

**User experiences of working with the police
in relation to vulnerable people who go
missing in the Aberdeen area**

***A joint report for HMICS by Children in Scotland and
Scottish Institute for Policing Research***

Introduction

1. HMICS commissioned Children in Scotland and the Scottish Institute for Policing Research to gather information on service users' experiences and views of Aberdeen Police Division's approach to missing person incidents. The work was carried out as part of HMICS local policing+ inspection of Aberdeen Police Division. This report presents our findings and conclusions from this work.
2. The report is in five parts:
 - i: The characteristics of looked-after children and adults with mental health issues who go missing
 - ii: The police response
 - iii: Local partnership working
 - iv: Risks faced by missing vulnerable people
 - v: Issues to consider in the future

Methodology

3. Our data collection was primarily through structured and recorded interviews with service users. As requested by HMICS, we interviewed staff from two service areas: children's services and NHS mental health provision for adults. Sites associated with these services accounted for almost 30% of missing incidences in Aberdeen last year.¹ A total of 13 staff were interviewed, either individually or in small groups, and included both senior and middle managers. Names and locations have been removed to preserve anonymity of staff and the vulnerable people looked after by these services.
4. In addition, the Care Inspectorate supported one of their youth inspectors to spend an evening with two looked-after young people to explore their views and experiences. More young people had been approached but chose to withdraw from the study at the last minute.
5. This report presents issues emerging purely from the experiences and views of these service users. We did not interview any police officers, and nor did we interview anyone

¹ Unpublished data extracted by HMICS from local police database.

with experience of working with the police in relation to children or young people missing from parental or foster homes. The findings from this report should be seen in this context. Distinction is made within the report between common responses and those expressed by one or two individuals.

Acknowledgements

6. We are grateful for the support given to us by Aberdeen City Council, Barnardos and NHS Grampian in facilitating these interviews and would also like to thank the staff who gave so much of their time to talk to us openly and frankly about their experiences of working with the police.

Executive summary

7. Overall the people we interviewed were very positive about the response they get from the police when reporting someone as missing. They had confidence in the operational ability of the police and when there were issues in the investigational response, these were seen as 'blips' or one-offs.
8. There was a consistent and strong commitment to working with the police (and other partners) and staff recognised that partnership working was the only way to achieve the best for the vulnerable people in their care. There was considerable ownership of, and commitment to, the joint protocols that had been developed prior to the formation of Police Scotland. These were felt to work well and respondents expressed concern that they will be replaced by national police protocols.
9. One of the strongest and most consistent themes in our interviews was the importance of 'getting round the table'. Respondents felt that face-to-face communication generated greater mutual understanding and respect for each other's roles, was a crucial factor in building positive working relationships and helped the police see the missing person as an individual rather than an incident. Joint training had also featured as an important mechanism for building mutual understanding and trust among partners.
10. Respondents felt strongly that the police need to have a better understanding of the individual reported missing, the circumstances leading up to the missing incident and the work already done by staff to look for them. The sense that some police officers lacked this understanding was a common factor in negative experiences of police responses to missing person reports. It was felt the police tended to see people who frequently abscond as troublesome, rather than at risk. Respondents felt that a child or patient is no less vulnerable because they are frequently not where they should be or where they are safe.
11. There is a qualitative difference between 'absconders' and 'missing'. In most cases, staff knew where missing children or vulnerable adults were or were likely to be and, in the case of 'missing' young people, staff had often had phone contact. The children were 'failing to come back' rather than being missing. In some cases, it was where the missing young people were that was the problem – they were not in a safe place and needed to be brought back to a place of safety.

12. In general, interviewees felt there was now a better understanding of the risks of child sexual exploitation and potential links with children and young people who go missing, both among their own staff and among the police. Legal highs also featured prominently in examples of risk of harm, exploitation and offending behaviour in both children in care and adults with mental health problems.

1: Characteristics of looked-after children and adults with mental health issues who go missing

'...the journey our young people have taken in their lives, poor care experience at home, abuse, and how all those experiences can affect their attachment, their self-esteem, sense of boundaries, sense of right and wrong...'

13. Respondents felt strongly that the police could have a better understanding of the children and adults in care who go missing, their vulnerabilities and the circumstances leading up to the missing incident. This section therefore gives a brief outline of the factors highlighted by those interviewed.

14. Circumstances and situations constantly change in the lives of vulnerable people, so someone may not be considered at risk at one point in the day, but this view may change a couple of hours later if the person has not returned or after discussion with other professional staff. When this happens, staff will increase the risk grade for that person and inform the police. Some staff felt that this change in risk because of changing circumstances was not always understood by the contact centre.

15. Changing circumstances may also trigger a change in someone's behaviour, making them more likely to go missing, or more vulnerable if they are not in a place of safety. These triggers are well-known by staff and contribute to their risk assessment, but respondents felt that police did not always appreciate or understand the importance of this person-centred knowledge to accurately assessing risk or to finding the person safe and well.

What does 'missing' mean?

"I wasn't running away, I just wasn't home for 12 o'clock"

16. A qualitative difference between ‘absconders’ and ‘missing’ became apparent in the interviews². The majority of looked after children absconding returned of their own accord, usually within 24 hrs. We heard of only two examples of children being missing in the sense that no one had any idea where they were. In most cases, staff know where the children are or are likely to be and/or have had phone contact. The children are ‘failing to come back’ rather than being missing. In some cases, it is where the children are that is the problem – they are not in a safe place and need to be brought back to a place of safety. This was similar for patients missing from hospital, where the nurses often knew where the patient was likely to go. Adults missing from mental health settings are generally either found within 48hrs or occasionally found to have committed suicide.
17. A young person answering their phone was a consistent factor in not reporting them as missing. As long as the home and young person were communicating, the staff said they would be unlikely to report it unless they thought the child was at risk due to suspected location or inebriation. A young person not answering their phone was often a trigger for escalating the risk rating.
18. This has implications for how missing people are defined in the Scottish Government’s proposed strategy, when the whereabouts of the individuals reported missing are known, but are not safe.

Looked-after children

‘...just because the little bit you got was bad, see beyond it, see the child’

19. Staff working with looked after children recognise that the vulnerable children and young people they look after can be challenging, hard to reach and prone to push boundaries. Many are at risk of harm to themselves and of committing offences when missing. Offending can be a way for the child to achieve ‘status’ in their peer groups and is seen as a survival strategy. We were given several examples of children who had been labelled as ‘high tariff offenders’ committing offences in situations where the risk of harm and exploitation was also high, underscoring the complex nature of the ‘risks’ when children go missing.

² This reflects findings common to literature regarding children running from home and care, for example: Rees, G. (2001) Working with Young Runaways: Learning from Practice, London: The Children’s Society; or Malloch M, Burgess C (2007) A Scoping Study of Services for Young Runaways. Stirling: Scottish Coalition for Young Runaways. Available at: <http://www.aberlour.org.uk/1in9.aspx>

20. It was, however, very important to those we interviewed that the police didn't just see the offending or absconding behaviour but recognised and understood that these are complex and vulnerable children. To the staff, the children are 'the kids', they are eager to please and impressionable, often having the decision making capacity and emotional intelligence of a much younger child.
21. Looked-after children may also be subject to a Compulsory Supervision Order (CSO).³ Staff are obliged to see the child in the home at agreed regular intervals and to reconnect with them in person rather than by phone, or by knowing where they have gone. The looked after children interviewed felt that if they weren't subject to the CSO they would not have been reported to the police as missing.
22. There is a sense that children's homes have a particular rhythm, of 'rocking and rolling', with long periods of settled times, linked to when they are full and have had all the children for a number of months. The arrival of a new child to a home is a common trigger for increased disruption and challenging behaviours. Significant incidents, such as a high visibility police response to an incident, can also contribute to periods of unrest.

Adult patients in mental health facilities

'When you speak to the police the first question they ask is, is the person informal or detained, and if you say informal it seems to suggest to them that the risk is not that high'

23. A key distinction in terms of people missing from a mental health facility is whether their status is 'detained' or 'informal'. Detained patients may have their movements restricted, be 'locked in' and are always reported as high risk if they go missing. Informal patients are those who have volunteered for treatment, they are not 'detainable', cannot be locked in and can choose to go home. When informal patients are reported missing, the risk rating accorded them is not related to this status. An informal patient can be a high risk missing person, just as a member of the general public can be.

³ The Children's Hearings (Scotland) Act 2011 (Compulsory Supervision Orders etc.: Further Provision) Regulations 2013

24. Informal patients are within their rights to leave the hospital at any time, even when staff feel they may be putting themselves at risk. We heard an example of an individual who was vulnerable but not at risk, this individual would sometimes leave the hospital and go for a couple of drinks, the alcohol on top of his underlying condition made him very vulnerable. In this case, there was an agreement with the police that a missing report would be made if the person did not return before a certain time.
25. A patient's circumstances can change through a day, depending on numerous risk factors. Some of the factors explained in the interviews were: medication, actions of other patients, drug and alcohol use, getting better. A key trigger for suicide in patients with depression is the point in their recovery when motivation is improved, but underlying stressors are still effective. Mental health staff are trained to spot such indicators and this will form part of any decision to escalate a missing person risk grading.

2: The police response

"We get an excellent service. Yes, things go wrong, but that's about individuals, it's not about the policy, it's about communication and it's both sides"

Dealing with a missing person incident

Joint protocols

'I found this [the joint protocol] one of the most amazing pieces of work...it's actually made the whole thing so much easier to manage'

26. Both the NHS and Aberdeen City Council children's services have joint protocols about the procedures to be followed in the event that a patient or a child in their care goes missing.⁴ These protocols were agreed with Grampian Police, prior to the formation of Police Scotland, and are still in use. All the staff we interviewed were committed to

⁴ NHS Grampian (2014). Grampian Mental health and Learning Disability Procedure and Guidance for Dealing With Missing Persons, Version 5, extracted from: http://www.nhsgrampian.org/grampianfoi/files/Procedure_And_Guidance_For_Dealing_with_Missing_Persons_Version_5.doc on 21.03.15

Police Scotland (2014). Standard Operating Procedure for Missing Person Investigation (Appendix D).

these protocols, they thought they worked well and it was when agreed procedures weren't followed that things didn't go so smoothly.

27. The protocols outline different levels of risk (red, amber, green for children or high, medium and low for patients) and what both the police and partner staff should do in respect of the different risk ratings.
28. Both protocols outline a comprehensive list of actions which staff follow if someone in their care goes missing. For example, for a green level missing report, care home staff will call friends and family, repeatedly call the missing young person and complete a missing persons risk assessment form. If staff are available, they will check out known haunts and the surrounding area. They don't inform the police unless the risk increases.

Reporting and initial attendance

"The reality is, it's never black and white, so if you're sitting in a control room, it'll look black and white.....but it never is and it's always at the end of the day about an individual, about a person and things change and things happen"

29. Both home and ward staff call the police contact centre using the 101 number for reporting a missing person. As per their respective protocols, a report is usually only made to the police when the risk grading is amber or red. Staff had mixed experiences of reporting someone missing. Where there were issues, these seemed to be mainly when calls were made at night.
30. We heard that occasionally there were inappropriate comments made by contact centre staff when reporting someone missing ('*oh its [home name], who is it this time?*'), in particular when it was a repeat absconder, or when the risk assessment was changing. We heard of instances when call handlers questioned the change in risk rating and the decision had to be referred to a duty sergeant. Some respondents found this frustrating, feeling that their professional judgement was being questioned or that they were being seen as 'manipulating the system' to get the police to go and collect the missing person. Others welcomed the opportunity to have a professional discussion. Issues were usually resolved once the duty sergeant became involved.

"...once the police are involved there's no problem at all."

31. All the mental health professionals had very positive views of how officers initially responded and the process of giving further information. The only caveat was they felt officers were sometimes frustrated that staff were occasionally unable to accurately describe a missing person's clothing due to the supervision level that person might have been under. They also cannot routinely keep photos of patients as that would require specific consent.

32. Staff working with looked after children had mixed experiences of the officers who arrived to take the initial report. There was a sense that it depended very much on the personality and experience of the officer who turned up, how well they knew the home, the staff and the children.

'...it depends on who the officer is, and his attitude, and his capacity to see beyond the behaviour'

33. This initial point of contact was the single most identified area of concern regarding negative perceptions of police cultural attitudes and lack of professional regard, but also represents the most regular contact between the two agencies.

34. Two issues concerning increased bureaucracy were mentioned during our interviews:

- ♦ A mental health staff member said they were often asked for a separate, formal risk assessment document for each person reported missing (as happens for missing children). The procedures are different for NHS patients, where the risk assessment forms part of the ongoing clinical assessment and is already recorded. They suggested that staff found the request for any additional form filling frustrating – they just wanted to give the details over the phone and state the risk level.
- ♦ Staff in children's homes compile a comprehensive missing persons report whenever a child goes missing, as required in the protocol. The form is emailed or faxed to the contact centre. Recently, when officers had arrived to take follow up details, staff were having to give them the same information again, as had already been submitted in the form, and this was causing some frustration. One respondent reported that officers were asking a number of other more generic questions as well that had no bearing on a missing child (although this only seemed to happen in one location). It is unclear what is happening to the original form, or whether officers have seen it prior to attending. Some method of pre-populating other forms required could alleviate this issue.

Ongoing investigation

35. There was generally a very positive response in relation to the police's operational handling of a missing person case. We were given numerous examples of how well things worked in practice and respondents were happy with the level of communication and information sharing, see for example, Figure 1.

"We had a (younger) child, who had a very much older peer group in the locality of our service and previous to coming to us ... was involved in very high level of offending, lack of parental control, typically out till all hours of the morning. There was issues with substance abuse and the issues we had with them were frequent absconding and we were in very close communication with the police on a constant basis about that young person. There was lots of concerns around what he was involved in, the older peer group he was involved in, the high level offending...there was lots of partnership working, there was lots of liaison amongst all the professionals who were involved in that young person"

"The police were very good in that they knew this young person very well in the local area and we did a lot of liaison with the local inspector of the area he was going into (outwith the local ward)...lots of explaining the situation and lots of understanding"

"Our understanding with the local inspector was that actually because of the level of risk and because of the high level of offending, we will report him missing every time he absconds"

"But what I found really useful as well was that we had daily meetings with everybody that was involved with the child, police, social work..."

It was noted by a senior manager that the agreement to report a child as missing every time they abscond due to significant risks involved, may not be reflected in later statistics. This may lead to a problem being identified, with the child or home, where there is already an agreed management strategy.

Figure 1: Example of good practice given by one respondent (direct quotes from transcript).

36. Respondents sometimes had to contact the police for information and updates during an incident, but this was not identified as a significant issue. In cases where the person was missing for some time, some respondents noted that the service and the police would negotiate update schedules. Where that happened it worked well and was seen positively.

37. When the Return Home Welfare Officer (RHWI) was acting as point of contact through a case in a children's home, there was consistent and high level of communication, updates and support. Staff valued being able to contact the RHWI officer directly rather than going through the contact centre for an open case.

38. As most people only go missing for relatively short periods of time, a designated Single Point of Contact (SPOC) was rarely felt to be necessary. Staff were confident that in the event of a high-risk long term missing person, there would be a SPOC.

Respondents had no expectations otherwise and noted that shift work patterns, both for the police and for their own services, would make it be difficult to implement.

Managing the return

39. When a missing person is found and returned by the police, the return is managed slightly differently in the two service settings we reviewed.

40. *Mental health.* In general, staff had no complaints about when police brought someone back or took them to a place of safety. There is no specified requirement in the local mental health protocols for a return interview to be undertaken and no real appetite for more to be put in place. Staff reported that officers always conduct a 'safe and well check' when returning patients to them. None of the staff could say what information the police gained from these checks or what was done with it.

'...given the nature of the beast I think it would be hard to follow it up on a regular basis...'

41. We heard that sometimes the police can appear frustrated when retrieving missing patients, especially if they are found where they were suspected to be or been found previously. But on the whole, staff understood that officers are constrained by time and resources, like the NHS, and hold them in high regard for what they do. *'..they've turned up at ****...so we let the police know. We need the police to bring them back, now, the police are really busy, we'll get a bit of a fracas, you know, "why can't you bring them back"...'*

42. *Children's services.* Staff had generally positive experiences when the police had located a missing child. Mostly, any issues were about having to negotiate who would collect a child when staff levels in a home meant staff were unable to collect the child. Staff reported that the police were good at supporting them when they had to go to places they considered unsafe in order to collect a child.

43. Return interviews are usually carried out by regular police officers or sometimes by RHWI officer. Staff reported that they thought regular officers were less effective at getting information from the children and young people, who frequently wouldn't talk to them, than the RHWI officer. This is a missed opportunity for intelligence gathering, safeguarding and in allowing the child to have a positive interaction with an officer with whom they have built up a relationship.
44. Overall, the role of RHWI officer was highly valued by all the staff we spoke to. Both the person currently in post and her predecessor were consistently praised. Staff respected their commitment to the children and appreciated them coming in person to the homes to get to know everyone.

Using the police as a 'taxi service'

45. The extent to which the police think they are being used as a taxi service to bring a person home was raised a number of times in our interviews, in particular in relation to when people call the police themselves and ask to be taken home.
46. Respondents reported that in general the police have been good about responding positively to these calls. Staff were sympathetic to how frustrating it might be for officers, especially when they are busy and have other demands on their time. The children's services staff we interviewed felt it was a good sign when the children made these calls. They knew the child would be safe and it indicated that the children themselves trusted the police enough to call them when they wanted to keep themselves safe.
47. It was also pointed out that the police bringing the child home in those circumstances allowed the police to build more positive relationships with the child or young person. It was also an opportunity for intelligence gathering – for example, prompting further investigation into what might be happening at the address the child was calling from. The addresses could be noted in future as possible hot spots.

Frequent absconders

48. Some children and vulnerable patients go missing (or are not where they should be) very frequently, sometimes on daily basis, and this group can create particular frustrations and occasional tension between the police, who have to go looking for them, and the staff who are responsible for their care.

49. Respondents said that these situations could lead to the police wanting to lower the risk rating, the perceived feeling being 'how could they be high risk every time they were missing', especially when staff often knew where they were. Respondents consistently made the point to us that just because someone went missing frequently didn't mean they were any less vulnerable. This was an issue picked up in the Serious Case Review of Child Sexual Exploitation in Oxfordshire which noted that the risk of child sexual exploitation increases with more episodes of absconding.⁵

"I think there is an understanding about her situation [but] with the police there still is almost an intolerance about the number of times they're called out, because of their resources."

50. Staff reported that they note any patterns of behaviour emerging from these events to inform future response for that child or young person and report to the police. Missing incidents that fall within expected patterns may not be reported to the police, but are always recorded internally.

51. Seeing the whole picture and ensuring the police and care home staff have a shared understanding of what is happening in a child or young person's life is of particular importance when they frequently abscond. Staff recognised that in some cases, it may not be necessary to always report someone as missing when they are repeating a well known pattern of behaviour that is not seen as high risk, but we heard of another case where the child was so vulnerable, due to particular circumstances in her life, that it was flagged as high risk every time she didn't return.

A clash of cultures?

52. There is clearly potential to build a greater shared understanding between those caring for vulnerable people who are likely to go missing and the police. A common theme running through our interviews was respondents' perception that the police see someone going missing from the two settings as 'a problem' rather than as an individual, vulnerable person needing help. We heard how officers would make off hand comments, such as '*can you not just control these kids, just lock 'em in*' and '*aahh, again...what is it this time?*'

⁵ Bedford, A. (2015). *Serious Case Review into Child Sexual Exploitation in Oxfordshire: from the experiences of Children A, B, C, D, E, and F*, extracted from: <http://www.oscb.org.uk/wp-content/uploads/SCR-into-CSE-in-Oxfordshire-FINAL-FOR-WEBSITE.pdf>

53. Many of the staff felt the police were putting all the onus on them to solve these problems – they didn't have a sense of shared ownership. A phrase often reiterated was that the police would ask '*what are you going to do about it?*' This was particularly noted in reference to repeat absconders. Respondents' experiences when initially reporting an incident mentioned above reinforced this perception. Staff also felt that the police didn't give them credit for all the work they had put in to locate the missing person, before reporting it to the police. This reinforced feelings of poor professional regard.
54. There was also concern among those who work with children in care that police attitudes and actions could contribute to 'criminalising' the young people for their behaviour, which would lead to negative outcomes in the longer term. Respondents who worked with children felt that the police were sometimes disproportionate in their approach. For example, we heard about a 13 year old girl who, as a result of absconding and being picked up by the police, now has five criminal charges against her, including resisting arrest and assaulting a police officer. The respondent believed these charges could have been avoided and do not represent the best outcome for the child⁶.
55. Throughout the interviews, it was evident that respondents' views about police culture and attitude in respect of missing persons was linked to their experiences in other areas of police business, such as calls for assistance with disruptive behaviour or issues around Place of Safety. So, for example, one manager felt that the language officers sometimes used in Concern Reports indicated a lack of regard for their social workers – intimating that the staff weren't able to cope but not acknowledging the young people's challenging behaviour or what had happened prior to calling the police.

'It's this negativity that's really annoying, when I know that if they've called the police, it's really been because there has to be something done about it...So that happens quite frequently actually, those concern reports are written in a way you can tell the writer is thinking 'we were called out to these little kids and they couldn't control them'

56. In light of the many opportunities for engaging positively with both service users (i.e. the children) and partner agencies, the 'missing persons' business area seems ideally

⁶ The respondent acknowledged they weren't present at the incident, but they knew the child well and had dealt with their 'tantrums' before

placed to challenge both general and service user/partner specific negative assumptions of police culture and attitudes.

3: Local partnership working

“We established really positive working relationships with the local inspector ... who completely understood the behaviour of the young people and why they were doing it”

57. All respondents demonstrated a consistent and strong commitment to working with the police (and other partners) and recognised that joint working was the only way to achieve the best for the vulnerable people in their care. There was considerable ownership of and commitment to the joint protocols that had been developed (the RAG protocol for children in care and PEP for NHS Grampian).
58. Overall, relationships with the police were seen to be positive, it was unusual for things to go wrong and when that happened, it tended to be down to particular individuals rather than indicative of more systemic problems. We were given many examples of good working relationships between partner staff and their local inspectors and the two missing person officers. In particular, the work of the RHWI officer was frequently referred to and commended.
59. We found some good examples of one-to-one working relationships between staff in partner agencies and the police, at both managerial and operational level. These had often been developed over time (but not always), and depended a lot on the personalities of the individuals concerned. These working relationships shared some characteristics:
- Frequent informal communication, both on the phone and face-to-face (over coffee)
 - A willingness to listen to each other’s point of view
 - Mutual professional respect
 - Mutual trust that they would each deliver agreed changes (for example, speaking to their staff when things had gone wrong, or setting up multi-agency meetings)

- Shared ownership of what they were both trying to do and understanding that they needed each other's organisations to do it.

60. One of the benefits identified by these strong one-to-one working relationships was the willingness of the staff concerned to build greater understanding within their own organisation of the other person's organisation. There were examples of this working both up the way (from operational staff) and down the way (from managerial staff).

61. We also heard several examples of the wider benefits of local partnership working, which arose out of these good working relationships. For example, one site was having a problem with people congregating in the grounds who they suspected were drinking and taking drugs, so they asked the police to come in with specialist drug dogs. The police used this as a training exercise for the dogs and the problem was cleared up.

62. We feel the importance of the effective interpersonal and communication skills in developing positive working relationships and delivering effective local partnerships has implications for the criteria Police Scotland and partner agencies use in appointing people to these roles.

Information sharing and use

"...So there's information that we would collate and it would be passed back to the police that they [the missing young person] came back in a particular manner that was causing concern or we got information from them...and we're passing it on to the police."

63. In general, respondents felt there was good information sharing, in particular at an operational level and during incidents. There didn't seem to be any barriers to sharing information about individual vulnerable people in their care, especially when this was necessary for the safety of the person.

64. There was a perception among some of our respondents that information sharing was rather one-way, i.e. they felt they were giving information to the police, but weren't always getting information back. For example, some respondents didn't seem to routinely receive information from the return welfare interviews the police had with missing young people.

65. There were mixed reports on the amount of information passed on as a result of the interview. Some respondents reported that they did not get much passed back to them, whilst others said they had great information sharing. Respondents clarified in a later

email follow-up that when the RHWI officer conducts the interview they tend to get more information.

66. Detailed records are kept for every incident when a child or young person goes missing and this information is shared with the police. For example, the homes record information such as what the children are wearing when leaving and returning to the home, and what state they are in when they return.
67. However, the information from these individual records is not routinely collated and analysed to identify patterns of behaviour or emerging intelligence from across different groups or communities. This gap is recognised by Aberdeen City Council children's services and there are plans for a new post to be created, with a remit to review and analyse the information on individual incidents, speak to the children etc. The council recognises this will have to be done in conjunction with the police, and it's important that the police are equally engaged, in order for all the available information to be effectively analysed and to reduce the risk of the same information being collected and analysed by different organisations.

Getting round the table

"I think the first thing we need to do is to start getting round the table again"

68. One of the strongest and most consistent themes emerging from our interviews was the importance of 'getting round the table' – whether it was a table in the local coffee shop, a case conference or joint training.
69. Respondents felt that face-to-face communication generated greater mutual understanding and respect for each other's roles, their statutory responsibilities and constraints, and was a crucial factor in building positive working relationships. So when there were missing person incidents, the police were seen to deal with them more appropriately and this helped to prevent some of the negative attitudes referred to earlier in this report.
70. Getting round the table was felt to be one of the best mechanisms for carers to explain to the police the background and circumstances of their young people or patients. This in turn was felt to encourage the police to take a more holistic view of these people and see them as the complex and vulnerable individuals they are, rather than just 'an incident' or a 'repeat absconder'.

71. Previously there had been joint training on the agreed protocols, which we heard had been very well received and contributed to building trust and understanding. This hasn't been done for a while, and the people we spoke to felt that was a shame and it should be re-instated.

Impact of Police Scotland

"I think the risks are that things get worse because of Police Scotland, so if it gets kind of dictatorial, and it's one size fits all, things could get worse, and I think that risks and jeopardises our relationships with the local bobbies"

72. Respondents expressed a number of concerns about the impact that Police Scotland was perceived to be having on local partnership working. These included:

- A reduction in the focus on and communication with local communities
- A strong fear that locally agreed protocols would be changed and national approaches implemented, despite the fact that the local protocols were working well. This was a particular concern about the RAG protocol and there was some evidence that this was already happening in some incidents
- A lack of listening and proper consultation – for example, one respondent noted that in revisions of previously agreed policies, there was evidence of drafts being sent out, people commenting on them, but then nothing changing
- A higher turnover of officers, disrupting existing good working relationships built up over time
- New officers coming in from across Scotland, who didn't know Aberdeen or appreciate the communities there, and imposing approaches that worked in the central belt but might not work in Aberdeen
- In some cases a more disproportionate and less flexible approach to dealing with incidents.

73. There was a lack of detailed understanding among many of our respondents about current developments in Police Scotland – much of what they said was clearly influenced by local media reports and, possibly, conversations with local police officers and staff about changes. This may indicate the need for a local communication strategy with partners about what is actually happening in relation to policing approaches Aberdeen.

4: Risks facing vulnerable people who go missing

“I think there’s an understanding of the vulnerabilities, the people’s vulnerability and I think there’s probably more awareness”

74. We asked all the people we interviewed who were responsible for looking after children and young people whether they thought they would pick up signs of child sexual exploitation if it was happening in their area. In general, respondents felt there was a much better understanding of the issues among their own staff and among the police about the risks of child sexual exploitation and potential links with children and young people who go missing.

“That’s a sign, if a person returns from missing and they’ve got a new pair of trainers and a packet of fags, you’re worried, because automatically you’re thinking ‘they’ve stolen them...’ but hang on, there’s maybe something else, I think we’re aware now there’s maybe other possibilities”

75. The staff we interviewed (both managers and front line staff) felt the police would take them seriously if they raised particular concerns. One manager of a children’s home had recently been on a ‘train the trainers’ course, which she felt had been really helpful and had reinforced the awareness that children’s homes can be seen as a ‘honey pot’ for potential perpetrators.

76. A serious concern for staff in children’s homes are ‘legal highs’. These substances were cited in examples of children putting themselves at risk of harm and exploitation whilst absconding. They also featured in examples of offending behaviour whilst absent. Staff are frustrated by the ease with which children can get hold of legal highs and the limitations on what they can do to prevent it. The effect on the child of taking such highs are very worrying to the staff and the stories we heard of them nursing children through these effects highlight the seriousness and risk to health of legal highs.

“...because they’re drowsy ...we’re scared they’re going to eat, eat, eat and they go to sleep and perhaps choke, so we sit with them and we talk to them...”

77. The principal risk factors which were noted for adults with mental health issues were attempted suicide, coming to harm due to impaired decision making ability, being assaulted and sexual exploitation. Legal highs also featured prominently in accounts of risk and vulnerability regarding mentally unwell patients.

5: Areas for further consideration

78. In light of the Children and Young People (Scotland) Act 2014 and the United Nations' Convention on the Rights of the Child, we consider that further engagement work with children who run away from home or care would be valuable and timely.⁷ Such work could build on current literature in the area by focussing specifically on children's experiences of contact with the police and the role the police can play in creating positive outcomes for the child.⁸ In turn, comprehensive service user representation in the ongoing the development of local and national partnership would be ensured.

79. A concern for mental health professionals is around the separate policy area of 'Place of Safety'.⁹ Although not directly related to missing persons, these concerns pervaded many of our discussions with NHS staff and reinforced other frustrations. There is a clear gap in service provision for people who are exhibiting signs of mental distress but are so under the influence of drugs and alcohol they cannot be properly assessed. Currently, there is no safe place for them to be taken to and this is an area of concern and tension among NHS staff and the police. There is a strong desire for more effective multi-agency strategic level consultation on this particular issue, which was more important to NHS staff than missing people. Concern was also expressed about perceived ineffectual consultation by Police Scotland on their draft policy regarding Place of Safety – partners felt their input had not been adequately reflected in revised drafts.

⁷ Scottish Executive (2007) *Getting It Right For Every Child*, Edinburgh: Scottish Executive; UN General Assembly, *Convention on the Rights of the Child*, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, extracted from: https://treaties.un.org/Pages/ViewDetails.aspx?mtdsg_no=IV-11&chapter=4&lang=en, 4th April 2015

⁸ See for Example:

Wade, J. (2001) *Missing Out: Young Runaways in Scotland*, Stirling: Aberlour Child Care Trust;
Rees, G. (2001) *Working with Young Runaways: Learning from Practice*, London: The Children's Society;
Malloch M, Burgess C (2007) *A Scoping Study of Services for Young Runaways*. Stirling: Scottish Coalition for Young Runaways. Available at: <http://www.aberlour.org.uk/lin9.aspx>

⁹ See: Mental Health (Care and Treatment) (Scotland) Act 2003; NHS Grampian & Partners, (2010). *Psychiatric Emergency Plan (Appendix 4)*. Pp58 – 67.

80. During the coordination of this report, we noticed a definite enthusiasm from the partner staff about taking part in the inspection and having their opinions counted, and a frank and open approach to responding to our questions. Staff went out of their way to accommodate the interviews and even came in on their day off to take part. In commissioning a separate, independent report into service user views, the HMICS has ensured partner voices do not get lost or absorbed in the larger inspection report. We would therefore encourage future HMICS local policing+ inspections to continue to engage positively with partner agencies and service users.

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