**Practitioner Fellowships**

Adults Who Go Missing from Care Settings in Scotland

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**Research Context:**

In February 2015 the Police Scotland National Missing Persons Unit produced the partnership agreement "Adults Who Go Missing From Care Settings in Scotland" which focused on two distinct areas; Prevention and Response.

The agreement sought to ensure that partnership risk assessment and management of vulnerable missing adults is given the appropriate level of response.

Within this context, Police Scotland and the Scottish Government are currently developing the National Missing Person Framework. The framework has four overarching themes;

* Prevention
* Responding
* Support and Protection
* To Protect Vulnerable Missing People

As part of the development of the framework, and with due cognisance to the Prevention and Response theme, Police Scotland undertook a pilot with a view to the creation of a document containing the details, description and history of suitably identified individuals within a care setting, who have been deemed at a higher risk of becoming a missing person.

The document, called the Care Home Plan (CHP), would be provided to the Police at the outset of any missing person report, increasing the likelihood of tracing the individual as soon as possible.

The pilot area covered three territorial divisions within Police Scotland incorporating a total population of nearly 1.5 million people, 7 Local Authorities, 257 care homes and nearly 23,500 individuals with a diagnosis of Dementia.

Acting as a focus for partners to work together to deliver change, the aim of the pilot was to strengthen the response to reports of missing persons, whilst supporting and protecting them.

In October 2016 I carried out an evaluation the pilot. The evaluation report made the following recommendations;

1. The protocol should be fully adopted into the National Missing Person Strategy.
2. The CHP should be extended to those with a diagnosis living in the community.
3. The CHP should be available to download / fill in online on the Police Scotland intranet and through third sector partners.
4. The protocol should be implemented at the point of diagnosis, signposted by the patient's GP.
5. Further research / consultation should be undertaken with third sector agencies with a view to their involvement in the signposting process.
6. Further research / consultation should be undertaken to include the CHP as an accepted standard within the Care Inspectorate review processes to drive consistent participation.
7. A robust risk assessment should be developed around the CHP referral process including consultation with appropriate partners.
8. The term 'Care Home Plan' should no longer be used and a suitable alternative determined.

**Research Objectives:**

The objective of this practitioner fellowship research is to explore key aspects of the recommendations, and how they can be implemented in the setting of effective collaborative working between Police Scotland, partner agencies and third sector organisations. This will be undertaken in the main by qualitative research, with research, analysis and evaluation of several research methods including focus groups with key partners, participant observation within organisations with responsibility in the area of missing persons and those with a diagnosis of dementia (NHS, Social Work, Care Inspectorate, etc.). The intention would be to undertake comparative studies of current processes in this field in other geographical areas of the United Kingdom (England & Wales / Northern Ireland) and potentially one other country to garner experience, best practices and develop shared learning.

**Planned Activities:**

* Development and creation of effective focus groups including makeup of collaborative members and methodology.
* Research of technical and ethical questions over use of data collection / databases and how information can be shared.
* Involvement of NHS / Social work / Police in the process of identifying an appropriate risk grading process to accurately grade subjects level of priority and resource allocation for inclusion in the protocol.