

Shetland Missing Person Protocol



Contents

1. Introduction	2
2. Background	2
3. Purpose	2
4. Definitions	3
5. Risk Assessment	3
6. References	4
7. Information sharing	4
8. Duty Report	4
9. Roles and Responsibilities – Prevention	4
10. Roles and Responsibilities – Response	5
11. Roles and Responsibilities – Support and Protect	6
12. Appendix A – NHS	8
13. Appendix B – Adults who go missing from private or residential care settings ---	10
14. Appendix C – Looked after and accommodated children	13
15. Appendix D – Children missing from education establishment	16
16. Appendix E – Risk Assessment	19
17. Appendix F – Police Initial Missing Person Information	20
18. Appendix G – Risk Assessment Matrix	22
19. Appendix H – Return home welfare interview pro forma	30
20. Appendix I – Self Evaluation	34

1. 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 In Scotland there are over 30,000 episodes of people going missing every year and all agencies recognise the demand this places on resources. 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. BACKGROUND

- 2.1 In May 2017 the Scottish Government published the National Missing Persons Framework for Scotland (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 Shetland the Missing Person Partnership Protocol was approved by the Shetland Public Protection Committee with representatives from Police Scotland; Shetland Islands Council; NHS Shetland; the 3rd sector; SIC Housing; Fire and Rescue Services with the aim of delivering on the requirements set out in the National Missing Persons Framework.

3. 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 use of 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 individual agency protocols reflect the National Missing Persons Framework for Scotland and are subject to ongoing evaluation and review.
 - Ensure that internal protocols are being 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 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. It places a significant responsibility and accountability on staff 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 ongoing joint evaluation and decision making via the Shetland Public Protection Committee will be required to make this successful.

4. DEFINITIONS

- 4.1 All agencies will adopt the national definition of a missing person recommended by the NMPF.
- 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.
- 4.5 For the purpose of this protocol a child is defined as per [Section 93\(2\) \(b\) Children \(Scotland\) Act 1995](#) as
 - A child who has not attained the age of 16 years,
 - A child over the age of 16 years, who has not attained the age of 18 years and in respect of whom a supervision requirement is in force
 - A child whose case has been referred to a children’s hearing by virtue of a supervision order issued in England, Wales or Northern Ireland.

5. RISK ASSESSMENT

- 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). 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 are reporting without delay 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 may have been the victim of a serious crime; or the risk posed is immediate and 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. REFERENCES

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

- [Children \(Scotland\) Act 1995](#)
- [Children and Young People \(Scotland\) Act 2014](#)
- [GIRFEC](#)
- [Adult Support and Protection \(Scotland\) Act 2007](#)
- General Data Protection Regulations
- [Data Protection Act 2018](#)
- [Human Rights Act 1998](#)
- [National Missing Persons Framework for Scotland](#)
- [Human Trafficking and Exploitation Strategy](#)
- [Human Trafficking and Exploitation \(Scotland\) Act 2015](#)

7. INFORMATION SHARING

7.1 Information sharing is governed by the Data Protection Act 2018, the General Data Protection Regulations and Human Rights Act 1998.

7.2 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.

7.3 An updated Data Sharing Agreement is in progress that will include Child Protection Committee Information Sharing Protocol, the Adult Support and Protection Information Sharing Protocol and the MAPPA SOG Information Sharing Protocol that sets out the scope and purpose of information sharing.

8. 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 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 of a Care Home 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.

9. 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 mental capacity of the individual.
 - 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 along with the likelihood of that actually 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 not present the same risk.
- 9.3 This information from the risk assessments will be incorporated into an individual’s care plan with the appropriate levels of support and preventative measures required to reduce the likelihood of them going missing. (NB the term “care 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 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 to be available to staff and Police when required.
- 9.5 Where significant risk factors are highlighted (i.e. sexual 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.
- 9.6 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.
- 9.7 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. ROLES AND RESPONSIBILITIES - RESPONSE

- 10.1 Where a person goes missing each agency will have in place 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. 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, 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 juncture.

10.4 There is an obligation on the reporting agency to complete the risk assessment process and this should be completed at the earliest opportunity.

11. ROLES AND RESPONSIBILITIES – SUPPORT AND PROTECT

11.1 At the earliest opportunity a Single Point of Contact (SPOC) should be agreed with the family / closest person to the missing person and timescales for updates will be agreed. Particularly in the case of a high risk missing person consideration should be given as to what agency or agencies are required to provide ongoing support. In the majority of cases Police will be the SPOC with support provided, where appropriate, from partner agencies.

11.2 When a missing person is traced an initial safe and well check should be completed by Police to ensure that there are no immediate concerns or criminality that needs to be progressed.

11.3 A Return Home Welfare Interview will be conducted with a view to giving the person a meaningful opportunity to be listened to and to 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 conduct the 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 In the majority of cases it is likely that 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 Police. However, Police will be required to conduct interviews in the absence of other options.

11.6 The Missing Person Operational Co-ordinator for Police will co-ordinate the tasking of Return Welfare Interviews and consideration will be given as to who should conduct the interview to ensure that there is a high likelihood of the person engaging in the process.

11.7 Decisions on who should undertake the interview will also need to take into account availability of the missing person to ensure they are conducted within the 72 hour recommended timescale.

11.8 The options, whilst not prescriptive, are as follows and in order of preference:

- **Child allocated to Child and Family Social Work** - Interview carried out by
 1. Allocated Social Worker or
 2. Other involved agency (i.e. school nurse, CAMHS) or
 3. Named Person within education or
 4. 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. Other involved agency (i.e. school nurse, CAMHS) or
 3. Police Officer where there are no escalating risks or concerns (school holidays only) or
 4. Social Work where escalating risks or concerns are noted by Police 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 identified)
 - **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 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 interview.
- 11.10 The interview will be captured on the Return Home Welfare Interview Pro-forma (Appendix H).
- 11.11 The completed Return Home Welfare Interview Pro-forma must be e mailed to HighlandandIslandsMissingPersons@scotland.police.uk for the attention of the Missing Person Operational Co-ordinator, Craig Barron.
- 11.12 Information from the Return Home Welfare Interview will be used to update any care plan, share learning points with partner agencies and make appropriate adjustments to prevent future episodes.
- 11.13 Further details on specific actions for NHS, Looked after Children, Adults in Care and Education can be found in Appendixes B – E.
- 11.14 Where Child or Adult Protection concerns are highlighted, at any stage of the process, established Child or Adult Protection processes should be followed immediately.
- 11.15 Further details on Self Evaluation and Improvement processes can be found in Appendix I.

APPENDIX A – NHS

1.0 Roles and Responsibilities

- 1.1 NHS Shetland define a missing patient 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 [NHS Risk Assessment Framework](#) must be printed off and used as a working document. This document will capture the description, circumstances and any 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 Police should it be required.
- 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.
- REPORT TO 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 pose no risk to either themselves or others.
- REPORT TO POLICE AFTER 24 HOURS IF THE PATIENT REMAINS MISSING

- 1.5 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 Shetland.
- 1.6 Full details of the action to be taken, dependant 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:
 - 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 patient at their home number and mobile telephone;

- Ensuring an accurate description of the patients 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;
 - Contacting 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 & 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 There are a number of professionals trained to conduct these discussions; managers should be aware of staff within their setting that have completed the training and make the Police aware of this on the return of an individual linked to their provision. Ideally, when possible, it should be a staff member the individual knows who conducts the discussion. A list of trained staff will be available from the Shetland Public Protection Team 01595 744435. Discussions should be completed within 72 hours of their return, it is not expected that trained professionals be called to attend out with their normal working hours.
- 1.9 Upon return a Return Home Welfare Interview Pro-forma will be completed and e-mailed to HighlandandIslandsMissingPersons@scotland.police.uk for the attention of the Missing Person Operational Co-ordinator, Craig Barron.

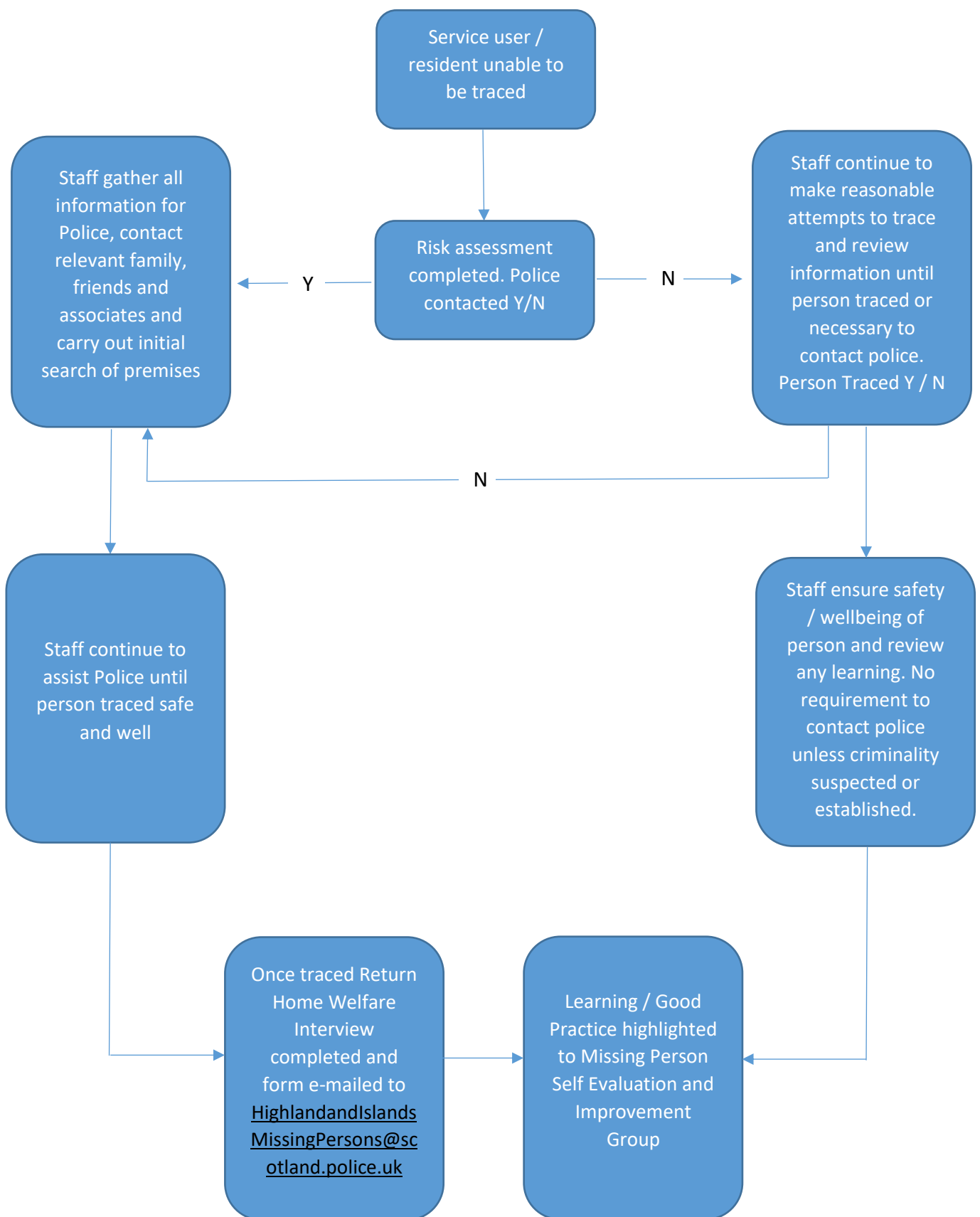
APPENDIX B – Adults Who Go Missing From Private or Residential Care Setting

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 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 Plan and updated as required by the Care Staff. The Care Plan should be stored within the client's home / care home and be accessible at all times.
- 1.5 The Care 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 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 [Appendix H](#)).
- 1.12 When an individual goes missing Care Staff should provide the care 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 out buildings. 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 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 There are a number of professionals trained to conduct these discussions; managers should be aware of staff within their setting that have completed the training and make the Police aware of this on the return of an individual linked to their provision. Ideally, when possible, it should be a staff member the individual knows who conducts the discussion. A list of trained staff will be available from the Shetland Public Protection Team 01595 744435. Discussions should be completed within 72 hours of their return, it is not expected that trained professionals be called to attend out with their normal working hours.
- 1.16 Where the missing person is not capable of engaging in a return 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.
- 1.17 The completed Return Welfare Interview Pro-forma will be e-mailed to HighlandandIslandsMissingPersons@scotland.police.uk for the attention of the Missing Person Operational Co-ordinator, Craig Barron.



APPENDIX C – LOOKED AFTER AND ACCOMMODATED CHILDREN

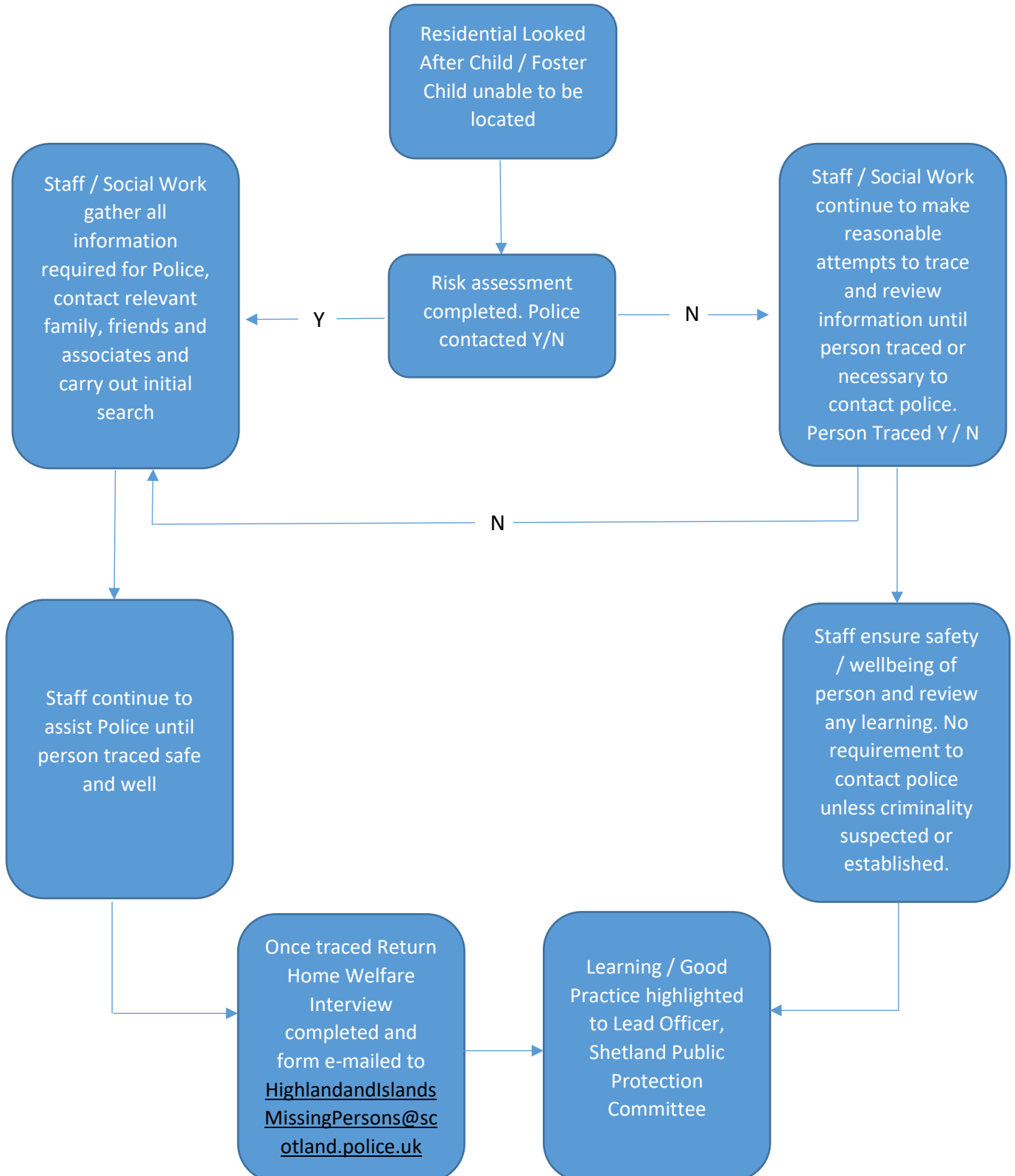
1.0 Roles and Responsibilities

- 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 Shetland. Accommodated children placed out with Shetland are not within the scope of this protocol.
- 1.2 Looked After Children (LAC) in residential care and foster care will have a care 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
 - Medical / physical conditions
 - Medication and impact of being denied access to same
 - Details of drug / alcohol use
 - Any other relevant information
- 1.3 The care plan should be reviewed 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.
- 1.4 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 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 Risk Management Meeting dependant 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 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 or not a child is 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 make a decision on 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 then there is **no requirement** to contact police. 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 curfew).

- 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 allocated Social Worker 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 LAC 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 a LAC 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 residential 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 out buildings. 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 Care 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 the relevant people listed in the Guide for Residential House Staff and Commissioned Agencies.
- 1.12 Upon return a Return Welfare Home 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 Plan.
- 1.13 There are a number of professionals trained to conduct these discussions; managers should be aware of staff within their setting that have completed the training and make the Police aware of this on the return of an individual linked to their provision. Ideally, when possible, it should be a staff member the individual knows who conducts the discussion. A list of trained staff will be available from the Shetland Public Protection Team 01595 744435. Discussions should be completed within 72

hours of their return, it is not expected that trained professionals be called to attend out with their normal working hours.

- 1.14 The Return Home Welfare Interview Pro-forma will be completed and e-mailed to HighlandandIslandsMissingPersons@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

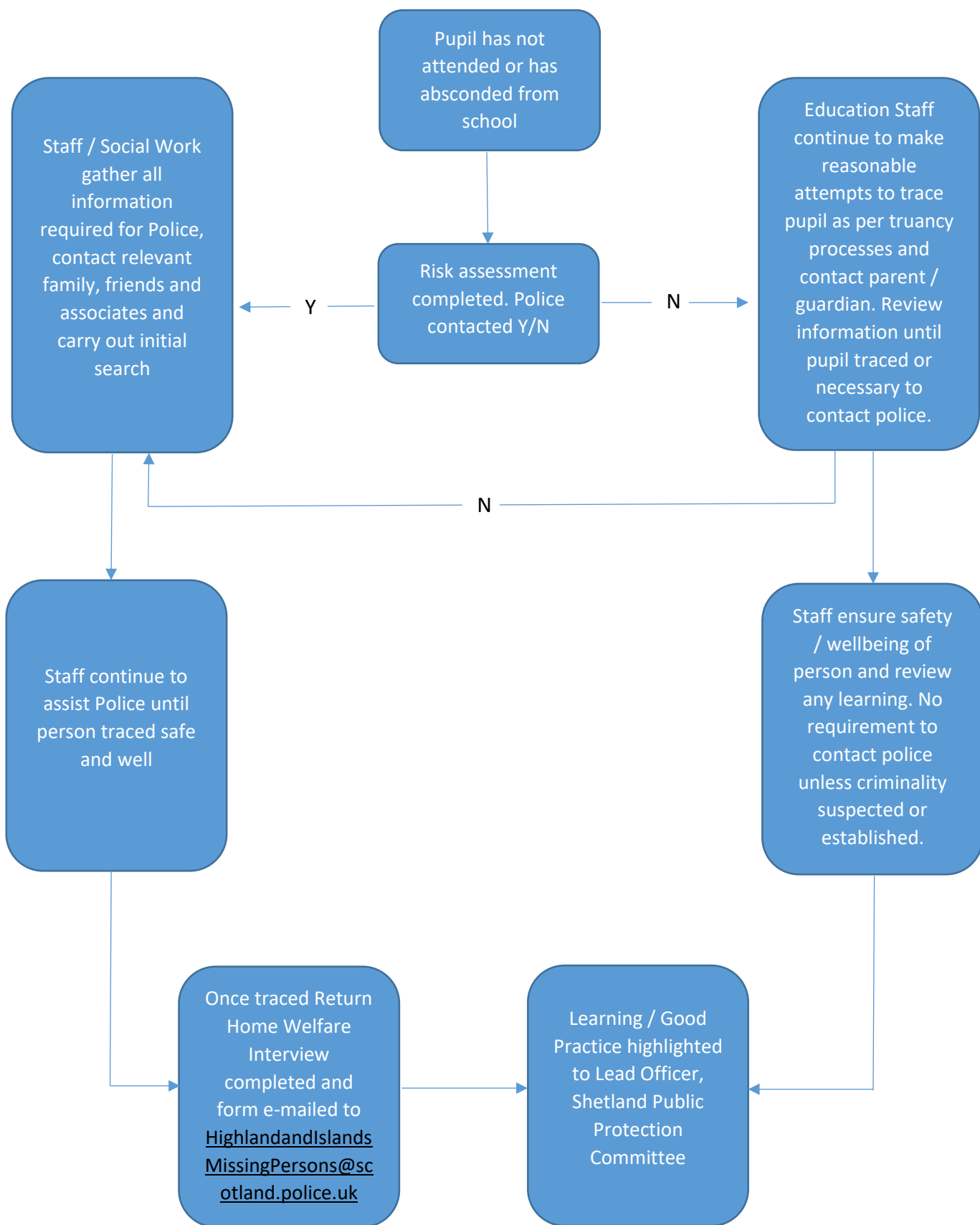
- 1.1 The roles and responsibilities in this section relate to children who either unexpectedly fail to attend school or abscond from school during the school day. Procedures in relation to ongoing absence are covered in the Guideline for Children Missing from Education 2018. New updated policy in progress.
- 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 LAC 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 a LAC 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 Where a high risk is identified the school / named person will call a Professionals 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.
- 1.10 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 makes the phone call to Police ensuring that 999 is used for all high risk cases.
- Update the parent or guardian 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 regarding the missing person and / or their whereabouts.
- Update the parent or guardian that it has been reported to 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.
- Contact to be made with Social Work where the missing person is allocated.
- Staff should commence telephoning family or friends connected to the missing person.

1.11 Once traced a Return Home Welfare Interview will be conducted and 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 interview any relevant information obtained from it will be shared with Education.

1.12 There are a number of professionals trained to conduct these discussions; managers should be aware of staff within their setting that have completed the training and make the Police aware of this on the return of an individual linked to their provision. Ideally, when possible, it should be a staff member the individual knows who conducts the discussion. A list of trained staff will be available from the Shetland Public Protection Team 01595 744435. Discussions should be completed within 72 hours of their return, it is not expected that trained professionals be called to attend out with their normal working hours.

1.13 The completed Return Home Welfare Interview Pro-forma will be e mailed to HighlandandIslandsMissingPersons@scotland.police.uk for the attention of the Missing Person Operational Co-ordinator, Craig Barron.



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

10. Are there family/relationship problems or recent history of family conflict and/or abuse?
11. Are they the victim or perpetrator 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 prior to 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 was the person intending 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

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.
12. Visible marks, scars, tattoos, piercing or distinguishing features.
13. Jewellery (earrings, watches, bracelets, rings, necklace, other)
14. Languages spoken / read
15. Ability to understand / read English
16. Shoe size
17. Dentures
18. 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 & 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 last contact, i.e. call / text
3. Details of person who last saw / spoke with missing person
4. Known demeanour 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 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.	
----------------------	--	---------------	--

Section 1			
If the answer to any of the question in Section 1 is 'Yes', the initial risk assessment is HIGH and 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 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 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?			
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?			
Notes:			

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 RISK ASSESSMENT MATRIX

SERVICE USER NAME		D.O.B.	
-------------------	--	--------	--

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?			

Notes:

--

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 patient 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:
Notes:			

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 RISK ASSESSMENT MATRIX

CHILD NAME		D.O.B.	
-------------------	--	---------------	--

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 child 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?			

Notes:

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 child does not require to be reported to police until further enquiry has been conducted. (Subject to review)

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:
Notes:			

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 RISK ASSESSMENT MATRIX

CHILD NAME		D.O.B.	
------------	--	--------	--

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 child 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?			

Notes:

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 child 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:
Notes:			

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	Male <input type="checkbox"/> Female <input type="checkbox"/>

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 / issues 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

Notification of Child Concern Form by Police		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 pay for any alcohol / drugs?			
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 INTERVIEW			
Date of Interview		Time	
Location of Interview		Length of Interview	
Person Undertaking Return Interview Contact details			
Any Other Person Present Contact details			
Date Form Completed/Forwarded to your Police Representative			

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

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

APPENDIX I – SELF EVALUATION

The processes and procedures in respect of missing persons will be the subject of ongoing review and self-evaluation via the Shetland Public Protection Committee and procedure updates within both Child Protection and Adult Support and 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. There should not be an expectation that interviews are conducted out with normal working hours of 9am-5pm.

Any issues regarding non-compliance with the protocol will be raised with the appropriate agency and via the Self-Improvement and Evaluation Working Group. Significant or ongoing issues will be escalated to the Missing Person and Human Trafficking Group for further discussion and collaboration to resolve these issues.

