing? (Where did you go, who were you with, any trouble, anybody else saw you/met you, how did you get back, how did you feel?)

3. What can be done to help to stop you going missing and help keep you safe in the future? (include any aspirations / interests)

4. Any concerns/issue raised by the person who went missing?

Is there any further information, including intelligence that is not subject to this report?

Yes No

If Yes, how/where is this reported or if passed verbally details of who to and when.

Child / Adult Protection Referral

Yes No

Miscellaneous

How did they travel?	
How did they access money?	
Where did they stay overnight? (If yes were parents / adults aware?)	
Any alcohol / drug use?	
How did they pay for any alcohol / drugs?	
How did they get home?	
Why did they decide to return?	
If returned by Police how did they feel and what were Police like?	
What were parents / carers like on return?	
Any associates identified?	
Any indications of exploitation?	

DETAILS OF RETURN HOME WELFARE INTERVIEW			
Date of RHWI		Time	hrs
Location of RHWI		Length of Interview	
Person Undertaking RHWI			
Contact details			
Any other person present			
Contact details			
Date Form Completed/Forwarded to your Police Representative			

VIEWS OF CHILD ON INFORMATION BEING SHARED
<p>**IT SHOULD BE EXPLAINED TO THE PERSON THERE IS A STATUTORY OBLIGATION TO SHARE RELEVANT AND PROPORTIONATE INFORMATION AND SEEK THEIR VIEWS**</p>

APPENDIX I – SELF EVALUATION

The processes and procedures in respect of missing persons will be the subject of ongoing review and self-evaluation through the VPD escalation processes. An annual report will be provided to the Self Evaluation and Improvement Group for Adult Support and Protection and the Quality Assurance and Data Group for Child Protection.

The Missing Person Operational Co-ordinator for Police Scotland (P Division) will have responsibility for reviewing all calls made to Police Scotland to report a missing person and assessing compliance with the protocol.

Return Home Welfare Interview compliance and quality of information obtained will also be monitored via the Missing Person Operational Co-ordinator. Where an interview is requested, it will be tasked to the relevant agency to complete within the 72 hour guideline.

Any issues regarding non-compliance with the protocol will be raised with the appropriate agency.

