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Abstract

The issues that arise in responding to repeat reports to the police of people missing from institutional locations (such as hospitals, mental health units and children's residential care) are the focus of this article. This focus relates to the broader issue of policing vulnerability and the concepts of 'duty of care', 'safeguarding' and 'risk' as they apply to role of the police in their response to missing people. The current study is based on research on 1,321 missing persons cases that were closed in 2011; these cases came from 149 institutional locations in a police force in central England and account for nearly half of all repeat reports to the police in this force area. The top ten organisational addresses accounted for over a quarter (27.6%, 364 of 1,321) of the repeat reports over a one year period. Seven of these organisational addresses are private children's care homes (275 reports, 75.5% of the top 10 reporting locations) and three are mental health units (89 reports, 24.5% of the top 10 reporting locations). The cost to the police of responding to reports from these 10 locations is estimated to be between £482,250 to £879,060. The article highlights that a significant part of police work on missing people relates to institutional locations that present the police with different types of potential risk.

Keywords: missing people, police, institutional locations

Introduction

Responding appropriately to people reported missing to the police is a world-wide issue. The concept of 'missing' is multi-faceted and can include such wide ranging international and national issues as those missing through armed conflict, acts of terrorism and people trafficking (Edkins 2011); as well as people who simply want to be somewhere else or are not where they are expected to be, often temporarily. Whether the police has a record that a person is missing and whether the absence of a person is labelled 'missing' varies across jurisdictions and so any figure about the number of missing people is essentially socially constructed. Most reports to the police in the UK are for people who want to be somewhere else or they are not where they are expected to be. And, most people reported as 'missing' to the police in the UK are found very quickly, usually within a day (Biehal and Wade 2000, Newiss 2004, Fyfe et al 2014). Many of these people are missing from institutional locations (such as hospitals, mental health units and children's care homes). Relatively little research attention has been given to the locations from which people go missing (Bartholomew, Duffy and Figgins 2009, Parr and Stevenson 2013). A focus on locations is important because the police have the possibility of working with identifiable people and locations (professionals and particular institutions). This focus may be able to help develop strategies to reduce the problem. In comparison, people reported missing from individual private addresses present a more dispersed and difficult to solve problem.

The overarching purpose of this article is to take a critical look at the role of the police, in relation to health and social care professionals who report people missing from institutional locations. The role of the police in relation to other professionals in this respect is framed by three key inter-connected concepts: duty of care,

safeguarding and risk. The article includes a brief reference to the evidence about the costs of the current police role in order to illustrate the impact of missing persons reports on police time and resources.

The article uses secondary data gathered from one police force in central England. It is based on 1,321 closed missing person cases across 149 institutional locations over a one year period. These cases accounted for half of all missing person reports to this police force during 2011.

The police in the UK define a missing person as:

> Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be the subject of a crime or at risk of harm to themselves or another (ACPO/CoP 2013, p.5).

When a person is '*not at a place where they are expected or required to be*' (ACPO/COP 2013, p.5) they are referred to as 'absent' (a category which was not used for a period, following earlier guidance, ACPO 2010).

The definitions (of 'missing' and 'absent') presented above can be interpreted in part as an attempt to get agencies to use the category of 'missing' more carefully and in effect reduce reports to the police. The use of the 'absent' category is particularly relevant to children's residential care (Hayden in press) as these locations make up the majority of reports from institutions. Inevitably categorising a child as 'absent',

rather than 'missing', is bound up with perceptions of risk and (sometimes) risk-averse professional practise (Hayden and Goodship 2015).

The current research is based on a year when the absent category was not in operation. Evidence suggests that this change in categorisation appears to have reduced police time spent on cases where the use of the 'absent' category has been evaluated (see Bayliss and Quinton 2013; Fyfe et al 2014). However, this does not change the central focus of this article, given the still very high volume of missing persons reports to the police and the difficulty of predicting and preventing the individual and rare events that end in a fatality (Newiss 2004, Tarling and Burrows 2004).

Duty of Care and Safeguarding

The police and other professionals have a 'duty of care' towards people reported missing. Preventing harm (based on an assessment of risk) is central to exercising a duty of care; this in turn relates to the concept of 'safeguarding'. How professionals are expected to act in order to demonstrate a 'duty of care' relates to '*what a reasonable person, with their training and background, can be expected to do'* (Griffiths 2012, para 1). ACPO (2010) refers to the police as having a 'duty of positive action' in relation to missing persons reports, emphasising the legal framework to this role in saying:

> The Human Rights Act 1998 places a positive obligation on police officers to take reasonable action, within their powers, to safeguard the rights of individuals who may be at risk (…….) Failure to properly investigate a

> report of a missing person may leave an individual at risk and the Police Service vulnerable to a legal challenge under either the Human Rights Act or the law relating to negligence (p.15).

And, in relation to assessing risk the police are advised: '*If in doubt, think murder*' (ACPO 2010, p.15). Care agencies, in comparison, tend to focus on vulnerability to abuse and exploitation, or a risk of neglect (see Care Quality Commission, CQC, 2015). In relation to children in care the DfE (2012) highlights their vulnerability, emphasising that: '*the majority of children in care are there because they have suffered abuse or neglect*' (para 1). In relation to adults, 'vulnerability' is likely to be a key aspect of the risk assessment and subsequent response. A 'vulnerable adult' is defined as:

> … a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation. …. (Braye et al 2011, p.18).

It might seem self-evident that a person in a professional caring role would (should?) take steps to prevent a vulnerable adult or child from going missing and do all they can to help locate them if they do go missing. However, there are a number of barriers to making this happen. The most obvious barrier is the right of adults to walk out of open institutions. Over the age of 18 years people have the right to go missing unless they have been detained under the Mental Health Act, or are legally in the care of another person (Missing People nd). Children in care may not respond

to professionals trying to set boundaries about where they are supposed to be and at what time. Often they are 'absent' rather than missing, but there may still be safeguarding concerns about where they are and who they are with. More generally, some people in any institution are likely to want to be somewhere else and not tell the professionals looking after them. This is perhaps especially true in relation to reports on children in residential care who are often placed away from family and friends whom they want to see.

A further issue is the law and guidance around the use of restraint in health and social care which is complex but in essence means that in the great majority of situations where people go missing, health and social care staff will be reluctant to intervene physically to stop them leaving the premises (Lindsay and Hosie 2000, p.10).

Professional concern about vulnerable adults and children who go missing (or absent) is driven in part by cases of abuse and exploitation, both individual and institutional (Manthorpe, Penhale and Stanley 1999). Specifically, cases of sexual exploitation and trafficking of children and adults have added to an emphasis on the risk of harm and abuse in relation to people reported missing. It is possible that debates about making social workers (and others) liable if they fail to protect children against sexual exploitation (Stevenson 2015) are likely to amplify staff fears and foster risk averse practise (such as reporting a young person 'missing', rather than 'absent' as a way of managing the risk and personal liability).

Balancing these very different responsibilities for adults and children happens in a context of high levels of reporting, alongside a public perception and expectation about what the police (and other agencies) can and should do. The legal framework to protect children is contained in *Working Together to Safeguard Children* (2015). For adults, the *Care Act 2014* gave a legal framework for safeguarding adults for the first time. However, the overarching objective of these legal frameworks is to enable children and adults to live a life free from abuse or neglect (CQC 2015, p. 3). The practise of safeguarding is often said to be 'everybody's responsibility' (Braye et al 2011, p.44) and has led to fairly complex structures across partnerships between agencies at the local level (p.62).

Missing people and the role of the police

There are various ways that the role of the police can be described but an important aspect of the research evidence is what the police actually do (see Reiner 2012, pp. 19-20). Reiner (2012) characterises the key dimensions of what the police actually do, as divided between 'law officer' and 'peace officer' (see p.142-3); against a dominant police culture at street level that is focussed on action and crime-fighting. This reality gap can produce a frustration that 'real police work' does not involve much of what they are asked to do. In Duggan's (2013) research on mental health and custody the consensus from the police was:

> the police shouldn't be relied upon to act as a 24 hour social services (para 6).

The Care Quality Commission, CQC (2015) found that the police are regularly the first point of contact for those in mental distress and that they are rated more highly

than community-based mental health teams and accident and emergency departments. The College of Policing (COP) estimates that non-crime related incidents account for 83% of all Command and Control calls (COP 2015, p.9). In contrast, the Home Secretary is quoted as saying in relation to the role of the police:

> the sole objective against which they will be judged, the way in which communities should be able to hold them to account, is their success in cutting crime. I haven't asked the police to be social workers (Millie 2013, p.147).

The response to the high volume 'everyday cases' of people reported missing from institutions (such as hospitals, mental health units and children's residential care); exemplifies the 'peace officer' aspect of the police role in the UK. Partnership and multi-agency working is increasing; mental health problems, child protection and domestic abuse are all issues that are reported to be making extra demands on police time (COP 2015). This 'mission creep', developed at a time of increasing police numbers between 2000 and 2010 (Millie 2013). Since 2010, major cuts in public services and charities (since 2010) working with vulnerable people in the community have provided a different reason for this continued 'mission creep'. **According to Garside (2015) the police are often called because cuts in key welfare services has resulted in a situation where '*in place of well-funded youth work, social work and housing teams, we got teams of men and women in uniforms, with the power of arrest*' (para 14).**

The late time of day that many people are reported missing, adds to pressures on the police as a 24 hour response service. Although health and social care institutions are also 24 hour services they often operate with relatively few staff at night. The size of institutions varies a great deal and in small facilities (most children's residential homes) there is little or no room for staff flexibility at night (Hayden and Goodship 2015).

The extent to which we want a police service that is in effect 'the blue light social services ' gets to the heart of the debate about the role of the police and reporting agencies in cases of missing people. The arguments for (as well as the barriers to) better co-ordination and co-operation between the police, social services and health care professionals have been long documented in the UK (Sanders Jackson and Thomas 1996) and elsewhere (Martin and Besharov 1991, Green 1997, Fry et al 2002). Mental health issues and child protection are a common aspect of these arguments. These issues are part and parcel of the vulnerabilities of some of the people who go missing from institutional locations and they are at the heart of professional concern and risk assessment.

Edkins (2011) traces the way in which the police in the UK moved from a refusal to engage with those reported missing, except where a crime was suspected or in relation to children, to a more active engagement in everyday cases, largely because of pressure from voluntary organizations and relatives. This has led to an increased role for the police in relation to missing people with over 300,000 reports a year nationally (SOCA 2013). Children make up about two-thirds (64%) and adults one-third (36%) of all reports to the police (SOCA 2013). As well as the international and

national issues referred to at the start of this article, these reports encompass a very wide range of circumstances at local level in the 'everyday cases' that are the focus of the current article. Reports range from a young child wandering off from their parents in a public place or an adult being unwilling to return to a mental health unit after a home visit, through to cases where the child or adult is displaying self-harming or other risky behaviour; as well as cases where the adult or child may be involved with dangerous others intent on abuse and exploitation. Occasionally people go missing in order to kill themselves. Responding proportionately to this wide range of circumstances is a major challenge.

Risk assessment is an attempt to prioritise the police response to the high volume of missing persons reports. It has been calculated that on average a medium risk case (the majority of cases) leads to 18 hours of police work. For the 185,035 medium risk incidents in 2011/12, this amounts to over 3 million 'investigation hours' (3,330,630) (COP 2015, p.11). Overall, it has been estimated that responding to missing persons reports equates to 14% of police time in England (Shalev Greene and Pakes 2012). Reports from institutional locations account for a significant part of all reports and the great majority of repeat reports to the police, as the current study illustrates.

Another way of understanding the extent to which missing persons reports impact on the role of the police in the UK is in relation to the financial cost of missing persons cases. Shalev Greene and Pakes (2013) estimate that the cost to the police of a medium risk medium term missing person investigation is between £1,325 –

£2,415 per case. During the latter study, police officers emphasised the frequency of requests to search for repeat missing persons, particularly young people missing from care and people who go missing from hospitals. Therefore, there is also an economic argument to support the need for better prevention and a reduction of missing person episodes. Although ACPO/CoP (2013) argues that:

> The positive impact of channelling resources that may be saved through a more efficient approach to dealing with missing reports should be considered at a human level, not simply a fiscal one (p.13).

The pressure for a more efficient use of police time in relation to missing persons reports is enhanced by the 25% reduction (£2.3 billion) in central government funding to the police and crime commissioners, between 2010/11 and 2015/16 (NAO 2015).

So the more important question is whether reducing the number of reports to the police can be achieved whilst ensuring the safeguarding of vulnerable children and adults and fulfilling the police professional duty of care in these respects. Reducing the response to repeat reports from the same institutional address is one place to start.

Risk and going missing

We highlighted earlier that the majority of people reported missing in the UK are found within a day (Biehal and Wade 2000, Fyfe et al 2014) and only a small proportion are harmed (Rees and Lees 2005). Even so, every year over 2,000 people in the UK have not been found after a year; and, on average, 20 people per week are found dead after being reported missing (NPIA 2011 in Fyfe et al 2014). This equates to around 0.6% of all missing persons reports (SOCA 2013). Adults are more likely than children to be found dead, after being reported missing. For example, a study using a sample of over 32,000 cases from the Metropolitan Police Service in London found that almost 95 per cent of those found dead were adults and three quarters of the adults were men (SOCA 2013). Older people (61 years and over) reported missing are the most at risk of being found dead, compared with all other age groups (Newiss 2006).

When individuals go missing repeatedly it is often taken as a sign that there is something wrong with where they are, or the situation they are in (Rees and Lees 2005) but maybe they simply want to be somewhere else or with someone else some of the time (Rees and Lees 2005, Hayden and Goodship 2015). The same assumptions might be made in relation to an institution when there are repeat missing persons reports filed from the same place. Indeed the recognition of institutional abuse of both adults and children highlights the fact that institutions themselves may be risky locations (Manthorpe et al 1999).

The risks associated with going missing are well documented. Children who go missing risk becoming a victim of crime or involvement with criminal activity through

the commission of 'survival' crimes. Risks more associated with adults include being homeless, and coming to harm through injury or through an accident or self-harm (Biehal, Mitchell and Wade 2003, Hayden and Goodship 2015, Parr and Fyfe 2012, Smith and Shalev Greene 2014). These risks are particularly critical when people go missing repeatedly.

The extent to which the police can realistically and meaningfully risks assess the high volume of missing persons reports has been questioned (Hayden and Goodship 2015). Nevertheless, the police have to respond to these reports on the basis of the information available to them and the likely risks posed by a particular individual going missing. In order to help manage the high volume of reports, arrangements are in place to differentiate between reports that indicate high levels of risk (10% of all cases) which necessitate a police-led investigation and others where the risk is believed to be lower or tolerable (66% are recorded as 'medium risk' and 24% as 'low risk', ACPO/CoP 2013). It should be noted that the initial level of risk does not always drive police activity and that such assessments are dynamic in nature and may change during the course of an investigation. People assessed as 'high risk' are likely to present immediate concern, for example a risk of suicide.

The work of Newiss (2004, 2006) and Tarling and Burrows (2004) is particularly important in relation to police risk assessment. Newiss (2004, 2006) has calculated the risk of fatal outcomes from cases –illustrating the age-risk profile. However, he concedes that his data did not make it possible to factor in the effect of repeat reports on risk. Essentially all three authors conclude that predicting risk is notoriously difficult because one is trying to predict individual and rare events and

that because of this the police will have to exercise a good deal of professional judgement in missing persons cases. Fyfe et al (2014) concur with this view in highlighting the importance of 'instinct' and 'gut feeling' for police officers in a missing person case. Individual officers interviewed, in the latter study, tended to believe that guidance on policy and practice can only take you so far and that '*it was experience that mattered most*' (p.16).

However, Bayliss and Quinton (2013) present promising results from a pilot in three police forces focused on reducing police attendance and better risk assessment. In this pilot, police officers were no longer required to attend cases where the person was 'absent' and not thought to be at risk of harm. They estimate that by doing this they made a saving of 200 shifts in three months by reduced police time, in terms of the initial response, by 23%. The study concluded that:

> There was no evidence to suggest the pilot had undermined forces' ability to carry out proactive safeguarding work (though it was a perceived concern for some partners) (p.1).

However, some concern was expressed in this latter report about the capacity of forces to monitor 'absent' incidences beyond the pilot, partly because of cuts to missing persons co-ordinator posts.

There is a substantial medical literature on patients going missing (or 'absconding') from mental health hospitals (see for example Muller 1962, Muir-Cochrane and Mosel 2008). Muir-Cochrane and Mosel (2008) review 39 studies conducted

between1996-2008. Overall this review highlights the very high levels of risk in people reported missing from such institutions: with some studies reporting suicide rates between 20% and 30% of patients who have left psychiatric facilities without permission (p.370). Some of the studies reviewed include the experience of nurses who perceived that:

> …… absconding caused disturbances in the ward, produced feelings of anger, guilt, concern, and anxiety that they did not predict, as well as prevent, the absconding event. The process of reporting and taking action after an abscond was felt to be time-consuming, detracting time away from other activities such as providing direct care to other patients on the ward (Muir-Cochrane and Mosel 2008, p.374).

There is very little reference to the role of the police in research focussed on patients who go missing from hospitals, yet they are at the front line in terms of response in cases perceived to be high risk by medical staff. However, there is research on the police response to people with mental health problems in the community and their decision to arrest or refer to mental health agencies (see for example Green 1997).

As noted earlier, sexual exploitation (The Children's Society 2012) and trafficking (Williams 2012) are known to be risks associated with going missing. These issues create additional pressures for the police in making an appropriate and proportionate response to the issue of 'absence' from care. Most children who are 'absent' will return very quickly to their care placement but as children's charities, such as the NSPCC, emphasise (in response to the use of the 'absent' category):

> The length of time a child goes missing is irrelevant because they can fall into the hands of abusers very quickly (BBC 2013, para 13).

Concerns about abuse and sexual exploitation add to a complex and (at times) contradictory situation in relation to meaningful risk assessment of children who go missing from care. Part of this complexity relates to the fact that these children may go (unauthorised by care staff) to visit their family, which may superficially seem relatively safe to the police, but the children will often have been taken into care *because* of the risks posed in their family environment.

Analysis of missing persons reports from institutional locations

During 2011, nearly 3,000 missing person cases opened and closed in this police force (or over 40% of all missing person cases overall). As the focus of this study is repeat reports from an institutional location, only cases where the same locational address was linked to three cases or more in 2011 were included (149 locations and 1,321 cases). In 2011 over three-quarters (77%) of people who were reported missing went missing only once. However, the 23% of people who went missing more than once account for half (50%) of all missing persons reports in this police force. Some of the locations from which individuals went missing more than once were individual households (16 %) but the great majority (84%) were institutional facilities.

The majority of the data in this study was obtained from the COMPACT database from a Police force in central England. We also analysed police logs on the initial

conversation with health and social care agencies reporting people missing from institutions. The database comprises 1,321 *closed* missing person cases in 2011. The cases are closed because the people in these cases have been located and the police did not have any further role. The COMPACT database is used by many police forces in the UK to record missing person cases. This database allows for specific information to be collated on an individual incident where a person is reported missing, including identified risks and police intelligence on the case. The COMPACT system is generally used for allocating tasks ('tasking'), intelligence searches, case monitoring, generating referrals and multi-agency work (see also Bayliss and Quinton 2013). At a basic descriptive level the key aspects of cases are easy to identify. Our data covered age, type of institution, level of risk, harm, injury, criminality, as well as some descriptive information on the circumstances surrounding the report (what actions the referring agency had taken prior to the police report and whether the person was perceived as having gone missing 'intentionally'). We did not have access to the more complex narratives on individual cases.

The database was anonymised in relation to any individual identity or the name of institutions. The only identifying information relating to specific cases was the Personal Identification Number (PID), the case number and the postcode from which they went missing. We worked with the relevant police force to ensure that we had accurate and meaningful data that could be used for the current research. An officer from the force examined each case to ensure that they matched the exact location. This was done in order to avoid mistaken identity where different locations shared the same postcode. An important strength of the data we have used is that because

it was based on closed cases it is based on the best information available at the point of case closure. Prior to case closure, information is updated and made more accurate while a case is ongoing. Broader contextual information was not edited from the database before it was supplied to the researchers for analysis. The only editing undertaken by the police was to make the data anonymous (as noted above). A key advantage of COMPACT is that data can be downloaded into Excel and then imported into SPSS. It was then relatively straightforward for the researchers to clean the database supplied, in order to remove any duplicate entries or check on any ambiguous data. A weakness of the database is that some of the data is subjective and relates to how officers understand and construct accounts from referral agents and how this is then captured and recorded in the database: for example, the whether people go missing 'intentionally' or not. Also, as with any database, there are likely to be human errors in the data entry. No statistical tests were applied in this study because of the small numbers in important variables such as: high risk (51 cases), commission of a crime (36) and harm or injury (30), across 149 institutional locations.

Figure 1: Age profile of missing persons (N=1,321)

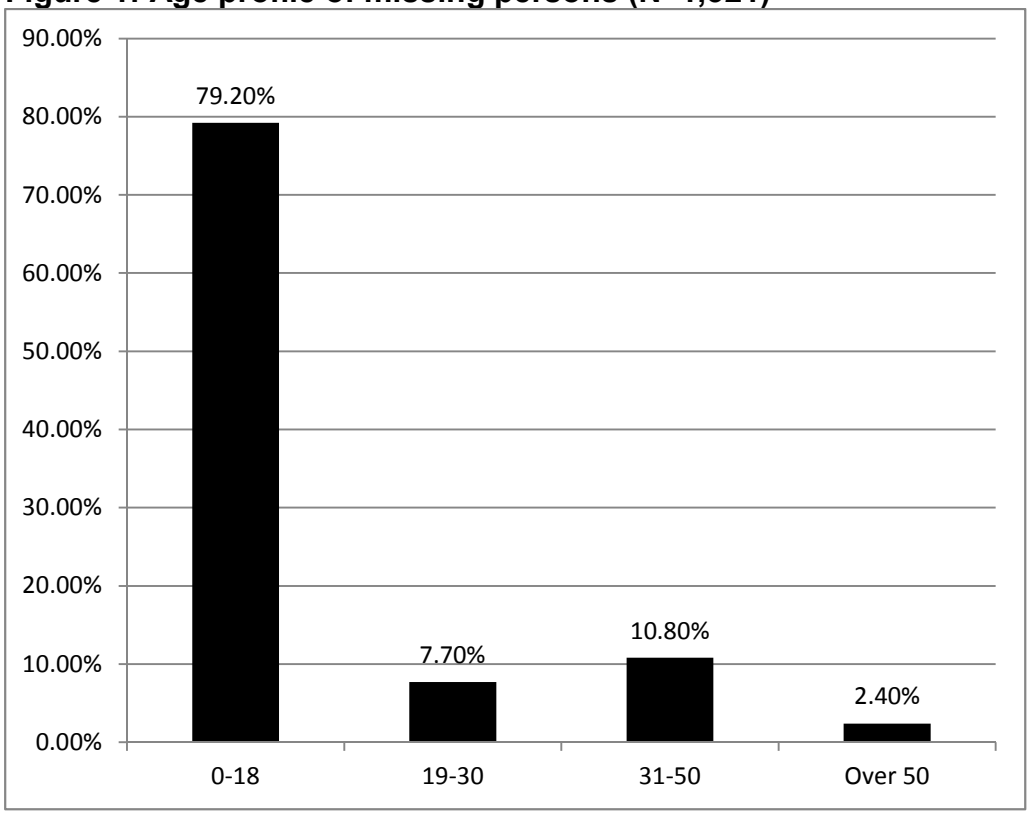


Figure 1 illustrates that the great majority (79.2%) of the sample were young people aged 18 years and under. Those aged over 18 years (20.8%) were mostly in the 19-50 age range, with only 31 individuals (2.4%) who were over 50 years of age.

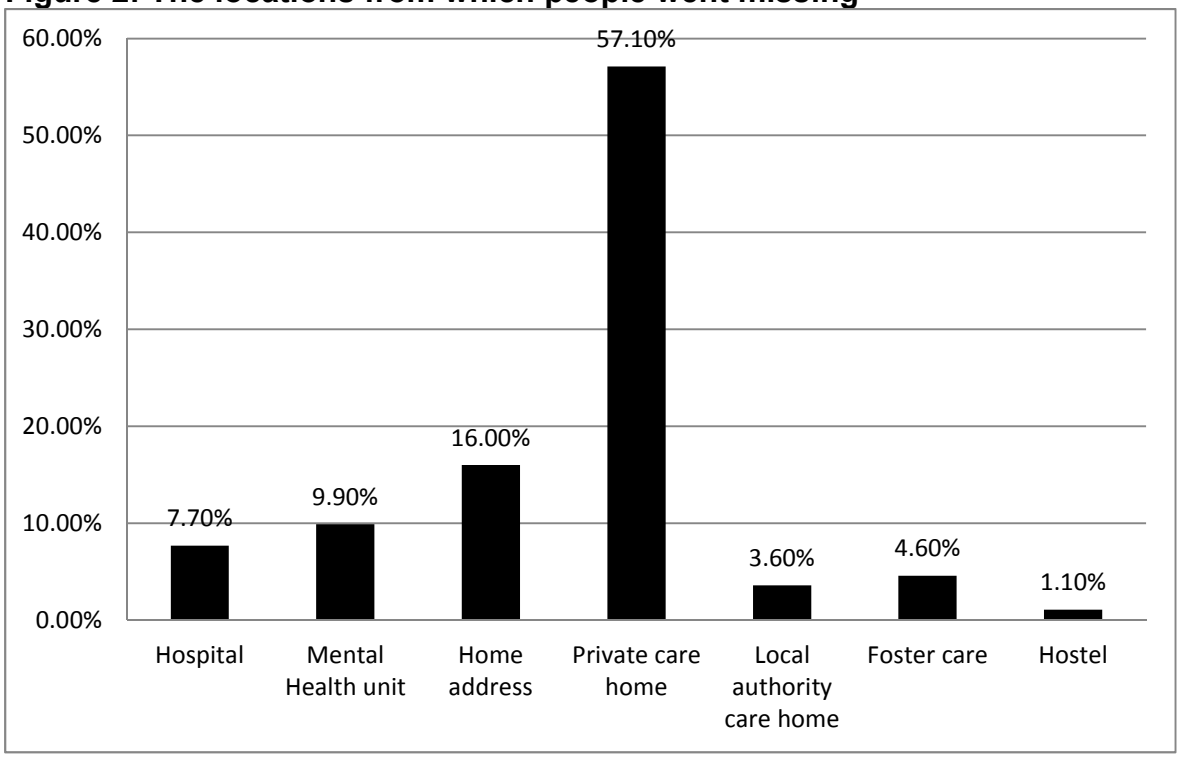
The sample was fairly evenly divided by gender: male (50.8%) and female (49.2%). The great majority (97.1%) were described as White European. The remainder were described as Asian (1.4%) or Black (1.4%).

Nearly all (98.0%) the missing people on the police database were categorised as having gone missing 'intentionally'. This very high proportion may in part be due to the way cases are recorded by the police, illustrating the social construction of police 'missing' data highlighted at the start of this article. Available data did not capture the more subtle differences identified by Biehal et al (2003) on their 'missing

continuum'. This continuum ranges from intentional to unintentional, from 'decided', through 'drifted', and 'unintentional absence' to 'force' (Holmes 2008). Fyfe et al (2014) argue that establishing where a person is on this continuum is a key challenge for the police, as it will inform the police response to a missing persons report. One of the problems of research based on secondary data (as in the current study) is that nuance and subtlety of categorisation is likely to be lost in official records held on a database, so care has been taken in the interpretation of our data. A small number of cases in this sample included intra-familial abductions and other situations that can clearly be considered as 'unintentional'. Holmes (2008) argues that it is important to understand and recognise that missing people may or may not have chosen to go missing, and that their degree of intent may or may not be fully known and understood by the people they have left behind, or the police.

Figure 2 illustrates that people went missing from a variety of locations but that private care homes (57.1%) were the most common place from which people went missing in our sample. Almost all (99.5%) of those who went missing from private care homes were children and young people aged 18 years and under. Going missing from a home address (16.0%) was the next most common location; followed by mental health units (9.9%) and hospitals (7.7%). Foster care (4.6%), local authority children's care homes (3.6%) and hostels (1.1%) were the other locations from which people went missing.

Figure 2: The locations from which people went missing



The great majority (96.1%) of missing people were categorised as 'medium risk'; 3.9% (51 people) were categorised as 'high risk' and only one person was categorised as 'low risk'.

Most children's care homes in the police force area are privately run (92.1%, 105 of the 114). Ten of the 149 organisational addresses overall accounted for over a quarter (27.6%, 364 of 1,321) of the repeat reports over a one year period. Table 1 illustrates that seven of these organisational addresses are private children's care homes (275 reports, 75.5% of the top 10 reporting locations) and three are mental health units (89 reports, 24.5% of the top 10 reporting locations).

Table 1: Top 10 reporting locations and estimated costs to the police

Type of location	Number of times reporting in 2011	Estimated cost to police (estimated at £1,325 to £2,415 per case) £
Private children's care home 1	93	123,225 to 224,595
Private children's care home 2	52	68,900 to 125,580
Mental health unit 1	42	55,650 to 101,430
Private children's care home 3	35	46,375 to 84,525
Private children's care home 4	30	39,750 to 72,450
Mental health unit 2	25	33,125 to 60,375
Private children's care home 5	23	30,475 to 55,545
Private children's care home 6	22	29,125 to 53,130
Mental health unit 3	22	29,125 to 53,130
Private children's care home 7	20	26,500 to 48,300
Total	**364**	**482,250 to 879,060**

The cost to the police of responding to reports from these 10 locations is estimated to be between £482,250 to £879,060 (based on the work of Shalev Greene and Pakes 2013). Table 1 highlights the impact that a few institutional addresses can have on police workload. Further analysis shows that 88% of all missing reports from children in care and 54% of hospital reports are repeat reports. Furthermore, of the 93 reports made from private care home 1, around two-thirds (63 reports) relate to one child.

These repeat reports from a small number of locations raise the issue of the extent to which institutions that report children missing so frequently can (or should) share the responsibility for locating those who go missing with the police, as expected by the DfE (2011, section 4.7).

A closer examination of the record of the initial conversation with the person reporting the missing incident (using notes from police logs) suggests that health and social care staff in residential homes, hospitals and mental health units do not

always perceive they have the time, knowledge or resources to do much to locate the missing person after they have made the initial report to the police. When asked by the police (when making the report of a missing person) what action they took to find the missing person, answers from health and social care staff included attempts to contact the individual by 'phone:

> "*We haven't been out to look for him. We tried to call his mobile but no answer*".

Staffing requirements in children's homes:

> "*We only have two staff and four young people so won't be able to get anyone out after this time*."

The absence of dedicated staff available to actively look for the missing person:

> "*We have no security*."

In other cases staff said:

> "*I don't know where to start*."

While some care staff did take action to enquire or search for the missing person, a common observation from our contacts in the police force in this study related to the noticeable disparity between the extent of enquiries that a birth parent is likely to undertake to locate and return their missing child and the enquiries that staff may

make. Although this is an interesting comparison, it does also highlight the very different position of adults who look after children in a professional role (in particular staffing levels in children's homes and requirements about staff ratios to young people) compared with birth parents. Staff caring for adults, in adult care homes, hospitals or mental health units in the UK, clearly have a professional role, rather than the 'corporate parent' role sometimes referred to in relation to children in care (and implied in relation to the police observation above). They have a duty of care to their residents and patients and NPIA (2010, p.48) guidance advises the development of protocols in much the same way as with children's homes. Institutions catering for adults vary a great deal in size and the level of professional training of staff.

The police force in our study has worked over several years to formalise a working partnership with children's care homes in order to improve multi-agency work. As a direct result, they saw a 17% reduction in reports of children missing from care in a one year period. However, despite the joint work a small number of private care homes still made frequent reports of missing children and were perceived as not always working in partnership with the police. This raises the question of what support and/or sanctions are available for children's care homes who repeatedly report a high volume of missing children. This includes children who are placed in care within a local authority and also from outside the police force and local authority area (ie 'out of area placements'). Ofsted (2013) acknowledge that in their own inspection reports some children's care homes are rated 'good' or 'outstanding' despite repeat incidents of children reported missing. It is important that inspection

services in health and social care look at what high records of missing persons means in the context of a particular service and location.

Figure 3 illustrates the age profile of the 51 people categorised as 'high risk' in the current research, illustrating a different story about which age group is perceived by the police to be more likely to need a speedy response. It is also a reminder that the number of individuals considered to be high risk is small compared with the overall volume of reports (on them and/or their location).

Figure 3: The age profile of people categorised as 'high risk' (N=51)

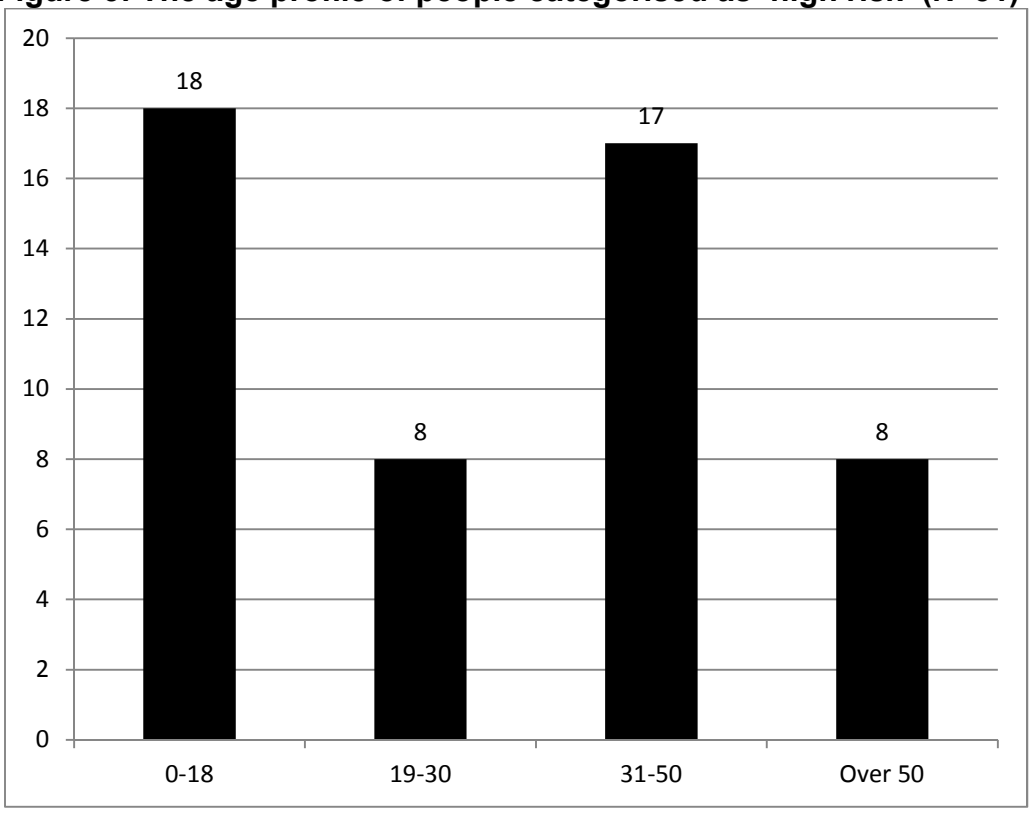
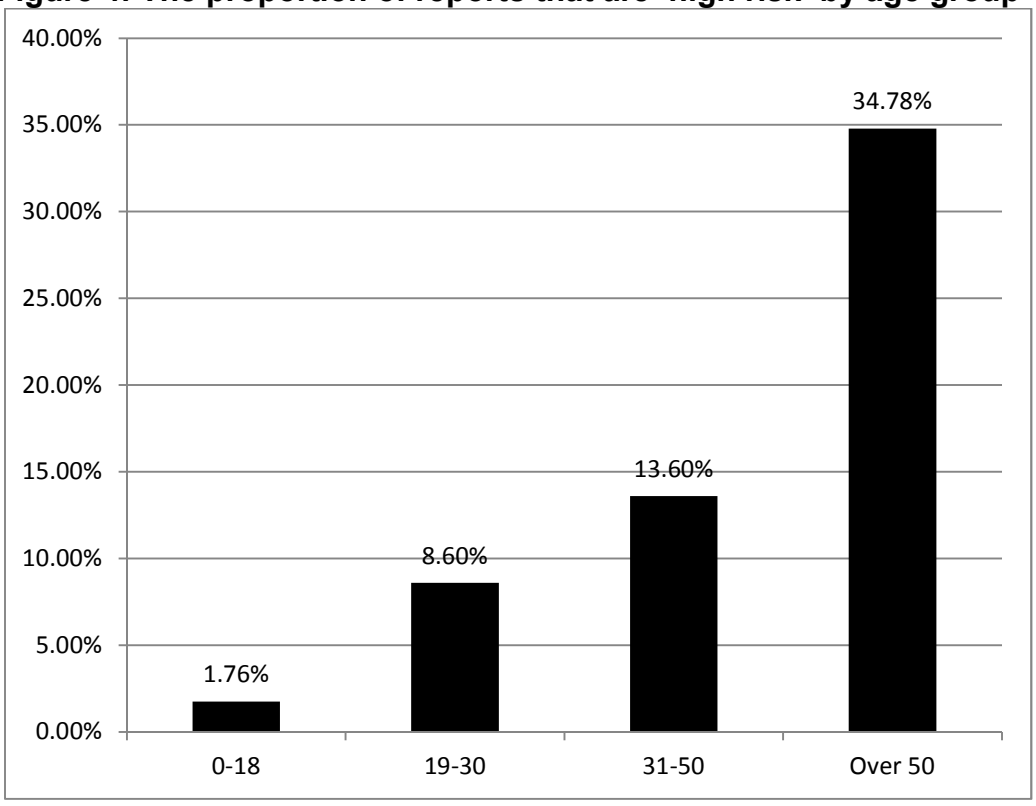


Figure 4 shows the same data as a proportion of all reports for each age group. This illustrates more clearly the age – risk profile. Although young people make up the majority of reports (79%), those classified as 'high risk' account for only 1.76% of

these reports. The reverse is true for people aged over 50. They account for 2.4% of all reports, but 34.78% of those categorised as 'high risk'.

Records of harm or injury on the database were rare. In total there were indications from police records in only 30 cases that people had been harmed (25) or injured (10); with both categories being applied in five cases. Ten people (0.8%) were recorded as having been 'injured' (4 were under 18, 6 were over 18 years of age) and 25 people (1.9%) were 'harmed' while missing (10 were under 18, 15 were over 18 years of age). The five people who were injured and also recorded as having come to harm covered a wide range of ages: 14, 18, 22, 40 and 62. The types of injuries resulted mostly from self-harm, but in other cases were the result of accidental harm, such as falling. It is important to note that most of those injured (70%) or harmed (80%) were classified as 'medium risk' rather than 'high risk'.

Figure 4: The proportion of reports that are 'high risk' by age group



The commission of a crime associated with being reported missing was also rare. Only 36 people (2.7 %) were recorded as having committed a crime whilst missing. The great majority were children (88.8%, 32). As Table 2 shows, only two of those involved in criminal activity while missing were reported missing from a private home address. Most of the children (27 of 32) reported missing and involved with criminal activity lived in private children's care homes. In addition four children were residents of local authority children's care homes and another child was in foster care.

Table 2: Type of location and criminality

Type of Location	Criminality		Total
	Yes	No	
Hospital	1	101	102
Mental health unit	0	130	130
Private home address	2	209	211
Private children's care home	27	727	754
Local authority children's care home	4	44	48
Foster care	1	60	61
Hostel	1	14	15
Total	**36 (2.7% of all reports)**	**1285**	**1321**

All 36 people who were recorded as having committed a crime were classified as 'medium risk'. Table 3 shows a more detailed profile of risk by location. It illustrates that an assessment of 'high risk' is uncommon. Proportionately, adults were more likely to be categorised as high risk if they went missing from hospital (14 of 102, 13.7% of all reports from hospitals). However, proportionately fewer adults reported missing from mental health units (9.2%) were classified as 'high risk', in comparison with hospitals. Yet many of the adults in these organisational facilities were there either for an evaluation or under section 2 or 3 of the Mental Health Acts (1983 & 2007). Harm or injury was fairly evenly divided between adults (16) and children

(14). For those harmed or injured, private residential care homes (8) were the most common organisational address for children and mental health units (9) for adults.

Table 3: Type of location people go missing from and level of risk

Type of Location	Risk Level			Total
	Low Risk	Medium Risk	High Risk	
Hospital	0	88	14 (13.7%)*	102
Mental health unit	0	118	12 (9.2%)	130
Home address	0	198	13 (6.2%)	211
Private children's care home	1	745	8 (1.1%)	754
Local authority children's care home	0	45	3 (6.3%)	48
Foster care	0	60	1 (1.6%)	61
Hostel	0	15	0	15
Total	**1**	**1269**	**51**	**1321**

*% of all reports that are high risk by location

These findings raise some concerns about the risk assessment process and the extent to which the type of location from which a person is reported missing is used (or can be used) as an indicator of potential risk. In interpreting these findings one must take into account that there may be underreporting in some cases and locations. The pattern of risk assessment also raises the question of whether the concept of 'medium' risk has any practical use when 96% (1,269 of 1,321) of all *repeat* reports are placed in that category.

In 50 cases where adults were reported missing from hospitals and mental health units (22% of these cases), the individuals were reported missing following either being given both supervised and unsupervised breaks to smoke a cigarette (30 cases); or they were mental health patients (20 cases) who did not return from a visit

to their family. Sometimes adults simply refused to return to the hospital after family visits. In these latter instances the hospitals knew the patient's home address. On some occasions, there was no recorded evidence on the police computer system that hospital staff had made any enquiries before asking the police to return them to the hospital.

The findings above highlight cause for concern in relation to professionals' duty of care towards vulnerable adults who are known to be suicidal or suffer from serious mental health illnesses, but are able to go missing from a hospital or a mental health unit. While Batholomew et al (2009) provide an excellent guide on how to potentially reduce incidents of missing patients from mental health units their work does not address the gap in policy on who is responsible for missing patients once they are off the grounds of an institution. For example, if a sectioned patient goes missing, does the unit (who is legally responsible for the patient) have to attempt to find the patient before reporting them missing; or, is it immediately the sole responsibility of the police to locate missing patients and return them to the unit? Furthermore, if a patient cannot be found on the ward should dedicated staff members be expected to search the grounds of the unit or hospital to exclude cases where patients who are smoking outside are reported missing to the police? It is clear that there is a need for greater clarity and clear protocols in relation to the response of health and social care staff and the police in these circumstances.

Issues raised by this study

The research in this article presents original data on an under-researched aspect of the missing persons issue – repeat reports from institutional locations. It illustrates

that this issue is a significant part of the police overall role in relation to missing people. This is important to understand in relation to how the police role concerning missing people has increased due to a combination of issues: pressures for more police involvement from voluntary organisations and relatives; increasing expectations about the role of the police within safeguarding; (sometimes) risk averse health and social care professional practise; and, more recently cuts in public services that impact on all agencies concerned. Overall this situation provides a powerful incentive to do things differently both to provide a better response to children and adults reported missing from institutional locations; and, to make better use of reducing resources.

At the national level there is a need for clarity, specifically in relation to expectations about the role of the police in the broadest sense. The narrow role for the police as 'crime fighters' envisaged by the current Home Secretary (quoted earlier in this article) does not reflect what the police actually do. The numerous guidance documents that prescribe the police response to issues such as missing people and their role in safeguarding more generally illustrate very different expectations about their role.

There are contradictory messages about the role of the police in relation to children who are 'absent' rather than missing, in respect of the advice that no child reported missing should be considered to be 'low risk'; and, in relation to the expectations about monitoring absence as well as missing records in a context of budget cuts. Nevetheless, at the local level (as in the current study and in the three pilots evaluated by Bayliss and Quinton 2013) there are promising initiatives that show that

it is possible to reduce the use of police time through better relationships with other agencies working with people who go missing. Better information exchange and communication, facilitating better risk assessment is central to practise that can demonstrate that appropriate duty of care has been exercised and safeguarding responsibilities have been fulfilled.

The concepts of duty of care, safeguarding and risk are useful as a framework for inter-agency working and strategy development. However, they cannot (and do not) prescribe the initial police response in a particular case. The initial response will always be about judgement within existing protocols and policies. The police are already working with other agencies on local safeguarding boards. Nevertheless, greater clarity about professional accountability between the police and health and social care agencies is needed in relation to reports from institutional locations is needed. Changes should be informed by a feasibility study of the time consequences of responding in the way prescribed.

In the current study children and young people in residential care homes make up the great majority of those reported missing three times or more in a year. This pattern has been found in other areas of the UK (Hayden and Goodship 2015). The great majority of children's homes are privately run in the police force area in the current research. We found that a very small proportion (6.6%) of these homes accounted for over a third (36.6%) of all missing persons reports on privately run children's homes. Nationally most children's care homes are now privately run and their average cost is estimated to be around £200,000 per child per year (APPG 2012). Service commissioners of such privately run facilities could look more

carefully at the responsibilities of these services in relation to the people (primarily vulnerable children) that they report missing to the police. The APPG (2012) inquiry into children who go missing from care provides an extensive list of recommendations that should inform commissioning, inspection and local authority placement strategies. To date there has not been a similar inquiry into adults who go missing from institutional addresses.

The role of staff working in children's homes, mental health units and hospitals is crucial in creating an environment where people have some understanding of why they are in that institution and who they can speak to, if they are unsettled. Some people will still not want to be where they are and many of them will be children in care. Ensuring that both children and adults know that somebody cares where they are and that they have somebody (or a particular telephone number) to contact if they do go missing (or absent themselves from the institution) is a practical starting point for those who have already shown through previous incidents that they may go missing. Hayden and Goodship (2015) suggest a number of pragmatic solutions in relation to children missing from residential care, including the use of a trusted taxi service to return children to care homes, rather than police time being used to do this.

However, only a minority of people reported missing to the police are categorised as 'high risk', with proportionally the highest risk group being older people, over the age of 50 years. Police assessed risk is reliant on the quality of information from health and social care providers. This is crucial, as the level of risk informs the nature of

the police response. So, better working relationships with adult health and care providers are key to making the best informed risk assessments.

Reducing the number of missing person episodes from high recording institutions is an obvious priority for the police. At the same time they must respond proportionately when vulnerable people are reported missing. A starting point in responding proportionately to repeat reports from institutional locations might be for the police to build in a case review on these locations, much as they already do in relation to individual children who are reported missing three or more times. Also, as noted earlier, the use of the 'absent' category has shown promising results in terms of reducing police time on a case, where it has been evaluated (Bayliss and Quinton 2013; Fyfe et al 2014).

Nevertheless, it is perhaps inevitable that the police are to some extent used as 'the blue light social services' both within the 9-5 working day and particularly outside it, given the overlap between the police role of protecting the public and the provider roles of social and health care agencies as open institutions. However, some aspects of the police role can be reduced by initiatives that look at more effective ways of using their time and expertise in collaboration with other agencies in direct contact with vulnerable people who may go missing from institutional addresses.

The contemporary climate in the UK where police numbers have been cut in recent years (a fall of 11% since 2010, COP 2015, p.1) provides further impetus for change. Relationships between the police and key professionals in institutions are likely to be crucial in developing a better mutual understanding and in informing a proportionate

response. Where this is already happening (as in the police force in our study) there is evidence of a reduction in the number of missing persons reports from institutional locations.

Further research is needed on explore whether initiatives such as the use of the absence category are compatible with the police duty of care to vulnerable people and their safeguarding role. In particular, more research is needed into how absence (particularly from children's care homes) intersects with child sexual exploitation.

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