

## STANDARD OPERATING PROCEDURE MISSING FROM HOME AND CARE

<b>Document Reference</b>	SOP20-036
<b>Version Number</b>	2.0
<b>Author/Lead Job Title</b>	Helen Young – Specialist Safeguarding Practitioner
<b>Instigated by:</b>	Rosie O’Connell, Head of Safeguarding and Named Professional for Adult Safeguarding
<b>Date Instigated:</b>	
<b>Date Last Reviewed:</b>	9 August 2024
<b>Date of Next Review:</b>	August 2027
<b>Consultation:</b>	ISPHNs Team Leads, Service Managers CAMHS Team Leads, Service Managers PSYPHER Team Leads, Service Managers Trust Safeguarding Team Executive Director of Nursing and Deputy Director of Nursing Named Nurse for Children Looked After Children’s Therapy Leads Safeguarding Children Supervisors Safeguarding Learning and Development Forum
<b>Ratified and Quality Checked by: Date Ratified:</b>	Safeguarding Learning & Development Forum 9 August 2024
<b>Name of Trust Strategy / Policy / Guidelines this SOP refers to:</b>	Safeguarding Children Policy

**VALIDITY – All local SOPs should be accessed via the Trust intranet**

### CHANGE RECORD

Version	Date	Change details
1.0	Nov-20	New SOP. Approved by QPaS 17 December 2020
2.0	Aug-24	Reviewed and updated SOP. Title changed. Approved at Safeguarding Learning & Development Forum (9 August 2024).

## Contents

1. INTRODUCTION .....	3
2. SCOPE .....	3
3. DUTIES AND RESPONSIBILITIES.....	3
4. PROCEDURE: For all missing children – High Priority Alert.....	4
4.1. PROCEDURE: Children and Young People where there are no safeguarding concerns. .	4
4.2. PROCEDURE: Missing Families: Where there are safeguarding children concerns .....	5
5. MANAGING THE CHILD’S HEALTH RECORD .....	6
6. TRACED CHILDREN / FAMILIES .....	6
7. REFERENCES .....	7
Appendix 1 - Missing Children / Young People Process Flowchart .....	8
Appendix 2 - Traced Children / Young People Process Flowchart .....	9
Appendix 3 - Missing/Traced Memo .....	10
Appendix 4 - Frequently Asked Questions .....	11
Appendix 5 - Equality Impact Assessment .....	13

## 1. INTRODUCTION

For the purpose of these guidelines, the term 'Children and Young People' refers to those families that have disappeared from a known address in the Hull, East Riding of Yorkshire or North Yorkshire areas and when no alternative address has been identified.

## 2. SCOPE

This document outlines the core principles that should be followed when a child/young person is identified as being missing. It sets out the way in which the Trust will seek to meet these core principles. This document is aimed at all practitioners employed by Humber Teaching NHS Foundation Trust.

## 3. DUTIES AND RESPONSIBILITIES

This clearly states the accountability and responsibility of staff at all levels including the standard operating procedure lead and as appropriate; heads of service, departmental heads, key personnel and Trust staff.

### **Executive Director of Nursing, Allied Health and Social Care Professionals and Medical Director**

Responsible for ensuring that this standard operating procedure (SOP) is reviewed, approved and monitored by the appropriate Trust-wide group.

### **Trust Safeguarding Team**

Report, give advice and provide assurance to the Trust Board on all matters relating to missing children, as well as conducting an audit of trust wide missing children activity and compliance with this SOP on an annual basis.

### **All Staff**

All staff should familiarise themselves with the contents of this standard operating procedure and adhere to the recommended actions. All staff have a responsibility to promote and safeguard the welfare of children (DoH 2015). The purpose of the Missing children guidance is to locate children, young people, and unborn children who have disappeared from view and for whom there may be concerns of significant harm in respect of vulnerability, abuse and neglect. Health Practitioners should follow these guidelines and must contact the Trust Safeguarding Team for further advice and guidance as required.

#### 4. PROCEDURE: For all missing children – High Priority Alert

A high priority alert (as shown below) should be placed on the child's SystmOne electronic patient care record. This should be completed prior to any missing checks being undertaken.

'The whereabouts of the child is unknown and has been reported as missing from service. Please inform the Children & Young Peoples Services of any new contact information. Please send a task or an email to Hull: [hull.cypcommunityservices@nhs.net](mailto:hull.cypcommunityservices@nhs.net) / East Riding: [hnt-tr.isphspock@nhs.net](mailto:hnt-tr.isphspock@nhs.net)

Whilst it is routinely the Children and Young Peoples Services (Health Visiting / School Nursing) that identify a child / young person is missing, it is not their sole responsibility to initiate the missing process. Any health practitioner that becomes aware of a missing child / young person has the responsibility to initiate this process.

For all SystmOne users all the information/actions relating to the missing child should be collated on the missing template within SystmOne.

##### 4.1. PROCEDURE: Children and Young People where there are no safeguarding concerns.

These children and young people should normally be referred to as 'missing from service'.

The Safeguarding Team can be contacted to provide advice and support in relation to this Standard Operating Procedure.

Where there are no safeguarding concerns identified, the practitioner who has identified that a child young person or pregnant mother is missing, should make all reasonable and practical efforts to locate the family including:-

- Checks of SystmOne/Lorenzo and any paper records;
- Checks on NHS Spine/Upstream
- Checking and calling all the known telephone numbers;
- Visiting the last known address. Is there anybody living at that address? Do they have information of the family's whereabouts? This may not be appropriate if the service identifying the child/family as missing do not routinely undertake home visits.
- Contacting any relevant out of area services, if the family is thought to have moved to that area.
- Contacting named GP for the child/family;
- Contacting midwifery if appropriate;

- Contacting Nursery/Pre-school/Schools/Children's Centres/Housing /Social landlords;
- Contacting the Local Authority/ Children's Social Care/ Early Help and Safeguarding Hub (EHASH);
- Contacting any other services that the family are open to, such as adult mental health services/ISPHNs/CAMHS/Psypher. The Safeguarding Team may be able to provide information about which mental health services are involved with the family.
- The East Riding Local Authority have an agreement with the Police regarding Border Force Checks (Contact is [education.welfare@eastriding.gov.uk](mailto:education.welfare@eastriding.gov.uk) ). The Hull Local Authority Border Force checks are currently in development.

Caution should be applied to the sharing of information inappropriately, in particular with workplace/friends/neighbours and extended family. Please see the Trust Information Sharing Charter on the Trust intranet for further information. Advice can also be sought from the Information Governance Team or the Safeguarding Team.

All attempts to locate the missing child / young person should be recorded within the electronic patient record.

#### **4.2. PROCEDURE: Missing Families: Where there are safeguarding children concerns**

Practitioners should always refer a missing child or unborn child to Children's Social Care where:

- The case is currently open to Children's Social Care (subject to a Child Protection Plan? Child In Need Plan);
- The missing person is pregnant and deemed 'missing' and there are safeguarding children concerns.
- The clinician considers they may have gone missing in suspicious circumstances (with or without their families) and there are developing concerns for their safety.
- There are concerns that a child/young person has been abducted, forcibly removed from their place of residence, is a runaway or is missing from home.
- There are significant concerns about the welfare of the child/children: i.e.
  - Concerns about domestic abuse
  - Significant physical health concerns and child not brought to appointments
  - Concerns about perplexing presentations/fabricated or induced illness
  - There has been a safeguarding referral to Childrens Social Care in the past twelve months.
  - Children under the age of one- given their vulnerability.

**Consideration should be given to notifying the police (101). If there is an immediate risk, contact 999.**

If the child/young person meets the criteria laid down in 4.2, then the health practitioner should complete a datix and tick the 'safeguarding' tab within the datix. In addition a safeguarding referral should be submitted to the Local Authority and a copy attached to the datix.

**It is expected that all checks listed in 4.1 are undertaken prior to a datix and safeguarding referral being completed, although the safeguarding team is available to provide advice/guidance at any time during the process.**

The health practitioner may also discuss the case with the Safeguarding Team, who will log it on the safeguarding database. Any such discussions will be recorded on an SCT 9 and placed within the health record.

The health practitioner should place all information relating to the missing children under the safeguarding template on SystemOne. (Currently the Safeguarding template is under review, if this is not available please document on the Liaison & Review Template).

Once the data has been received by the Safeguarding Team then the Safeguarding administration team will undertake the following checks:

- SystemOne/Lorenzo(child/sibling/parents)check to ensure comprehensive and safeguarding oversight review;
- NHS portal/spine check to check alternative addresses and GP registration;
- Partner agencies contacted and notified –
  - Hull University Teaching Hospital Trust (HUTHT) Safeguarding Team and Named Midwife as appropriate
  - CHCP Safeguarding Team
  - Partner Midwives and safeguarding teams as appropriate – North Yorkshire, York, Goole and North Lincolnshire.
- The East Riding Local Authority have an agreement with the Police regarding Border Force Checks (contact is [education.welfare@eastriding.gov.uk](mailto:education.welfare@eastriding.gov.uk) ). The Hull Local Authority Border Force checks are currently in development.

Whilst the child/young person is still deemed to be missing the safeguarding practitioners and the Named Nurse will continue to have oversight of the case. This will include ensuring safeguarding database is updated.

## 5. MANAGING THE CHILD'S HEALTH RECORD

- For those families where there are no safeguarding concerns the health practitioner will place the missing child's electronic records in the Missing Families Waiting list caseload and will review the cases at 3 months within safeguarding supervision. This will allow for any new GP registrations/health contacts to be highlighted. If after 6 months, if the child has not been located, the child will be deducted from the caseload stating 'service no longer required'.
- The health practitioner will task Child Health (CHIS) to inform them that the child has not been located and the records will be filed/archived by Child Health.
- If there are on-going safeguarding concerns, then the safeguarding team will have oversight of the case and will review the case with the Named Nurse for safeguarding on a three monthly basis.

## 6. TRACED CHILDREN / FAMILIES

- If child/family is located by any health practitioner, then this should be documented in the children health records and the 'high priority reminder on SystemOne should be ended.
- For those families where there are safeguarding concerns the safeguarding team and Children's Social Care should be informed. If the Safeguarding Team locate the missing child/family then the Safeguarding Team admin will advise the health practitioner. The Safeguarding administrator will also notify the relevant health services that the child/family have been traced.
- The child's records will be updated with the address and the records transferred to the relevant health practitioner as per local protocol.
- If all attempts to locate the missing child are unsuccessful a Traced Memo should be circulated by the Safeguarding Team where there are families with safeguarding concerns

and by the Health Practitioners for non-safeguarding concerns. The memo should be sent to:-

- [hnf-tr.isphnspoc@nhs.net](mailto:hnf-tr.isphnspoc@nhs.net)
- [hull.cypcommunityservices@nhs.net](mailto:hull.cypcommunityservices@nhs.net)
- [hyp-tr.safeguardingchildren@nhs.net](mailto:hyp-tr.safeguardingchildren@nhs.net)
- [chcp.safeguarding@nhs.net](mailto:chcp.safeguarding@nhs.net)

## 7. REFERENCES

Working Together to Safeguard Children (2023)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/729914/Working Together to Safeguard Children-2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf)

Statutory Guidance on children who run away or go missing from home or care.

<https://assets.publishing.service.gov.uk/>

The Runaway and Missing From Home Protocol 2018/2020 – East Riding of Yorkshire Council

<http://erscb.org.uk/professionals-and-volunteers/procedures-and-guidance/missing-children/>

Humber Teaching NHS Foundation Trust\_Safeguarding Children Policy

[Safeguarding Children Policy N-045](#)

Hull Safeguarding Children Partnership Children and Families who go missing (including Unborn Babies)

[http://hullscb.proceduresonline.com/chapters/p\\_ch\\_fam\\_missing.html?zoom\\_highlight=missing](http://hullscb.proceduresonline.com/chapters/p_ch_fam_missing.html?zoom_highlight=missing)

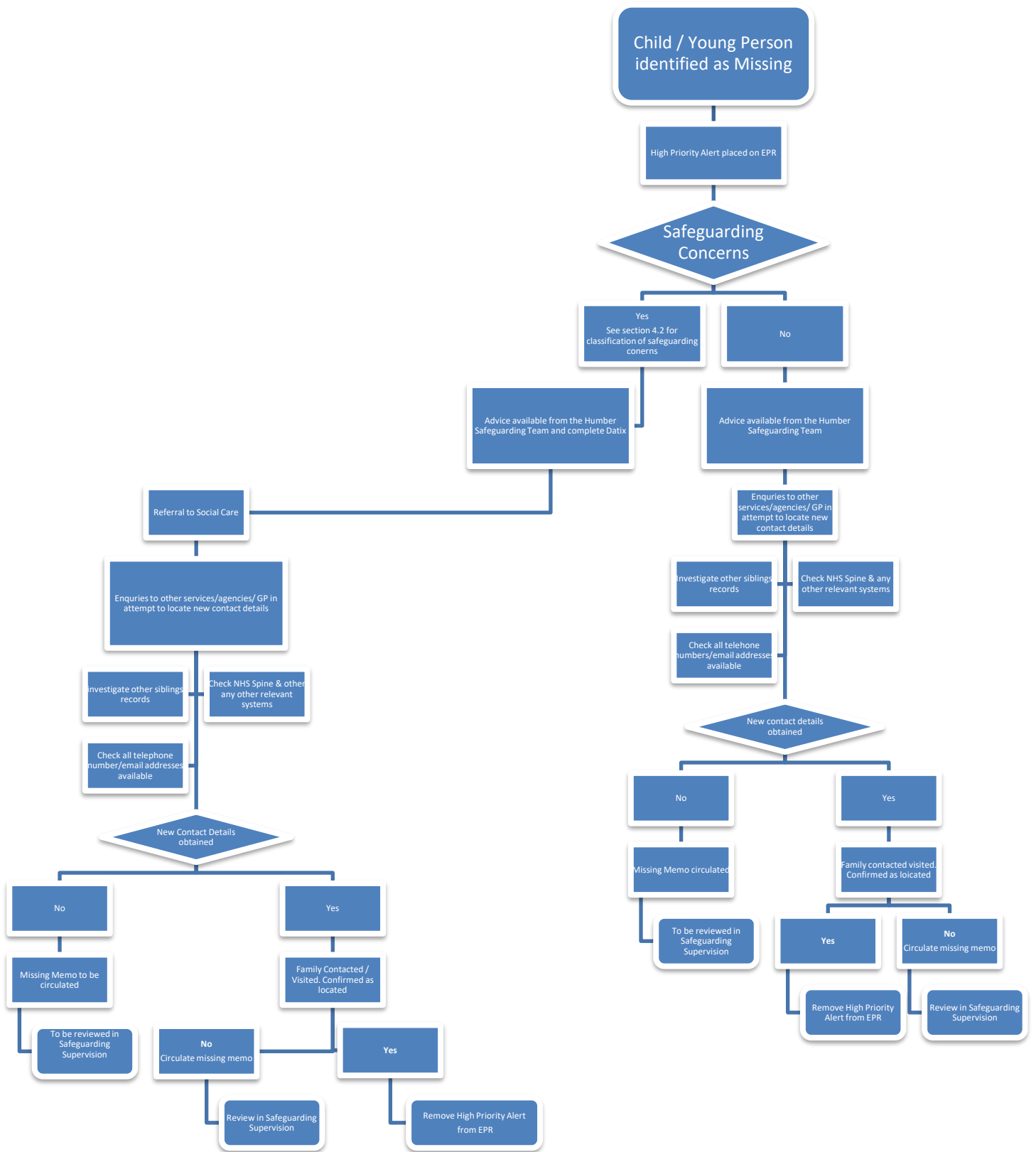
East Riding Safeguarding Children Partnership Runaway and Missing from Home and Care Protocol 2019 - 2022

<http://www.erscb.org.uk/professionals-and-volunteers/procedures-and-guidance/missing-children/>

North Yorkshire Safeguarding Children Partnership Children and Young People who go Missing from Home and Care. Joint protocol - August 2017

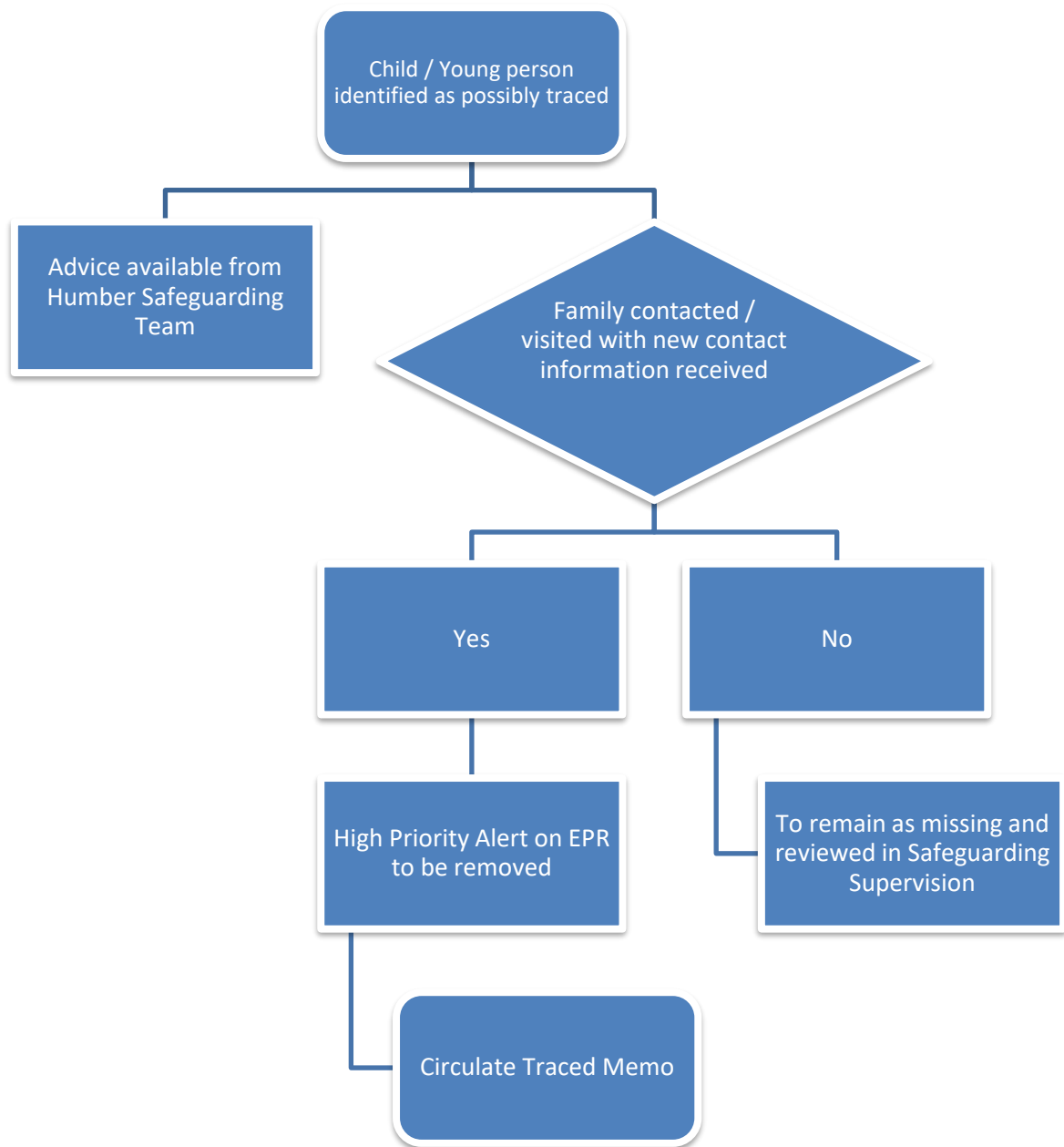
<http://www.safeguardingchildren.co.uk/admin//uploads/protocols/joint-missing-protocol.pdf>

# Appendix 1 - Missing Children / Young People Process Flowchart





## Appendix 2 - Traced Children / Young People Process Flowchart



### Appendix 3 - Missing/Traced Memo

#### MEMORANDUM

**Insert Team**  
**Insert Address**

#### CONFIDENTIAL

Secure email : insert email  
Website: [www.humber.nhs.uk](http://www.humber.nhs.uk)

To: E-mail Distribution List for

- Missing and Traced - additional
- Health Visitors – ER & Hull
- School Nurses – ER & Hull
- Safeguarding (CITY HEALTHCARE PARTNERSHIP CIC)  
<CHCP.safeguarding@nhs.net>

From: Safeguarding Administrators  
Safeguarding Children & Young People Team

Date: **insert date**

Ref: M&T i.e. **M&THull01-2024 / M&TER01-2024**

### Re: Missing / Traced Child/ren

---

	Name	DoB
<b>Mother:</b>		
<b>Father:</b>		
<b>Children:</b>		
<b>Last known address:</b>		
<b>Further Information:</b>		

The above named family has been reported missing/traced\* (\***delete as appropriate**).  
Relevant checks have already been done by  
Humber Teaching NHS Foundation Trust.

If their whereabouts become known to you, please contact the team on  
**Insert email address**

## **Appendix 4 - Frequently Asked Questions**

### **Why does the current process for all missing child/young person/family or pregnant person need to change?**

The safeguarding team provides safeguarding regularly reviews how it provides advice and support to all staff working in Humber. As part of this review process, we have recognised the need to update the Missing child/young person/family process so that it is accessible and relevant for all staff working across the Trust.

As part of the updating process, it was agreed that it would be helpful to staff if it was clearer which 'missing' cases should remain with the appropriate health practitioner and which should be referred into the Humber Safeguarding Team.

### **Is the fact that the child/young person/family or pregnant person are missing, a safeguarding concern in itself?**

Whilst it is concerning that the whereabouts of a child/young person/family or pregnant person is unknown, this in itself would not meet a criteria for a safeguarding referral and additional information may not be known and difficult to know. The procedure outlines what actions can be followed to clarify and share information.

There may be many reasons why a child/young person/family or pregnant person cannot be located. This could include families who originate from other countries who make the decision to move back. Other circumstances could include movement within the UK and delay in registering with a new GP.

In the absence of informing all health services, this may not be a priority or understanding for the child/young person/family or pregnant person. It would be very difficult to trace such people under these circumstances. The SOP advises that you follow the safeguarding processes if safeguarding concerns are known at that precise time. If they are not known at the time of the missing episode, then the other process for non-safeguarding cases should be followed.

### **I am concerned that we have little or no information to understand if there is risk for a missing child, young person or family.**

The SOP provides guidance as to what known factors would raise actual concern and what may raise a degree of professional curiosity. Information of known risk indicators, an example being the child/young person/family or pregnant person being heard recently within a high-risk domestic abuse meeting such as the multi-agency risk assessment conference (MARAC). In such circumstances the SOP provides clear guidance around a datix submission and marking as safeguarding relevant.

### **Does the SOP mean that frontline practitioners can no longer contact the safeguarding team?**

Not at all, any concerns for a child/young person/family or pregnant person can still be discussed with the safeguarding team. You may wish to explore this via the duty safeguarding practitioner if you are seeking general safeguarding advice or through formal supervision.

The safeguarding team would ask that you provide some initial detail around why you are concerned, whether this includes factual information or other factors that have made you particularly concerned for this child/young person/family or pregnant person who cannot be located.

Supervision requests should be made via the Safeguarding Humber email and include a completed SCT9 form.

**Why would we not send missing requests to the Humber Safeguarding team when they have access to wider systems.**

The Humber safeguarding team do not have access to any information that any other services cannot access such as the national spine, Upstream etc. This access can assist all frontline practitioners to ascertain whether the child/young person/family or pregnant person are involved with other Humber services. Access to other information can be made by the practitioner through frontline direct contact such as with GP Practices, schools, maternity services etc.

NB. There is a Yorkshire and Humber Care Record in development and this will be accessible to staff. This will allow staff to see if the patient has had any contact with other Health Trusts and Local Authorities.

**How is Missing data reported?**

The missing data will be reported to and considered by the Safeguarding Forum. In addition the Safeguarding team will keep Divisions updated on any emerging or concerning themes.

In addition data will be shared with Partnerships when requested, including partnership meetings such as MARAC and MACE where missing children may be identified and discussed.

## Appendix 5 - Equality Impact Assessment

### For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Missing from Home and Care (SOP20-036)
2. EIA Reviewer (name, job title, base and contact details): Helen Young – Specialist Safeguarding Practitioner
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

<p><b>Main Aims of the Document, Process or Service</b></p> <p>This document is aimed at all staff working in Humber Teaching NHS Foundation Trust. This process will support staff in identifying and responding to children and young people who are identified as missing from services.</p>
<p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>

<p>Equality Target Group</p> <ol style="list-style-type: none"> <li>1. Age</li> <li>2. Disability</li> <li>3. Sex</li> <li>4. Marriage/Civil Partnership</li> <li>5. Pregnancy/Maternity</li> <li>6. Race</li> <li>7. Religion/Belief</li> <li>8. Sexual Orientation</li> <li>9. Gender Reassignment</li> </ol>	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score  <b>Low = Little or No evidence or concern (Green)</b>  <b>Medium = some evidence or concern (Amber)</b>  <b>High = significant evidence or concern (Red)</b></p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> <li>a) who have you consulted with</li> <li>b) what have they said</li> <li>c) what information or data have you used</li> <li>d) where are the gaps in your analysis</li> <li>e) how will your document/process or service promote equality and diversity good practice</li> </ol>
---	--	--

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	<p>Including specific ages and age groups:</p> <p>Older people                      Young people                      Children                      Early years</p>	Low	Little or no evidence that this SOP would impact this inequality target group
<b>Disability</b>	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory                      Physical                      Learning                      Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	Little or no evidence that this SOP would impact this inequality target group, where a person with a disability needs support with writing or recording duty contacts reasonable adjustments should be in place
<b>Sex</b>	<p>Men/Male                      Women/Female</p>	Low	Little or no evidence that this SOP would impact this inequality target group
<b>Marriage/Civil Partnership</b>		Low	Little or no evidence that this SOP would impact this inequality target group
<b>Pregnancy/ Maternity</b>		Low	Little or no evidence that this SOP would impact this inequality target group
<b>Race</b>	<p>Colour                      Nationality                      Ethnic/national origins</p>	Low	Little or no evidence that this SOP would impact this inequality target group

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Religion or Belief</b>	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	Little or no evidence that this SOP would impact this inequality target group
<b>Sexual Orientation</b>	Lesbian Gay men Bisexual	Low	Little or no evidence that this SOP would impact this inequality target group
<b>Gender Reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	Little or no evidence that this SOP would impact this inequality target group

### Summary

<p>Please describe the main points/actions arising from your assessment that supports your decision.</p> <p>Little or no evidence that this SOP would impact this inequality target group. Where a person with a disability needs support writing and recording information such as safeguarding contacts, reasonable adjustments should be in place to support this.</p>
<p>EIA Reviewer: Helen Young</p>
<p>Date completed: 01/06/2024</p>
<p>Signature: <i>Helen Young</i></p>