**High Risk Missing Nominal**

**Victim Profile/Support Plan, Risk Assessment and Trigger Plan**

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| Name of child or young person: |
| Address: |
| Paris ID: | Police Number: |
| Date of Birth: | Age: |
| Ethnicity: | Legal Status: |
| Social Worker:  | Team:  |
| Team Manager: | Devon and Cornwall Police: |
| Parents contact details:Mother:Father: |

Any child or young person aged **12 or under** whose whereabouts is not known will automatically be considered as at **higher risk** and classed as **missing or absconded.** They must be reported to the Police **immediately**. For children or young people aged 13 and above, this risk assessment must be completed and be based on age, current circumstances, experiences, background and ability. This will help to establish an assessment of their vulnerability. The risk indicators should prompt the assessment and any actions to be taken.

**Information about Friends, Family and Known contacts:**

|  |  |  |
| --- | --- | --- |
| **1.** Name | **2.** Name | **3.** Name |
| Address | Address | Address |
| Telephone numbers | Telephone numbers | Telephone numbers |
| Relationship | Relationship | Relationship |
| Last contacted by staff | Last contacted by staff | Last contacted by staff |
| **4.** Name | **5.** Name | **6.** Name |
| Address | Address | Address |
| Telephone numbers | Telephone numbers | Telephone numbers |
| Relationship | Relationship | Relationship |
| Last contacted by staff | Last contacted by staff | Last contacted by staff |

|  |  |
| --- | --- |
| **Physical Description:** |  |
| Height |  |
| Build |  |
| Hair: (Colour/Style) |  |
| Eyes: (Colour/Shape) |  |
| Any other distinguishing features? (birth marks/scars, piercings etc) |  |

Photograph of Child or Young Person

This Victim Profile/Support Plan, Risk Assessment and Trigger Plan is being implemented to provide an effective tactical response to the critical incident of (child name)reported as missing.

This support plan will commence with immediate effect from (Date). All professionals and key agencies should be mindful that individually and collectively professionals have a responsibility of satisfying the demand of this plan.

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| **The aim of this plan is:** |  |
|  | Prioritise the safeguarding of (child name) due to his/her current vulnerability. |
|  | Ensure all missing episodes are reported and treated as high risk incidents. |
|  | Gather intelligence relating to any offences. |
|  | Identify any suspects who are exploiting (child name) or committing offences against him/her. |
|  | (Child name) to receive education in relation to the risks associated with going missing. The aim will be to educate (child name) to gain insight and understanding of the risk of exploitation including CSE, criminal activity and gangs.  |
|  | Ensure that (child name) has support from the appropriate names service, who will offer long term support that will remain in place until missing episodes cease or are significantly reduced.  |

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| **Case Background:***(Previous involvement&interventions)* |  |
| **Current Situation:***What is the child/young person’s current situation?**Do they live at home with parents/family, if not,where ?* |  |

**RISK ASSESSMENT:**

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| **Risk & Vulnerability Factors:***Identify all current risks associated with the child/young person.* *(CSE, friendships, gang involvement,associates, known to be in contact with PPR’s).** *Do they need essential medication that is not available to them?*
* *Is the person known to use any drugs or alcohol?*
* *Is the person involved in any crime?*
* *Is there any history of self-harm, suicidal thoughts or attempts?*
 | (**child name**) has been deemed at significant risk of frequent missing episodes by Devon and Cornwall Police and Torbay Children’s Services.  |
| **Is the child/young person being exploited?*** Has the CE Screening Tool been used? If so what level is the child/young person screened at?
* Are they in a gang? If so what is the name of the gang?
* Have they been involved in any criminal activity? (e.g. shoplifting, drug running)
 |  |
| **Parenting Capacity:***Are parents able to prioritise and safeguard the child/young person’s needs and safety?* |  |
| **Mental Health:***Does the young person have a mental health diagnosis? If so does this affect their daily functioning/living?**Are they known to self-harm? If so how?* | It is/is not believed that (child name) has any diagnosed mental health conditions. (child name) is known/not known to engage in self-harm behaviours.  |
| **Learning Disability:***Does the young person have a diagnosed learning Disability?* *If so does this affect any aspect of Daily living/functioning - how?**Do they have the capacity to make informed Choices?* | It is believed that (child name) do/does not have a learning difficulty. However the assessment clearly highlights that (child name) is/is not emotionally mature enough to make informed decision about his/her own safety.  |
| **Domestic Abuse:** *Has the child/young person being exposed to Domestic Abuse? If so how and when?**How has this impacted on them?* |  |
| **Alcohol/Substance Abuse:***Are there any concerns relating to the above? If so what are they and who are the concerns relating to parents/child/young person?* |  |
| **Social Isolation:***Are there any concerns regarding the child/young person being socially isolated either in school or in the community*? If so what are they? |  |
| **Education:** *Where is the child/young person educated?**Do they have an SEN?**What is their attendance?**Do they display any behaviour problems? If so what and how is this managed?**Is the child/young person on a full or reduced timetable?* |  |
| **Protective Factors:***What are the current protective factors in the child/young person’s life?* |  |
| **Concluding risk assessment:**  |
| **Action to be taken by whom and by when (in bullet points):** |

**TRIGGER PLAN:**

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| **History of Missing Episodes:***Identify what the history of reported missing episodes and frequency?* |  |
| **Triggers for Missing Episodes:***Identify any known triggers for the child/young person going missing, including push and pull factors?*  |  |
| **Friends/Associates:***Identify known friends/associates*  |  |
| **Places frequented:***Is the child/young person known to go to certain places if so where and with whom?* |  |
| **What is the plan when the child/young person goes missing?***What action needs to be taken, when, how and by who?*  |  |
| **A return home interview will be completed within 72 hours of the missing episode.** *Have the Police been informed? If so include date/time.* |  |
| **Family members that the child/young person may go to when missing?***Who are they? (to include name, relationship and contact details)* |  |
| **Friends/associates that the child/young person may go to when missing?***Identify known friends/associates who the child/young person may go to when missing? (to include name, relationship and contact details)* |  |
| **Analysis:***What is the assessed risk in relation to the young person being reported missing from home?*  |  |

**OFFENDER/S**

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| --- | --- | --- | --- |
| Name | Date of Birth | Address | Intelligence |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**LOCATIONS:**

|  |  |  |
| --- | --- | --- |
| Name | Address | Post code |
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**SUPPORT PLAN:**

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| **What are the overall aims of the Support Plan:** | A Child Multi Agency Assessment was completed on….. and identified that (child name) will require the following support: |
| **Checkpoint:** | (Child name) has been identified as requiring support and input from social care to help her to understand that he/she has been a victim of CSE offences and to increase (child name) self-esteem and resilience. |
|  | (child name) social worker will be completing direct work with him/her on at least a weekly basis. |
|  | (child name) will have the mobile number for her social worker provided to him/her and she will be encouraged to contact her social worker at times when he/she feels she needs additional support.  |
| **Barnardos:***What support will be put in place?* |  |
| **IYSS:** | (child name) will be referred to/have the support of his/her youth worker (name). |
| **Health:** | (child name) will be supported by the Health Specialist Lead Nurse as appropriate/ |
| **Other Agencies:**(i.e. Love Sport; )  |  |

**MISSING RISK:**

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|  | All missing episodes to be reported immediately to Devon and Cornwall Police for a full investigation to be immediately implemented. |
|  | Childrens Services to be informed immediately in order that they can be active in the planning. Multi-Agency Safeguarding Hub (xxxxxxxx), out of hours team (xxxxxxxxx) to be contacted or allocated social worker, Name on xxxxxx………. Team Manager is Name on xxxxxxAn email has been sent to the Missing Child Account.  |
|  | Full and extensive searches to be made of all known places he/she frequents. |
|  | Where appropriate BTP to be informed of missing episode and a photo provided. |
|  | Any reported or suspected crimes to be recorded and investigated. |
|  | Consideration of medicals to be undertaken. |

**EVIDENTIAL CONSIDERATIONS:**

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|  | Obtain account from (child name), fully recorded and signed. |
|  | Seize mobile phone with consent unless clear offences have been identified. |
|  | Consider seizing clothing including underwear. |
|  | Consider medical where appropriate. |
|  | Ensure all scenes are preserved and examined where appropriate. |
|  | Should any offences be disclosed, take appropriate positive action, and any suspects to be arrested. |
|  | Obtain accounts of any person having had contact with (child name) if appropriate. |
|  | Any reports of weapons/firearms. |
|  | Any report of violence used by or against the child/young person |
|  | Has the child/young person been involved in any drug running/ dealing  |

**OTHER CONSIDERATIONS:**

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|  | The police will investigate this complex case; designated police officers have been assigned (names). Regular police briefings will be held. Consideration needs to be given regarding the child/young person’s access to social media.  |

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| **USEFUL CONTACTS:** |  |
| Social Worker: |  |
| Team Manager: |  |
| Head of Service: |  |
| Devon and Cornwall Police Police: |  |
| Torbay missing Police |  |
| School Nurse: |  |
| Education Establishment: |  |
| TESS Officer: |  |
| IYSS: |  |
| CAMHS: |  |
| Missing Coordinator: |  |
| Other agencies: |  |

In the event that circumstances change for the young person and the plan is amended to reflect emerging needs and risks, the assessment log below will be completed. This document will be updated at the rear ofthis Plan.

**ASSESSMENT LOG (TO RECORD UPDATES FROM ATTACHED PLAN)**

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| NAME OF NOMINAL: DATE: |
| CIRCUMSTANCES/DECISION:SIGNATURES: |