# 2244

CSC/CH/M5

No

# **Missing Person Report - Children's Homes**

**1. DETAILS**

**AGE:**

**LEGAL STATUS:**

##### DATE:

#### NAME OF YOUNG PERSON:

|  |  |  |  |
| --- | --- | --- | --- |
| **Time last seen:** |  | **Accompanied by:** |  |
| **Summary of events leading up to young person going missing:** |  |
| **Site Searched:** | **YES / NO** | **Local Area Searched:** | **YES / NO** |
| **Time Reported to Police:** |  | **Police Log Number:** |  |
| **Absent or Missing?** |  |
| **Was yp missing overnight?** | *To be completed on return* |  |

**2. RISK ASSESSMENT**

|  |  |  |
| --- | --- | --- |
| **RISKS INVOLVED:** | **HIGH/****MED/****LOW** | **DETAILS** |
| **1. Is there any information that the person is likely to cause self-harm or attempt suicide?** |  |  |
| **2. Is the person suspected to be subject of a crime in progress, e.g. abduction?**  |  |  |
| **3. Are they vulnerable due to age infirmity or any other factors?** |  |  |
| **4. Are there inclement weather conditions that would seriously increase risk to health?** |  |  |
| **5. Does the missing person need essential medication or treatment not readily available to them?**  |  |  |
| **6. Does the missing person have any physical illness, disability or mental health problem?** |  |  |
| **7. Do you believe that the person may not have the ability to interact safely with others or in an unknown environment?** |  |  |
| **8. Has the person been involved in a violent, homophobic and /or racist /confrontation immediately prior to disappearance?** |  |  |
| **9. Has the person been the subject of bullying?** |  |  |
| **10. Has the person previously disappeared and suffered or was exposed to harm, including CSE?** |  |  |
| **11. Is the behaviour out of character and likely to be an indicator of their being exposed to harm?** |  |  |
| **Are Police aware of this information** | **Yes / No** |

**3. NOTIFICATION OF YP MISSING:**

|  |  |  |
| --- | --- | --- |
| **At the time of going missing:** |  | **Office hours:** |
|  | **Time** | **Signature** |  |  | **Date/****Time** | **Signature** |
| **Parents** |  |  |  | **Social Worker** |  |  |
| **EDT (email or phone)** |  |  |  |  |  |  |

**4. EVENTS LOG – Sightings, information, discussion, if YP becomes missing person etc.**

|  |  |  |
| --- | --- | --- |
| **Time** | **Event** | **Signature** |
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*Continue on back sheet if necessary*

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| --- | --- |
| **Has young person been missing for 48 hours?** | **YES / NO** |
| **If so, has Service Manager been notified? (via EDT if out of hours)** | **YES / NO** |

**FOLLOWING YOUNG PERSON’S RETURN:**

|  |
| --- |
| **How was the young person on return?** |

|  |
| --- |
| **State any reason given by the yp for going missing or where they have been**  |

**5. NOTIFICATION OF RETURN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Time** | **Signature** |  |  | **Time** | **Signature** |
| **Police** |  |  |  | **Social Worker** |  |  |
| **EDT (email or phone)** |  |  |  | **CRO; Email** **rights4u@eastriding.gov.uk** **or phone 01482 396828** |  |  |
| **Parents/ Connected others** |  |  |  | **Entered in Reg 28** |  |  |

**6. DEBRIEFS**

|  |  |
| --- | --- |
| **Time and Date of Police Safe and Well Check** |  |
| **Any feedback received from the Police?** |

|  |  |
| --- | --- |
| **Date of CPaRT Independent Return Interview / Children’s Rights visit**  |  |
| **Outcome of debrief:** **Signed: Date:** |

**7. MANAGEMENT OF FUTURE RISK**

|  |
| --- |
| *Any Changes to Risk Assessment or management of care of yp? Strategy Meeting called?*  |

**8. MANAGER’S COMMENTS**

|  |
| --- |
| *(Incl. reasons for go missing and whereabouts)***Signed:.....................................................Home Manager Date:.................................** |

**CONTINUATION TO EVENTS LOG -– Sightings, information, discussion,**

|  |  |  |
| --- | --- | --- |
| **Time** | **Event** | **Signature** |
|  |  |  |
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