

Document Type:	Standard Operating Procedure	
Reference Number : <b>2249</b>	Version Number: <b>2</b>	Next Review Date: <b>25 October 2022</b>
Title:	<b>Missing Episodes to Safeguard Children</b>	
Document Author:	Named Nurse Safeguarding Children	
Applicability:	Young People and Unborn Children as defined in document	

### 1. Purpose of this document:

This Standard Operation Procedure provides practice guidance for children/ Young people and unborn children who go missing to staff employed by Torbay and South Devon NHS Foundation Trust (TSDFT) – for this document purposes, Trust refers to TSDFT.

For any child/unborn who goes missing there is a range of safeguarding risks depending upon their age and stage of development. Such children must be considered as vulnerable, and there is a duty to ensure that appropriate risk assessments are undertaken. Every “child missing episode” should trigger proper attention from professionals involved with the child/unborn.

Children go missing/ run away for a variety of reasons and these are often complex and unique for the individual child or young person. The most frequent reason given is “problems at home”, problems in education, Physical/emotional abuse from adults, mental health and substance misuse problems, and involvement in criminality are commonly associated with children going missing.

Looked after children, are three times more likely to go missing from home than children who are not in care. As a result these children are particularly vulnerable to exploitation and harm.

Missing children are at high risk of physical and sexual abuse, criminality, homelessness and substance misuse. These issues are an indicator that a child may be a victim/or at risk of child criminal exploitation (CCE)

Risk assessment regarding a missing child or young person should be undertaken in partnership with other agencies, using the usual information gathering and sharing protocols. Children services and the police are the statutory agencies who manage this process, Trust staff are expected to support this function.

## **2. Scope of this SOP:**

This SOP will:

- Ensure effective multi-agency co-operation.
- The episode of missing is analysed and considered alongside the health needs of the young person, Child or Unborn, and where appropriate are given the opportunity to discuss their worries with health staff who work with them.
- Safeguarding processes are considered and implemented to ensure that young people are safe from harm

## **3. Competencies required:**

All staff employed by TSDFT will have:

- Training to the appropriate level of child protection for their role.
- Knowledge of the risk factors of CCE and the LSCB toolkits
- Listen to and take account of the views of children and young people who go missing.
- Ability to work in a multi-agency way at operational level to share information as appropriate to keep unborn babies, children and young people safe from current or future harm

In addition Trust staff will be aware of the following policies and guidance:

South West Child Protection Procedures:

<http://www.proceduresonline.com/swcpp/> (checked 17/07/2019)

Torbay and South Devon NHS Foundation Trust Child Protection Policy:

[https://icon.torbayandsouthdevon.nhs.uk/corp\\_doc\\_mgmt/Clinical%20Effectiveness/G2075.pdf](https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G2075.pdf) (checked 17/07/2019)

Trust staff will know how to access support and supervision from the Safeguarding Children Team

## **4. Procedure:**

- When children go missing the Trust safeguarding children team receive the police report relating to the incident via generic email or through information sharing at “Missing Monday” meetings chaired by Torbay Children Services or Devon and Cornwall Police.

- All missing unborn/child/young person alerts for out of area are sent to the named Nurse/Midwife for safeguarding children by the Designated Nurse for safeguarding children.
- Unborn baby alerts will be stored securely on the obstetric gynaecology maternity shared drive by the Safeguarding Midwife/named Midwife. These can be accessed in the event that a pregnant woman presents to the service from out of area. Unborn baby alerts will be destroyed by the Safeguarding Midwife/Named Midwife as soon as the Unborn is located or one month after the estimated date of delivery.
- In some cases the safeguarding children team receive a Return Home Interview which has been conducted by Checkpoint for Torbay children.
- On receipt of a notification that a child has gone missing or a return home interview the Trust safeguarding children team will assess and triage the incident and share with TSDFT staff who are currently working with the child or where they have been closed within the last 6 months.
- Where incidents are serious, or a child has been missing for 72 hours, immediate safeguarding will be considered. The Named Nurse will be informed and there will be Strategy discussions held with children services in Torbay or Devon, and other partner agencies to ensure a plan is in place to reduce risks to the child
- In addition information relating to out of area children who go missing from home is sent to the relevant NHS safeguarding children service or Looked After Children service as required to safeguard. This may be via the Designated safeguarding Nurse service.

## **5. Flagging**

Flagging of the emergency department system enables emergency department staff to consider vulnerable young person, Child or Unborn who may be missing and to alert the police on 101 if they present so they can be safeguarded and where appropriate be taken home.

Flagging of a young person is facilitated by contacting the Safeguarding Nurse Practitioner /Paediatric Liaison Service.

The Safeguarding Children Team will liaise with the paediatric liaison monthly to review flags and remove those that are no longer required.

### **5.1 Responding to Missing Notifications**

**This section relates to services that are currently working with, are looked after, or have closed an intervention in the last 6 months:**

When a police notification of a missing episode or a return home interview is received the following steps must be taken by the professional:

- Consider the episode in context with information known by that service.
- If the child/Unborn is open to children services share relevant information held by the service to keep the young person safe.
- Consider and plan further action required by the service and document this plan. This may include multi-agency conversations and sharing of information
- If no action is required document this and the rationale.
- Store the information safely in the young person's record so other professionals can access this when treating that young person

## **6. Missing and Child Exploitation Meetings (MACE)**

Where staff attend the MACE meeting it is expected that any health information relating to the missing/exploitation incident is shared to enable safeguarding of the child/young person.

- Names of children who are discussed at MACE will be researched prior to the meeting and relevant health information shared alongside the recent missing episode.
- Information will be gathered regarding known/reported locations where children/young people are exploited or children go missing. Adult information will also be shared for intelligence gathering to determine risk they pose to Children and young people.

- All TSDFT staff will be aware of how to refer any child/young person they consider to be at risk of exploitation or going missing via the referral form on the safeguarding page on ICON. (Appendix 1.)
- If staff require any support/advice / guidance, they should contact the Safeguarding Children Team on 01803 208659 or email [Safeguardingchildren.tct@nhs.net](mailto:Safeguardingchildren.tct@nhs.net)

Appendix 1

CSE Referral Form

CSE 1

PART 1 REFERRER'S DETAILS	
Name:	
Agency:	
Address:	
Telephone:	
Date Completed:	

PART 2 SUBJECT'S DETAILS	
Family name:	
First name:	
Middle name:	
Alternative name(s):	
Date of birth:	
Address:	

Parent/Guardian	
Ethnicity See <i>Appendix 1</i>	
Schools/Education establishments/ Year	
Health Worker	
Are Parent (s)/ Guardian aware of the report?	

**Looked after status**

Lives with family, no experience of care		Young person is looked after: foster family	
Lives with family members, previous experience of care		Young person is looked after: residential unit	
Care Leaver		Young person is in Secure Accommodation	
Unknown		Section 20 -Voluntary Section 38 -Interim Care Order Section 31 -Care Order	

**Basis of concerns regarding missing / sexual exploitation (reason for referral)  
(For guidance see Appendix 2)**

Disclosure of exploitation		Going missing	
Incident or suspected incident of sexual exploitation		Breakdown in communication with carers	
Concerns about relationship with older male/female		Unexplained money or items	
Alcohol/drug use		Changed behaviour	
Learning disability		Concerns about mental health	
Peers victims of exploitation		Preventative work	
Other (please state below)			

**Experience of violence in past**

Domestic Abuse		Physical violence from family	
Sexual Abuse		Violent towards others	
Physical violence from boyfriend/girlfriend		Peers are violent	
Unknown			

**PART 3 DETAILS OF CASE/ INCIDENT/ INTELLIGENCE**

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PART 4 DETAILS OF AGENCY INVOLVEMENT		
Name	Agency and Address	Telephone Number

<b>Referrer's Signature:</b>	
<b>Date:</b>	

**Please forward:**

**Tel:**

**Fax:**

**7. Monitoring tool:**

Standards:

Item	%	Exceptions

**Equality Statement.**

The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and [Equality Impact Assessments](#) please refer to the [Equality and Diversity Policy](#)

**References:**

Children Missing from Care, Home and Education SWCPP

[http://www.proceduresonline.com/swcpp/torbay/p\\_ch\\_miss\\_care\\_home\\_ed.html](http://www.proceduresonline.com/swcpp/torbay/p_ch_miss_care_home_ed.html)

Children who run away or go missing from home or care 2014 DfE

<https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care>

Five Changes that could make a difference to missing children and young people, 2016 Children Society

<https://www.childrensociety.org.uk/news-and-blogs/our-blog/five-changes-that-could-make-a-difference-to-missing-children-and-young>

## Document Control Information

*This is a controlled document and should not be altered in any way without the express permission of the author or their representative.*

*Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.*

*If printed, this document is only valid for the day of printing.*

*This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.*

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<b>Date of issue:</b>	25 October 2019	<b>Next review date:</b>	25 October 2022
<b>Version:</b>	2	<b>Last review date:</b>	
<b>Author:</b>	Named Nurse Safeguarding Children		
<b>Directorate:</b>	Child Health		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>	Safeguarding Children Operational Group		
<b>Date approved:</b>	4 September 2019		
<b>Links or overlaps with other policies:</b>	2075 – Child Protection Policy		

<b>Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.</b>	Yes <input type="checkbox"/>	
	Please select Yes                  No	
<b>Does this document have implications regarding the Care Act? If yes please state:</b>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

### Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
12 January 2018	1	New	Care and Clinical Policies Group
29 January 2018	1	Review date extended from 2 years to 3 years	
25 October 2019	2	Revised	Safeguarding Children Operational Group

## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

### Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

**Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)**

<b>Policy Title (and number)</b>		<b>Version and Date</b>	
<b>Policy Author</b>			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
<b>Who may be affected by this document?</b>			
<b>Patients/ Service Users</b> <input type="checkbox"/>	Staff <input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
<b>Could the policy treat people from protected groups less favorably than the general population?</b> <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
<b>Age</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Gender Reassignment</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Race</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Disability</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Gender</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Pregnancy/Maternity</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sexual Orientation</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Religion/Belief (non)</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Marriage/ Civil Partnership</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers<sup>1</sup>; travellers<sup>2</sup>; homeless<sup>3</sup>; convictions; social isolation<sup>4</sup>; refugees)</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>			
<b>VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion</b>			
<b>Is inclusive language<sup>5</sup> used throughout?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>Are the services outlined in the policy fully accessible<sup>6</sup>?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>Does the policy encourage individualised and person-centred care?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>Could there be an adverse impact on an individual's independence or autonomy<sup>7</sup>?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>EXTERNAL FACTORS</b>			
<b>Is the policy a result of national legislation which cannot be modified in any way?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)</b>			
<b>Who was consulted when drafting this policy?</b>			
<b>Patients/ Service Users</b> <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
<b>Staff</b> <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
<b>What were the recommendations/suggestions?</b>			
<b>Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ACTION PLAN: Please list all actions identified to address any impacts</b>			
<b>Action</b>	<b>Person responsible</b>	<b>Completion date</b>	

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<b>AUTHORISATION:</b>			
<b>By signing below, I confirm that the named person responsible above is aware of the actions assigned to them</b>			
<b>Name of person completing the form</b>		<b>Signature</b>	
<b>Validated by (line manager)</b>		<b>Signature</b>	

**Please contact the Equalities team for guidance:**

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)  
01803 656676 or email [pfd.sdht@nhs.net](mailto:pfd.sdht@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation.**

## Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes  No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.