**MISSING FROM HOME STAGE ONE MEETING** *(Where a child has been missing for 5 episodes within a rolling 90 day period)*

**Child/Young Person:**

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| **Date:** | | | | | |
| **Chair-**  (*For stage 1 this must be a Children’s Services Team Manager)*  **Attendees**-(Child/young person, social worker or relevant lead professional, police, parents/carers/residential staff, fostering social worker, author of return interview, designated health professional, inclusion officer CLA, other relevant professionals) | | | **Contact details** | | |
| **Chronology of missing episodes** | | | | | |
| **Date:** | **Impact on child** | | **Learning from Return Interviews** | | **Action taken** |
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| **MEETING DETAILS** | | | | | |
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| **Analysis of Risk.** Please refer to **RISK ASSESSMENT FOR CHILDREN/YOUNG PEOPLE WHO GO/ARE AT RISK OF GOING MISSING FROM CARE**  and update where necessary.  What is the comparison with risk analysis from any previous meetings about this young person? Is the risk higher/lower? Why? |  | | | | |
| What is the young person’s view? |  | | | | |
| Elements to be added to child plan. (it is the allocated workers responsibility to update this within 24 hours) | | | | | |
| **Reason for Action** | | **Required Action** | | **Who will do this and when?** | |
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Minutes to be sent to all attendees.

Service Manager

IRO (if applicable)

Police MFH Representative (This will be dependent on authority in which the child resides but for Cumbria is cumbriapolicetriageteam@cumbria.pnn.police.uk)