



South Lanarkshire Joint Missing Person Protocol (2024)

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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 in a small number of cases it can lead to death.
- 1.2 There are nearly 15,000 missing incidents reported to Police Scotland every year, with the majority of these being medium to high risk missing persons. Many more incidents go unreported. In 2020-2021, over 40% of investigations related to someone who has been missing more than once, and nearly 50% of investigations related to children. Most of the harm suffered by missing adults and children in Scotland relates to mental health. A robust and consistent partnership approach is critical to prevent people going missing in the first place 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 Framework¹ (NMPF) for Scotland that set out 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.
- 2.2 In South Lanarkshire, the Missing Person Task Group was formed with representatives from South Lanarkshire Adult and Child Protection Committees, Police Scotland (Q Division); NHS Lanarkshire; Education, Children and Justice Services, Adult and Older Peoples Services, and Housing with the aim of delivering on the requirements set out in the National Missing Persons Framework.
- 2.3 Chief Officers (Public Protection) in the context of child and adult protection are the Chief Executives of Local Authorities, the Chief Executives of Health Boards, and Police Scotland Divisional Commander for Lanarkshire. Chief Officers, both individually and collectively, are responsible for the leadership, direction and scrutiny of child and adult protection services and public protection more broadly.
- 2.4 Clear ownership and accountability by Chief Officers is required to ensure that protecting children and adults at risk of harm remains a priority within and across

¹ [National Missing Persons Framework for Scotland](#)

agencies. This includes those who go missing and may be impacted by familial or extra-familial abuse, harm, or exploitation in relation to contextual safeguarding.

3.0 PURPOSE

3.1 The purpose of this South Lanarkshire Joint Missing Person Protocol is to:

- Mitigate the risk to the people who go missing.
- Provide a consistent approach for the relevant agencies when a child, young person or vulnerable adult is missing.
- Ensure that the collective response delivers on the achievement of the objectives contained within the National Missing Person Framework.
- Ensure that the use of the national definition of a missing person is consistent across partner agencies.
- Embed risk assessments into involved agencies internal processes.
- Set out the roles, responsibilities, and actions to be taken by each agency in respect of missing persons.
- Ensure that individual agency protocols reflect the National Missing Persons Framework for Scotland and are subject to ongoing evaluation and review.
- Disseminate internal protocols and consistently apply within each agency.
- Implement robust single and joint self-evaluation and review of the processes contained within this protocol, the quality of Return Home Welfare Discussions, and the impact on outcomes for missing persons.

3.2 As single agencies, we recognise that this partnership agreement will not take account of 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.

3.3 It places a significant responsibility and accountability on staff and managers within each agency to work together, to share the rationale underpinning their professional judgements and to 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 joint evaluation and decision making via the Child and Adult Protection Committees, the Integrated Joint Board (IJB) and the Children's GIRFEC Strategy Group be required to make this successful.

4.0 DEFINITIONS

4.1 All agencies in South Lanarkshire will adopt the national definition of a missing person recommended by the National Missing Persons Framework.

- 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 South Lanarkshire who are involved in any capacity with missing persons.
- 4.5 For the purpose of this protocol a child is defined as per United Nations Convention on the Rights of the Child: any person under the age of 18.
- 4.6 As a partnership we acknowledge that key legislation in Scotland which forms the legal basis for the protective legislative structures in Scotland identify 16 years of age as the point where a person is considered as an adult (Adult Support and Protection (Scotland) Act 2007, Adults with Incapacity (**Scotland**) Act 2000, Mental Health Care and Treatment (Scotland) Act 2003). Clear, shared multi-agency pathways for 16- and 17-year-olds are required within this protocol which support child and adult services procedures.

5.0 RISK ASSESSMENT

- 5.1 Prior to making the decision to report someone 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 by the person reporting an individual missing on behalf of their agency in line with local protocols. When police attend to take a report in relation to a missing person, they will ask the questions outlined within Appendices E & F. The purpose of this is 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 is reporting without delay and

all information shared with police. Police Scotland will utilize the following risk grades which will assist in providing a proportionate response to the incident.

- **High Risk**

High Risk is a missing person where the risk posed is immediate and there are substantial grounds for believing that the Missing Person:

1. Is in danger through their own vulnerability; and / or
2. May have been the victim of a serious crime; and / or
3. The risk posed is immediate and there are substantial grounds for believing that the public is in danger.

- **Medium Risk**

Medium Risk is a missing person that is likely to place themselves in danger or they are a threat to themselves or others.

- **Low risk**

Low Risk is deemed as any person that goes missing where there is low risk of harm to that person or others.

6.0 **LEGISLATIVE REFERENCES**

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

- [Children \(Scotland\) Act 1995](#)
- [Children's Hearing \(Scotland\) Act 2011](#)
- [Children and Young People \(Scotland\) Act 2014](#)
- [Getting it Right for Every Child \(GIRFEC\)](#)
- [National Guidance for Child Protection in Scotland \(2021 - Updated 2023\)](#)
- [Adult Support and Protection \(Scotland\) Act 2007](#)
- [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)
- [Criminal Justice \(Scotland\) Act 2016](#)
- [Data Protection Act 2018](#)

- [UK - GDPR Guidance](#)
- [Human Rights Act 1998 \(legislation.gov.uk\)](#)
- [National Missing Person Framework for Scotland \(2017\)](#)
- [Philomena Protocol - Police Scotland \(Form\)](#)
- [The Herbert Protocol - Missing persons with Dementia](#)
- [Adults with Incapacity \(Scotland\) Act 2000](#)
- [Forced Marriage Guidance \(Scotland\)](#)
- [Human Trafficking Guidance \(Scotland\)](#)

7.0 INFORMATION SHARING – PUBLIC TASK

- 7.1 The lawful basis we rely on for processing personal data is public task, under article 6(1)(e) of the UK General Data Protection Regulations (GDPR). This allows us to process personal data when this is necessary to do our work.

Services may share personal information with another agency or individual in the lawful exercise of any of their public tasks, functions, or powers, if it is a clear and foreseeable use of the information. In order to do so, partners should be able to identify the relevant legal basis that applies.

- 7.2 The UK GDPR and Data Protection Act 2018 does not prevent the sharing of information for the purposes of keeping children, young people, or adults safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children, young people, or adults at risk of abuse, harm, or exploitation. Rights must be considered.

- 7.3 Services rely on **public task** for processing information, this means children, young people and adults have:

- The right to be informed about the collection and use of their personal data – this is called 'right to be informed'.
- The right to ask us for copies of the personal information we have about them – this is called 'right of access'. This is also known as a subject access request.
- The right to ask services to change any information they think is not accurate or complete – this is called 'right to rectification'.
- The right to ask us to stop using their information – this is called 'right to restriction of processing'.
- The 'right to object to processing' of their information, in certain circumstances.

Everyone has the right to complain to the Information Commissioner (Scotland)² if they feel information has not been used in the right way.

- 7.4 Schedule 1 of the Data Protection Act 2018³ has 'safeguarding of children, young people and individuals at risk' as a processing condition that allows practitioners to share information, including without consent (where, in the circumstances consent cannot be given, it cannot be reasonably expected that a practitioner obtains consent, or if to gain consent would place a child or young person at risk).
- 7.5 All practitioners should be confident of the lawful bases and processing conditions which allow them to store and share information. This includes information which is considered sensitive, such as health data. This is known under data protection legislation as 'special category of personal data'.
- 7.6 Where practitioners need to share special category data, for example where information obtained is sensitive and needs more protection, they should always consider and identify the lawful basis for doing so under Article 6 of GDPR⁴.
- 7.7 Based on presenting risk factors, agencies will ensure that the place of residence meets the needs of 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 other private residence (e.g., foster placement) this may be limited to providing advice to the person and/or their family or carer.

8.0 CROSS BORDER

- 8.1 Where there are concerns for a child, young person or adult who is living temporarily in South Lanarkshire (placed there by an external authority) the principles of the National Guidance for Child Protection in Scotland (2021 – Updated 2023)⁵ and the Adult Support and Protection (Scotland) Act 2007⁶ should always be applied when there are concerns about abuse, harm or exploitation of any child, young person or adult living in South Lanarkshire.

² [Information Commissioner](#)

³ [Data Protection Act 2018](#)

⁴ [UK - GDPR Guidance](#)

⁵ [National Guidance for Child Protection in Scotland \(2021 - Updated 2023\)](#)

⁶ [Adult Support and Protection \(Scotland\) Act 2007](#)

- 8.2 Whilst the risks / missing episodes will be managed by the placing authority, where that harm relates to, or includes a child or adult living in South Lanarkshire, it is important the placing authority informs Social Work Resources and / or Police Scotland in South Lanarkshire with immediate effect. This is to ensure the safety and wellbeing of other children, young people, and adults in our area. For children and young people, an Inter-Agency Referral Discussion (IRD) must be considered in all cases.

9.0 TRAUMA INFORMED PRACTICE

- 9.1 The protocol reflects the Trauma informed practice that South Lanarkshire partners have committed to. The Scottish Psychological Trauma Training Plan⁷ was developed by NHS Education for Scotland (NES). This means that when responding to individuals who are or have been missing, professionals and services should be alert to both current and previous trauma the individual may have experienced which may have impacted their behaviour.
- 9.2 Trauma informed practice is an approach to care provision that considers the impact of trauma exposure on an individual's biological, psychological, and social development. Delivering services in a trauma informed way means understanding that individuals may have a history of traumatic experiences which may impact on their ability to feel safe and develop trusting relationships with services and professionals.
- 9.3 Trauma informed practice is not intended to treat trauma-related issues. It seeks to reduce the barriers to service access for individuals affected by trauma, and to promote understanding of the impact of trauma on individuals. Key principles of a trauma informed approach are:
- safety
 - trustworthiness
 - choice
 - collaboration
 - empowerment

10. CONTEXTUAL SAFEGUARDING

⁷ [The National Trauma Transformation Programme](#)

10.1 The protocol has links to South Lanarkshire's Contextual Safeguarding Approach, which recognises and addresses the risks of harm to children, young people and adults outside of the family home. Consideration of contextual safeguarding factors and resources are considered within the protocol.

- Human Trafficking and Exploitation Strategy⁸
- Human Trafficking and Exploitation (Scotland) Act 2015⁹

10.2 Contextual Safeguarding is an important shift in thinking contextually about the harm or exploitation of children, young people and adults in our communities who are subject to extra-familial abuse. The concept has been developed by Dr Carlene Firmin at the Contextual Safeguarding Network¹⁰.

10.3 Contextual Safeguarding acknowledges that as young people grow and develop, they are influenced by a whole range of environments and people outside of their family. For example, in school or college, in the local community, in their peer groups or online. Children, young people, and adults may encounter risk in any of these environments. Sometimes the different contexts are inter-related and can mean that they may encounter multiple risks.

10.4 Contextual safeguarding looks at how we can best understand these risks, engage with children, young people, and adults, to help them keep them safe from harm. It's an approach that's often been used to apply to adolescents, though the lessons can equally be applied to younger children, especially in today's changing world. South Lanarkshire will continue to develop this concept for children and young people including those transitioning into adult services.

11.0 DUTY TO REPORT

11.1 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 [Human Trafficking and Exploitation Strategy](#)

⁹ [Human Trafficking and Exploitation \(Scotland\) Act 2015](#)

¹⁰ [Contextual Safeguarding Research Durham University](#)

11.2 While a missing person report can be raised by any person there is a responsibility on agencies with a duty of care for an individual, at the time of them going missing, to ensure that this protocol and supporting internal protocols are followed. For example:

- A child resident in a children's unit would normally be reported missing by staff from that establishment but should they abscond 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.

12.0 ROLES AND RESPONSIBILITIES – PREVENTION

12.1 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 and staff 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 mental capacity of the individual.
- If the missing adult has previously being identified as an adult at risk or as lacking capacity.
- If the missing person may be fleeing domestic abuse.
- If the missing person is care experienced.
- External influences that may result in the person going missing.
- Risk of exploitation – sexual, criminal, financial or other.
- Any link to or risk of trafficking refer to the NRM Toolkit¹¹ within Migration Scotland information.

¹¹ [NRM Toolkit - Migration Scotland](#)

- Detailed actions to be taken if the person goes missing for example prior agreed planning arrangements that focus on an agreed proportionate response which is managed and contextualised.

- 12.2 This risk assessment should focus on the risk associated with the person going missing along with the likelihood of that happening. This information from the risk assessments will be incorporated into an individual's care / support plan with the appropriate levels of support and preventative measures required to reduce the likelihood of them going missing. (NB the term "care / support plan" is used as a generic term for various plans used by agencies).
- 12.3 Where appropriate the Philomena Protocol¹² and the Herbert Protocol¹³ should be utilised as part of anticipatory care planning.
- 12.4 Where there is an identified risk of missing episodes the care / support plan should include an up-to-date physical description and where possible a recent photograph. This should be recorded and held, where possible, at the place of residence and be available to staff and Police when required.
- 12.5 Where significant risk factors are highlighted (i.e. sexual / criminal exploitation) this information should be shared, where possible, with other agencies to ensure the risk is highlighted and ensure an appropriate response is generated in the event of a missing episode.
- 12.6 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 other private residence (e.g., foster placement) this may be limited to providing advice to the person and/or their family / carer.
- 12.7 Risk factors are categorised into two headings:
- 12.8 **Stable factors** – those that are not likely to change between episodes for example previous behaviour and earlier life experiences.
- 12.9 **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.

¹² [Philomena Protocol - Police Scotland \(Form\)](#).

¹³ [The Herbert Protocol - Missing persons with Dementia](#)

13. ROLES AND RESPONSIBILITIES – RESPONSE

- 13.1 Where a person goes missing each agency will have in place clear protocols on the actions to be taken by staff appropriate to the level of risk to the individual (Appendixes A to D).
- 13.2 Guidance should include a process for documenting these initial actions taken by staff (i.e., initial search of premises).
- 13.3 Once a missing person is reported to Police Scotland ownership of the investigation will rest with the Police and will be conducted in line with their Standard Operating Procedures. However, there remains a responsibility for other agencies to support and assist the investigation, to maximise the opportunity to trace the missing person at the earliest opportunity.
- 13.4 There is an obligation on the reporting agency to complete the risk assessment process with immediate effect.

14.0 ROLES AND RESPONSIBILITIES – SUPPORT AND PROTECT

- 14.1 A Single Point of Contact (SPOC) should immediately be agreed with the next of kin / family of the missing person and timescales for updates agreed. Particularly in the case of a high-risk missing person consideration should be given to as to what agency or agencies are required to provide support. In the majority of cases, Police will be the SPOC with support provided, where appropriate, from partner agencies.
- 14.2 When a missing person is traced an initial safe and well check should be completed by the best placed agency to ensure that there are no immediate concerns or criminality that needs to be investigated. It is essential that all agencies involved with the missing person are advised immediately that the person has been located and any other relevant information shared in relation to the missing episode.
- 14.3 A Return Home Welfare Discussion will be conducted with a view to giving the person a meaningful opportunity to be listened to and express their views. The person should be given the opportunity to choose who undertakes this discussion with them.

Contextual reasons that may be considered are:

- The child / adult considers themselves to be safe in this space / community / neighbourhood.
- The child / adult did not consider themselves safe where they were.

- The child / adult has been groomed or coerced into being in this neighbourhood / location.
- The child / adult does not feel they have another safe place to go.
- The location / situation could increase the opportunity to abuse the child / adult.
- The child / adult feels under threat / coerced to remain in this location.

- 14.4 It is recognised within the National Missing Persons Framework, and by partner agencies, that it is best practice not to conduct a Return Home Welfare Discussion at the point of tracing the missing person and that a planned approach should be taken to complete this discussion **within 72 hours** of their return. However, there may be circumstances when it is necessary to undertake the discussion at the point of return (i.e., NHS patients from Accident and Emergency where staff have no prior contact with the missing person).
- 14.5 In the majority of cases people may be reluctant to engage with statutory services to partake in the Return Home Welfare Discussion. Police may conduct discussions in the absence of other options if and when applicable. The main principles underpinning the return discussion is to enable individuals to have these conversations with staff with whom they have a relationship with where possible.
- 14.6 The most appropriate person involved with the individual will co-ordinate the Return Welfare Discussion to maximise the likelihood of the person engaging in the process. The availability of the missing person must also be taken into account to ensure they are conducted within the 72-hour recommended timescale. To ensure clarity of roles, it is important that this is discussed and agreed by those agencies involved from the outset.
- 14.7 At the conclusion of the discussion, the appropriate person must share all relevant information with agencies to enable them to update any support / care plan, share learning points with partner agencies and make appropriate adjustments to prevent future episodes.
- 14.8 Where Child or Adult Protection concerns are highlighted, at any stage of the process, established Child or Adult Protection processes should be followed immediately.
- 14.9 When determining who is the best placed to undertake Return Welfare Discussion 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 a Return Welfare Discussion should be offered independent to the service, the professional works with.

- 14.10 The discussion will be captured on the Return Home Welfare Discussion pro-forma (Appendix H).
- 14.11 The completed Return Home Welfare discussion Pro-forma must be e- mailed to lanarkshiremissingpersons@scotland.police.uk for the attention of the Missing Person Operational Co-ordinator.
- 14.12 Further details on specific actions for NHS, Looked after Children, Adults in Care and Education can be found in Appendixes B – E.
- 14.13 Further details on Self Evaluation and Improvement processes can be found in Appendix I.
- 14.14 As part of Police Scotland and South Lanarkshire Council’s strategy to co-ordinate a response to children and young people reported missing from their home environment daily and weekly meetings are held between children’s house managers, Social Work Children and Justice Services Operations Manager and the Missing Persons Coordinator from Q Division of Police Scotland.
- 14.15 The daily meeting reviews the circumstances of any young person reported as missing from a Children’s House and allows those present to reflect on appropriate actions to prevent further reoccurrence.
- 14.16 The weekly meeting reviews every young person up to the age of 18 reported as missing over the preceding week, irrespective of where they are living within South Lanarkshire. This meeting is updated on previous actions and can involve other representatives from Social Work, Health Services and Education partners. Relevant information and actions arising from these meetings are sent via email correspondence. For education, these should be emailed to the Lead Officer: Child Protection namedpersonservice@southlanarkshire.gov.uk.

APPENDIX A

NHS Lanarkshire

1.0 Roles and Responsibilities

- 1.1 NHS South Lanarkshire define a missing patient as an inpatient or day patient who has absconded from or is absent from the clinical area and whose whereabouts are unknown.
- 1.2 Any person currently an inpatient within Mental Health and Learning Disabilities (MHLD) unit whose whereabouts cannot be determined by nursing staff, shall be deemed a “missing patient”. In these cases, the NHS Lanarkshire Missing Patient Policy (Mental Health and Learning Disability Service) should be used¹⁴.
- 1.3 For Children’s Services NHS Lanarkshire Unseen Child/Young Person/Unborn Child (Including Missing Family) Policy, should be referred to in conjunction with the NHSL Missing Family Policy¹⁵.
- 1.4 Missing patients will be reported to 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 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.
- These patients should be returned to the hospital at the earliest opportunity.

¹⁴ [NHS Lanarkshire - Missing Patient Policy](#)

¹⁵ [Unseen Child, Young-Person & Unborn-Child \(Including-Missing-Family-Policy\) NHSL](#)

- Timescale for reporting to Police should be based on the assessed level of risk.

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

- Whose pattern of behaviour is well known; or
- Who pose no risk to either themselves or others.
- Timescale for reporting to Police should be based on the assessed level of risk.

1.5 The Nurse in Charge is responsible for identifying that a patient is missing, completing the risk assessment as per the Risk Assessment Framework and reporting the missing person to police. They also have responsibility to notify line management within NHS Lanarkshire.

1.6 Full details of the action to be taken, dependent on the risk and location of the patient is missing from, are contained within the main document and not reproduced here. However, regardless of grading or location the following actions will be carried out:

- Identify the patient is missing.
- Confirm level of risk – Is the patient missing and at High / Medium / Low Risk
- Inform on call primary care manager.
- Co-ordinate a local search of the immediate area.
- Attempt to contact patient at their home number and mobile telephone.
- Ensure 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 agreed risk.
- Contact family (NOK) to advise of situation, and any other key contacts (nursing home staff, warden if in sheltered housing, neighbour if no family).
- Complete missing patient form.
- Maintain an up-to-date record of the incident in the missing person healthcare record, including actions and updates at regular intervals (min per shift handover).
- Follow NHSL reporting structures.

1.7 When a patient is traced a Return Home Welfare Discussion will be conducted by the most appropriate person to identify the circumstances that led to the missing patient and minimise the risk of re-occurrence.

APPENDIX B

Adults Who Go Missing from Private Residence or Residential / Nursing Care Home 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 / nursing care home setting. This includes adults in day care. Where adults go missing from care home and day care settings the Pan Lanarkshire Adults going missing from care homes protocol should be followed.
- 1.2 Where the assessment of the needs of an individual identifies a risk of missing episodes the care provider will have a support / care plan which will include any 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 Multi- Disciplinary Team 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 / Support Plan and updated as required by the care staff. The Support Plan should be stored within the individuals home / care home and be accessible at all times.
- 1.5 The Care / Support Plan should include the following information:
 - Physical description and up to date 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 / 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. Review periods should take cognisance of the level of risk of an individual going missing especially in terms of keeping physical descriptions up to date for high risk cases.
- 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 individuals who have 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. These devices have previously been used successfully in conjunction with the above preventative measures. The device can be worn by the individual and will provide a location for the device within a 5/10 meter radius. On certain models it can send an alert to the nominated person 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 consider the guidance provided by the Mental Welfare Commission for Scotland – Decisions about Technology.
- 1.11 Whenever a missing person is reported, 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 / 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 staff 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 (where appropriate) 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 / support plan to alert them that the person has gone missing.
 - For all high-risk missing persons, Police should be contacted through 999 immediately.

- Next of Kin / emergency contacts should be called by the care staff.
 - Care 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 Discussion will be conducted and the Missing Person Return Home Welfare Discussion Pro-forma will be completed to identify any learning.
- 1.15 Where the missing person is not capable of engaging in a return welfare discussion 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 The completed Return Welfare Discussion Pro-forma will be e-mailed to lanarkshiremissingpersons@scotland.police.uk for the attention of the Missing Person Operational Co-ordinator.

APPENDIX B1

PEOPLE WHO GO MISSING AND USE GPS DEVICES

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.

- 1.1 An assessment will have been carried out by SLC Adult / Children services as per support plan.
- 1.2 South Lanarkshire Council uses Global Positioning System (GPS) Emergency Location Devices to support individuals with safer walking, many of whom have a diagnosis of dementia.
- 1.3 The council has been working closely with Police Scotland and Town Centre Activities to quickly locate service users who have GPS locators in the event of them going missing.
- 1.4 As part of the GPS configuration process, we are now offering to complete the relevant sections of the Herbert Protocol form for service users with the specific consent of those with proxy powers. This form will be either emailed to Police Scotland or a paper copy will be made available in the event of the relevant service user being reported missing.
- 1.5 The Police Scotland Missing Person form will be completed at this stage with the permission of service user or completed by those with proxy powers.
- 1.6 Consent to share the Missing Person form with Police Scotland and consent for a photo to be taken for the purposes of the form are required for each service user in the Missing Person Project.
- 1.7 Details of the guidance and policy and missing persons' project can be found in:
 - GPS Locator Safer Walking Technology: Guidance for Assessors
 - Missing Person Guidance GPS 2020.
 - <https://www.youtube.com/watch?v=fpfnhGrHkE>

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 South Lanarkshire. Accommodated children placed out with South Lanarkshire are not within the scope of this protocol.
- 1.2 Children looked after in residential care, and foster care will have a care / support plan. This plan 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, associations, links, networks
 - Medical, physical conditions, impact of trauma and emotional wellbeing
 - Medication and impact of being denied access to same
 - Details of drug / alcohol use
 - Any other relevant information
- 1.3 The care / support plan should be reviewed by the relevant lead professional 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.
- 1.4 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 care / support plan and discussed with their parent / guardian.
- 1.5 Where there is a high risk associated with a child going missing a Professionals Meeting or Care and Risk Management Meeting dependent on circumstances will be held prior to the placement, or as soon as possible thereafter, to ensure that all possible preventative measures are in place to limit missing episodes, wellbeing of the child, consider the and to consider the impact the child may have on other children who are already residing at that placement.
- 1.6 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 decision making on whether a child as missing.
- 1.7 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 whether to report the child as missing.

- 1.8 In circumstances where a decision is made, based on the definition and risk assessment process, that the child is not missing but not at home then there is **no requirement** to contact police, staff should refer to the Action and Responsibility Agreement between South Lanarkshire Council and Police Scotland. The carer or care establishment will retain responsibility for carrying actions to trace or contact the child. Whilst not exhaustive the following information are examples that would provide rationale for not reporting a child missing:
- Behaviour is not out of character and only a short time period has elapsed (i.e. late for agreed return home time).
 - 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 has been obtained from family / friends that the child is safe and well.
- 1.9 In circumstances where a decision has been made that the child does not require to be reported missing this should be subject of ongoing review and reassessed by the Care Agency as and when information is obtained. Whilst timescales for review will be dependent on the information available and variable factors (e.g. weather conditions) a review should be conducted at least every two hours.
- 1.10 When a child who is looked after or absconds from or fails to attend school the risk assessment process will still be followed in consultation with the education establishment and a decision 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.
- 1.11 When a child is reported missing the following actions will 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 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 Support / Care Plan to alert them that the person has gone missing.

- For all high-risk missing persons, Police should be contacted through 999 immediately.
- 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 the relevant people listed in the Guide for Residential House Staff and Commissioned Agencies.

1.12 Upon return a Return Welfare Home Discussion 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 / support plan.

1.13 The Return Home Welfare Discussion Pro-forma will be completed and e-mailed to lanarkshiremissingpersons@scotland.police.uk for the attention of the Missing Person Operational Co-ordinator.

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 Framework for Inclusion and Equality and the Children Missing from Education guidance documents.
- 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 in order 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 decision making on whether or not a child is missing.
- 1.4 The risk assessment will be conducted on every occasion a child is considered to be absent without explanation to ensure that all relevant factors are taken into account during the risk assessment process. This will include researching concerns that have been noted and shared by other agencies.
- 1.5 When a child who is looked after absconds from or fails to attend school the risk assessment process will still be followed in consultation with the Care Provider / Social Work and a decision 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.
- 1.6 If, after assessment, the child is classed as a truant the school will retain responsibility for making attempts to trace the child and to inform and update the parent / guardian.
- 1.7 This will be reviewed on an ongoing basis taking into account any information obtained that indicated an increased risk and escalation to a missing person.
- 1.8 Where it has been identified that there is an ongoing high risk associated with a child absconding 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.

1.9 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:

- 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.
- Update the parent or guardian that it has been or will be reported to Police and agree arrangements for contacting family members / friends.
- Nominated staff member to immediately call 999 in all high- risk cases.
- Contact to be made with Social Work where the missing person is allocated.
- Associates to be spoken to regarding any information they have regarding the missing person and / or their whereabouts.
- Guidance on ensuring all staff are made aware of the missing person
- Update the parent or guardian that it has been reported to Police.

1.10 Once traced a Return Home Welfare discussion will be conducted and the Return Home Welfare Discussion 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 Discussion any relevant information obtained from it will be shared with Education.

1.11 The completed Return Home Welfare Discussion Pro-forma will be e- mailed to lanarkshiremissingpersons@scotland.police.uk for the attention of the Missing Person Operational Co-ordinator.

APPENDIX E

RISK ASSESSMENT

The following risk assessment is utilised by Police Scotland in all missing person investigations. This is the information that 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 that is not available 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

1. Are there family/relationship problems or recent history of family conflict and/or abuse?
2. Are they the victim or perpetrator of domestic violence?
3. Is there an ongoing personal issue linked to race, sexuality, homophobia, the local community, or any cultural / religious issues?
4. Were they involved in a violent and/or hate crime or incident prior to disappearance?
5. Are there any school, college, university, employment or financial problems?
6. Is forced marriage or honor-based violence an issue?
7. 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.

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

1. Are the circumstances of going missing different from normal behaviour patterns?
2. Is there a reason for the person to go missing?
3. Are there any indications that preparations have been made for absence / Unlisted factors that are relevant in the assessment of risk?

4. What was the person intending to do when last seen? Did they fail to complete their intentions?
5. Has the person disappeared previously and were they exposed to harm on such occasions?
6. Is the missing person a risk to others? And in what way?

APPENDIX F

POLICE INITIAL MISSING PERSON INFORMATION

The following information is utilised by Police Scotland in all missing person investigations. This is the information that 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 phone 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. Head wear
 - b. Upper body clothing
 - c. Lower body clothing
 - d. Footwear
 - e. Underwear
 - f. Outer clothing
 - g. Other clothing, gloves / scarves / glasses etc.
13. Visible marks, scars, tattoos, piercing or distinguishing features.
14. Jewelry (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 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 & license 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 last contact, i.e., call / text
3. Details of person who last saw / spoke with missing person
4. Known demeanor of missing person at last sighting
5. Were they accompanied?
6. Any property missing from 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. Work location / address
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 demeanor
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 to complete suicide?			
Is there any information to suggest the missing patient intends to harm others?			
Is the person suspected to be 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 18yrs - 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 to them?			

Are there inclement weather conditions that would seriously increase risk to health, especially where the missing person is a child or elderly person?			
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Notes:

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)

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 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.

Adults Missing from Private or Residential / Nursing Care Home Setting

INDIVIDUALS 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 to complete 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 adverse weather conditions that may increase risk to the individual?			
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 experienced 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
Any known current substance misuse?			
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.

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 subject of crime? e.g., abduction, threats, blackmail			
Is their 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 risk to health, especially where the missing child is very young / not appropriately dressed etc?			
Section 2 – If the answer to any of the following criteria is YES, the child should be reported as missing.			

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.

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 subject of crime? e.g., abduction, threats, blackmail			
Is their 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 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 DISCUSSION PRO-FORMA

Name		Date of Birth	
Address		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Date Reported Missing		Time	00:00hrs
Date Traced		Time	00.00hrs
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 <input type="checkbox"/> No <input type="checkbox"/>
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If YES, how/ where is this reported or if passed verbally, details of who and when.	
Child / Adult Protection Referral	Yes <input type="checkbox"/> No <input type="checkbox"/>

[Notification of Child Concern Form](#)

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 DISCUSSION			
Date of Discussion		Time	00:00hrs
Location of Discussion		Length of Discussion	
Person Undertaking Return Discussion			
Contact details			
Any Other Person Present			
Contact details			
Date Form Completed/Forwarded to your Police Representative			

VIEWS OF CHILD ON INFORMATION BEING SHARED

IT SHOULD BE EXPLAINED TO THE PERSON THERE IS A STATUTORY OBLIGATION TO SHARE INFORMATION AND SEEK THEIR VIEWS

Completed form to be e-mailed to lanarkshiremissingpersons@scotland.police.uk

APPENDIX I

SELF EVALUATION

The protocol in respect of missing people will be the subject of ongoing review and self-evaluation via both the performance management groups for Adult and Child Protection Committees.

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

Any issues regarding non-compliance with the protocol will be raised with the appropriate agency. Significant or ongoing issues will be escalated to the Adult Protection Committee and the Child Protection Committee for further discussion and collaboration to resolve these issues.

Return Home Welfare Discussion compliance and quality of information obtained will also be monitored via the Missing Person Operational Coordinator. Where a return discussion is requested, it will be tasked to the relevant agency to complete within the 72-hour guideline.

With thanks to Fife for sharing their protocol and to the National Missing Persons Project and South Lanarkshire Adult and Child Protection Committees for their support producing this document.

