



We Care We Listen We Act

Interface Protocol between HSC Trusts and PSNI

(Where a child is reported missing and other police interactions with residential children's homes)

July 2023 v2

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Statement of Commitments

The aim of this protocol is to ensure that Police and Health and Social Care work together effectively and that the best interests of the child underpin every aspect of working with children and young people.

The statutory parties and signatories to this protocol are: -

The Strategic Planning and Performance Group (DoH)

Police Service for Northern Ireland (PSNI)

The document updates and replaces the 'Missing Children Protocol (Runaway and Missing from Home and Care) which was issued in June 2015. It is now available from SPPG website www.online.hscni.net or www.psni.police.uk .

Your comments on this protocol are of great value because they are based on your knowledge and experience. It is considered that the guidance is a live document and therefore we are content to receive comments which will be reviewed and taken into account in future revisions. If you have noticed an omission, or you can think it can be improved in any other way, please get in touch with us at: -

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Foreword

This Joint Interface Protocol replaces and updates the 2015 version issued to PSNI and Health and Social Care Trusts. It is designed to support effective collaborative safeguarding responses by Police and Social Services in respect of children who are reported missing from their homes or care placements, along with other police interactions with Residential Children's Homes, and builds upon developments in our knowledge and experience, along with feedback from care experienced young people.

The Protocol is set out in two main sections. Missing Children; and General Policing Response to Incidents involving Children in Residential Children's Homes. The Protocol also complements existing guidance in relation to child protection, Protocol for Joint Investigation (2014), Planning for Looked After Children and Sexual Exploitation of Children and Young People.

The revision draws heavily on the experience of practitioners and reflects the growing confidence, respect and trust between staff working in this difficult area of work. It takes into account the policy and research changes since the last revision in 2015 and in particular includes a new process, namely using the Philomena Protocol, to be used when young people are reported missing from Children's homes.

It will be important that the Protocol is supported by effective awareness raising for Police Officers and Social Workers in responding to Missing Children. The Protocol will also be kept under review and updates issued which will be based on important significant changes in either policy or best practice.



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Internal Consultation

- The Strategic Planning and Performance Group (DoH)
- Health and Social Care Trusts
- PSNI District Policing Command
- PSNI Public Protection Branch
- PSNI Contact Management Centre (inc CMSU)
- PSNI Crime Prevention and Early Intervention Branch

External Consultation

- Safeguarding Board NI (SBNI)
- Northern Ireland Commissioner for Children and Young People (NICCY)
- Children's Law Centre (CLC)
- NI Human Rights Commission (NIHRC)
- Voices Of Young People in Care (VOYPIC)
- Child Protection Senior Officials Group (CPSOG)
- Regulation and Quality Improvement Authority (RQIA)
- The Office of the Police Ombudsman NI (OPONI)

Source Documents

In undertaking this review the following documents have been researched to help inform this protocol

- Children Missing from Care – Best Practice Guidance: January 2021(Draft).
- Metropolitan Police - Missing Persons Process & Partnership
Local Policing & Children's Care Home – Joint Responsibility Agreement
- The Philomena Protocol
- Guidance for Social Workers on Supporting Looked After Children in the Criminal Justice System

SECTION ONE -
MISSING CHILDREN

1. Introduction

- 1.1. Missing Children are deemed to be amongst the most vulnerable in society, and any missing episode is potentially serious. Research has shown that children in care are more susceptible to exploitation, going missing and why they do go missing, being exposed to exploitation, misuse of drugs / alcohol and being involved in harmful behaviour. The safeguarding concerns are often complex and multi layered and therefore require a coordinated, multi-agency approach to keeping children safe and to provide the most appropriate response.
- 1.2. The European Convention on Human Rights (ECHR) places a positive obligation on all public authorities to take reasonable action, within their powers, to safeguard the rights of individuals who may be at risk. When a child is believed to be missing the Police and Social Care have a responsibility to take feasible steps within their powers to safeguard the missing child, whilst acting in the best interests of the child, and in accordance with legislation, policies and procedures.
- 1.3. The United Nations Convention on the Rights of the Child (UNCRC) focuses on the specific rights of the child and are underpinned by the four core principles of non-discrimination (Article 2), devotion to the best interests of the child (Article 3), the right to life, survival and development (Article 6) and respect for the views of the child (Article 12). These rights are central to multi-agency working and this protocol also takes cognisance of the additional rights of the child, including protection from sexual abuse and exploitation (Article 34) and protection from abduction, sale and trafficking (Article 35).
- 1.4. Missing Persons Investigations represent a significant operational challenge to the Police Service of Northern Ireland (PSNI). Equally from a Health and Social Care perspective, incidents of missing persons relating to children about whom there are concerns gives rise to significant action and collaborative working with the PSNI in efforts to establish their whereabouts and safe recovery.
- 1.5. This protocol covers **all** children who go missing, and who give rise for concern to the police and / or to Health & Social Care Trusts. This includes children in the community with family, children in need known to Trusts, and children in care.
- 1.6. This protocol sets out the roles and responsibilities of Police and Health and Social Care Trust staff in responding to children who go missing.
- 1.7. There can be a myriad of reasons for children going missing. With over 50% of all missing persons reports each year relating to children and 20% of all missing reports relating to children missing from Residential Children's Homes, partnership working and collaboration is both necessary and important.

2. Aims

- 2.1. The overall aim of this guidance is to ensure that all children receive an appropriate and timely response, which is competent, compassionate, and consistent, when they are not where they are expected to be; and that everything possible is done by all multi agency partners to reduce risk and harm, enable a child's safe return and prevent repeat missing occurrences.
- 2.2. It is important that this protocol, and individual missing risk assessments and safety plans for children provide clarity about expectations, roles, and agency responsibility for when they go missing; to ensure that professionals and carers respond appropriately to safeguarding concerns and reduce unnecessary police contact, which can negatively impact on children.
- 2.3. It is critical that as professionals we work together to create a trauma-informed response to missing children. We need to be committed to promote prevention and work together in better alignment with the principles of trauma informed care to aid our understanding of trauma to guide practice and our interactions with children.

3. Definitions

For the purposes of this guidance the following definitions apply:

3.1. **Missing Person**

Anyone whose whereabouts cannot be established

AND

The circumstances are out of character;

OR

The context suggests the person may be the subject of a crime;

OR

May be at risk of harm to themselves or another.

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In order to determine that a person is missing the following should be ascertained:

- A person's whereabouts cannot be established. (Steps and reasonable efforts should have already been made by persons with knowledge of or responsibility for the child to locate them).

Then one of the following must apply:

- Are the circumstances out of character and why? **or**
- Is there information or does the context indicate that the person may be subject to a crime? **or**
- Is there information to suggest that the person may be at risk of harm to themselves or others and why?

- 3.2. **Child** –Child and young person under 18 years of age (this can include persons under 19 years of age where the child has special needs).
- 3.3. **Carer** – is used inter-changeably in this document to refer to the adult who is looking after the child i.e. Parent/kinship/foster carer or residential staff / host, housing support workers.
- 3.4. **Care** – In care– applies to all children and young people who are looked after by a HSC Trust, either under Article 21, or subject of a Care Order under Article 50, or an Interim Care Order under Article 57 of the Children (NI) Order 1995. It also applies to children who are the subject of an Emergency Protection Order, subject to Police Protection under Article 65, Wardship or subject of a Care Order to another Authority but being supervised on its behalf by the HSC Trust.
- 3.5. **Care Placement** – A 'child in care' can reside in a residential children's home, supported accommodation / lodgings, foster / kinship placements or placed at home with the parents (referred to as 'Community').
- 3.6. **CAWN (Child Abduction Warning Notice)** –can be used as a way of disrupting exploitative behaviour and may also assist in future prosecutions.
- 3.7. **CMC (Contact Management Centre)** - this is the branch within the PSNI that receives 101 and 999 emergency calls. They will conduct a THRIVE assessment (Threat, Harm, Risk, Investigation, Vulnerability, Engagement) and assign police if required.
- 3.8. **Concern for Safety** – this is a request for police to check on the safety of someone who is believed to be vulnerable or at risk of harm for a wide variety of reasons. This request may be more appropriate than a missing report where the location of the child is known or suspected, and the carer believes it is unsafe to take action. The request should involve being specific about police action required.

- 3.9. **Core Group Meeting for those on the Child Protection Register** – a multi-agency and family forum who meets regularly [as defined by the forum] in order to review the progress of the child protection plan following registration.
- 3.10. **Core Group Meeting relating to the Protection of Looked After Children**
Guidance – All children that are Looked After and that meet the criteria to be reviewed under the missing from care guidance should be subject to a Looked After Review under the PLAC guidance. This review will consider the appropriateness of supporting the child’s safeguarding needs under a dual process of both child protection and LAC pathways. If the forum are satisfied that the young person’s safeguarding needs can be managed via the Looked After process then the young person’s associated risks will be reviewed weekly via a core group under the PLAC guidance. This core group is the interagency forum for achieving outcomes of a child protection plan that was agreed at the LAC review. It is comprised of the professionals responsible for delivering particular aspects of the plan and should be attended by parents and young people where appropriate.
- 3.11. **CRU (Central Referral Unit)** - this is the team within the Public Protection Branch of the PSNI that receives reports relating to children from HSC personnel.
- 3.12. **CSE (Child Sexual Exploitation)** – CSE is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/ or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.
- 3.13. **Philomena Protocol** –a live document recording key information about the child that can be used to help locate them quickly and safely. This document should be kept on file (electronically). Part 1 should be updated after every missing episode to ensure the information is current. Part 2 should be completed for each specific missing episode and submitted when a missing report is made to Police. This process will only apply to those children under the care of the Trusts in residential children’s homes and supported accommodation.
- 3.14. **Real and immediate harm** – the legal (*In Re Officer L*, House of Lords, [2007] UKHL 36) definition of a real and immediate threat is one that is (a) “Objectively verified; and (b) Present and continuing. The threshold is a high one. In making this assessment, all relevant sources of information should be considered to ensure that

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all decisions are justified and recorded. In the context of missing persons, it would be necessary for there to be information that the person is under a real and immediate threat or risk of serious injury or death.

- 3.15. **RESWS (Regional Emergency Social Work Service)** - this provides social workers between 5pm and 9am, Monday to Friday; weekends, public and bank holidays. They can be contacted on (028) 9504 9999.
- 3.16. **Risk Management Meetings** – defined as a meeting held to discuss groups of children where the issues pertaining to this guidance span across one or more residential home or impacts on the group of young people residing in one home. These meetings are led by the PSW for Residential care with responsibility for the home/s in question. The purpose of this multi-agency meeting is to ensure that when young people are involved in behaviours which pose a high risk to themselves or others, the resources available in the community, across social work teams and all available networks are called upon to own the risk collectively at agency level to ensure sharing of crucial information and to take supportive safeguarding actions. Further analysis of individual young people’s action plans can be progressed via the appropriate forum based on their social service pathway.
- 3.17. **Risk Strategy Meetings** – a multi-agency forum which meet as a response to a specific or new incident/issue to consider the risks to a specific young person to develop a plan that increases a young person’s safety and mitigates risk. These meetings are led by the field social work Senior SW or PSW and apply to young people who are being supported via the family support or child protection pathway.
- 3.18. **Shift Coordinator** – the person within a residential children’s home leading the shift, identified by the Trust.

4. Children

- 4.1. This Guidance cannot anticipate every situation. Carers, Staff and Police officers must continue to exercise professional judgement and act appropriately based upon an assessment of the circumstances of each individual's situation.
- 4.2. When a child is admitted to residential care a Philomena Protocol will be completed (see [Appendix One](#)).
- 4.3. Risk management meetings should capture prevention planning and actions required to be undertaken if a child's whereabouts is unknown. This should outline the measures to be taken to reduce the likelihood of the child going missing and to reduce the risk to the child whilst away from home.
- 4.4. In cases where the assessment indicates a likelihood that the child will go missing and they or others may be at risk, this information should be shared with the PSNI Single Point of Contact (SPOC) within the relevant Police District / Public Protection Branch (PPB) and appropriate joint planning arrangements set in place.
- 4.5. The planning should include clear guidance on the actions to be taken by staff within each organisation for **repeat missing children**. It should also include detail of the process for documenting these actions within each organisation to ensure timely and proportionate information sharing.
- 4.6. Missing assessments / safety plans, and incident forms should be reviewed regularly in accordance with the child care processes as required, as well as in the multi-agency meetings.
- 4.7. Whilst a missing person's report to the police is always **appropriate when there is an assessed risk of real and immediate harm to the safety of a child or others**; carers and professionals involved with the child should always fully consider the circumstances of a child not being where they are expected to be, and the need to make a missing person's report to the police.
- 4.8. Reporting a child as missing to the police can lead to children feeling punished, damage their relationships with professionals, and on occasion, result in children becoming unintentionally criminalised. Carers informed by knowledge of the child, the circumstances surrounding a missing occurrence, and robust placement and care planning are often in the best position to determine if a child whose whereabouts are unknown, is at risk of harm or poses a risk to others. When to report a child as missing to the police should therefore

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involve a level of carer discretion, and a decision to do so, must always be undertaken with the best interests of the child in mind.

- 4.9. Many children involved with safeguarding, child protection and the care system have experienced multiple forms of Adverse Childhood Experiences (ACEs) and trauma. Being traumatised means continuing to live your life as if the trauma were still going on. Traumatized children often struggle to put into words what has happened to them. It is critical that as professionals we work together to create a trauma-informed response. We need to be mindful of the context in which a child lives and the wider issues facing them and vulnerable families.
- 4.10. Sometimes a Child in Care may be away from their placement without authorisation, where their whereabouts are known / suspected, they have not returned by an agreed time and there are no identified immediate risks to their safety. **This does not require a report to police**, but will require ongoing monitoring and actions by carers.
- 4.11. In circumstances where the child's whereabouts are known, but it would not be safe for the carer to intervene directly to ensure the safeguarding of the child or the safe recovery of the child, police support will be provided, if proportionate to do so. This will be risk assessed by police and the rationale shared with the requester.
- 4.12. The safety of the child is the paramount consideration. PSNI and HSCT will share information in order to work co-operatively to effect the safe recovery of children who are missing.
- 4.13. A significant number of children in care are reported as missing from care to the police on more than one occasion, some repeatedly. Whilst carers and other professionals should be mindful not to fall into a pattern of automatically reporting children whose whereabouts are frequently unknown as missing to the police, agency response should always be based on knowledge of a child, their assessed level of risk and vulnerability, their missing risk management plan and the circumstances of the missing occurrence, including any trigger events.
- 4.14. Child Protection Procedures will be followed, where relevant, in respect of all children. This includes where sexual exploitation may be a factor or where a child is associating with individuals, either peers or adults, who give rise to concern.

5. Joint Working Arrangements

To ensure an effective joint agency response to missing children, a formal ongoing arrangement has been established between Health and Social Care Trusts and the PSNI. Terms of Reference will govern the role and remit of these structures.

Regional Missing Children Oversight Group

Comprised of PSNI Missing Lead, Public Protection Branch (PPB) Children At Risk Lead, HSC Commissioning Lead Corporate Parenting, Commissioning Lead Safeguarding, Trust Social Work Regional Lead and Family Support. Meeting bi-annually to focus on policy, training and implementation of joint Action Plan.



Strategic Missing Group (Trust Level)

Comprised of PSNI District Commander, PPB DCI Children, Assistant Directors for Corporate Parenting, HSC Heads of Service, and CSE Leads (HSCNI/Trusts). Meeting quarterly to focus on identifying and resolving any barriers to effective joint working and:

- To share information and analyse data and identify patterns of risk
- Develop and embed training on the protocol for staff in relevant agencies
- Develop preventative strategies
- Develop engagement opportunities
- Deal with areas of contention between partners



Operational Missing Group (Trust Level)

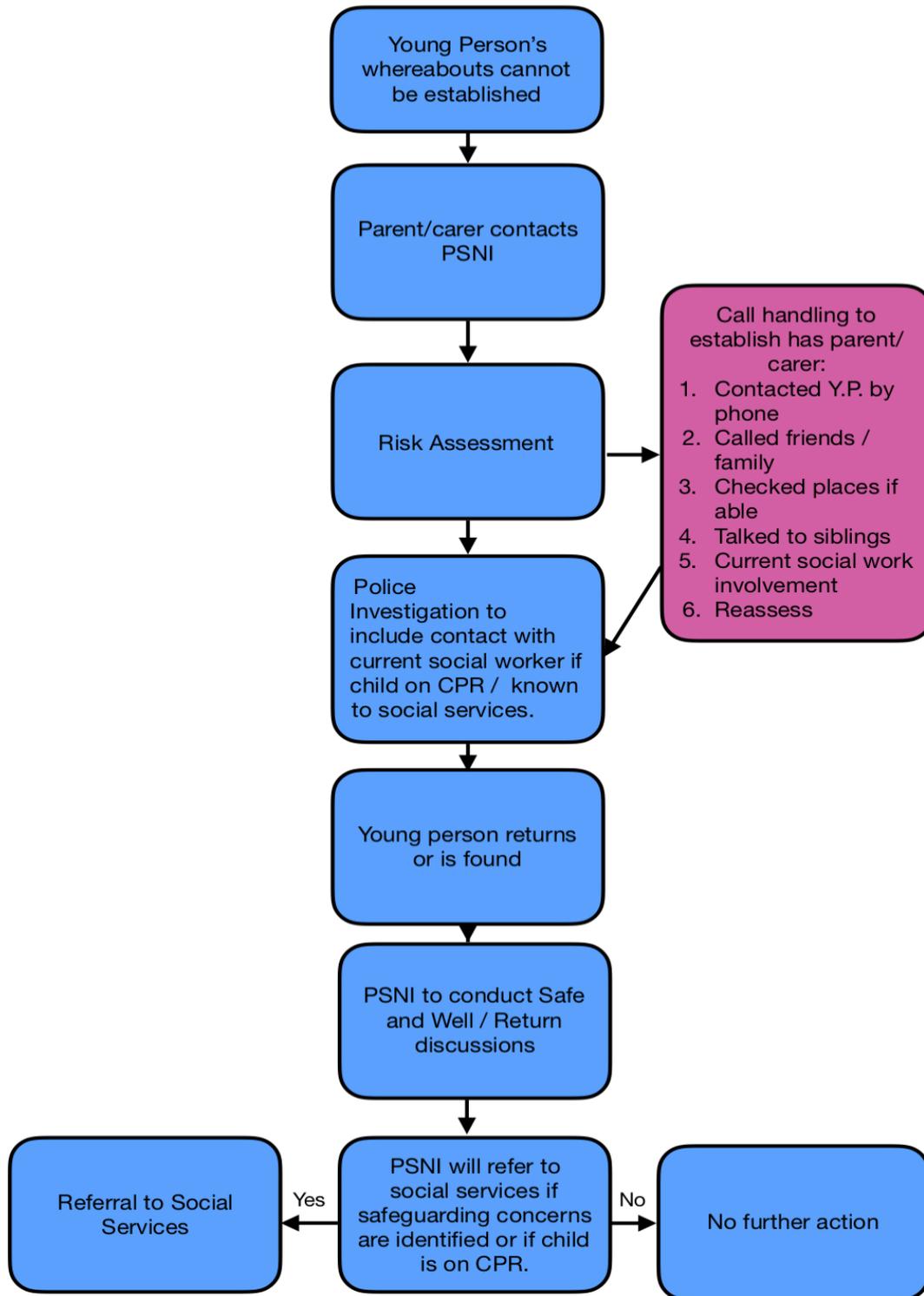
Comprised of Heads of Service (Residential Care), an 8a representative from each of - Looked After / Residential / Fostering & Safeguarding Services, Edge of Care manager, CSE Senior Practitioner, Residential Team Leaders, at least one Inspector from each District for Vulnerability / LPT / NPT, a PPB CSE rep, and rep from YDO / ROU / Support Hub and the SPOC for each home to act as a liaison point between the Police and Residential staff within each Children's home.

Meeting monthly to provide a mechanism for liaison and joint planning where:

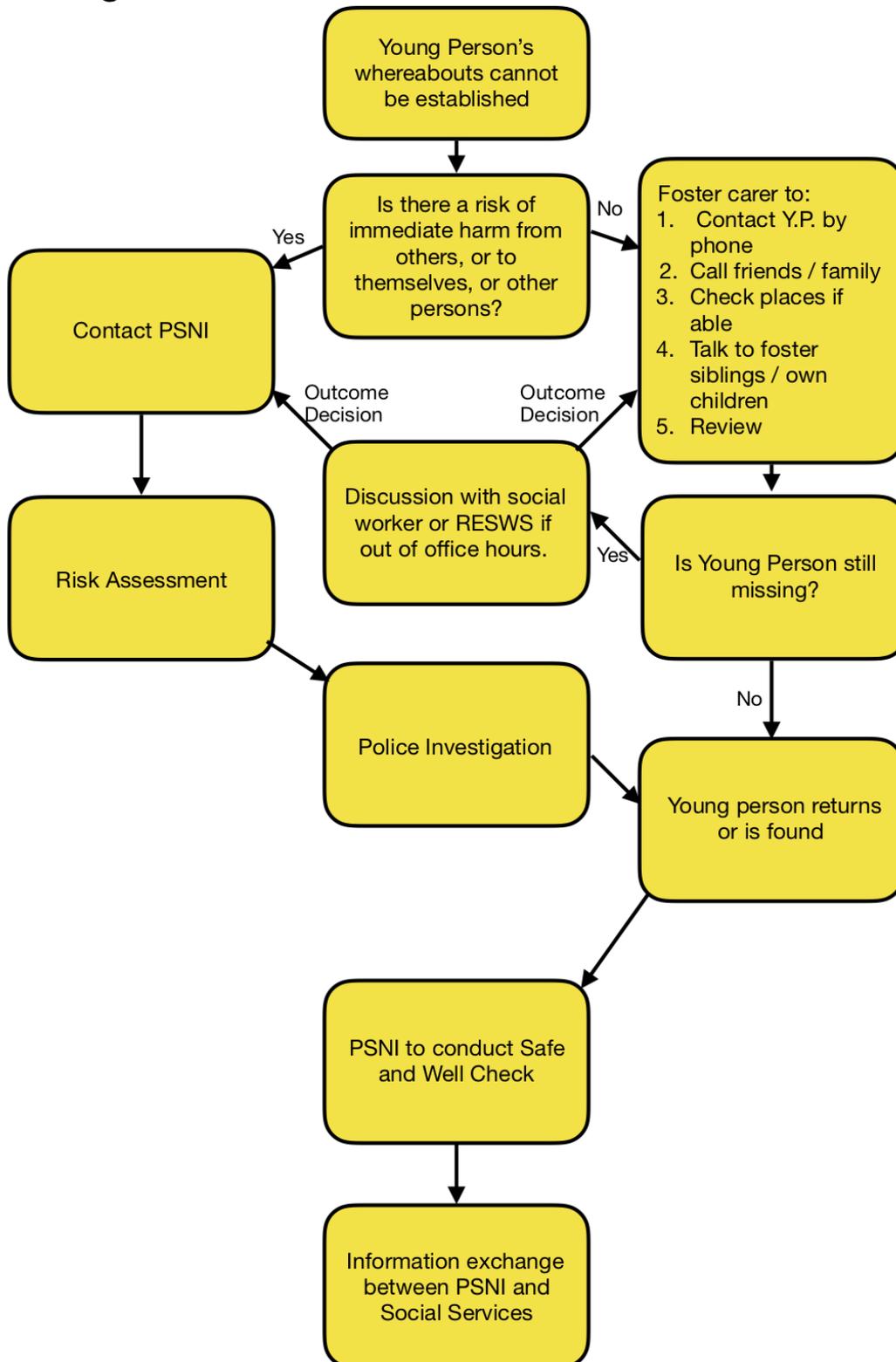
- Children have been reported missing from homes or care placements
- Concerns for children's safety requiring police assistance have arisen
- Joint arrangements / specific protocol for CSE and repeat missing can be reviewed and shared
- Joint diversionary activities to disrupt repeat patterns of missing can be discussed
- Local resolution in terms of operational interface issues can take place

6. Reporting Protocol Flowcharts

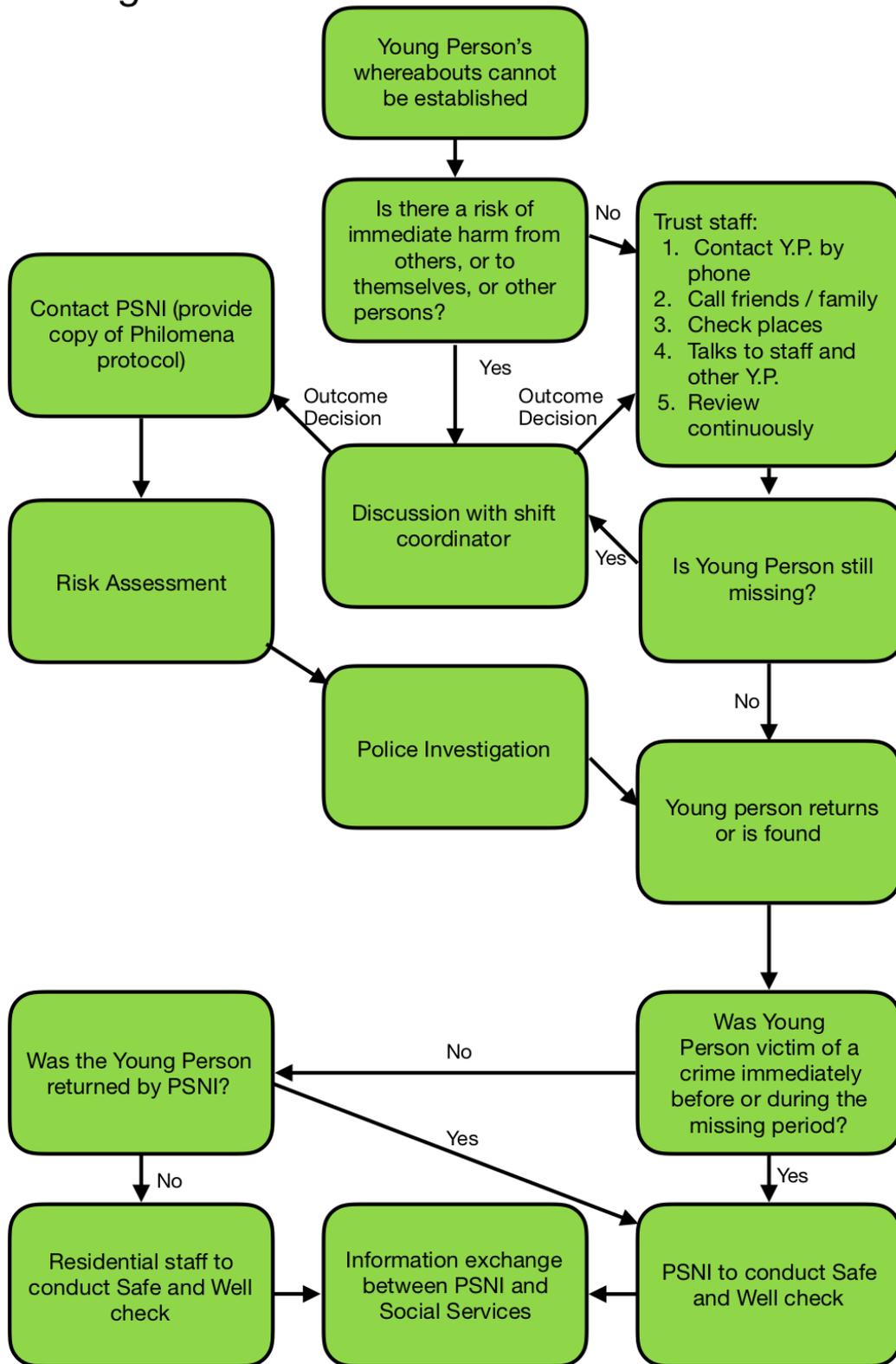
Community Pathway Response re Missing Young Person



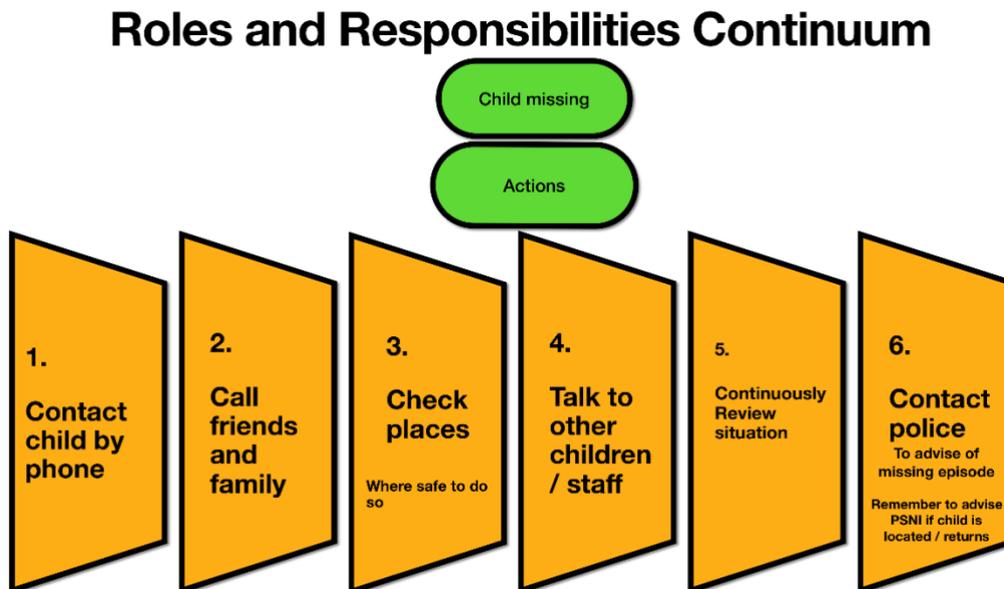
Fostering Pathway Response re Missing Young Person



Residential Care Pathway Response re Missing Young Person



7. Roles & Responsibilities of Carer



8. Levels of Intervention Table

This demonstrates actions expected from carers and police at all levels of concern

Levels of Intervention			
Assessed level of concern		Intervention	Actions and Outcomes
No Intervention	The carer is not concerned for the child's safety or the safety of others based on the information they have about the child and the circumstances of the missing occurrence	Based on the information known about the child and the circumstances of this occurrence, the carer makes an informed decision to wait some time, to see if the child returns of their own accord.	<ul style="list-style-type: none"> (a) The child returns of their own accord (b) The child contacts the carer (or another) and the carer arranges to collect the child. (c) The carer makes contact with the child and the child agrees to either return home or be collected.
Carer Intervention	The carer has some concerns about the child and their whereabouts, but at the outset of the missing occurrence the carer does not have any immediate safety concerns about	The carer takes responsibility for trying to locate the child and ensure their safe return.	<ul style="list-style-type: none"> (a) The carer considers if there are any immediate safety concerns for the child that warrant the immediate report to police as missing. (b) The carer tries to contact the child by phone, text and social media. (c) The carer undertakes a search of the home and surrounding area (d) The carer contacts family and friends. (e) If possible and safe to do, the visits locations where the child may be.

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	the child or the safety of others.		<ul style="list-style-type: none"> (f) The carer continues to try and contact / locate the child. (g) The carer continue to liaise until the child is found /returns. (h) Where contact with the child is successful and they agree to return, this is arranged by the carer. (i) The child is located; however, to ensure their safe return / the safety of others, police support is required and provided, if proportionate to do so. This will be risk assessed by police, and shared with requester. (j) Contact with the child is unsuccessful and there are now concerns for their safety. The carer reports the child as missing to the police and shares the relevant information.
Police Intervention	Based on the information the carer has about the child and the circumstances, the carer is worried about the child's immediate safety. The carer has been unable to contact the child or they have made contact, but have assessed that the child or others are not safe. (A rationale for this will be required by police).	<p>The carer reports the child as missing to the police.</p> <p>For children in residential care / supported accommodation, this must be agreed by the Shift Coordinator.</p>	<ul style="list-style-type: none"> (a) The carer shares their concerns, and the child's updated Philomena Protocol (<i>residential children's homes & supported accommodation only</i>) with police (b) The police log the child as missing and complete a Police Risk Assessment to inform action planning. (c) The carer continues to try and locate / contact the child (d) The police and the carer continue to liaise until the child is found / returns. (e) Where the child returns of their own accord or is located by the carer, they must promptly inform police (f) On the child's return an Immediate Safe & Well Check will be conducted (see Section 11 for more details).

NB. Should there be any disagreement regarding proposed actions by either organisation, this should be escalated in accordance with your respective escalation procedures, and raised, if required at the next Operational Missing Group meeting.

9. Police Response to Missing Incidents

9.1 PSNI Contact Management will require all the necessary steps (outlined in the Carer Intervention section of the Intervention table above) to be completed by HSCT staff prior to contacting police. The management of the risk will remain with HSCT if the steps have not been taken, including the completion and submission of the Philomena Protocol form (residential care & supported accommodation only), unless there is an immediate risk to the safety of the child.

- When a child does not return to their home/ care placement as expected a parent / carer should complete the tasks in line with the child's care plan and the Levels of Intervention table above.
- Discussion with the Shift Coordinator (residential care only) should take place to ensure all relevant steps have been taken. If not, the management of the risk remains with the relevant home.
- It is only after these steps have been undertaken by the carer and child still cannot be located and they are believed to be at risk of harm should the Police be contacted. Foster/Kinship carers should also notify the Out of Hours RESWS on 02895049999.

9.2 [Appendix Two](#) outlines the questions and THRIVE assessment process that will be asked by the Contact Management Centre, when reporting a child as missing.

9.3 PSNI are subject to a range of legal obligations regarding protecting the safety of children who are reported missing. These require PSNI to take a range of feasible operational steps to seek to ensure that a child's safety is secured. These steps may, where necessary and proportionate, require the use of various powers, including of search and arrest. Further details are set out in the relevant PSNI policies.

9.4 Where there are **any** safeguarding concerns for a child who has been reported missing, a referral will be made by PSNI to HSCT.

9.5 [Appendix Six](#) outlines the Philomena Protocol Process for each of the organisations involved.

10. Management of the Return

- 10.1. When a child, who has been reported as missing to the police, is located or returns of their own accord, the carer must inform the police promptly.
- 10.2. It is the responsibility of the HSC Trust to make arrangements for transporting a child to his/her placement. Police have no specific power to compel a child to return to a location, with the exception of when they are under an interim / secure accommodation order or in the case of an emergency, where Art 65 of the Children (NI) Order 1995 applies. However, there will be times that police support may be required to ensure the child's safe return / the safety of others. This should be based on joint professional decision making and what is considered to be the best interests of the child at that time.
- 10.3. The management of the return should be considered as part of the investigation. The investigation cannot be concluded until the full circumstances of the child going missing are understood and appropriate safeguarding measures put in place.
- 10.4. There are three separate processes to manage the return of the missing child:
1. **Immediate Safe & Well Check** – required for every missing report, to ensure that they have returned 'safe and well', that they are not in need of medical attention and they have not been the victim of a crime.
 2. **Return Safeguarding Discussion** – a more in depth discussion with the child to discover the full circumstances of the missing episode and inform safeguarding.
 3. **Independent Return Safeguarding Discussion** – only required where the child has been missing for more than 7 days.
- 10.5. Immediate Safe and Well checks and Return Safeguarding Discussions provide an important opportunity to identify on-going risk factors that may affect the likelihood of the child going missing again or indicate harm suffered during the missing episode.
- 10.6. When a child returns, they may not want to talk, and may not see themselves as being missing. They also may not be immediately open to speaking about their time away, and therefore a supportive approach, active listening, responding to their needs and language will determine the quality of the discussion and have a greater chance of preventing the person from going missing again and safeguarding them from other risks.
- 10.7. Where the child discloses they have been the victim of a crime, the police must be informed immediately.

11. Immediate Safe and Well Check (ISW)

- 11.1. Police and carers have a responsibility to ensure that the returning child is safe and well, therefore Immediate Safe and Well checks are mandatory for each missing report.
- 11.2. The purpose of the ISW check is to ensure they have been located safely, to attempt to establish where they have been and if they have been harmed in any way, whilst away from their home or placement.
- 11.3. Police will conduct the ISW check, unless the child resides in a residential children's home / supported accommodation and 11.5 applies.
- 11.4. Where a child from a residential children's home / supported accommodation is located by police, and returned to the home, the police will conduct the ISW check.
- 11.5. Where a child from a residential children's home / supported accommodation is either located by staff, or returns of their own accord, staff from the home will conduct the ISW check. There is no requirement for police to attend the home, unless there is an urgent need to do so, i.e. there has been a crime disclosed that requires immediate action. If a crime has been disclosed, police should be informed, and the details recorded on a 'Significant Event' Proforma (Rec 4) by the staff member. See [Appendix Four](#).
- 11.6. The information that police require to close the missing person serial is as follows:
- *Where they were located, by whom, circumstances of return*
 - *Any known reasons for going missing – push/pull factors*
 - *Circumstances while missing inc any harm suffered / victim of any crime*
 - *Was missing person wearing same clothes when they returned*
 - *Any other people who may be at risk or require assistance*
 - *Anything else they wish to discuss*
- 11.7 It is common for missing children to be unwilling to engage in this process. Where this is the case, it is important for officers / carers to adopt a professional curiosity, looking beyond what the child is saying and using their skills to record their demeanour, their physical state (ie their state of dress, whether they have physical cuts / injuries, if they are dishevelled/ intoxicated) and any factors that may be relevant later as part of the investigation such as unexplained new phone or clothing etc.

- 11.8 All information obtained should be passed back to police as soon as the child returns. This should include where there is limited or no information. This should be phoned through to police on 101 using the reference number for the missing occurrence. Guidance for completing this ISW check including the questions that will be asked are captured in [Appendix Three](#).
- 11.9 Where a child is located by staff or returns of their own accord, there will be no requirement for police to attend the home, however it is the responsibility of the Investigative Officer to ensure the details obtained from the ISW check (located on the return template within missing occurrence) is phoned through to CMSU and signed off by their supervisor.

12. Return Safeguarding Discussions (RSD)

- 12.1. When a child in care has been missing, a Return Safeguarding Discussion must be completed. This is in addition to the ISW check that is conducted as soon as the child returns.
- 12.2. For all children in care, this RSD should be completed by their Field Social Worker. This information should be recorded on a 'Significant Event' Proforma (Rec 4) and relevant information / intelligence should be shared with the PSNI, within 72 hours of the child's return, via the PSNI CRU on the supplied email address.
- 12.3. **If a crime is disclosed during the RSD the police should be informed at the earliest opportunity by contacting 101.**
- 12.4. Return Safeguarding Discussions provide an opportunity to uncover the full circumstances, verify observations or issues raised from the ISW check, identify risks, to protect the child from the risk of going missing again and from risks they may have been exposed to while missing. This also informs case planning for wider strategic planning and for professionals to take into account children's views. See [Appendix Five](#).
- 12.5. Children sometimes need to build up trust with a person before they will discuss in depth the reasons why they left the home/ placement and were reported as missing. Therefore it may be appropriate for the discussion to be carried out by another professional with whom the child has a positive or existing relationship. In such cases it remains the responsibility of the Trust to ensure the discussion takes place and that any follow up actions are carried out.

12.6. An Independent Advocacy Service (through VOYPIC) is available for children who may find it helpful to have an advocate support them in this RSD, and to ensure they are able to say what they want to say as part of the discussion.

13. Independent Returns Safeguarding Discussion (IRSD)

13.1. Where a child has been missing for 7 days or more, an Independent RSD must be conducted. This will be completed by the HSCT CSE lead from another Trust to afford independence and objectivity to the role.

13.2. This IRSD should cover the same areas as before recorded on the 'Significant Event' Proforma (Rec 4) (see [Appendix Four](#)) as soon as possible following the child's return and shared with police and their social worker thereafter.

13.3. An Independent Advocacy Service (through VOYPIC) is available for children who may find it helpful to have an advocate support them in this process.

14. Children assessed as 'At risk of Child Sexual Exploitation'

14.1 Where a child who is flagged as "At Risk of CSE" is reported missing and returns to their home or placement and:

- i) **Makes no disclosure of a crime** - an officer from Public Protection Branch CSE team will contact the relevant Trust CSE lead within 48-72 hours of the return of the child to discuss the circumstances of, and information obtained, following the missing episode for future risk mitigation purposes.
- ii) **Makes a disclosure as a victim of a non-sexual crime** - a referral shall be made by Health and Social Care Trusts through 101 or by contacting the Central Referral Unit on the email address provided and an officer from the relevant department will attend the care setting as soon as is practicable and no later than 24hrs after time of report.
- iii) **Makes a disclosure as a victim of a sexual crime** - police should be contacted via 101 as practicable. Public Protection Branch Detectives will lead the investigation to ensure all evidence gathering opportunities are maximised at the initial stage of the investigation. A referral must be made to CRU to comply with obligations under Joint Protocol. Follow up visit will be carried out by PPB CSE officers and CSE lead SW as soon as practicable following report.

15. Unaccompanied Asylum Seeking Children (UASC)

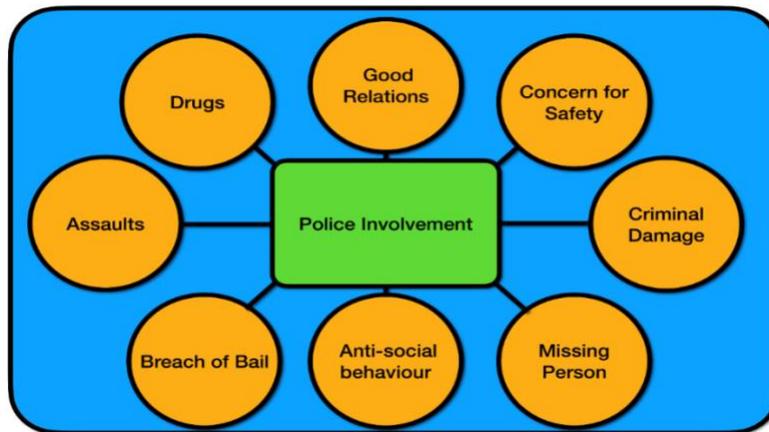
- 15.1 Within the children in care population there is a growing number of unaccompanied asylum seeking children (UASC), some of whom may be at risk of or victims of modern slavery. Modern slavery encompasses human trafficking, slavery, servitude, and forced or compulsory labour. Such children are likely to remain under the influence of traffickers or those that may seek to exploit them following arrival into Northern Ireland (NI) and whilst in care.
- 15.2 In line with current practice a Multi-Agency Safety Planning meeting is required within 48 hours of arrival and due consideration must be given to the collation of information about the child's background and circumstances prior to arrival into NI, presenting needs and risks, vulnerability to modern slavery / trafficking and safeguarding requirements and measures.
- 15.3 Risk management of children who have been victims or are potential victims of trafficking or modern slavery should be undertaken in compliance with Protecting Looked After Children Guidance as part of each child's ongoing care plan and take account of risk factors identified by the PSNI.
- 15.4 The Trust should seriously consider the risk that a child victim is likely to go missing and take this into account at the earliest stages in planning the child's care. Trust Care Plans should be explicit in relation to the risks that exist to the child including the risk of going missing and the actions necessary to mitigate against these risks.
- 15.5 The risk assessment of a child/young person who is the victim/potential victim of human trafficking and/or modern slavery going missing should always be made jointly with the PSNI in advance of any placement being made and should be shared with those responsible for the management of that placement. This risk assessment can be progressively updated.
- 15.6 In all cases HSC Trust staff and PSNI should follow the current NI Guidance on [Working Arrangements for the Welfare and Safeguarding of Child Victims and Potential Child Victims of Human Trafficking and Modern Slavery.](#), HSCB/PSNI, 2018 (see link - currently under review)

16. Data on Children who are reported Missing

- 16.1 Information on missing reports will be shared and reviewed through the joint working arrangements at the monthly Operational Missing Group meeting. The purpose of this is to map themes and patterns, and to develop prevention and intervention strategies. This includes those children identified at risk through CSE assessment and those with frequent missing episodes.

SECTION TWO -

GENERAL POLICING
RESPONSE TO INCIDENTS
INVOLVING CHILDREN
IN RESIDENTIAL
CHILDREN'S HOMES



‘HSC staff working in Children’s Homes are required to act in the best interests of a looked after child at all times, and to do everything that they can to avoid involving the child in the Criminal Justice system. Making contact with the Police is not an appropriate response to a child’s challenging behaviour and should only be considered as a last resort when all other options have been tried and failed to work. A social worker or social care worker who is considering contacting the police in relation to a looked after child must first consult with the Shift Coordinator to assist with the decision making process.’ [Guidance for Social Workers on Supporting Looked After Children in the Criminal Justice System](#)

The primary role of the police, is to prevent and detect crime and therefore their involvement with children in care placements, should be carefully considered, particularly where circumstances involve the behaviour of the child and not any criminal offence.

17. Criminal Damage within Residential Children’s Homes

17.1 In the event that criminal damage has been caused to, or in, the home an assessment will be required as to the seriousness of the incident. The appropriate member of staff, or carer, should carry out this assessment in consultation with the Shift Coordinator, to decide the most appropriate course of action, which may not always require a Police response. This system should always be used prior to reaching a decision to report a child to the PSNI for damaging HSC Trust property. Unless the situation is one where there is a significant risk to the child concerned, other children or staff members/carers, or the damage to the home is likely to be extensive it would not normally be necessary to request the Police to attend the incident at the time.

17.2 Where it is decided to proceed with an investigation, or prosecution, the Police will require the minimum of a written statement of complaint, witness statements (where applicable) and an estimate as to the value of any damage caused.

18. Assaults within Residential Children's Homes

18.1 If a member of the Children's Home staff is assaulted by a child resident within the home, it is a personal decision by that member of staff whether or not he/she wishes to make a formal complaint. The HSC Trust is both the employer of the member of staff and Corporate Parent to the child. The individual staff member concerned must be offered the earliest opportunity to discuss the situation with their line manager or the 8A manager for the home. The HSC Trust will make available a 'Staff Care' service, and any other support mechanisms thought appropriate at the time. It must always be the case that consideration is also given to the needs of the child involved in the incident. Where the staff member wishes to pursue a complaint, a statement of evidence to police will be required.

18.2 Where one child assaults another child, and the victim wishes to make a complaint to the police, this should be facilitated by residential staff or field social work staff. The child concerned should be offered the opportunity to discuss the situation with residential or Field Social Work staff or a senior Trust Manager. If the child decides not to make a complaint, Social Work staff or a parent should consider if they need to make a complaint to Police on behalf of the child.

18.3 Each incident of assault requires a Risk Assessment to be conducted by the Children's home staff to consider how best to manage the situation. In certain circumstances it may be necessary to invoke the HSC Trust's Child Protection Procedures. Parents/carers of the victim and assailant will be informed about the assault of a child as soon as reasonably possible after the event by the residential home staff. If contacted, Police will determine the severity of the assaults as laid down in legislation and will act accordingly.

18.4 Allegations of assault on children by staff or carers will be dealt with through the Child Protection Policy and Procedures and where appropriate through Human Resources procedures and Criminal Law.

19. Drugs, include psychoactive substances and other intoxicants

19.1 Some children in care regularly partake of intoxicating substances for a variety of reasons and the threat of criminal action is not in itself any deterrent. In many cases the child requires help with substance misuse and underlying issues and often the negative impact of introducing police into the equation is greater than any positive value.

19.2 It is not a criminal offence solely for a child to be in possession of alcohol, or to have consumed alcohol. The offence is to purchase alcohol, or for an adult to purchase for consumption by a child.

19.3 If a child is suspected of possession, and/or supply of drugs or psychoactive substances within the home the decision to make a complaint to the police should be undertaken after making a number of careful considerations such as:-

- Is the behaviour likely to cause harm to another person (e.g. supplying drugs / psychoactive substances within the home)?
- Are the circumstances such that introducing police officers into the situation may exacerbate the environment and lead to further/more serious offences such as assault etc. and potentially put the child at further risk?
- What are the actions that police are expected to undertake, and are these within the remit of the police service or should these be undertaken by another agency such as Northern Ireland Ambulance Service (NIAS) etc.?

If there is a requirement for police to attend and if there are grounds to do so, the child, and /or the room may be searched for articles in connection with the offence. This may result in the arrest of the child and criminal proceedings commenced.

The following should be noted by carers:

- Carers are permitted to search the rooms within the residential children's home.
- Carers may take possession of located drugs, psychoactive substances and other intoxicants from the children for the purposes of passing to police for destruction, or using the [Rapid Drugs Disposal Scheme](#), without the need to report the child for a criminal offence on every occasion. (Further information can be found on the link)
- The police can be contacted for advice on these matters.

20. Breach of Bail

20.1 Where a child is subject to bail conditions, the reporting of a breach of those conditions is separate to the reporting of a child to the police as a missing child.

20.2 If the child has breached the conditions by missing a court imposed curfew, and there are no other immediate risks identified, this should not be reported to police as missing.

20.3 Carers must consult with the Shift Coordinator in relation to the report of breach of bail, taking into consideration the extent to which the condition has been breached and the immediate risk the child presents as a result. If there are concerns, advice can be sought from PSNI.

20.4 If the PSNI considers that a Court is **unlikely** to revoke bail as a result of the breach, there is no requirement to arrest but report the breach of bail to the Judge at the next-scheduled Court appearance. *For further information see [Guidance for Social Workers on Supporting Looked After Children in the Criminal Justice System](#)*

APPENDIX ONE: PHILOMENA PROTOCOL DOCUMENT



Police Service
of Northern Ireland



Health and Social Care

**PHILOMENA PROTOCOL
MISSING YOUNG PERSON'S PROFILE**

Phone 101 to report child missing and obtain PSNI reference number. Do not submit by email until Ref No is completed:

PSNI Ref:	
------------------	--

There may be important pieces of information that you can provide to the PSNI in the event that the person you are caring for goes missing. Try and have several copies of recent, close-up photographs of the person, this may help police when searching for them.

This form is interactive and can be completed and stored electronically. It should be updated regularly and part 2 full completed in the event of a missing report.

PART 1 – (TO BE COMPLETED WHEN PLACEMENT OF CHILD INTO YOUR CARE)

Name: Full			Please attach a recent photo here. Please find one that is up to date and a good likeness of the person.	
Preferred name:				
Date of birth:		Age:		
Ethnicity:				
Sex/Gender:				
Current Address (inc postcode):				

Details of Care Order / status:			
SOSCARE / PARIS number:		Child Protection Register:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Social Worker name & contact details:			

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Professionals working with the child:	
---------------------------------------	--

Is the person assessed as at risk of Child Sexual Exploitation:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date of last assessment:	
Summary of exploitation concerns:			
Details of any CAWN in place:			

Previous home addresses:	1.	
	2.	
	3.	

School / Educational Establishment attended:	Current School / Establishment:	
	Pastoral Lead:	
	Previous School / Establishment:	

Previous Missing from Home incident summary:	
Previous locations found (provide all recent information):	
Significant dates eg birthdays of parents/ deaths etc:	
Significant places of interest:	
Habits:	
Hobbies / interests:	

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GP name and address:	
Health conditions (inc mental health / conditions affecting behaviour):	
Medication required:	

General description:	
Height:	
Weight:	
Build:	
Hair colour:	
Eyes:	
Jewellery:	
General Appearance:	
Distinguishing features (eg scars / tattoos)	

Distinguishing features – tattoos / birthmarks / piercings – broken down. Feature / what it is / where it is (ie ears pierced/ wears a gold stud/both ears OR Tattoo / dragon with heart/ top of left leg)

Has the person got any money?:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, how much?:						
Has the person got a Bank Account?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you got access to this account? (if not who does)	<input type="checkbox"/> YES <input type="checkbox"/> NO					
Name of bank?		Sort Code:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;">-</td> <td style="width: 20%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;">-</td> <td style="width: 20%; border: 1px solid black;"></td> </tr> </table>		-		-	
	-		-					
Acc No:			<input type="checkbox"/> YES <input type="checkbox"/> NO					

OFFICIAL- [PARTNERS]

	Do you hold the Password to access this account? (if not, who does?)	
--	---	--

Has the person got a mobile phone?:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Number:		Network:	
Make:		Model:	
IMEI:		Mac Address:	

Is there a Find My Phone or other location app activated on this? – Provide details:

Does the person have any other form of Tracking Device? – Provide details:			
Does this person have a bus / Translink pass?:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Provide details / number:	
Does this person have access to vehicle(s)?:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Provide details / reg number / driver:	

Does this person have a Social Media account(s)? Provide details:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Social Media Site:			
Username:			
Do you have the password:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what is it?:	

Social Media Site:			
Username:			
Do you have the password:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what is it?:	

Social Media Site:			
Username:			
Do you have the password:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what is it?:	

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Social Media Site:			
Username:			
Do you have the password:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what is it?:	

Social Media Site:			
Username:			
Do you have the password:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what is it?:	

Social Media Site:			
Username:			
Do you have the password:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what is it?:	

Risk Assessed locations & contacts to assist in location a missing young person.

This form should be regularly updated and any new associates & locations added as soon as you become aware of them.

Name of Child:	Date of Birth	Address:

	Name	Address	Association	Telephone	Associated risks
1					
2					
3					
4					
5					
6					
7					
8					

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9					
10					
11					
12					
13					
14					
15					

PART 2 A– ANSWERS TO BE COMPLETED FOR EACH MISSING REPORT)

Time, date and location last seen :	
Who were they last seen by:	
What was their demeanour / what were they doing when last seen?:	
Do you believe they have their mobile phone with them?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Attempts to locate via phone? (Ringing / tracking)	
What contact has been made with friends/ family? (who & response required)	
What other residents have been spoken to? (who & response required)	

Does anyone pose a risk to YP (Please provide evidence):	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the YP pose risk to anyone (Please provide evidence):	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Part 2B – SEARCH SECTION.

Have you searched the young person’s bedroom ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you searched the address the young person is missing from?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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What other locations that the YP frequents have been searched?	
Please detail any information or items located / missing:	
Name and position of person(s) searching:	

Provide details of who should be contacted to discuss media release in the event this is required	
---	--

Details of Shift Coordinator agreeing report to police:	
Completed by:	
Date:	

It is the responsibility of the agency completing and the recipient to protect the information from theft and compromise. This form and the information contained in it must be securely stored.

APPENDIX TWO: MISSING PERSON CMC INITIAL REPORT & THRIVE ASSESSMENT



Police Service
of Northern Ireland

MISSING PERSON CMC INITIAL REPORT & THRIVE ASSESSMENT

Brief circumstances of going missing: *Where from, what were they doing, anything said before they left? Any known reason for leaving?*

THREAT:	
HARM:	
RISK:	
INVESTIGATION:	
VULNERABILITY:	
ENGAGEMENT:	

Q1. What is the Full Name of Missing Person: *(Ensure correct spelling) (include nick names if known)*

A.

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Q2. What is the age/date of birth of the Missing Person (*date of birth if possible*)

A.

Q3. What is their contact number? Do you they have a mobile phone with them?

A.

Q4. Can you describe the Missing Person, i.e.:

- Gender –
- Ethnicity –
- Height -
- Build -
- Hair Colour/style/length -
- Eye Colour/glasses(worn when last seen) -
- Distinguishing features (beard/scars/tattoos/piercings) –
- Clothing at time of last sighting -

Q5. What is the Home/Last Known Address of Missing Person?

A.

Q6. Where was the person last seen? By Whom

A:

Q7. What were they doing? Anything said before they left?

A.

Q8. Has the missing person left with someone or is believed to be meeting someone?

A:

Q9. Has this person made preparations? (ie taken anything with them)

A:

Q10. Any known reason for leaving?

A:

Q11. Has this person gone missing before? *If so how many times, what was the reasons, where were they found, etc.*

A.

Q12. What actions have been taken to locate the missing person?

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A:

Q13. Do you believe the missing person may be at risk of harm to themselves (*from any source*) or are at risk to anyone else? (*this includes self-harm/suicide/victim of abuse or crime*)

A.

Q14. Can you think of any other information relevant to their absence that may assist police in finding *them*?

A.

Q15. Is the Missing Person believed to be a driver or passenger in a vehicle? If yes, what is the...

- Make -
- Model -
- Colour -
- VRM -

For all missing children

Q 17. Is there any information to indicate that the child may be at risk of any form of exploitation including sexual and / or any sexual offences? Such as gifts received from unknown sources, or anything to indicate they may be the victim of grooming, trafficking, FGM. If so, provide details

A.

Q: What specific risks have been identified that require police intervention?

A:

For children missing from Residential Children's Home

Q16. The Interface Protocol between HSC Trusts and PSNI (Where a child is reported missing and other police interactions with children's homes) sets out how the Trust will meet its obligations to act as a responsible parent in such situations, including the completion of the Philomena Protocol. The requirements for reporting are as follows:

1. Has the Philomena Protocol document been completed?

A.

2. Name of Shift Coordinator agreeing report to police?

A.

Above prepared by Staff Number:

APPENDIX THREE – GUIDANCE ON COMPLETING THE IMMEDIATE SAFE AND WELL CHECK

Below is the information required by police from the Immediate Safe & Well Check.

The ISW check should be conducted and shared with PSNI **as soon as possible** after the child returns / is located, and is mandatory for each missing report.

Who conducts ISW check?

Police will generally do this, unless a child who resides in a residential children's home, is located by staff, or returns of their own accord. In these cases staff from the home will conduct the ISW check.

Questions to staff / police:

- *Q1. Who located the child, where were they found, and in what circumstances were they found?*
- *Was the child still wearing same clothes when they returned? Do they have any new property with them on their return?*

Questions to the child:

- *Q2. Are you ok? Is there anything you need? What made you take off / not come home/back?*
- *Q3. Has anyone hurt you or caused you harm?*
- *Q4. Are you worried someone may be hurt or harmed?*
- *Q5. Is there anything else you want to talk about?*

Where the child does not engage, it is important to adopt a professional curiosity, looking beyond what the child is saying and using their skills to record their demeanour, their physical state (ie their state of dress, whether they have physical cuts / injuries, if they are dishevelled/ intoxicated) and any factors that may be relevant.

All information obtained should be passed back to police as soon as the child returns.

APPENDIX FOUR: SIGNIFICANT EVENT RECORD PROFORMA – REC 4

SIGNIFICANT EVENT RECORD	
Client Name :	SOSCARE No :
SIGNIFICANT EVENT	
Date Reported :	Time Reported:
Type of contact* (e.g. Home Visit)	Who reported & to whom:
Date of Significant Event :	Nature of Event:
Detail of Event:	
PROFESSIONAL RESPONSE:	
Date of Response:	Type of Response:
Who was involved:	
Details:	
Analysis:	
Action taken or required :	
Restricted : Yes/No* delete as appropriate	
Signed:	Date:

APPENDIX FIVE – GUIDANCE ON COMPLETING THE RETURN SAFEGUARDING DISCUSSION

Below are a number of suggested areas to be explored by the person undertaking the Return Safeguarding Discussion, to help ensure a consistent approach is undertaken across all 5 H&SC Trusts when meeting with a child following a missing episode. It is important that the person conducting this RSD promotes a relaxed atmosphere which is more inquisitorial than interrogative in approach to maximise engagement with the child.

These prompts complement the guidance provided in Section 12 of this document.

The RSD should be conducted and shared with PSNI **within 72 hours** of the child returning. It should be an in depth discussion and will normally be undertaken by the child's Field Social Worker.

The child should be offered the service of an Independent Advocacy Service (VOYPIC) to support them through this process and to ensure their voice is heard.

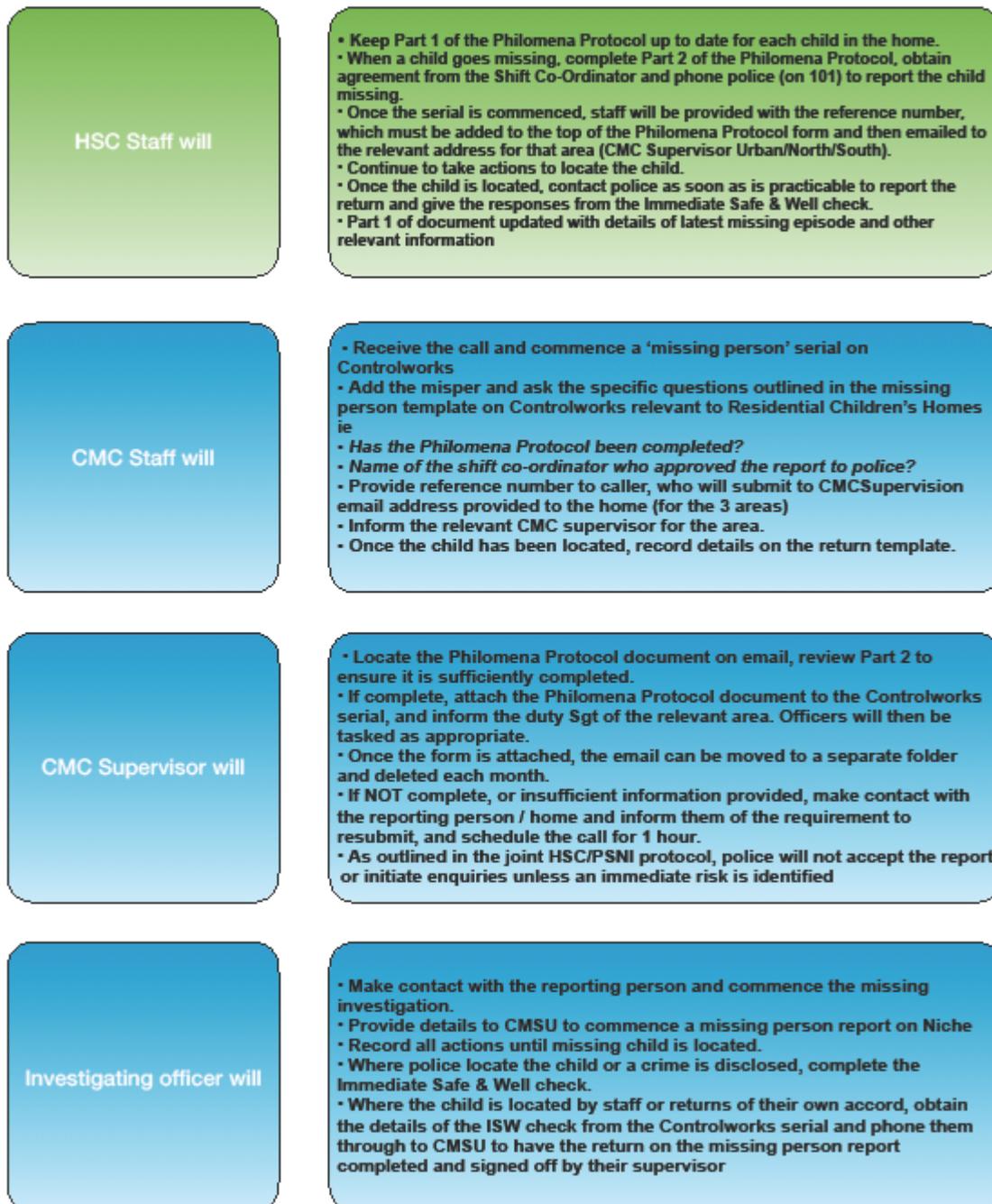
Suggested areas to be covered during the discussion include:

- Are you ok to have a chat?
- Can you tell me where you were?
- Can you share with me who you were with?
- Can you let me know whether anything happened to you or to anyone else that has worried you?
- Do you feel safe where you live?
- Do you need contraception or any medical advice/support? Would you like me to arrange an appointment?
- Would you like to speak to the police or another significant adult?
- Is there anything I can help you with?

The Return Safeguarding Discussion and Independent Return Safeguarding Discussion should be recorded on a Rec 4

APPENDIX SIX – PHILOMENA PROTOCOL PROCESS

APPENDIX SIX - PHILOMENA PROTOCOL PROCESS



APPENDIX SEVEN – TERMS OF REFERENCE FOR OPERATIONAL MISSING MEETING

Terms of Reference for Monthly Children at Risk

Operational Meeting

A Children at Risk Operational Group of key frontline HSC Trust managers and Police Officers meeting monthly to improve the operational response by each organisation, to children at risk.

Section 5, Joint working arrangements - Interface Protocol between HSC Trusts and PSNI (Where a child is reported missing and other police interactions with children’s homes). July 2023.

1. Format of the Meeting

This interface meeting between the Trusts and PSNI will be held online, (via Webex / Zoom) once per month for each Trust area. It is suggested that the group meet twice a year in person to improve relationship building.

It is suggested this meeting will be co-chaired by HSC Trust & PSNI personnel at 8a / Insp level.

2. Membership

The membership of the meeting will include:

Trust	PSNI
Head of Service Residential Care 8a Looked after Services [1 representative] 8a Residential Services [1 representative] 8a Safeguarding Services [1 representative] 8A Fostering Services [1 representative] Edge of care manager	At least one Inspector from each District within the Trust area. (suggested Vulnerability Insp and / NPT or LPT Inspector) One NPT Constable covering each of the areas with a childrens home. Youth Diversion Officer / Support Hub officer (if relevant) CSE officer (D/Sgt or D/Con)

CSE Senior Practitioner	
Residential Team leaders	

3. Aims

The meeting will discuss issues in relation to safeguarding young people who go missing and / or are at risk of CSE, with an emphasis on sharing information and analysing data, identifying themes, trends, and developing preventative and disruptive strategies to protect and safeguard vulnerable children.

Specifically the group will consider those children:

- assessed as 'at risk of CSE'
- children who are repeatedly reported missing 3 times or more in 3 month period
- emerging vulnerability issues involving children in residential, foster / kinship care, and edge of care.
- other interface issues between residential children's homes and PSNI

4. Suggested Agenda

Welcome & apologies	
Previous minutes & actions	
Individual discussions regarding	<p>Those assessed as at risk of CSE</p> <p>Repeat missing (3+ in 3 months) from:</p> <ul style="list-style-type: none"> ▪ Residential care ▪ Fostering / Kinship care ▪ Community / edge of care <p>Other children identified as at risk (but not missing)</p> <p>Other ongoing issues within the homes (ie drugs / assaults)</p> <p>Persons of concern (adults interacting with CYP)</p> <p>Geographical areas of concern</p>
Data / statistics	Information sharing issues /

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	Information gaps to be considered Identified trends / patterns / hotspots (locations of concern)
Prevention / Disruption activities	Plans to address identified issues, CSE, repeat missing Joint diversionary activities
Interface / Operational issues & solutions	What didn't go well (for learning opportunities) Any fundamental / significant issues to be raised to strategic meeting level
Record of agreed actions* and responsible person	
AOB	

*Actions to be specific and focused to a person for accountability and not just organisation

5. Areas of Conflict

Areas of conflict between the home and police should be dealt with promptly outside the meeting, but can be referenced in meeting if required.

Any significant / fundamental issues or unresolved conflict areas from the monthly operational meeting can be raised through own line management structures and escalated to strategic group.

6. Data Collection

Data will be shared by PSNI a minimum of 48 hours before the planned meeting to aid preparation.

7. Administration

The HSCT Trusts will be responsible for minute taking and record of actions.

8. Review

The Terms of reference will be reviewed 1 year post implementation.