

Management of Missing Episodes for Children and Young People	
Standard Operating Procedure (SOP)	
Ref No: 2249	
Version: 1	
Prepared by: Named Nurse Safeguarding Children	
Presented to: Care and Clinical Group	Date: 20 December 2017
Ratified by: Care and Clinical Group	Date: 20 December 2017
	Review date: 12 January 2021
Relating to policies: Child Protection Policy Management of Police Reports	

1. Purpose of this document:

This Standard Operation Procedure provides practice guidance for 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 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

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 sexual exploitation (CSE)

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 provides practice guidance to TSDFT staff that come into contact with children and young people in their day to day work.

Different agencies hold different information about a child, making it vital that they work together to build the whole picture of the vulnerabilities facing young people going missing.

This SOP will:

- Ensure effective multi-agency co-operation
- The episode of missing by Young People is analysed and considered alongside the health needs of the young person 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 the 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 CSE 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 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 09.10.17)

Torbay and South Devon NHS Foundation Trust Child Protection Policy:

https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G2075.pdf

(checked 09.10.17)

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.

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.

4.1 Flagging

Flagging of the emergency department system enables emergency department staff to consider vulnerable young people 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.

The safeguarding children team will liaise with the paediatric liaison monthly to review flags and remove those that are no longer required.

4.2 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 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

4.3 Missing and Child Sexual Exploitation Meetings (MACSE)

Where staff attend the MACSE it is expected that any relevant health information relating to missing episodes is shared to safeguard children.

- Names of children who are discussed at MACSE will be researched prior to the meeting and relevant health information shared alongside the recent missing episode.

5. 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

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>

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	12 January 2018	New	Care and Clinical Group
1		Review date extended – 2 years to 3 years	Revised	

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

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)

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

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
01803 656676 or email pfd.sdhct@nhs.net

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

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

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 New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR 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, NDPR 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. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdfd@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.