

Children Missing from Care

Children Missing from Care

A
Joint Protocol
between
An Garda Síochána
and the
Health Service Executive

Foreword

The genesis of this Joint Protocol between the Health Service Executive and An Garda Síochána was an analysis of missing children from residential care centres undertaken by An Garda Síochána. In recognition that children who go missing invariably place themselves, and occasionally others at risk both agencies convened a working party to collaborate on ensuring a consistent and coherent response for every missing episode.

The reason for children going missing from care are varied and complex and cannot be viewed in isolation from concomitant factors such as in-care experience and home dynamics–The aim of this protocol is to ensure seamless management of missing episodes and to address underlying concerns. The potential significance of multiple missing episodes should be recognised, and whilst the location and safety of the child is the primary consideration this protocol also recognises that causal factors precipitating incidents must be addressed. This protocol is a joint initiative by the Health Service Executive and An Garda Síochána to maximise inter-agency co-operation and promote the safety and welfare of children

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SECTION 1

Introduction

- 1.1 This protocol outlines an agreed procedure between the Health Service Executive and An Garda Síochána and clarifies the roles and requirements of both agencies in relation to all children missing from their care placements, as set out in the Child Care Act, 1991. A missing child from care is one whose whereabouts are unknown and the circumstances of their disappearance are such that the Health Services Executive, or its agents, risk assess the absence as high risk. (7.1)
- 1.2 The protocol includes children missing from -
- Foster Care
 - Care with Relative
 - Separated Children Seeking Asylum
 - Residential Care
 - Supported Lodgings
 - After Care Accommodation
 - Homeless Children's Accommodation / Hostels / on the streets.
 - Special Care Units *
 - Non-statutory & Private Care Providers.

*

Children are detained in HSE Special Care Units by order of the High Court under its inherent jurisdiction. As "civil detention" is part of Special Care no young person may be absent from a Special Care Unit save with the permission of the High Court when the ancillary orders attached provide discretion to the Manager of the Special Care Unit. The High Court is informed when a child is absent or missing from a Special Care Unit.

An Garda Síochána and the HSE are currently working together to give effect to the DK Judgement (2006/1974 P) of the High Court and details will issue shortly.

- 1.3 Under the Child Care Act, 1991 the Health Service Executive and An Garda Síochána are the two agencies empowered by statute to protect children. This protection extends to children missing from their care placements.
- 1.4 Under *Children First* - National Guidelines for the Protection and Welfare of Children, 1999, each agency is identified as having a



separate but complimentary role in the shared objective of child protection and welfare.

- 1.5 It is the responsibility of the Health Service Executive to ensure that all children in care placements are cared for safely and that any threat to their safety is dealt with promptly and in a manner that is respectful of the child's rights.
- 1.6 An Garda Síochána has among its objectives the protection of life and upholding human rights. For the purpose of achieving these objectives An Garda Síochána will cooperate with other agencies with responsibility for welfare of children.
- 1.7 At a national level both the Health Service Executive and An Garda Síochána undertake to review this protocol after six months of operation and at appropriate intervals thereafter.
- 1.8 At local level An Garda Síochána will appoint liaison officers at the rank of sergeant to liaise with the appropriate Health Service Executive Principal Social Worker. The liaison role involves measuring and reporting the frequency of missing incidents to the District Officer (Superintendent) in order to minimise the frequency of individual missing episodes.
- 1.9 It is important to recognise that there is a strong correlation between the frequency with which a child goes missing and his/her risk of experiencing harm.
- 1.10 Children who are admitted to a care placement are identified as children in need of care and protection. Sometimes this arises as a result of the child engaging in behaviour that causes a serious risk to themselves or others and this has particular relevance when children are missing from their placements.
- 1.11 This protocol is based on the following:
 - U.N. Convention on the Rights of the Child, 1989
 - Child Care Act, 1991
 - Court Judgements
 - *Children First* National Guidelines for the Protection and Welfare of Children, 1999
 - National Standards for Foster Care
 - The National Standards for Special Care Units
 - Social Services Inspectorate Practice Guidelines on Responding to Unauthorised Absences
 - Child Care (Placement of Children in Foster Care) Regulations 1995



Child Care (Placement of Children with Relatives) Regulations 1995
Child Care (Placement of Children in Residential Care) Regulations
1995.



SECTION 2

Principles

The following principles underpin this protocol:

- The welfare of children is of paramount importance.
 - Children have a right to be heard, listened to and to be taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions, which may affect their lives.
 - Actions taken to protect a child should not in themselves be abusive or cause the child unnecessary distress. Every action and procedure should consider the overall needs and welfare of the child.
 - The Health Services Executive risk assessment [Appendix B] of a child going missing will inform all children's placement plans.
 - Risk assessments will inform placement plans rather than care plans.
 - Notification to An Garda Síochána will only take place in clearly defined circumstances as set out in this protocol.
 - The Gardaí will accept missing child reports on the understanding that the guidelines contained herein have been followed.
- 2.1 The Health Service Executive or all parties funded by the Health Service Executive, e.g. Private and Voluntary Residential / Foster Care, Hostels for separated children seeking asylum will report a child missing to An Garda Síochána according to this protocol.
- 2.2 The Health Service Executive and An Garda Síochána will take steps to ensure effective responses and practice, thereby delivering better outcomes for children who may be in potential danger.
- 2.3 This protocol should be read as guidance, which cannot anticipate every situation. Gardaí and Health Service Executive staff should use their professional judgment to take any action that is deemed necessary to protect the safety of the child, based on an assessment of risk for each individual child. Reference should be made to SSI Practice Guidelines on Responding to Unauthorized Absences. [See Appendix A].



- 2.4 Children who go missing from care may place themselves and others at risk and may be in potential danger. The reasons for their going missing are often varied and complex and cannot be viewed in isolation from their home circumstances and their experiences of care. Every “missing child” episode should attract proper attention from the professionals involved with the missing child and they must collaborate to ensure a consistent and coherent response is given to the missing child on his/her return.
- 2.5 The joint aim of the Health Service Executive and An Garda Síochána is to reduce the incidence of children going missing from care placements, to prevent those children from suffering harm and to return them to safety as soon as possible. The Health Service Executive and An Garda Síochána will implement this protocol by working in partnership, information sharing and problem-solving.
- 2.6 Interventions to keep children safe are important in attempting to address repeat missing episodes. Interventions must;
- be informed by and reflected in the care plan.
 - be informed by continuous Health Service Executive risk assessment
 - be informed by effective return interviews with returning children.
 - ensure that children’s concerns are taken seriously.
 - be focused on the individual child, the care placement and/or ‘pull’ factors in the community.



SECTION 3

Working Procedures

- 3.1 Each child has a care plan based on a full assessment of the child's current and future needs, including potential risk to self or others. The care plan, will therefore, take account of any risk that the child may go missing in future and any factor which may increase the risk to the child should they go missing. All information should be included in the child's care plan. The Health Service Executive will consult with An Garda Síochána to share relevant information.
- 3.2 A recent, good quality, photograph of the child will be kept on record where the child is resident. The child will be informed of the potential use of this photograph. The photograph will be used by local Gardaí to help them recognise the child when patrolling or when actively looking for the child at relevant locations. In some cases An Garda Síochána may decide to use the photograph more widely and even involve publishing the photograph to national or local media. The Health Service Executive will be consulted by An Garda Síochána regarding publication which is ultimately the responsibility of An Garda Síochána. Not having such a photograph available is to miss a vital opportunity to safeguard the child [see 8.13 and Appendix C].
- 3.3 The Health Service Executive will ensure that sufficient knowledge and information about the child is recorded to enable carers to provide An Garda Síochána with the information necessary for the investigative process. The information should be used to complete a Missing Child from Care Garda Report Form [See Appendix D].



SECTION 4

When the Child Is Absent

Children who are absent from their placement can be a matter of considerable concern to their carers and there is a need to locate them and ensure they are safe. The welfare of children can be thought of as being on a continuum, with little cause for concern at one end and significant cause for concern at the other. Children who are a few minutes late home from school would not normally give rise to concerns; they may have missed the bus, or they may be exhibiting normal adolescent testing of the boundaries of acceptable behaviour, or to show their disagreement with aspects of their placement. It is not helpful to consider every absence as warranting a formal missing child report.

The fact that the child may have been absent on a number of previous occasions does not reduce the risk. In fact, children who repeatedly absent themselves are often being enticed away from their placement by activities that they see as exciting or by predatory influences. Furthermore, short absences may be as risky as lengthy ones. In addition, it should be recognised that an episode of unauthorised absence could be a reaction by the child following an incident at the placement.

Before going into the detailed procedures to be followed in the event of a child being classified as "Missing", (Section 7) it is important to acknowledge that there are grades of absence that should be considered, before one would elevate the absence to the classification of "Missing" which is the purpose of this protocol. This section and sections 5 and 6 cover these situations and the responses that may be expected by Health Service Executive staff and An Garda Síochána. Therefore, a child whose situation is covered by Sections 4, 5 or 6 will not be reported to, or treated by, An Garda Síochána as a missing child.

4.1 Definitions of absence have been agreed between the Health Service Executive and An Garda Síochána. If a child is absent from a care placement the Health Service Executive will decide which of the two categories below apply and will arrange the appropriate response.

(1) **Absent without permission.** Where the carers are generally aware of the activity or whereabouts of the child and these do not give rise to undue concern (See Section 5).

(2) **Absent and at risk.** Where the absence is without permission and in circumstances where it gives rise to concern for the safety of the child (See Section 6).



4.2 In deciding the category of absence, all carers must consider the circumstances of the child and their absence. Whilst there can be no substitute for a considered judgement, based on a sound assessment of the child and the circumstances, it is the purpose of this framework to assist carers to structure their response with regard to the two definitions of absence referred to above. This will include detailed consideration of:

- The circumstances of the absence.
- The child's care plan.
- The age of the child.
- The maturity of the child.
- Predatory influences on the child. These may relate to others wanting to involve the child in crime, sex, child trafficking or drugs.
- Length of time absent in the particular circumstances.
- The physical and/or cognitive abilities of the child.
- The continuing or urgent need for the child to have medication or other medical treatment.
- The legal care status of the child.
- Previous behaviour and history of the child.
- Danger posed by the child to themselves or others.
- The child's tendency to drug/substance abuse.
- Whether the child is perceived as running to, or running from, someone or something.
- The circumstances within the placement, e.g. with carers or other residents that may be relevant to the absence.
- The risk of offending.
- The influence of peer groups, families or friends.
- The known risk of abduction.
- Environmental factors including weather, time of year, community events or tensions.
- General vulnerability of the child.



SECTION 5

Absent Without Permission

- 5.1 There are a number of situations where children will be considered as absent without permission. There is an expectation that carers within the constraints of the care setting would take similar steps as a responsible parent. This approach is set out in the Social Services Inspectorate practice guidelines.

Being absent without permission does not in itself place a child at risk. Leaving the care setting without permission, prearranging activities and going to them without consent, not returning on time, leaving but being on the centre grounds or in the locality, and so on, do not, as a general rule, warrant the implementation of an unauthorised absence procedure. Instead the response should reflect the fact that children test boundaries. Formal reporting of a child to the Garda Síochána in these circumstances is not appropriate and it does not assist the development of responsible social learning. Based on Social Services Inspectorate Practice Guidelines on responding to Unauthorised Absences (Appendix A)



SECTION 6

Absent and at Risk

This can arise if a child is removed from care, leaves the care placement or fails to return and is known to be at an address or location or is in the company of a specific person(s) and where there are concerns for the child's safety and wellbeing.

- 6.1 In respect of unauthorised absence where a child is regarded as at risk and his/her location is known and where carers are unable to arrange the return of the child, they may request Garda assistance. This can be done by telephone by reporting clearly the location of the child and requesting Garda assistance in order to return the child. For the purposes of this protocol the child is not regarded by An Garda Síochána or the Health Service Executive as a missing child.
- 6.2 An Garda Síochána will not normally, in such circumstances, require a detailed written report. It is important that comprehensive information is shared with the Gardaí regarding the known location of the child and the risks or danger to which the child is exposed. Because the child's whereabouts are known the carers in consultation with the Gardaí will decide whether to allow the child to remain at that location, albeit temporarily, or to arrange for his / her return. If the decision is to arrange the child's return and there is reason to believe that Garda assistance may be required, An Garda Síochána may assist and categorise the event as a, "Health Service Executive Child Return Request".

Following the return of the child and depending on the event, it may be necessary for the Gardaí to interview the child in circumstances where the child was a victim, a witness or an offender.

- 6.3 The risk assessment for the child will be reviewed and take into account any additional measures required to safeguard the child. Following the risk assessment, the Health Service Executive may convene a child protection case conference and it is recommended the appropriate Gardaí are in attendance. This is to develop a dual strategy for the protection of the child (Appendix B).
- 6.4 Occasionally a child who is absent and at risk and whose whereabouts are known may subsequently leave or be removed from that location. If later the location of the child is not known to carers or to Gardaí a 'Child Missing from Care Report' may be made to An Garda Síochána.



SECTION 7

Missing Child

- 7.1 Definition: A missing child from care is any child whose whereabouts are unknown and the circumstances of the disappearance are such that the HSE, or its agents, risk assess the absence as high risk [See Appendix B].
- 7.2 Time missing cannot be used to determine whether a child qualifies as missing: rather it is a combination of the time period with all other circumstances of the case that must be considered.
- 7.3 A telephone report of a missing child in care must be immediately followed by a Missing Child From Care Report Form and a photograph, (if a recent photograph is not already in the possession of the Garda Síochána).
- 7.4 Every 'Missing Child from Care Report' will be treated by An Garda Síochána as a High Risk Missing Person Incident. District Officers (Superintendents) and Principal Social Workers, will be notified without delay of all Missing Children From Care Reports.
- 7.5 District Officers will liaise with Principal Social Workers as appropriate and whenever a child has a missing report frequency as set out in Section 11.



SECTION 8

Division of Responsibilities

(A) Health Service Executive and its Agents

- 8.1 Before reporting a missing child to An Garda Síochána it will normally fall to carers to;
- Thoroughly search the care setting and its environs to verify that the child is in fact missing.
 - Search the care setting for any important leads (i.e. mobile phones, diaries, letters, notes explaining absence, email and website activity etc), which may inform the investigation and/or assist in protecting or recovering the child.
 - Speak with others as appropriate to obtain relevant information about the missing child.
 - Make all appropriate telephone enquiries regarding the whereabouts of the child. This will involve trying to contact the child themselves, friends, family, associates, appropriate locations, local hospitals and the local Garda station.
- 8.2 Even after reporting a child as missing, the Health Service Executive remains responsible for the child in their care.
- 8.3 Carers and the child's social worker will maintain contact with An Garda Síochána, taking an active interest in the investigation and in passing on all information which may help to inform the investigation and assist in protecting the child while missing.
- 8.4 Carers and the child's social worker should continue to make appropriate enquiries with other persons who may be able to assist with the investigation, unless they are requested not to do so by An Garda Síochána. All information gleaned from these enquiries should be passed to An Garda Síochána.
- 8.5 Carers must also inform without delay:
- The parents/those who have parental responsibility (unless indicated otherwise on the care plan).
 - The on call manager within each service, by the next working day.



- Social Worker / Team Leader / Principal Social Worker by the next working day.
- 8.6 In the event of the child not being located, it is the responsibility of the Principal Social Worker to determine what steps require to be taken. This should be done in collaboration with An Garda Síochána. Principal Social Workers are responsible for local notification to An Garda Síochána and further notification when the child is found.
- 8.7 Throughout the process in this protocol, carers and social workers must keep a record of actions taken.
- 8.8 The Health Service Executive and its agents will ensure full compliance with the legal requirements not to publicly disclose the fact that any particular child is in care, (See Section 31, Child Care Act, 1991).

Section 31 of the Child Care Act, 1991 imposes restrictions upon publishing the identity of a child who is or has been subject of proceedings under Parts 111 (Protection of Children in Emergencies), Part 1V (Care Proceedings), or Part V (Jurisdiction and Procedure) of the Act. The prohibition is broadly defined by the use of the phrase “no matter likely to lead members of the public to identify a child”.

(B) An Garda Síochána

- 8.9 Once a child is reported missing, An Garda Síochána will have primacy in respect of the investigation.
- 8.10 The Garda Síochána will normally conduct all physical enquiries away from the premises from which the child is missing.
- 8.11 In certain circumstances An Garda Síochána may need to revisit the actions initially performed by carers (see 8.1)
- 8.12 Gardaí must keep a full record of all actions taken and messages received and given.
- 8.13 The Garda Síochána will ensure full compliance with the legal requirements not to publicly disclose the fact that any particular child is in care, (See Section 31, Child Care Act, 1991 at 8.8 above). Therefore for example if the Gardaí are seeking the assistance of the public in locating a child who has absconded



from or has been removed from the care of the Health Service Executive by way of media appeal, no information can be given which would link the child with or identify the child as being in care.



SECTION 9

Return of the Missing Child

- 9.1 When the missing child is found, it is the responsibility of the Health Service Executive or its agents to arrange for the child's return. In the interests of the safe and speedy return of the child, An Garda Síochána will accede to requests from the Health Service Executive to assist in returning the missing child to care.
- 9.2 Where a child returns independently of the Gardaí it is the responsibility of the carer to contact An Garda Síochána by telephone and to confirm that the missing child has returned. An Garda Síochána will accept confirmation from the carer without the need for a Garda to attend the home and visit the returnee. This will lead to An Garda Síochána closing the missing person investigation and recording the details on PULSE
- 9.3 If it is apparent, on the return of a child, that he/she has been the victim of a crime, exposed to danger or at risk from any person arising out of circumstances that have occurred whilst they were missing or absent, then An Garda Síochána must be called and asked to attend. This is vital for the protection of the child and for the speedy recovery of evidence.

In such circumstances, the missing child's clothing, mobile phone and trace evidence from its body, fingernails or hair may be crucial. In cases of sexual abuse the child should be discouraged from washing and immediate advice sought from An Garda Síochána. If carers become aware of the location of the scene of any crime committed against the child, or of the location of any crucial evidence they must notify An Garda Síochána without delay. This will enable the investigating Garda to take steps to secure and preserve evidence.

- 9.4 When a child returns to the placement it is the responsibility of the HSE and its agents to contact all persons notified of the missing episode under paragraph 8.5.



SECTION 10

Return Interview

- 10.1 The Health Service Executive or its agents are responsible for ensuring that a return interview is conducted for each missing episode. Consideration should also be given to the child's preference for the choice of carer conducting the return interview. The return interview should be completed as soon as possible. It is expected that it will be conducted within 48 hours of the child's return.
- 10.2 The purpose of the interview is to safeguard the child; to discuss the factors that led to the missing episode; and to inform efforts to prevent further episodes. It is also to update the Health Service Executive risk assessment by learning about the activities, associates, risks and victimisation involved in the missing episode, and where possible to address those risks.
- 10.3 A record will be kept of the interview in compliance with HSE obligations under the Notification of Significant Events and forwarded to appropriate personnel.
- 10.4 In some circumstances the child may make extremely sensitive disclosures that the carer feels need particularly careful management.
- 10.5 A history or pattern of missing episodes should result in child protection notification under *Children First* National Guidelines for the Protection and Welfare of Children procedures and lead to a child protection case conference convened by the Health Service Executive Child Care Manager to which the Gardaí would be invited.

SECTION 11

Management Prevention Strategy

- 11.1 The Health Service Executive and An Garda Síochána will monitor the absences of children from care.
- 11.2 Every District Officers will appoint a liaison officer of sergeant rank to liaise with the manager of the centre(s) within his district. The Garda Liaison Officer will also be a point of contact for Health Service Executive staff. His role is to measure and report the frequency of missing incidents to the District Officer in order to ensure the appropriate review meetings are initiated.
- 11.3 The principle is that an increase in the frequency with which a child goes missing will result in the escalation of the responsibility for managing the event to an appropriate level of authority in the Health Service Executive and An Garda Síochána. Accordingly, the frequency thresholds for reviews are set at three, five and nine missing episodes of a child in a 30-day period.
- 11.4 **After three missing episodes within a 30-day period**, the District Officer will e-mail the Health Service Executive Principal Social Worker for the purpose of:
 - a. indicating the crossing of the time threshold, and
 - b. convening a review meeting to determine how further missing episodes may be prevented.

The meeting will include the District Officer, the Garda Liaison Officer and the Principal Social Worker.

This meeting should try to identify any 'push' or 'pull' factors in the case and any other voluntary or statutory agency which has an interest, or may take an interest, in the missing child's welfare and circumstances. In the case of 'pull' factors it may be necessary to target those in the community who harbour missing children or exploit them with regard to sex, drugs or the commission of crime.



11.5 **After five missing episodes within a 30 day period**, the Divisional Officer will e-mail the Health Service Executive General Manager for the purpose of:

- a. Indicating the crossing of the time threshold and,
- b. Convening a review meeting to determine how further missing episodes may be prevented.

This meeting will include the Divisional Officer (Chief Superintendent), the Principal Social Worker, Garda Liaison Officer and the Health Service Executive General Manager.

11.6 **After nine missing episodes within a 30-day period**, the Regional Assistant Commissioners will e-mail the Local Health Manager for the purpose of:

- a. indicating the crossing of the time threshold and,
- b. convening a review meeting to determine how further missing episodes may be prevented.

This meeting will include the Regional Assistant Commissioner, the Garda Liaison Officer and the Local Health Manager and those previously involved in 11.5. Meetings at this level should be rare if this protocol is followed with regard to earlier intervention meeting and return interviews.



APPENDIX A

Social Services Inspectorate Practice Guidelines on Responding to Unauthorised Absences

1. Introduction

The majority of children's residential centres have written policies and procedures for staff to follow when a child is absent without permission, including notification requirements. While these policies are very thorough they are generally suitable to be applied in instances where children are either known to be at serious risk to themselves or where a risk assessment has indicated that this is likely. Inspectors were concerned at the number of instances, where as a matter of routine, Gardai were notified of an absence when staff had no real concern for the child's safety, and where the notification was made as a procedural step.

This guidance note is an attempt to differentiate between two types of absences. It is hoped this will assist the HSE and non statutory providers of children's residential services to meet their statutory obligation to have suitable care practices and operational policies and a system for the notification of significant events as required by Articles 5 and 15 of the Child Care Regulations 1995.

2. Purpose and Function

The definitions and principles outlined below distinguish between absences that are considered to place the child at risk and those that do not. While in the main this guidance could be applied across a range of residential care services, it should be considered alongside the purpose and function of the centre and relevant legal orders. For example, the broad principles may apply to absences from Special Care Units, but the fact that children are placed under detention orders requires that Gardai are routinely notified of absences.

3. Definitions

Absent without permission

A child should be considered absent without permission if they leave the centre without informing staff of their intentions or destination, or if they have failed to return at an agreed time, in circumstances where staff are generally aware of their activities or whereabouts.



Absent at risk

A child should be considered absent at risk if he or she is absent without permission in circumstances that give rise to concern for the safety of the young person. Even where the staff may know the whereabouts of a child, he or she could be considered 'absent at risk' due to their vulnerability, previous patterns of behaviour, and other level of risk.

Distinguishing between the two categories is the first step to responding appropriately, as both categories require separate responses.

4. Underlying principles for both categories of absences

Absent without permission

Being absent without permission does not in itself place a child at risk. Leaving the centre without the staff's permission, prearranging activities and going to them without consent, not returning on time, leaving but being on the grounds of the centre or in the locality, and so on, do not, as a general rule, warrant the implementation of an unauthorised absence procedure. Instead the response should reflect the fact that children test boundaries. Formal reporting of a young person to the Gardai in these circumstances is not appropriate nor does it assist the development of responsible social learning.

Key principles underlying policy and practice when a child is considered 'absent without permission' include:

- An agreed response to persistent lateness or leaving without permission should be included in the child's placement plan
-
- Practice should take into account the staff's knowledge of the child, and his/her age, maturity and individual circumstances
-
- There should be a general ethos that promotes personal safety.
- Children should know the rules and expectations regarding time keeping, their need to inform staff when they are leaving the centre, and their destination
-
- Staff should have a good knowledge of the children's relationships with significant adults and peers. As a general rule they should know the activities and whereabouts of the children
- Practices such as regular mobile phone contact and age-appropriate 'checking-in' should be routine. Agreement about the



circumstances in which the children are required to contact staff should be reached through centre rules and consultation.

-
- The care and placement planning process is the appropriate forum to review absences and to put in place plans to respond to them
- The overall pattern or numbers of absences should be monitored and evaluated by external line management.

Absent at risk

Residential staff are in a key position to judge which circumstances involve boundary testing and which give rise to safety concerns and come within the definition of 'absent at risk'. In some instances, even short periods of absence can evoke the unauthorised absence procedure, including notification to the Gardai. This occurs where the vulnerability of particular children who go missing is such that they are considered at risk as soon as they are unsupervised.

Key principles underlying policy when a child is considered 'absent at risk' include:

- The safety and welfare of the child is paramount
- The centre has a duty of care for the wellbeing and safety of the children. This involves locating and returning them to a safe and suitable environment
- The nature of the absence and action taken is informed by a risk assessment (see **Section 4**)
- Staff should take reasonable measures to dissuade and discourage children from leaving the centre without permission, including addressing risk taking behaviour.
- The issue of child protection is often closely linked to that of behaviour management, including being absent at risk. Children who clearly put themselves at serious risk in the course of unauthorised absences should be processed through the child protection system in accordance with Children First Guidelines
- Notification to the Gardai should take place as per the written protocols of the centre and following risk assessment
- On admission to the centre, parents, social workers and children should be given written protocols on what the centre will do if a child is absent without permission or absent at risk.
- The care and placement planning process is the appropriate forum to review 'absences at risk', where in consultation with all, a suitable response can be agreed.



5. Risk Assessment

The centre manager and staff should do all in their power to ensure children do not come to harm while under their care. The key to the management of absent with permission or absent at risk is to have agreed a response in advance of it occurring. Placement planning provides an opportunity to ascertain the likelihood of it happening; the supervision/support necessary; and, consultation with parents; so that specific measures are incorporated into care and placement plans. Expectations should be discussed with the child to ensure an understanding that safety is the priority.

One cannot plan for every event. The risk for children may vary at different stages of their placement or in response to specific life events. In assessing the significance of a child's absence from the centre, all staff should apply the above definitions, be informed by the placement planning process and, in addition, undertake a risk assessment. Whatever assessment tool is used, the following should be taken into consideration:

- The age, developmental stage, and personal circumstances of the child
- Decisions already agreed and incorporated into the child's care plan
- Previous behaviour patterns – does the child have a history of absenting him or herself
- Length of time absent
- Likely use of drugs/solvents/alcohol
- Risk of self-harm
- Previous actions whilst absent
- Any special needs
- Whether the child is perceived as running to someone, or running from a situation
- The staff's knowledge of the child's friends/peer group
- Whether the child is familiar with the area
- The child's risk to others
- Whether the child is being targeted or exploited by adults in the community
- The child's physical health

The level of risk for children will vary depending on their circumstances. Carrying out a risk assessment assists staff in making a professional judgement on the most appropriate action to take.



6. Practice on return from an unauthorised absence

While the majority of centres have agreed policy and procedures in response to being absent from the centre, not all provide guidance on the manner in which children should be received back into the centre on their return.

Children should:

- be able to return to a centre no matter how late it is and transport should be arranged if required
- receive a message that they are welcome and that the staff are glad that they are safe
- be provided with something to eat or drink
- be given an opportunity to discuss where they were and what happened to them
- depending on the length of absence and level of risk, be offered an opportunity for a medical examination/consultation
- be monitored as appropriate for signs of distress or illness

Parents, social workers and Gardai should be notified of the child's return as soon as possible.

It is good practice for social workers to meet with the child as soon as possible after their return. This is particularly important where the absence was unexpected, or in the case of children who were absent from a special care unit.

It is important to ascertain whether absences were motivated by an attraction to a situation outside of a centre or a desire to get away from a situation inside it.



7. Monitoring and Evaluation

External line management have a responsibility to monitor the pattern, number, and nature of absences from children's residential centres. They should periodically review procedures for dealing with absences to ensure that they provide an effective response to the needs and safety of the children.

Absences that warrant the implementation of an absent at risk procedure should be notified to the monitoring officer.

* The term child is used throughout to refer to children and young people under the age of 18 years.



APPENDIX B

HEALTH SERVICE EXECUTIVE RISK ASSESSMENT

The Health Service Executive is currently examining assessment tools. Pending finalisation of this process current local (former Health Boards) risk assessment tools will continue to be deployed until a national standardised template is developed. For references purposes only an example of a risk assessment tool currently operational in Galway is included .

Risk assessment is the inclusive process whereby professional judgement is used to respond to an issue giving cause for concerns in order to agree a plan of action that represents the best interests of the young person. The key to the management of “absent without permission” or “absent at risk” is to have agreed a response in advance of it occurring. Placement planning provides an opportunity to ascertain the likelihood of it happening; the supervision/support necessary and the consultation with parents so that specific measures are incorporated into care and placement plans. Expectations should be discussed with the child to ensure an understanding that safety is the priority. Irrespective of the assessment tool deployed the following should be taken into consideration -

- The circumstances of the absence.
- The child’s care plan.
- The age of the child.
- The maturity of the child.
- Predatory influences on the child. These may relate to others wanting to involve the child in crime, sex, child trafficking or drugs.
- Length of time absent in the particular circumstances.
- The physical and/or cognitive abilities of the child.
- The continuing or urgent need for the child to have medication or other medical treatment.
- The legal care status of the child.
- Previous behaviour and history of the child.
- Danger posed by the child to themselves or others.
- The child’s tendency to drug/substance abuse.
- Whether the child is perceived as running to, or running from, someone or something.
- The circumstances within the placement, e.g. with carers or other residents that may be relevant to the absence.
- The risk of offending.
- The influence of peer groups, families or friends.
- The known risk of abduction.
- Environmental factors including weather, time of year, community events or tensions.
- General vulnerability of the child



Example of a Risk Assessment Tool (Galway)

YOUNG PERSON MISSING FROM CARE

1. Staff on duty will immediately be aware when a young person has failed to return at the agreed time or has otherwise absented him/herself without permission.
2. They will be familiar with the Stage 1 Risk Assessments for each particular young person and will consult this to determine what action they should take.
3. If this episode of absence is the same as that described on the Stage 1 Risk Assessment they will use the agreed category of absence and follow the appropriate procedure.
4. If out of office hours, this will normally not involve contacting the manager of the unit or the on call duty officer.
5. If the episode of absence differs from that described on the Stage 1 Risk Assessment, staff will complete the Stage 2 Risk Assessment form to determine whether the level of risk has increased and the category of absence has changed
6. If out of hours, this will normally involve consultation with the on call duty officer.
7. Once the new category of absence has been agreed, staff on duty will follow the appropriate procedure for that category.
8. If out of office hours, the Child Care Manager will not usually be informed of any of the above action. However, any case of a missing person which causes particular concern or difficulty, or where the circumstances give rise to suspicion, staff on duty will discuss the circumstances with the on call duty office who will make the decision to inform the Child Care Manager.
9. Where the initial category of absence was considered "authorised" the staff will review this every 2/3 hours. Once a young person has been missing for a period longer that that described in their Stage 1 Risk Assessment, they will undertake a Stage 2 Risk Assessment and follow this procedure from point 5.



10. Young people's files will contain all the relevant information of parents/carers and friends who should be contacted or informed when the young person absents him/herself. An up to date photograph of the child will also be on file.
11. Local procedures will be followed between Gardai and staff when a young person needs to be reported as missing or absconded

MISSING FROM CARE

STAGE 1 RISK ASSESSMENT

To be completed at the beginning of each placement plan, and reviewed as part of the Care Plan at every future Planning Meeting and Statutory Review.

Name of child/young person

Home Address

Legal status

Any child under the age of 12 yrs. whose whereabouts is unknown will automatically be considered High Risk and classed as missing.

For older young people, this assessment of risk based on knowledge of their current circumstances and previous history of absence must be completed.

	High Risk Score 5	Medium Risk Score 3	Low Risk Score 1	Total Score
Age of child/young person				
Recent History of Absence				
Length of time absent				
Method of return				
Whereabouts whilst absent				
Likely use of drugs/alcohol/solvents				
Risk of suicide/self harm				
Risk of abuse level of vulnerability				
Likely involvement in offending				
Previous harm suffered whilst absent				
Disability/special needs				
Lack of information/knowledge			Total	



This risk assessment should be used as a guide. It will be necessary through discussion and pooling of information about the child/young person to agree the level of risk under each category. In case of lack of knowledge or disagreement about level of risk, the higher level should be used.

Score	Level of risk	Category of absence
<16	Low	Unauthorised Absences
16 – 20	Medium	Failed to Return/Missing
>20	High	Failed to Return/Missing

Having completed the risk assessment process you must now agree which category the child/young person's absence falls into, as this will be taken on future instances of absence if there are no other unusual circumstances to take into account.

Category of Absence

If the category of absence is "unauthorised absence" which is the usual length of time before the young person returns. [This statement is unclear] This will indicate when a stage 2 risk assessment will be undertaken.

Signatures of persons completing this form

Date of completion

Second Signature

Date of completion



STAGE 2 RISK ASSESSMENT

To be completed each time a child/young person is about without permission in circumstances which are unusual to those described on this stage 1 risk assessment

Name:	
Age:	
Legal Status:	
Stage 1 Category of absence:	

	High Score 5	Medium Score 3	Low Score 1	Total Score
Unpredictable/unusual state of mind				
Indicators/risk of suicide or self harm				
Upsetting incident prior to absence				
Under influence of alcohol/drugs/solvents				
Concern about new/unknown associate/adult association				
Increased concern about risk of harm/abuse				
Concern of abduction of young person being prevented from returning				
Concern about involvement in criminal activity				
Peer subculture concerns/influences				
Previously been missing in the last 48 hours				
Urgent need for medical attention/medication				
Excessive period of unauthorised absence which has not previously occurred				



APPENDIX C

LEGAL OPINION AND HSE POLICY POSITION ON USE OF PHOTOGRAPHS

The HSE sought legal guidance on the use of photographs in an effort to assist in tracing missing children. Legal advice stressed that the particular purpose for which photographs are used is of paramount importance.

Under Section 18(3) of the Child Care Act, where a care order is in force, the (Health Service Executive) shall

- (a) Have the like control over the child as if it were his parent
- (b) Do what is reasonable (subject to the provisions of this Act) in all the circumstances of the case for the purpose of safeguarding or promoting the child's health, development or welfare.

Legal advice stressed however that notwithstanding the protection which the above authority affords to the Health Service Executive it would be prudent in all cases in contemplating the use of photographs in circumstances envisaged by this protocol, namely the location of missing children, that the consent of the parents be obtained and noted. This may not always be possible and may even be declined for particular reasons but notwithstanding same, having regard to the paramountcy of the child's welfare, which is central to the protocol, the Health Service Executive would be entitled to rely upon the statutory authority of the Child Care Act, 1991. Similarly pursuant to the authority vested in it by the Child Care Act the Health Service would be entitled to take photographs of children provided it is strictly for the purpose of having a record specifically to deal with the possibility of the child going missing.

However it should be noted that earlier legal advice precludes the identification of a missing child as identified as a child in care. When the legal status of the child is not divulged there is no impediment to using photographs for the aforesaid purpose.

The Health Service Executive has adopted a national policy in relation to photographing children in care and it is anticipated that policy will be ratified and implemented in the short term.



APPENDIX D MISSING CHILD FROM CARE REPORT FORM

Name: _____

Date Reported Missing: _____

DOB: _____

Male/Female (delete appropriately)

HSE Placement Name & Address

Child's Telephone Numbers:

Mobile: _____

Home: _____

Home Address: _____

- Height
- Build
- Hair Colour/Style
- Eye Colour
- Clothes
- Weight
- Marks/Tattoos
- Nationality

Is a Recent Photograph Attached To This Form?

Yes/No

If No, please state why.

Date, Time & Place last seen: _____

Likely Places to Frequent: _____

Any other relevant information e.g. medical history:- _____

I certify that the whereabouts of the child are unknown and the circumstances of the disappearance have been assessed as high risk in accordance with the protocol agreed between the Garda Síochána and the Health Services Executive. A thorough search of the care placement and its environs has been completed as the protocol requires.

Name: _____ **Signature:** _____ **Date:** _____

(BLOCK CAPITALS)

Role in relationship to child: _____