Centre for the
Study of
Missing Persons

University of
Portsmouth

Repeat reports to the police of missing people: locations and characteristics

July 2014

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FOREWORD

The Centre for the Study of Missing Persons (CSMP) is a specialist research centre within the Institute of Criminal Justice Studies, at the University of Portsmouth (http://www.port.ac.uk/departments/academic/icjs/csmp/). The Centre was founded in April 2012, in partnership with the charity Missing People, to accommodate the growing interest in the field of missing persons. It aims to provide a clear focus for research, knowledge transfer and educational provision to academics, professionals in this community and relatives of missing people. The Centre also aims to function as a one-stop knowledge resource which researchers and other interested parties can access, and use to communicate and exchange knowledge about missing persons.

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Executive Summary

Hundreds of thousands of people are reported missing to the police each year. Out of the 313,000 reports to British police in 2011-2012 (SOCA, 2013) 64% involved children. Most research on missing persons tends to focus on the causes for going missing or the vulnerability of the people who go missing (for example, CEOP, 2011; NPIA, 2011; Rees, 2011). However, relatively little research attention has been given to the locations from which people go missing (Bartholomew, Duffy & Figgins, 2009; Parr & Stevenson, 2013; Stevenson, Parr, Woolnough & Fyfe, 2013).

The current study focuses on the locations from which people are reported missing repeatedly in a one year period. Some of these locations are individual households but the majority are organisational facilities. Thus, our aim is to highlight issues surrounding the 'duty of care' and 'safeguarding' responsibilities of agencies in relation to people who go missing from organisational addresses (such as mental health establishments and children's care homes); specifically in relation to preventing them from going missing in the first place and the responsibility of the organisations helping to locate them.

The data in this study was gathered from **ONE** Police force which uses the COMPACT database. This database holds the reports for all missing person reports where the person has been missing for over 2 hours. In 2011, 2,745 missing person cases opened and closed in this police force (or 40% of over 6,000 missing person cases overall). Given that the focus of this study is the location from which people went missing, only cases where the same address was linked to three cases or more in one year were included. Thus, the analysis in this report is based on 1,321 cases and 149 addresses.

In the current study young people make up the great majority of those reported missing three times or more in a year. Missing people, in our sample, do not travel very far, usually travelling under 5 miles. In terms of missing persons vulnerability, only a minority of young people, in this sample, are categorised as 'high risk' and only a small minority report injury or harm while missing or are known to be involved in criminal activity. Proportionally, the highest risk group are older people, over the age of 50 years. However, the findings in this study raise some concerns about the risk assessment process and the extent to which the type of location from which a person is reported missing is used (or can be used) as an indicator of potential risk.

The results show that people went missing from a variety of locations but that private care homes (57.1%) were the most common place. Almost all (99.5%) of those who went missing from private care homes were young people aged 18 years and under. Going missing from a home address (16.0%) was the next most common location; followed by mental health units (9.9%) and hospitals (7.7%).

In 2011, 149 different addresses in the police force we examined reported people missing three times or more. The study highlights the impact that a few organisations have on police workload, with one private care home making 93 missing person reports in the year 2011. The cost to the police of responding to reports from the top 10 locations is estimated to be £482,250 to £879,060 (Shalev Greene & Pakes, 2013a).

These repeat reports should raise the issue of the duty of care and responsibilities of health and social care organisations towards the vulnerable people for whom they are caring. The authors recognise that repeated incidents of going missing is often a reflection of the life situations of the people within these individual settings as they will often have personal difficulties, find it difficult being away from 'home' far from their family and friends, etc. However, the study raises the question of why organisations that report people missing so

frequently do not always share with the police the responsibility of locating those who go missing.

The study has some noted limitations. First, this study is based on data from only **ONE** police force. Therefore, the authors do not propose that conclusions drawn can be generalised across all police forces in the UK, but some findings may resonate nationally. The scope of the study was also limited to data from police reports and data was not collected from various organisations and agencies regarding their practices, prevention and response strategies. Therefore, the discussion in this report is representative of the Police perspective only and the authors welcome and encourage further research to expand the discussion by including views from other organisations and agencies.

Given the finding of this study, the authors recommend that,

❖ Ofsted and the Care Quality Commission should routinely request a police summary of missing person reports from establishments that are being inspected and that a high number of reports in that time period should be investigated, explained and reported.
When there is a high number of unexplained cases of missing person reports (particularly over a protracted period of time with no evidence of strategies put in place to prevent this) there should be an impact on the ratings of these establishment and in extreme cases lead to sanctions, such as placement of conditions of registration.

❖ The police should build in a case review on repeat *locations*, much as they already do in relation to individual children who go missing three or more times.

❖ A best practice policy should be created by the Department of Health in consultation with ACPO as a matter of urgency in order to clarify responsibilities for patients once they are 'off ground'. We recommend that a new policy should identify parameters of what is expected from health care services before and after reporting patients missing, what is expected from the police when patients are reported missing from secure and open units, and how to enhance multi-agency relationships thus improving safeguarding practices for these vulnerable people.

❖ In areas where information sharing protocols and best practice policies exist (Bartholomew et al, 2009), Ofsted and the Care Quality Commission should routinely review their implementation by the relevant establishments as part of their inspection.

❖ Placement strategies for children in care should be followed through by ensuring information exchange between responsible and host local authorities and the police in each area and any changes should be monitored by these agencies, given the high number of children placed away from home

❖ Use of pooled community budgets (LGA, 2013) may offer an opportunity to make better use of existing resources and ensure a better response to vulnerable people who go missing from publicly funded facilities. For example, a trusted taxi company may be used to return children to care homes, rather than police time being used for this purpose.

Background

Hundreds of thousands of people are reported missing to the police each year. Out of the 313,000 reports in 2011-2012 (SOCA, 2013) 64% involved children. It is well documented that most missing persons are found within a day and that the great majority do not report harm (SOCA, 2013). In the police force we examined, 77% of people who are reported missing go missing only once. However, 50% of all missing person reports involve people who have gone missing more than once. When a child is reported missing three times or more in a 90 day period they are considered to be a 'repeat missing person' and a review of their file takes place. This includes liaising with other organisations that may be in contact with these individuals - such as mental health professionals, social services and so on.

This is because when individuals go missing repeatedly it is a sign that something is wrong with where they are or the situation they are in. A similar assumption might be made in relation to an organisation when there are repeat missing reports filed from that particular location. Repeated reports of missing may also indicate that the organisation is taking vulnerable people or people who find themselves in challenging situations and is therefore dealing with complex needs of individuals.

Most research on missing persons tends to focus on the causes for going missing or the vulnerability of the people who go missing (for example, CEOP, 2011; NPIA, 2011; Rees, 2011). The risks associated with children going missing include becoming a victim of crime and becoming involved with criminal activity through the commission of 'survival' crimes. Risks associated more with adults include being homeless, and coming to harm through injury, an accident or self-harm (Biehal, Mitchell & Wade, 2003; Hayden & Goodship, 2013; Parr & Fyfe, 2012; Smith & Shalev Greene, 2014). These risks are particularly critical when people go missing repeatedly.

However, relatively little research attention has been given to the locations from which people go missing (Bartholomew, Duffy & Figgins, 2009; Parr & Stevenson, 2013; Stevenson, Parr, Woolnough & Fyfe, 2013). The current study focuses on the locations from which people are reported missing repeatedly in a one year period. Some of these locations are individual households but the majority are organisational facilities. Thus, our aim is to highlight issues surrounding the 'duty of care' and 'safeguarding' responsibilities of agencies in relation to people who go missing from organisational addresses (such as mental health establishments and children's care homes); specifically in relation to preventing them from going missing in the first place and the responsibility of the organisations helping to locate them.

The public sector union, UNISON (2011), advises that 'duty of care' as a phrase is used to describe the obligations *implicit* in the role of health and social care staff. This document emphasises that staff should aim to provide high quality care to the best of their ability and say if there are any reasons why they cannot do so (UNISON, 2011, p.7). This advice is framed within the contemporary pressures in a public sector that has faced significant cuts in staff in the last few years.

According to SCIE [1] (nd) 'safeguarding' encompasses six key concepts: empowerment, protection, prevention, proportionate responses, partnership and accountability (para 3). This makes clear the key aspects of the responsibilities of health and social care agencies in relation to vulnerable adults who go missing. In relation to children in care the DfE[2] (2012) highlights their vulnerability, emphasising that: the majority of children in care are there because they have suffered abuse or neglect (para 1). This vulnerability can sometimes be overlooked and these children may be viewed as 'streetwise' (Hayden & Goodship, 2013). Similar to the safeguarding concepts mentioned above, the DfE (2011, section 4.7) states that safeguarding children in care is associated with care home staff working effectively in partnership with other agencies concerned with child protection. The Ofsted (2013) investigation into safeguarding of children in care who are at risk of going missing or running away reported that:

> *Inspectors saw evidence of some tenacious partnership working across relevant agencies to safeguard children at risk of going missing. Information was generally shared effectively when children were reported missing and there were some persistent efforts by professionals to engage children* (p.1).

But also that there was inconsistency and gaps in practise and recording.

Ofsted (2013) also reported that common features of cases of missing children where the frequency of missing incidents had reduced and children's outcomes had improved were: effective multi-agency cooperation, timely and persistent family support, continuity of workers listening to and taking account of the views of children (p.2). However, the report also highlights that updated risk management plans that identified specific actions to prevent children from running away were rare and that strategic planning of services to reduce the number of children who go missing was underdeveloped.

Beyond the fundamental issue of safeguarding those who are vulnerable is also the element of the financial cost of missing person cases. Bartholomew et al (2009) and Bowers, Jarrett, Clarke, Klylmba & McFarlane (1999), for example, recognise that significant amounts of health services and police time and resources are used in incidents where patients go missing from hospitals and mental health units. In the current economic climate cost is an important consideration in relation to the pressures on the police, and other services, to come up with a better way of working together on this issue.

Shalev Greene & Pakes (2012, 2013a) estimate that the cost to the police of a medium risk medium term missing person investigation is between £1,325 - £2,415. During the latter study, police officers highlighted the frequency of requests to search for repeat missing persons, particularly young people who run away or people who go missing from hospitals. Nationally it has been estimated that the annual cost of missing person investigations equates to 19,188 Police Constables working full time or to 14% of the total number of full time police officers across the UK (Home Office, 2011). To put this figure in context, compared with the Home Office's (2005)

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[1] **SCIE** = the Social Care Institute for Excellence
[2] **DfE**= Department of Education

estimated cost of police activity, a missing person investigation is likely to cost three times more than a robbery investigation and four times more than burglary. Therefore, it is imperative that attention is given to improved safeguarding outcomes that are likely to also provide significant cost savings.

Data source and sample

The data in this study was gathered from a Police force which uses the COMPACT database. This database holds the reports for all missing person reports where the person has been missing for over 2 hours. In 2011, 2,745 missing person cases opened and closed on COMPACT in this police force (around 40% of over 6,000 missing person cases overall). Given that the focus of this study is the location from which people went missing, only cases where the same address was linked to three cases or more in one year were included. Thus, the analysis in this report is based on 1,321 cases, rather than individuals.

In order to secure the anonymity of those reported missing no names or full addresses were part of the data supplied to the researchers. The only identifying information relating to specific cases was the PID (Personal Identification Number) number, the case number and the postcode from which they went missing. An officer from the force examined each case to ensure that they matched the exact location. This was done in order to avoid mistaken identity where different locations shared the same postcode.

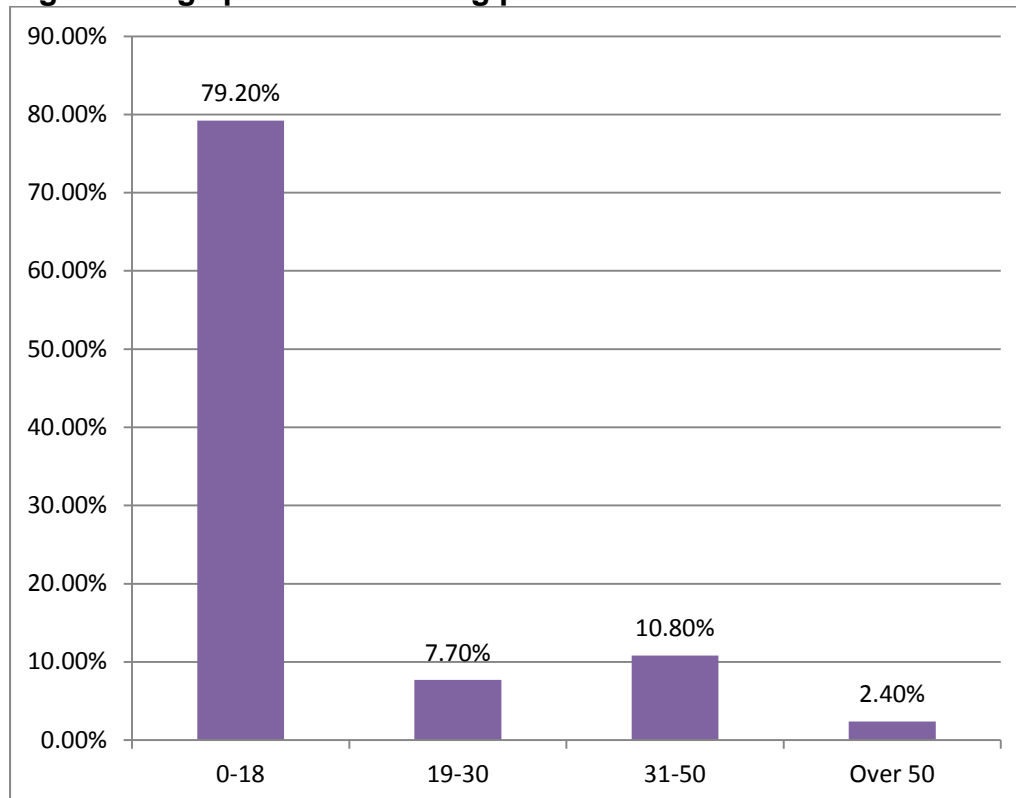**Figure 1: Age profile of missing persons**

Figure 1 illustrates that the great majority (79.2%) of the sample were young people aged 18 years and under. Those aged over 18 years (20.8%) were mostly in the 19-50 age range, with only 31 individuals (2.4%) being over 50 years of age.

The sample was fairly evenly divided by gender: male (50.8%) and female (49.2%). The great majority (97.1%) of the sample were described as White European. The remainder were described as Asian (1.4%) or Black (1.4%).

Findings

The great majority (98.0%) of people in this sample were recorded as having gone missing 'intentionally'. Biehal et al (2003) constructed the 'missing continuum', from intentional to unintentional, ranging from 'decided', through 'drifted', and 'unintentional absence' to 'forced' (Holmes, 2008). It is important to understand and recognise that missing persons may or may not have chosen to go missing, and that their degree of intent may or may not be fully known and understood by the people they left behind or the police (Holmes, 2008). The 2% of cases in this sample involve two intra-familial abductions and therefore would be considered as 'forced'.

Figure 2 illustrates that people went missing from a variety of locations but that private care homes (57.1%) were the most common place from which people went missing in our sample, with 754 missing persons reports in 2011. Almost all (99.5%) of those who went missing from private care homes were young people aged 18 years and under. 211 reports were made of people missing from a home address (16.0%); followed by 130 reports from mental health units (9.9%) and 102 from hospitals (7.7%). Foster care (4.6%), local authority children's care homes (3.6%) and hostels (1.1%) were the other locations from which people were reported missing. It is important to note that most children's care homes (92%) in the force are privately run (105 of the 114); only 9 homes are run by the local authority. Thus, it is not surprising that reports from private children's care home are much more common than reports from local authority children's care homes.

Figure 2: The locations from which people went missing (N=1,321 reported cases)
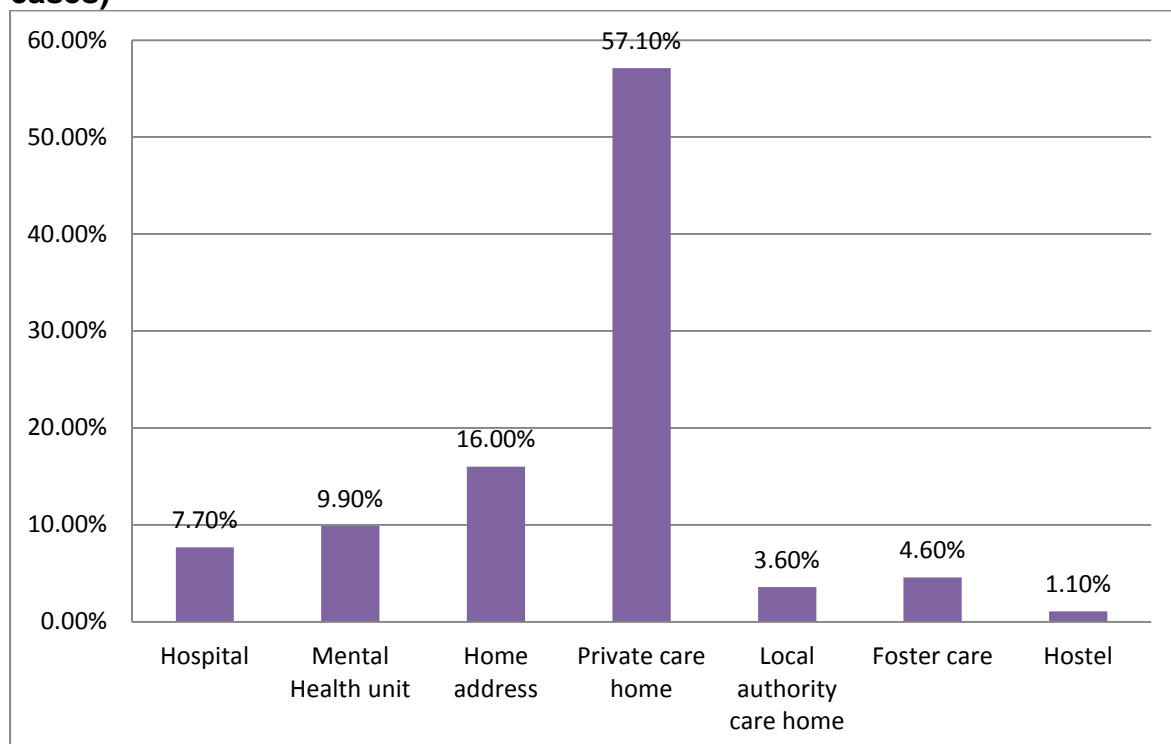
In 2011, 149 different addresses in the police force we examined reported people missing three times or more. The top ten organisational addresses accounted for over a quarter (27.6%, 364 of 1,321) of the repeat reports over a one year period. Table 1 illustrates that seven of these organisational addresses are private children's care homes (275 reports) and three are mental health units (89 reports).

Table 1: Top 10 reporting locations and estimated costs to the police

Type of location	Number of times reporting in 2011	Cost to police (estimated at £1,325 to £2,415 per case) £
Private children's care home 1	93	123,225 to 224,595
Private children's care home 2	52	68,900 to 125,580
Mental health unit 1	42	55,650 to 101,430
Private children's care home 3	35	46,375 to 84,525
Private children's care home 4	30	39,750 to 72,450
Mental health unit 2	25	33,125 to 60,375
Private children's care home 5	23	30,475 to 55,545
Private children's care home 6	22	29,125 to 53,130
Mental health unit 3	22	29,125 to 53,130
Private children's care home 7	20	26,500 to 48,300
Total	**364**	**482,250 to 879,060**

The cost to the police of responding to reports from these 10 locations is estimated to be £482,250 to £879,060. This estimate is based on the work of Shalev Greene & Pakes (2012, 2013a) noted earlier in this report (see p.6).

Table 1 highlights the impact that a few organisational addresses have on police workload. Further analysis shows that 88% of all missing reports from children in care and 54% of hospital reports are repeat reports from the same address. Furthermore, of the 93 reports made from private care home 1, around two-thirds (63 reports) were of one child who was reported missing repeatedly.

These repeat reports should raise the issue of the duty of care and responsibilities of health and social care organisations towards the vulnerable people for whom they are caring. There is a clear sense of mutual frustration between the police and children's social care providers that has been captured in research on children reported missing to the police (Hayden and Goodship, 2013). This frustration includes the police perception (on some occasions) that social care staff could report

children missing too readily, with residential care staff in turn reporting a lack of staff at night as well as few 'out of hours' staff who could respond more pro-actively. This sense of frustration applies also in cases of adults who go missing from hospitals, mental health units or care homes.

A closer examination of police case reports in the current study suggest that care staff in children's care homes, hospitals and mental health units do not always perceive they have the time, knowledge or resources to do much to locate the missing person after they have made the initial report to the police. Logs kept by the police force from the initial conversation with the person reporting the missing incident shed some light on this issue. When asked by the police what action they took to find the missing person, answers included attempts to contact by 'phone:

> "*We haven't been out to look for him. We tried to call his mobile but no answ*er".

Staffing requirements in children's homes:

> "*We only have two staff and four young people so won't be able to get anyone out after this time.*"

Or, no staff available to actively look for the missing person:

> "*We have no security.*"

In other cases staff said:

> "*I don't know where to start.*"

There is no denying that some care staff take action to enquire or search for the missing person. However, a common observation from the police relates to the noticeable disparity between the extent of enquiries that a birth parent or a relative is likely to undertake to locate and return their missing child and the enquiries that staff may make.

It therefore raises the question of why organisations that report children missing so frequently do not always share with the police the responsibility of locating those who go missing as expected by DfE 2011 (section 4.7) and despite report findings from Ofsted (2013) and Bartholomew et al (2009) highlighting the importance of multi-agency work in reducing the number of people going missing.

The force in question has worked over the past three years to formalise a working partnership with children care homes in order to improve multi-agency work. For example, the police force has worked with local authorities to identify children placed in care homes in the area by other local authorities. Through this exercise, it was established that children were living in the area without the knowledge of the local authority or the police. Once these children were identified, placing authorities were contacted and police and local authorities were able to work together and understand risks involved with the children. Subsequently, safeguarding packages were created to keep children safe while living in the area.

Furthermore, private care providers attended meetings throughout the police force. Consequently, all relevant agencies were aware of specific areas of concern. This led to early intervention by putting in place prevention strategies to keep children safe. Carers were also more engaged with the police and were more involved with search and prevention activities.

As a direct result of such multi-agency work, the police force saw a 17% reduction in reports of missing children from care in the period between 2011-2012. However, despite the joint work, in some cases, private care homes are still making frequent reports of missing children who are under their care and do not always work in partnership with the police.

This raises the question of what support and/or sanctions are available for children's care homes who are repeatedly reporting high volumes of missing children but are not engaging with the police. The Ofsted (2013) report acknowledges that some care homes are rated 'good' or 'outstanding' by Ofsted despite repeat incidents of children being reported missing. Yet, there is no record of Ofsted having ever consulted or sought information from this police force prior to inspecting any children's care homes.

It is important that Ofsted looks at what high records of missing person reports means when they inspect a children's care home and evaluate the context surrounding those missing episodes and the work carried out by the children's care home to prevent and reduce such incidence from re-occurring.

Hayden and Gough (2010) found very different patterns of missing person's reports across 10 children's homes. These related partly to the purpose of the home (long or short stay); age of the children and level of need of the residents. Children who were settled did not tend to go missing, even when they had started a placement with several missing episodes. Furthermore, homes could be quickly disrupted by a single placement. Clearly, homes that have high levels of missing persons reports over a protracted period need further investigation, both in relation to safeguarding practises within the home and the placement strategy of the placing authority (or placing authorities).

Therefore, it is the authors view that as part of children's care homes assessment the police should be asked to provide a summary of missing or absent (where relevant) reports cases from establishments in the period in question and that a high number of underlined unexplained cases of children going missing (particularly over a protracted period of time with no evidence of strategies put in place to prevent this) should impact the ratings of the children's care home and in extreme cases lead to the placement of conditions of registration.

The other side to this story is the response of the police to children's homes reports on children who go missing. For example, whilst the reintroduction of the concept of 'absent' might make sense in terms of the use of police time, concern has been voiced by children's charities such as the NSPCC, '*The length of time a child goes missing is irrelevant because they can fall into the hands of abusers very quickly* ' (Tucker,2013, BBC News, March 20th). For more information about the use of 'absent' in police forces see Shalev Greene & Pakes (2013b)

Table 2: Risk assessment and age group (N=1318)

		Risk Level			Total
		Low Risk	Medium Risk	High Risk	
Age group	1-18	1	1025	18	1044
	19-30	0	93	8	101
	31-50	0	125	17	142
	Over 50	0	23	8	31
Total		1	1266	51	1318

*In 3 cases there was no indication of the age of the missing person
$P<.000$ (df=6)

Assessment of risk is central to the police being able to provide a proportionate response (ACPO, 2010). It should be noted that assessments of level of risk are dynamic in nature and may change during the course of an investigation. People assessed as 'high risk' are likely to present immediate concern, for example a risk of suicide (ACPO, 2010). The great majority (96.1%) of missing persons in this sample were categorised as 'medium risk'; 3.9% (51 people) were categorised as 'high risk' and only one person was categorised as 'low risk'. This is different to the national statistics (ACPO, 2013), which state that missing people in 2011-2012 were categorised as low risk 23% of case; medium risk in 66% of cases, and high risk in 12% of cases.

Table 2 illustrates more clearly the age – risk profile. As young people make up the majority of reports, the 18 classified as 'high risk' account for only 1.76% of these reports; whereas the 'high risk' reports on people aged over 50 account for 34.78% of that age group.

10 people in this sample (0.8%) were recorded as having been 'injured' and 25 people (1.9%) were 'harmed' while missing. 5 people who were injured were also coded as coming to harm. The types of injuries resulted mostly from self-harm, but in other cases were the result of accidental harm, such as falling. It is important to note that most of those injured (70%) or harmed (80%) were classified as 'medium risk' rather than 'high risk'.

Offending associated with going missing was also rare. Only 36 people (2.7 %) were recorded as having committed a crime whilst missing. As Table 3 shows, only 5% of those involved in criminal activity while missing were reported missing from home. Three-quarters (75%) of the missing people who were involved with criminal activity lived in private children's care homes (11% were residents of local authority children's care homes).

Table 3: Type of location and criminality

Type of Location	Criminality		Total
	Yes	No	
Hospital	1	101	102
Mental health unit	0	130	130
Home address	2	209	211
Private children's care home	27	727	754
Local authority children's care home	4	44	48
Foster care	1	60	61
Hostel	1	14	15
Total	**36**	**1285**	**1321**

All 36 individuals who were recorded as having committed a crime were classified as 'medium risk'. Table 4 shows a more detailed profile of risk by location. It illustrates that an assessment of 'high risk' is uncommon. For example, only 9.2% of people reported missing from mental health units and 13.7% of people reported missing from hospitals were classified as 'high risk'. Yet many of the patients in these organisational facilities were there either for an evaluation or under section 2 or 3 of the Mental Health Acts (1983 & 2007). It is also important to note, that of the 10 people who were injured and the 25 people who reported harm most went missing from a mental health unit (n=9), or a private children's care home (n= 8). Only 4 people who went missing from hospital or their own home reported harm.

Table 4: Type of location people go missing from and level of risk (N=1321)

Type of Location	Risk Level			Total
	Low Risk	Medium Risk	High Risk	
Hospital	0	88	14	102
Mental health unit	0	118	12	130
Home address	0	198	13	211
Private children's care home	1	745	8	754
Local authority children's care home	0	45	3	48
Foster care	0	60	1	61
Hostel	0	15	0	15
Total	**1**	**1269**	**51**	**1321**

These findings raise some concerns about the risk assessment process in this police force. The first concern relates to the overwhelming use of the medium risk category (in 96% of cases) whereas only 1 case was classified as low risk. These are significantly different figures to the national average (ACPO, 2013).This frequent use of the 'medium' risk category renders the 'low risk' category as virtually impractical. It

also raises the question as to how adequate medium risk category is and whether it should be re-defined.

The second concern relates to the type of location from which a person is reported missing and whether it is used (or can be used) as an indicator of potential risk. This is in conjunction with earlier finding regarding the relationship between level of risk and the age of the missing person. For example, in this sample, 14% and 9% of people reported missing from Hospitals and Mental health units were classified as high risk. These individuals are more likely to be adults. However, only 1%, 6% and 2% of children were classifies as high risk when they were reported missing from a private children's care home, local authority children's care home and foster care.

While people who go missing from hospitals and metal health units are often identified as vulnerable, it is well documented that children who go missing from care homes and foster care are also vulnerable to various types of harm (such as sexual exploitation) and injuries (including self-harm) (DfE, 2012; Hayden & Goodship, 2013). These findings should open a discussion as to whether there is some bias regarding the risk assessment process of children versus adults and for those who go missing from private or local care homes to those missing from hospitals or mental health units. It must be stated that these results are only from one force, and during one year and we would recommend future studies to explore this issue in more depth.

Figure 3 illustrates that nearly two-thirds (63.2%) of people reported missing were found within 5 miles of their home. Most of the rest were found within 40 miles of their home. Only a minority were found over 80 miles away (3.3%) or outside the UK (0.5%).

Figure 3: How far did people go?
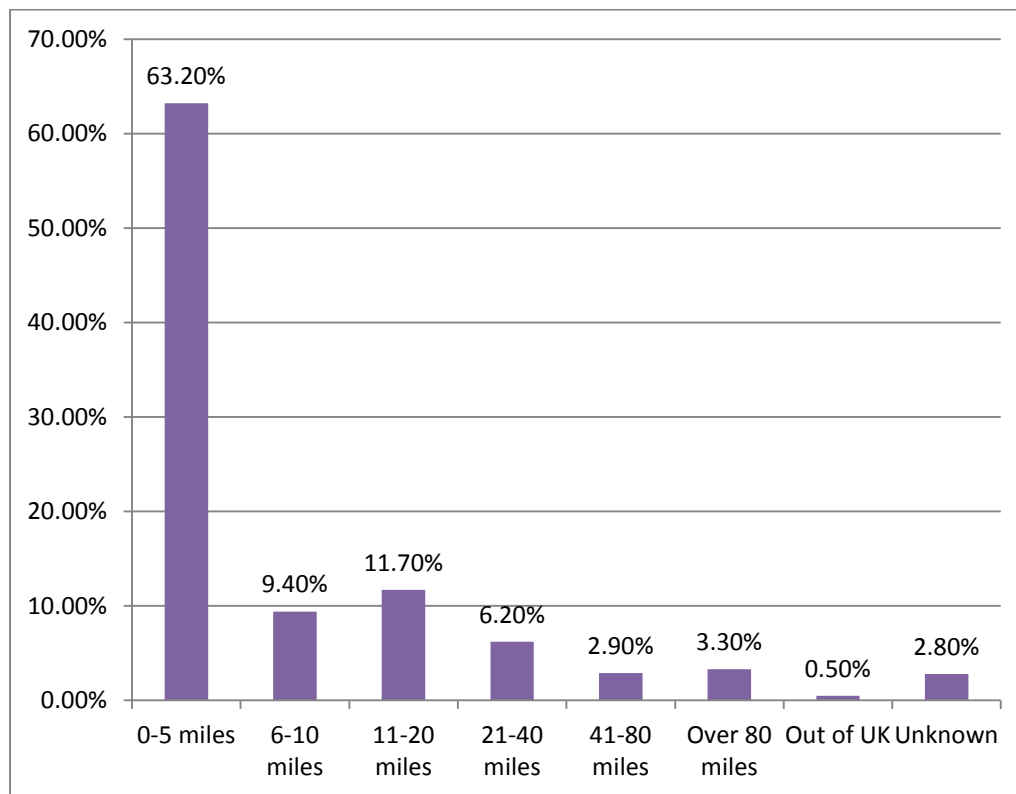
The reason people went missing was not recorded in most cases, only 14.9% of cases had a recorded reason. The most common reason was 'relationships', followed by mental health, drugs and alcohol.

In 50 cases (22%) where people were reported missing from hospitals (102 cases overall) and mental health units (130 cases overall), the individuals were reported missing following being given both supervised and unsupervised breaks to smoke a cigarette (30 cases); or mental health patients (20 cases) did not return from a visit to their family[3].

The findings above highlight cause for concern in relation to vulnerability and duty of care towards individuals who are known to be suicidal or suffer from serious mental health illnesses, yet they are able to go missing from a hospital or a mental health unit. While Batholomew et al (2009) provide an excellent guide on how to potentially reduce incidents of missing patients from mental health units their work does not address the gap in policy on who is responsible for missing patients once they are off grounds. For example, if a sectioned patient goes missing, does the unit (who is legally responsible for the patient) have to attempt to find the patient before reporting them missing; or, is it immediately the sole responsibility of the police to locate missing patients and return them to the unit? Furthermore, if a patient cannot be found in the ward should dedicated staff members be expected to search the

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[3] Known as Section 17 leave, under the *Mental Health Act* (1983)

grounds of the unit or hospital to exclude cases where patients who are smoking outside are reported missing to the police?

The authors recommend that a best practice policy is created as a matter of urgency in order to close this gap. This can be achieved by identifying parameters of what is expected from health care services before and after reporting patients missing, what is expected from the police when patients are reported missing from secure and open units, and how to enhance multi-agency relationships thus improving safeguarding practices for people at a time of increased vulnerability.

However, even in the event of a shared protocol between the police and other agencies police logs in this particular police force suggest that the protocol is not always adhered to as stated above (pg.13). This raised the question of oversight by Senior Management at hospitals and the Regulatory authority, i.e. the Care Quality Commission.

It is important to note that the UK Missing Persons Bureau is in the process of creating a national framework for police and care providers which will hopefully address these issues and will hopefully be implemented by all the relevant parties.

Issues raised by this study
The present study focuses on the locations from which people are reported missing repeatedly in a one year period in **one** police force. We cannot statistically generalise our findings beyond the scope of this research, however, the patterns and issues raised by this study may be similar in other areas of the UK.

In the current study young people make up the great majority of those reported missing three times or more in a year. Most are missing from children's care homes, the great majority of which are privately run in the force area. Missing persons do not travel very far, usually travelling under 5 miles. Only a minority of these young people are categorised as 'high risk'. Proportionally, group most frequently graded as high risk are older people, over the age of 50 years.

The police are in a very difficult situation as the 'go to' organisation that other services approach when one of their clients leaves the premises and is presumed missing. The police are faced with a balancing act of assessing the level of risk about which they have been made aware in a missing persons report and responding proportionally. In doing so the police are reliant on the quality of information supplied by the professionals and organisations who work with the people reported missing on an everyday basis.

It might be argued that, in some situations, health and social care professionals ought to be able to prevent people from leaving institutional premises. For example, in cases where children who repeatedly go missing where it is believed that if they leave care settings without authority they are likely to be sexually exploited by older men and/or otherwise come to harm. Additionally, in cases where mental health units do not have designated secure smoking areas. This often means that patients are allowed to take both escorted/ unescorted smoke breaks in public areas meaning they have the opportunity to go absent without authority.

There are several aspects to this issue. For example, the law and guidance around the use of restraint in health and social care is complex but in essence means that in the great majority of situations where people go missing health and social care staff will be reluctant to intervene physically (in children's residential care this includes not locking children in their room if they are in an open facility). On the other hand, staff in such organisations can help ensure that a person wants to stay where they are and knows who they can speak to if they are unhappy; and, that they also know that they have somebody (or somewhere) to contact if they do go missing.

Hayden and Goodship (2013) suggest a number of pragmatic solutions in relation to children missing from residential care, including the use of a trusted taxi company to return children to care homes, rather than police time being used to do this. Placement strategies for children in care are also part of the problem (Norgate *et al*, 2012). The All Parliamentary Party Group (APPG) report found that 46% of children in care are placed miles away from home, which in some cases may be for their own safety (2012, p. 7). However, these cross-boundary placements may put a huge physical distance between the social worker responsible for a child and the child themselves. In many cases this results in reduced involvement in a young person's life. This situation helps to create the circumstances in which children go missing from care, in order to be where they want to be.

A government consultation on improving the safeguarding of children in care (DfE, 2014) has recently been completed. This consultation addresses the key issues of decision-making in relation to out of area placements, information exchange between placing and receiving local authorities. It is recommended that practise following any changes should be monitored, given the high number of children placed away from home. And that out of area placements should only be in the best interests of the child and should be signed off by Director of Children Services.

Reducing the number of missing person episodes from organisations responsible for reported higher than expected numbers of people going missing is an obvious priority for the police. However, it must be borne in mind that the highest priority is keeping vulnerable people safe. A starting point might be for the police to build in a case review on repeat *locations*, much as they already do in relation to individual children who go missing three or more times. We recommend that Ofsted should routinely request a police summary of missing person reports from establishments that are being inspected and that a high number of reports in that time period should be investigated, explained and reported.

How the principle of 'duty of care' can be applied in relation to people going missing from open facilities is an important starting point for a discussion between the police and health care services. Similarly a 'safeguarding' framework provides the key concepts that could be operationalised in the way that the police work with organisations caring for vulnerable people. Given the frequency of missing patients from hospitals and mental health units we recommend that,

1. The Care Quality Commission (the Government's watchdog for hospitals) and UK police forces adopt an information sharing protocol where the numbers, details and reasons for going missing or circumstances relevant to a missing episode are

shared, as hospitals and mental health units are the second largest reporters of vulnerable missing people to the police.

2. Prior to the inspection process it is recommended that the <u>Care Quality Commission</u> contacts the local police force to establish details of missing patients from hospitals, mental health units and care homes in the relevant time period.

3. That a <u>best practice policy</u> is created as a matter of urgency in order to clarify responsibilities for patients once they are 'off ground'. We recommend that a new policy should identify parameters of what is expected from health care services before and after reporting patients missing, what is expected from the police when patients are reported missing from secure and open units, and how to enhance multi-agency relationships thus improving safeguarding practices for this vulnerable population.

The UK Missing Persons Bureau is in the process of creating a national framework for police and care providers which will hopefully address these issues and will be implemented by all the relevant parties.

Finally, perhaps the move to pooled community budgets (LGA, 2013) may offer an opportunity to make better use of existing resources and ensure a better response to vulnerable people who go missing from publicly funded facilities. For example, most (nationally 76%, the police force 92%) children's care homes are now privately run and the average cost per child per year is £200,000 (APPG, 2012). In the force we examined in 2011 a small proportion (6.6%) of these homes accounted for over a third (36.6%) of all missing persons reports on privately run children's homes. Service commissioners of such privately run facilities could look more carefully at the responsibilities of these services in relation to the people (primarily vulnerable children) that they report missing to the police. The APPG (2012) inquiry into children who go missing from care provides an extensive list of recommendations that should inform commissioning, inspection and local authority placement strategies. To date there has not been a similar inquiry into adults who go missing from organisational addresses.

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