



**PHILOMENA PROTOCOL**

**MISSING VULNERABLE YOUNG PERSON’S PROFILE**

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| **Part 1 – If you have identified a young person who is at risk of going missing in the future, please use this form as a tool to help you take time to gather as much information as possible and keep it somewhere safe to use to identify ways to prevent them from going missing again, but also to have handy should they need to be reported missing to police. This will enable a detailed report to be made and improve the chances of finding them quickly. PLEASE REVIEW THIS PERIODICALLY SO IT IS ALWAYS UP TO DATE.** |
| **Part 2 – This only needs to be completed when the young person actually goes missing. It is designed to help the person reporting them missing have all the information available**  |

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| **PART 1** -(ABOUT THE YOUNG PERSON) |
| Legal name: |        | Please attach a recent up to date, photo here.Please ensure it is a good likeness of the person. |
| Preferred name: |       |
| Date of birth: |       | Age: |       |
| Ethnicity:  |       |
| Sex / Gender: |       |
| Language/s Spoken: |       | Interpreter Required? |       |
| Current address: |       |
| Postcode: |       |
| Who has Parental Responsibility?(name, address, contact details) |       |
| Details of any Care Order: |       |
| Social Worker name & contact details: |       |
| Other professionals working with the child (exploitation workers, mental health teams, youth workers, charity organisations, police officers, etc):(Please also add name & contact details to page 5) |       |
| Are there any criminal or sexual exploitation concerns?Provide details including risk assessment. |       |

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| Previous home addresses: | 1. |       | Date Left: |       |
| 2. |       | Date Left: |       |
| 3. |       | Date Left: |       |

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| School/Educational Establishment attended: | Current School / Establishment – |       | Start Date:  |       |
| Pastoral Lead - |       |
| Previous School / Establishment - |       | Date Left: |       |
| Pastoral Lead - |       |

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| Previous reasons for missing episodes: |       |
| Any significant dates that could trigger a missing episode - egfamily celebrations, anniversaries, past traumatic or emotional events. |       |
| Previous locations found at and circumstances: (Please add also to page 5) |       |
| Significant places of interest (including relevant days and times) |       |
| Habits/Hobbies:(including relevant days and times) |       |

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| GP name and address: |       |
| Health condition(s): |       |
| Medication required:(what, when, how often needed, any assistance needed to store/administer) |       |
| What happens if they don’t take the medication? |       |
| Any drug or alcohol concerns? |       |
| Any mental health concerns – risk of self-harm/suicide? |       |

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| General description: |       |
| Height: |       |
| Complexion: (eg, pale, tanned, dark, spotty) |       |
| Build: |       |
| Hair – Style, Length & Colour: |       |
| Eyes: |       |
| Distinguishing features:(eg. piercings, tattoos, braces, moles, birth marks, etc) |       |

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| Has the person got any money or access to any money? | [ ]  YES [ ]  NO | If so, How much?From where? |       |
| Has the person got a Bank Account: | [ ]  YES [ ]  NO | Have you got access to this account? (If not, who does?) | [ ]  YES [ ]  NO |
|       |
| Name of bank: |       | Sort Code: |       | - |       | - |       |
| Acc No: |       | Do you hold the Password to access this account? (If not, who does?) | [ ]  YES [ ]  NO |
|       |

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| Has the person got a mobile phone? | [ ]  YES [ ]  NO | IMEI Number: |       |
| Number: |       | Network: |       |
| Make |       | Model: |       |

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| Is there a Find my Phone or other form of GPS, location app or Tracking Device activated on this mobile phone? – Provide details: |
|       |

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| Does the person have a bus pass or train pass/ticket: | [ ]  YES [ ]  NO | Provide details e.g Pass/ticket number and Issuer. |       |
| Does the person have access to vehicle(s): | [ ]  YES [ ]  NO | Provide details e.g Registration Number, make, model, Driver etc. |       |

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| Does the person have Social Media Accounts (Provide Details): | [ ]  YES [ ]  NO |
| Social Media Site/App |       |
| Username |       |
| Do you have the password: | [ ]  YES [ ]  NO | If YES, what is it? |       |

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| Social Media Site/App |       |
| Username |       |
| Do you have the password: | [ ]  YES [ ]  NO | If YES, what is it? |       |

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| Social Media Site/App |       |
| Username |       |
| Do you have the password: | [ ]  YES [ ]  NO | If YES, what is it? |       |

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| Social Media Site/App |       |
| Username |       |
| Do you have the password: | [ ]  YES [ ]  NO | If YES, what is it? |       |

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| Social Media Site/App |       |
| Username |       |
| Do you have the password: | [ ]  YES [ ]  NO | If YES, what is it? |       |

**Contacts & Locations to assist in locating a missing young person.**

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

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|  | Name (and date of birth if known) | Address inc post code | How Do They Know Each Other | Telephone | Associated Risks |
| 1 |       |       |       |       |       |
| 2 |       |       |       |       |       |
| 3 |       |       |       |       |       |
| 4 |       |       |       |       |       |
| 5 |       |       |       |       |       |
| 6 |       |       |       |       |       |
| 7 |       |       |       |       |       |
| 8 |       |       |       |       |       |
| 9 |       |       |       |       |       |
| 10 |       |       |       |       |       |
| 11 |       |       |       |       |       |
| 12 |       |       |       |       |       |
| 13 |       |       |       |       |       |
| 14 |       |       |       |       |       |

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

**Part 2 – DETAILS OF THIS MISSING EPISODE**

**If the person’s whereabouts are KNOWN then they are NOT missing and do NOT need to be reported to Police.**

**Parents/carers should take steps to locate children who are late home BEFORE reporting missing.**

**UNLESS;**

It is obvious there is a HIGH risk of SERIOUS harm or it is suspected they are currently being exposed to criminal or sexual offences and their whereabouts are not yet known.

**High Risk** - the risk of serious harm to them of from them to the public is assessed as very likely.

**Serious Harm** - life threatening and/or traumatic, from which recovery, whether physical or psychological, can be expected to be difficult or impossible.

**In all other cases** the person reporting should be able to confirm the below is completed before contacting the police.

1. Thoroughly search the building and immediate surrounding areas (home and last place seen if different/appropriate).
2. Try to contact the young person on their mobile. Activate and checked any tracking apps available.
3. Check all known places of interest to the young person where they are likely to be.
4. Contact all known family/relatives/friends if applicable.

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| **PART 2 -** (**TO BE COMPLETED AS SOON AS THE PERSON IS MISSING – DO NOT DELAY REPORTING TO POLICE TO COMPLETE THIS SECTION**) |
| **Circumstances of the person going missing:** |
|       |
| **Description of what the person was last seen wearing. Include colour, designer labels/brands. Think about what they are wearing on their top half, bottom half, any outer clothing, accessories, glasses, jewellery, etc:** |
|       |

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| Time, date and location last seen: |       |

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| By whom/contact details: |       |

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| Is this significantly out of character, if so why? |       |
| Any last known intentions or preparations made prior to going missing? |       |

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| **RISK INDICATORS**  | **RISK ASSESSMENT INFORMATION**  |
| Any mental health issues physical or learning disability / difficulties |       |
| Risk of suicide/self-harm and what are the current indicators or triggers for this? |       |
| Any previous harm suffered when missing;IF YES – FULL DETAILS REQUIRED |       |
| Medication – have they got it with them? Have they missed any doses already? Are they likely to miss any whilst missing? |       |
| Likely use of drugs/ alcohol/ solvents - what type and amount? |       |

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| Does anyone specific pose a risk to them? (Please provide details, evidence, etc.): | [ ]  YES [ ]  NO |       |
| Do they pose a risk to anyone else? (Please provide details, evidence, etc.): | [ ]  YES [ ]  NO |       |

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| Consent for media release? | [ ]  YES - whom provided       [ ]  NO |
| Persons informed of child missing (example Parent, EDT, Social Worker, Professionals involved etc): |
|       |
| Details of other staff on duty at the time of missing report (if missing from care home/placement): |
|       |
| Any other information that may be of help to the Police: |
|       |

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| **THIS SECTION SHOULD BE COMPLETED BY THE PERSON REPORTING** |
| Have you searched the address the person is missing from, including outside/grounds, attic and any outbuildings? | [ ]  YES [ ]  NO |
| Person conducting search, date and time of search: |  |
| Have you searched the person’s bedroom? | [ ]  YES [ ]  NO |
| Person conducting search, date and time of search: |  |
| Please detail any information or items located: |
|       |
| Please detail any information or items missing: |
|       |

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| **THIS SHOULD BE COMPLETED IN RELATION TO ENQUIRIES COMPLETED PRIOR TO REPORTING THE CHILD AS MISSING & ONGOING ENQUIRIES THAT WILL BE CONDUCTED UNTIL THE CHILD IS LOCATED.** |
| What enquiries have already been completed to try and locate missing person prior to reporting to the police(include, date, time and who conducted the enquiry): |
|       |
| What enquiries will you continue to do whilst the young person is missing (include how often you will complete these): |
|       |
| How will you record this and notify the police that you have done these enquiries: |
|       |
| What arrangements have been made to collect the young person when they are located: |
|       |

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| Completed by: |       |
| Relationship to the missing person: |       |
| Date: |       |

**Once Section 2 is completed for a current missing episode, please email a copy of this form without delay to Leicestershire Police Control Room on:** **Force.Control@leics.police.uk**

**Please also email a copy to the Missing Person’s Team on:** **missingpersonsteam@leics.police.uk**

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