Missing People Multi-Agency Response Guidance

Context

1. Someone is reported missing every 90 seconds in the UK. Of the 170,000 people[1] reported missing each year, nearly 98,000 of them are adults and more than 70,000 are children. These people account for 353,000 missing incidents every year, indicating that many people are missing more than once. Looked After children are statistically much more likely to go missing with those who are reported missing being reported on average 6 times.

2. There are few times when people in our society can be more vulnerable than when they go missing, even more so if they have care and support needs. Going missing is often an indication of something not being right in an adults life.

3. There is relatively little research about the reasons why adults go missing. *Missing People* is currently conducting research into this issue to better understand these factors and how to support adults affected by missing.

4. From existing research, the most common reasons for adults to be missing are:
   - Diagnosed or undiagnosed mental health issues (up to 8/10).
   - Relationship breakdown (3/10).
   - Dementia (4/10 people with dementia will go missing at some point, often unintentionally).
   - Financial problems (1/50 adults have stated this as a principal reason for missing).
   - Escaping violence (1/50).

5. Research has shown strong links between missing and suicide and self-harm, with periods of crisis in someone's life and with homelessness.

6. Some people who go missing will become victims of crime or experience harm whilst they are away.

7. In 2018 the All-Party Parliamentary Group (APPG) on Missing Children and Adults published an '*Inquiry into safeguarding missing adults who have mental health issues*'.[2]

8. Evidence suggested that Police were often seen as the primary or only agency involved when someone is reported missing, despite many of the issues linked with missing relating to a healthcare or social care response. Findings from this inquiry included the need for a better multiagency response for missing adults at both a national and local level.

9. It is vital that we see the response to missing persons as every agency's responsibility. All professionals who have contact with anyone struggling with their mental health can play a role in prevention, in helping to ensure people who go missing are found safely and that their return is supported in a sensitive and timely manner, with the right agencies working together to provide that support.

10. In October 2020, the Home Office published *The multiagency response for adults missing from health and care settings – a National Framework for England*.[3] The national framework focuses on people missing from health and

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[1] The statistics were developed by *Missing People* using statistics in the National Crime Agency report 2019/20. They include some estimations for individual missing people in Scotland, as those figures are not included in the NCA report.
[2] https://www.missingpeople.org.uk/wp-content/uploads/2020/10/APPG_Missing_Adults_Good_and_Innovative_Practice_with_images_Website.pdf
[3] https://www.gov.uk/government/publications/the-multi-agency-response-for-adults-missing-from-health-and-care-settings-a-national-framework-for-england

care settings (including hospitals and care homes) but acknowledges transferability into the response to risk of adults missing from their private home as well.

11. This guidance document is based on this framework, putting multiagency coordination at the heart of preventing and responding to missing people and should be applied to people in all settings.

Definition

12. For purposes of this guidance, the following multiagency definition[4] of 'missing' will be used.

'*A missing person is anyone whose whereabouts can't be established and:*
- *The context suggest the person may be a victim of crime; or*
- *The person is at risk of harm to themselves or another; or*
- *Where there is particular concern because the circumstances are out of character, or there are ongoing concerns for their safety because of a previous pattern of going missing'.*

13. This is not the national police definition – a need has been identified for a more specific version for the purpose of multi-agency understanding.

14. This aims to provide more clarity on the circumstances that should trigger action by professionals to find and safeguard someone by including the context of risk.

15. Every missing incident is different however and it is therefore vital to focus on a holistic, individual based approach to understanding what might be happening in someone's life and what steps can be taken to protect them if they are at risk.

Police risk definitions

16. The following table details the definitions of levels of risk from the College of Policing's Authorised Professional Practice[5].

17. All professionals working with people who are risk of going missing should be aware of the risk levels and be able to provide appropriate information to Police to inform the risk assessment.

Low risk	
The risk of harm to the subject or the public is assessed as possible but minimal.	Proportionate enquiries should be carried out to ensure that the individual has not come to harm.
Medium risk	
The risk of harm to the subject or the public is assessed as likely but not serious.	This category requires an active and measured response by the Police and other agencies in order to trace the missing person and support the person reporting.
High risk	
The risk of serious harm to the subject or the public is assessed as very likely.	This category almost always requires the immediate deployment of police resources.

A multi-agency approach

18. The response to missing adults must be considered a multi-agency responsibility.

19. Missing may be an indicator of a range of harms that will require support from a wide variety of agencies.

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[4] Taken from *The multi-agency response for adults missing from health and care settings – A national framework for England*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1032588/The_multi-agency_response_for_adults_missing_from_health_and_care_settings_A_national_framework_for_England.pdf
[5] https://www.college.police.uk/app

20. Responsibility for prevention, early physical searches, reporting, risk assessment, and support for people upon their return should be shared between all professionals working with people who are vulnerable or at risk of going missing.

21. This approach should ensure that people are only reported as missing to the police when necessary and appropriate. Once someone is reported as missing to police, they will take responsibility for the investigation, but information and support should still be provided by the reporting agency.

22. Thames Valley Police have issued an 'Information for Partners' guide in relation to *Right Care Right Person* which describes when patients absent without leave from psychiatric hospitals, or people who have voluntarily walked out of another healthcare or care setting, could be considered as missing and reported to Police. When these cases are reported to Police, they will need to know all enquiries that have been done to try and locate the person, and all risk factors to assist them in determining the level of risk they would associate with that missing report.

23. Police will not routinely look for patient AWOL [6] from psychiatric hospitals. There is an expectation that the hospital will grant s17 MHA leave according to risk. Hospital staff will be expected to use their powers under s18 MHA where possible.

24. The MHA 1983 Code of Practice (para 28.15) indicates that there are three situations when a missing patient should always and immediately be reported to the police by healthcare services:
   • patients who are particularly vulnerable, (for example real and immediate concern that they will be a victim of harm from themselves or another and is not present on the ward.)
   • patients who are dangerous, (for example, has expressed immediate plan to harm another person and is missing from the ward.)
   • patients subject to restrictions under part III of the Mental Health Act 1983 (for example detained under S37/41).

25. In other circumstances, if the hospital has conducted all reasonable enquiries and the patient is not where they are expected to be (or at home), they may be considered missing.

26. Hospital staff should exhaust all their own reasonable enquiries. When reporting to Police, they should be clear about the level of risk or harm, provide information about medication and impact of not taking it / timescales for impact and be available to attend with Police to support (e.g., s135(2) warrant).

27. In relation to patients walking out of other health or care settings voluntarily, if the person has capacity to make the decision to leave, then they are very unlikely to become a missing person.

28. If the person is deemed not to have capacity to make this decision, and the hospital has made all reasonable enquiries to locate the person – checked hospital grounds, checked CCTV, phoned them/NOK (more than once if phone is engaged) – and there are reasonable grounds to believe the person is at risk, they may become a missing person. This may include people subject to a DoLS authorisation but will depend on individual circumstances.

29. When reporting to Police, they will need to know all the enquiries that have been done to try and locate the person, all risk factors to assist them in determining the level of risk they would associate with that missing report, information about any medication and impact of not taking it/ timescales for impact and be able to explain the plan in place for when the patient is returned.

30. Examples of appropriate and inappropriate reports to support professionals in this context can be found on the link above.

31. Not all missing persons will require a safeguarding referral, please refer to appendix 1 for guidance on when a safeguarding concern should be raised.

Prevention

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[6] AWOL - meaning a person who is absent without leave or permission.

32. Professionals must hold a conversation about missing with anyone in their care who may be at risk. 'At risk' could be people who have been missing previously, people in 'hotspot' locations, or people who are identified as at risk by professionals during a risk assessment.

33. This conversation should be informative and supportive. The professional should explain when someone might have to be reported missing, to discuss potential triggers and what changes might be put in place to help. It should never be threatening or suggest that people will be reported as missing to the police as a punishment.

34. Professionals should use this conversation to agree what the adult should do if they 'need a break' or need to get away from the setting at any point. The adult at risk of missing should be given *Missing People's* **helpline number (116 000)**, so they can call if they are thinking about going missing at any point.

35. Where the adult has capacity in relation to related decisions, the conversation should include discussion about when they would be reported missing, and what this will mean, including what information may need to be shared with other agencies. The discussion should provide space to discuss what may trigger a missing episode and what might help to mitigate this and a discussion about how the person can stay safe if they do leave their accommodation, including how they can keep staff/professionals informed of what is happening if appropriate. Relevant information about where the person may go or what they may do whilst missing should be recorded, along with details of the persons it may be appropriate to contact in the event of the individual going missing.

36. Where the adult lacks capacity in relation to related decisions, conversation should take place with those who know them best, and with whom the person would likely wish professionals to consult to consider the same points as above.

37. The Herbert Protocol[7] and the Philomena Protocol[8] have already been introduced as tools to help safety plan for and with people living with dementia and looked after young people who are at risk of going missing. Local agencies have committed to working towards developing one tool that can be used across all ages and groups – however, in the meantime, agencies should proactively use these existing protocols to support best practice. Good practice when using these tools should involve where possible, a genuine engagement with the person to empower them to stay safe and identify anything that might increase their risk of going missing.

38. Where risk of missing is identified, any possible preventative measures should be put in place. The support plan for the adult at risk of missing should be updated to reflect the risk, or the information used to develop a specific plan to be used in the event of them going missing. The plan should be clear about the risks to ensure that any staff member can effectively assess when someone might need to be reported as missing, and so they can share relevant information if they do have to call the police. It should also include the actions to be taken in the case that someone does go missing, including the contact numbers of people appropriate to contact. These plans should be regularly reviewed and updated, and when appropriate, the information shared with other agencies.

Return from Missing

39. When a missing adult is found or returns, it's not the end of their missing journey. They may be unwell, have experienced harm, or the reasons they originally went missing may still be present or even have worsened. It's important they are supported and that everything possible is done to understand why they went missing and to help prevent them doing so again. To do this effectively, the response must be multiagency and flexible to address different needs of people in different situations.[9]

40. People can return from missing in different ways; of their own choice to a care setting or to their home, found and returned by Police, found by someone known to them who takes them to a safe place.

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[7] https://www.thamesvalley.police.uk/advice/advice-and-information/missing-person/missing-persons/vulnerable-people-at-risk-of-going-missing/dementia-missing-risk-herbert-protocol/

[8] https://www.missingpeople.org.uk/for-professionals/commission-us-professional-specialist-services/welcome-to-the-national-missing-persons-framework-toolkit-for-professionals-in-scotland/prevent-introduce-preventative-measures-to-reduce-the-number-of-missing-persons-episodes/the-herbert-protocol-purple-alert-and-the-philomena-protocol

[9] https://www.missingpeople.org.uk/wp-content/uploads/2020/10/APPG_Missing_Adults_Good_and_Innovative_Practice_with_images_Website.pdf

41. If the person is to return to a health or care setting, consideration should be given as to who the most appropriate person is to pick them up and transport them – for some people being transported by Police may be traumatic.

42. It is vital the person receives a good, non-judgemental, and supportive response to their return. They may need support to address something that happened while they were away or help to address whatever triggered the missing episode in the first place. A good response may reduce risk of future missing episodes and associated harm. Consideration of physical and mental wellbeing is essential.

43. Agencies should consider what happens when someone returns from missing in their local protocols – what the response will look like, how it will be recorded and how compliance will be monitored and reviewed.

Ongoing Support

44. Following a missing episode, the returned person should be offered the opportunity to receive further support.

45. Professionals should consider the options and ensure appropriate signposting is put in place. This may include escalating the health or social care available to the person based on a mental health or Care Act Assessment. It may involve referral into mental health services, referral to a GP, signposting or referrals to local charities or other support services, and signposting to national helplines relevant to the persons experience.

46. If the person is vulnerable, they may not have the capacity to navigate accessing support alone. It is important processes are made clear and accessible and that, if necessary, there are options for being supported through the process.
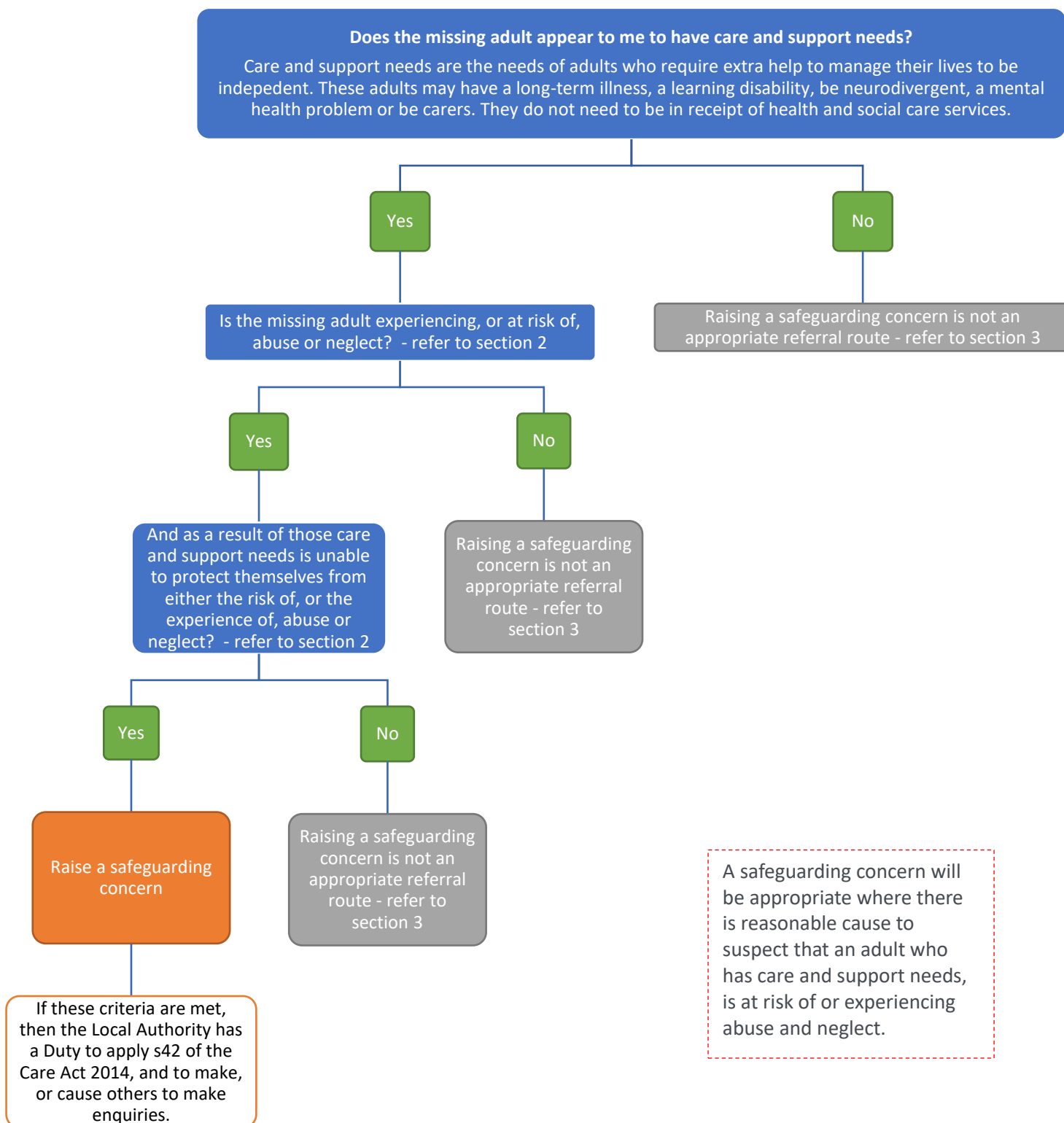
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Review Due December 2025

1. Missing People, when may a Safeguarding (S42) Enquiry be appropriate.

In the event of a missing person, it may be suitable for a safeguarding concern to be raised, the please work through the following flow chart to ensure that this is the correct referral route. If after working through the flowchart you are not sure, speak to your line manager for support or the relevant Local Authority for advice and support. **In an emergency call 999.**

AWOL's and walkouts, police will not routinely look for patients who are absent without leave from hospital settings, or where a patient has left the hospital without treatment. This includes patients who are late from returning from authorised leave. Decisions to report patients as missing, should be in line with hospital protocols and based on risk assessment. Decisions to raise a safeguarding concern should take account of the guidance below.

Does the missing adult appear to me to have care and support needs?
Care and support needs are the needs of adults who require extra help to manage their lives to be indepedent. These adults may have a long-term illness, a learning disability, be neurodivergent, a mental health problem or be carers. They do not need to be in receipt of health and social care services.

Yes

No
→ Raising a safeguarding concern is not an appropriate referral route - refer to section 3

Is the missing adult experiencing, or at risk of, abuse or neglect? - refer to section 2

Yes

No
→ Raising a safeguarding concern is not an appropriate referral route - refer to section 3

And as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect? - refer to section 2

Yes

No
→ Raising a safeguarding concern is not an appropriate referral route - refer to section 3

Raise a safeguarding concern

If these criteria are met, then the Local Authority has a Duty to apply s42 of the Care Act 2014, and to make, or cause others to make enquiries.

A safeguarding concern will be appropriate where there is reasonable cause to suspect that an adult who has care and support needs, is at risk of or experiencing abuse and neglect.

2. When considering applying the criteria above to individual circumstances it is useful to consider the following:

➢ A significant proportion of missing episodes relate to mental distress. It is important to consider the root causes of these episodes, which could be linked to a range of social and family issues.

➢ People with dementia can get lost and go missing. During these episodes, they may be unable to protect themselves from either risk of harm or risk of abuse.

➢ Missing adults between the ages of 18-25 who were previously looked after, or who were on the periphery of this cohort, are recognised as particularly vulnerable to missing episodes and associated exploitation.

➢ Failed visits to people with care and support needs, should be followed up to establish contact with the service user or with someone else to confirm their safety and wellbeing. If a person suspects the person is at risk of serious harm, is critically unwell or that a crime has been committed, they should all 999 immediately.

➢ Adults who live in supported accommodation may be more likely to go missing due to a multitude of factors including substance misuse, associations, and risk of exploitation.

➢ Adults are more vulnerable to all types of exploitation and missing episodes whilst misusing substances. Vulnerability increases whilst under the influence of substances, and when trying to obtain money to buy substances.

➢ Domestic abuse can be extremely complex and increase the risk of adults going missing for a myriad of reasons. This could either be either the victim going missing, the perpetrator, or in some circumstances it could be both together. Coercion and / or control should always be considered as a contributory factor.

➢ Learning Disability / Autism / ADHD – According to the charity Missing People, reasons for adults with a Learning Disability going missing could include bullying / harassment, poor physical and mental health, difficulties in engaging with the police and other agencies, lack of suitable accommodation / homelessness, medication issues, addiction, language and communication issues, behavioural problems, transport (getting lost) and meeting strangers online.

➢ Adults experiencing or at risk of exploitation, including Modern Day Slavery, are at increased risk of going missing. They may be missing due to experiencing harm, because they are trying to evade the person (s) who has caused them harm and / or because they do not trust services to help them.

3. If the criteria to raise a safeguarding concern is not met

➢ An adult may be reported missing to the Local Authority even if statutory criteria for Adult Safeguarding are not met, e.g., the missing person might be receiving a service from the Local Authority, or there may be a concern that they require assessment of potential care and support needs.

➢ If an adult is reported as missing to the Local Authority and they do not meet the statutory criteria for safeguarding adults, it must be determined what the appropriate alternative pathway would be. This could include, but is not limited to case management, housing advice, domestic abuse support, substance misuse services, common point of entry.

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