Herman Goldstein Award Submission 2019

The Herbert Protocol

1. Summary of application

People go missing for many reasons, however the presenting problem focused on adults who go missing due to vulnerability categorised as high risk. Durham Constabulary averages 32 missing adults per month costing a minimum of £516,921 a year on enquiries.
With missing people investigations being stressful, slow time planning brings clarity, accuracy and confidence. It's not all about money as the lives at risk are some of the most vulnerable members of our community that we could and should keep safe.

The current system meant the same process was followed and actions completed by police upon a report being reactive rather than proactive with search activity delayed awaiting necessary information. The risk of harm occurs when the person goes missing therefore prevention would avoid extensive resources and time but more importantly save life. Austerity means our current practices will be difficult to sustain in the future based on community predictions.

The "Herbert Protocol" was the response to:
- Identifying vulnerable people allowing greater understanding of the threat and risk in our communities
- Systematic problem solving to identify intervention opportunities bespoke to each individual to prevent missing episodes
- Engagement of communities and partners with joint responsibility to keep our vulnerable people safe – community eyes
- Better utilisation of the golden hour agreeing joint responsibilities to missing reports
- Provide security and reassurance to families and friends
- Future Proofs Durham Constabulary reducing risk, harm and police demand while saving time and money
- Most importantly improving lives of our most vulnerable adults, allowing them to socialize and be out and about.
- Ultimately saving life

The protocol has been in place since November 2017.

- Of the 420 people deemed high risk of going missing only 45 people have since been reported missing
- 119 were previously reported missing before being placed on the protocol
- Feedback from those on the scheme is extremely positive in relation to the support and guidance they've received

Initially this was about saving time and money however as plans progressed it was apparent that I had missed the point. The protocol now more focused on allowing vulnerable adults to live their lives without fear using the feedback from the protocol to dramatically improve lives. The response allows communities and partners to share in the prevention and the response to such vulnerable adults living within our localities safely and provides a sustainable solution to safeguarding around future challenges within society

2. <u>Scanning</u>

As a police officer with 22 years' service and most recently 2 years as Force Incident Manager in the Control Room, I have managed resources for countless high risk, vulnerable adults who have been reported missing in various circumstances. As a Police Search Advisor (PolSA) for over 8 years, I have seen first-hand the impact a missing from home case can have on friends and family, along with the demand it has on police. A missing from home report has potential to turn into a critical incident, with the urgency to locate the individual and ultimately save life.

People go missing for a many reasons, however the presenting problem focused on adults who go missing due to their vulnerability. These adults would be categorised as high risk (*4) through a risk assessment called THRIVE which examines the Threat Harm Risk Investigation Vulnerabilities Engagement.
Nationally, it's estimated that there were 315,000 missing person incidents in the UK (*1), generating a significant amount of activity. A substantial percentage will require a police response with protracted investigations and search activity.

Within County Durham and Darlington, **on average 3,500 people are reported missing each year (*2)**. By the end of 2016, 390 adults were reported missing and were subject to missing from home enquiries and police searches – averaging 32 per month (*2), mainly due to their vulnerability. Enquiries around each missing from home case are very expensive and resource intensive, as well as being stressful and frightening for the victim and their families; it's also a stressful event for police and partner organisations working to locate the individual fit and well. The average missing incident costs an estimated £2,500 (*3) (more protracted enquiries, this could be considerably more), meaning annually, Durham Constabulary spends a minimum of **£975,000** on missing reports.

The data from our systems was not as accurate as I wished, as the systems do not allow us to identify all aspects of vulnerability, or how long people were missing and the true extent of

resources used to locate them. As this protocol moved forward, the figures become less relevant due to the projected demographical changes within our communities diversity.

County Durham is considered to have an ageing population with a retirement group of 65+, which is expected to increase by 48% in the coming decade and the over 85yr cohort set to increase by 114.9%. By 2040, nearly 1 in 7 people are projected to be aged 75 plus (*5).

Changes within society no longer see the extended family networks, where children look after parents in old age. Contributing factors such as unemployment mean people move away from families resulting in less family support.

Families therefore need to use care homes which are expensive as the expectation is you pay and with less council provision of care facilities means paying privately. To finance this, it can mean selling the family home, which makes families reluctant as uses their inheritance. This means if more people are left living in their own homes longer with less support that would be provided in a care home therefore leaving the individual more at risk of going missing.

Around 1.5 million people in the UK are living with learning disabilities, with 350,000 having a severe disability (*6)

Mental health diagnosis is predicted to rise, with available help and support services decreasing (*7). There are 3 million UK citizens diagnosed with a mental disorder and within 20yrs more people will be affected by depression than any other health problem (*8). Dementia diagnosis is due to increase by 64.5% by 2030 (*9) and 10% of those diagnosed with dementia will have more than one type (*15).

Such diagnosis increases vulnerability and contributes towards missing episodes

More than 60% of people with dementia will "wander" from their home on occasion (*10). With the aging population, there are a growing number of elderly people diagnosed with

dementia. 47% of those people currently living with dementia, report giving up activity and not going out, saying they no longer feel like part of the community (*10).

The recorded dementia prevalence for people aged 65+ in County Durham and Darlington is 4.59% and 5.07% respectively (*10). The number of people 65+ living within our Force area is 92,400 (*11); this means the number of those within that age bracket suffering from dementia amounts to approximately 4,460.

Austerity and cuts across numerous organisations creates future challenges around who supports and manages those living with such vulnerabilities. A lack of guardianship and facilities can lead to people experiencing loneliness and confusion, which could cause missing episodes. Cohesion officers have confirmed there is a real fear from people who have such vulnerabilities to leave the home due to risk this brings.

Partner agencies from relevant fields were very positive to change our approach to incorporate predictive policing and early intervention opportunities as a prevention.

Looking to the future, the risks increase and the challenges change around our communities, therefore the agreed objectives following the scanning were:

- To better understand our communities and their needs
- To reduce the harm and the number of adults being reported missing through their vulnerabilities
- To improve the lives of the vulnerable members of the community and allow them to live life to the maximum
- To improve the time taken to locate these individuals fit and well
- Reduce the demand on Police with joined responses and responsibilities
- Future proof police and our partners for the demographic changes and challenges ahead

The scanning identifies adults are more likely to go missing due to their vulnerabilities or lifestyles, therefore by addressing these issues we can reduce the chance of missing

episodes. The predictions of changes within communities will lead to more people being at risk of going missing, which will bring increased demand. Loneliness, depression, mental health, learning disabilities, physical disabilities, suicidal thoughts and dementia are not exhaustive, are all main or contributory factors to someone going missing and being classed as high risk.

With missing people investigations being stressful for all involved, planning in slow time brings clarity, accuracy and confidence.

3. Analysis

The typical process in a missing from home (MFH) enquiry is:

- 999/101 call into police control room.

- Call handler completes [question set](#) with caller and THRIVE's

- Call handler attaches tags(*12) to the incident and grades (*13).

- The incident is sent to Dispatch re THRIVED and grading rechecked.

- A police national computer and local systems checks are completed for intelligence purposes to contribute to THRIVE and grading.

- Control room supervision informed.

- Resource deployed to callers address to obtain details and complete MFH form. Resources may be deployed to areas identified from intelligence checks.

- A search of the care home / own home, outbuildings and cars is completed to locate the missing person or obtain intelligence to suggest possible whereabouts.

- The missing person is now a police issue with police using resources to investigate, search and locate the MFH.

This system means that every time we a reported MFH, the same process is followed and actions are completed. On occasion, the 'golden hour' is lost whilst officers make efforts to obtain the relevant details from the reporting person. Officers cannot be allocated to the appropriate search location(s) until the necessary information has been abstracted from the caller, meaning that search efforts are not co-ordinated during the most crucial time.

It's extremely important to understand the value of the 'golden hour' in missing from home enquiries. In 89% of cases involving dementia patients, the missing person is located within 1 mile of their home or location where they were reported missing (*14). Due to a disjointed illogical thought process, or the topography of the area in which they're missing, high risk MFH's are increasingly vulnerable to hypothermia, dehydration or drowning if they aren't located within 24 hours. Durham Constabulary figures show it took on average 7 hours to

locate such vulnerable people when reported missing prior to the Protocol, with some missing for up to 3 days.

To understand what other forces were doing to address a current issue with MFH, I identified several police forces (*16) had introduced an initiative called the Herbert Protocol (HP) for people with dementia. This system allowed people to download and complete a form about the person should they go missing. These forms would be retained by the relatives and if they did go missing, the form would be handed to police on attendance. It allows the person providing the information to do so in their own time, ensuring accuracy of data and better use of the golden hour.

The HP however only played out if the person went missing. The vulnerable person was missing therefore at risk of harm and it was the role of the police to collate information and locate the individual.

The response needed to prevent the individual from going missing at all, which would reduce demand but reduce the risk and harm to the individual. This could only be truly achieved by systematic problem solving around individuals, understanding the root cause of why they would have a missing episode and have a planned joined response if they do.

The response needed to utilise resources other than police and have a shared responsibility to provide the prevention, response and search strategy.

Scanning around what resources were available identified stakeholders such as: Community Groups, Charities, Businesses, Voluntary Groups, Religious sector, Volunteers, Car Park Attendants, Bus Drivers, Taxi Drivers, NHS, GP's, Nurses, Hospitals, Adult Safeguarding, Care Home Staff (council and private), Age UK, Alzheimer's Society, County Councils, Ambulance (NEAS *17) and Fire Service (CDDFRS *18).

It needed to be a proactive and reactive scheme that provides engagement opportunities and the chance to understand our communities and our vulnerable individuals. As the

"Herbert Protocol" was already recognised, the name was kept to allow a common theme to those living outside County Durham and Darlington.

Through truly understanding the individual's needs, we are able to agree a plan that prevents missing incidents, provides engagement and reassurance for the individual to be independent for as long as possible, allowing them to live life to the maximum limiting crisis situations. A systematic problem solving approach to these people that identifies early intervention opportunities using the wider community to act as an extended family, will celebrate community cohesion and a self-generating safeguarding neighbourhood watch.

The scheme needs a swift and effective joined response plan that can be triggered immediately if the individual goes missing utilising all agencies as a resource. It needs to have clear shared responsibilities, eliminating duplication and utilising time effectively.

There are so many organisations that wish to support and engage with adults with vulnerabilities in society already out there with some offering befriending services, social events and lunch clubs. With such a vast range of groups and support there was no need for reinventing groups as all were eager to be involved for referral. Local businesses, pubs, taxi companies, bus drivers, carpark wardens etc. are daily amongst the community and can become a resource, "eyes and ears" to keep such people safe or search.

A 'Safe and Wellbeing Visit' is a free service offered by DDFRS. Where trained staff complete personalised assessments, fitting smoke alarms but also assessing other areas to keep individuals safe, such as loneliness and isolation, slips / trips risks, alcohol harm, smoking, winter warmth and dementia.

Within this visit they also have embedded referral pathways to provide holistic support. Fire colleagues agreed to identify and refer into the HP during these visits, but also agreed everyone on the HP could be referred for a visit from DDFRS to give maximum safeguarding.

When applying the Problem Analysis Triangle to the HP, I broke it down as follows:

The Victim: the missing people.

The Guardian: family, friends, guardians.

The Location: where the individual was staying - own home, care home and the networks they had in the wider community.

The Manager: the community, family, friends, guardians, local businesses, housing providers and organisers of local groups.

The Offender: Changed to the "process" which was the police response, too slow, reactive, and repetitive.

The Handler: the police family. This is the side of the triangle whereby we implemented the change.

4. **Response**

From the analysis, the response would allow people independence longer, giving families and friend's security and reassurance whilst allowing the community to take a shared responsibility. It provides a joined safeguarding response and future proofs the way in which we deal with vulnerable people, reducing risk and harm, reducing police demand, saving time and money but most importantly limiting crisis situations and saving lives. It would apply a strategic systematic problem solving model with predictive policing to allow prevention through early intervention opportunities, utilising the wider community and embedded networks within the response to increase resources, resilience and multi-faceted responses.

A form was designed covering all the details a PolSA would require to formulate a search strategy to locate an individual. This form could not be digital to prevent barriers based on the customer. The quick changing nature of the individual's circumstances such as medication, illness, and appearance meant the form would be retained by family / friends as police would not have resources to continually update information. With the risk of going missing being high, the form had to be accurate at all times. There were also compliance issues around the police keeping personal data. Copy of the form (*19)

The HP would identify vulnerable adults who are at high risk of going missing and would split them into two sections – adults in care homes and adults in their own homes.

"Eyes" of the community would be educated about the HP so they can be informed of local people who are at risk of going missing near them. The community members will see the individual, locate and return them home quickly safely with no police involvement.

Should a person be missing longer, "eyes" will be contacted and informed someone is missing with a comprehensive description. CDDFRS, NEAS, Arriva Buses, Traffic wardens, Carpark wardens, Tesco's, Refuge collectors and gardeners are all "eyes" and will actively look for the missing person (misper) on our behalf. This list is not exhaustive and can alter depending on the location reported. We also utilise our communication tool called "Keep in the Know", that has thousands of people signed up for alerts throughout the force area,

social media and our watch schemes such as pub watch, allotment watch and business watch are also platforms we can utilise as "eyes".

Neighbourhood Teams (NHT) will contact care homes and those with residents suitable for the scheme would be highlighted. All care homes that enter into the scheme would be trained on searching so they can search their own premises and produce paperwork allowing police to start external search.

The form is completed together, in slow time and retained by the home. This is so the correct details can be recorded with photo. Search maps of the premises will be agreed along with a trigger plan should a person go missing documenting tasks that need completing and by whom. Places frequented, taxi companies used, shops visited etc will all be identified and informed the individual is on the HP as "eyes".

The form will be located and ready to hand to an officer on arrival so investigation and intelligence led search can be commenced immediately. The "eyes" of the community will be contacted by the care home or Communications as per plan to look out.

People in their own homes are managed by the Cohesion Team (CT). Anyone can refer into the HP and extensive inputs have been given to carers, NHS, Community Groups, Age UK, CDDFRS, Mental Health and Adult Safeguarding to raise awareness of the scheme. Referrals can be made by telephone or email and the CT will follow up contact.

A problem solving approach would be used by the CT to understand the individual, and analyse what the triggers are to the person going missing. A bespoke response would be put in place based on the scanning and analysis with pathways identified to support groups, befriending networks and service providers to address the main causes of people going missing such as loneliness, illness and disorientation. By attending support groups they can track the person to ensure they attend and alert when they don't. Again a trigger plan is agreed around the individual, trustworthy neighbours and businesses to be community "eyes". Every person signed up for the HP, is encouraged and referred for 'Health and Wellbeing Checks' to ensure maximum safeguarding. The completed form with a recent photograph is retained by family or friends within close proximity of the individual for details

to be kept up to date. A marker is placed on the address of every person on the HP so the communications department can instantly risk assess the individual, knowing they are on the scheme but also provides the opportunity to cross reference if the person is located prior to being reported missing. Each marker lists every person who has a copy of the form, their address and their contact numbers. This ensures the necessary details can be accessed immediately and it allows a location for the individual to be returned to quickly to a familiar guardian without causing unnecessary distress and prolonged time with police.

The forms were not published or given out to any organisation, they're obtained and completed with police. This way we know who's covered by the HP, ensure a preventative systematic problem solving approach with intervention opportunities, agree the response plan with partners and allow engagement opportunities where possible.

The agreed process with communications (*20).

The agreed process with NHT / CT (*21).

5. Assessment

The Protocol launched in November 2016 and has been in place ever since.

The evaluation was difficult due to changes to the IT systems used following the HP launch and work undertaken to accurately record vulnerability and THRIVE.

From the 420 people signed up for the Herbert Protocol 63 are living at a care home and 357 are living at home (table 1). 221 people are suffering with dementia (53%), 74 suffering with Alzheimer's (18%). Some individuals suffering both. 29% suffer from another ailment that makes them at risk of going missing (table 2)

Aim - To reduce the harm and the number of adults being reported missing through their vulnerabilities

- 119 people of the 420 were signed up as a result of having been reporting missing and subsequently found. Since being signed onto the HP none of these 119 have been reported to police and dealt with as missing people.

- Bearing mind these people are all classified as high risk of going missing to enter the HP only 10.7% signed up have subsequently been reported as missing people.

- Feedback from those on the scheme is extremely positive in relation to the support and guidance they've received

Aim - To improve the time taken to locate these individuals fit and well

- The average time the 119 were missing from report to police was 7 hours, some being missing for a longer period of time before being reported at all. Of the 420 individuals signed onto the HP 70% of those reported immediately missing have been located within an hour.

- enquiries to locate the 30% were more protracted but still took less than 7 hours

- All 420 have been found alive and well

- Searches have been assisted by our wider family and community eyes

There have been several forces make contact and visit Durham to discuss and adopt Durham's HP.

Informal interviews are undertaken by the CT who have regular contact with those on the HP. The responses are overwhelming of the effect this protocol has had on their lives and the lives of their family and friends. Instead of those feelings of isolation and loneliness, they feel engaged and supported, with one lady saying she has a better social life now that she had when she was 21.

There have been many success stories since the introduction of the HP. A gentleman recently placed in a care home arrived with a HP form, shortly after was reported missing. The staff did not know much about the gentleman but due to information within the form police had identified he'd worked on railways when younger and loved trains. Engaging the British Transport Police the gentleman was quickly located on a train to York.

The story of Mr Young sums up the scheme and the impact it is having. Mr Young is a retired milk man who daily collected milk from the diary and delivered milk to customers. Mr Young was active but was sadly diagnosed with dementia which led him to wanting to leave the house to undertake his milk deliveries. Due to family concerns around his disorientation they started preventing him leaving the house which led to calls to police due to his aggression. Mr Young would be reported missing and returned by police but walked straight out of the house again to deliver milk. It was during these visits that the CT who placed him on the HP and by plotting locations it became apparent Mr Young was completing his old milk round route.

Applying the problem solving approach together, linking with Dr's advice, a plan was formulated to allow Mr Young to continue his walking route to ease the aggression but by having the community watching he could do this safely. The aggression stopped, all officers knew what route he would be walking and who he was, making local "eyes" aware to watch as he passes by. When reports came into police of a male looking disorientated wandering the road, the response was no longer to send all resources, dogs, helicopter and a PolSA but for whoever was nearby to simply drive past and say hello to Mr Young in their own time and allow him to continue walking. He always came home when he was ready and Mrs Young was safe in the knowledge that everyone was supporting and watching out for Mr

Young in the community. Through knowing Mr and Mrs Young we facilitated extra support, engaged them with charities and support groups that not only supported Mr Young but supported Mrs Young too in some respite and care. Mr Young at one point prior to the introduction of the HP was being reported missing almost weekly calling on many police resources and time. After the HP the reports dropped dramatically to very few and response was slow time, one person to say hello.

VIDEO MRS YOUNG.

Changes were made to the form as some details such as bank details were initially within the form but quickly identified that sharing such details with friend and neighbours was a risk and were removed. Mechanisms were put in place for checks to be made daily for the first month, weekly and then monthly up until 6 months to ensure everything was in place.

This was planned meticulously at the speed of our slowest partner. Attention to detail due to vulnerability and risk meant everything was considered and catered for prior to launch as failure could lead to fatality.

Lessons learned:

Thinking outside the box, it's amazing who will assist and who can become a resource. Those I thought initially would be the most useful to the HP were not necessarily so and some of the less obvious businesses / groups were more engaged e.g. Carpark wardens agreed to brief and deploy staff on police advice if a trigger plan was activated.

The initial aim was to reduce police demand and save money by preventing people going missing. This missed the point and turned into something much bigger providing the opportunity to make vulnerable adults lives greater, safer and more engaging. It's not all about saving time, resources and money but it's about touching lives and making people feel safe in their daily lives regardless of the challenges they may be facing, sound in the knowledge the community are there supporting them – not just police.

Next steps:

- Continue work with IT and CDDFS to enable sharing images of mispers with their appliances when out attending fires and home visits.

- Encouraging work with Northumbria and Cleveland police to provide consistency throughout the North east regarding mispers

Industrialising the learning from this HP, a new protocol has been developed called The Philomena Protocol which is aimed at reducing missing episodes of children within the care setting. Named after Patron Saint of Children, the Philomena Protocol (PP) addresses those children in care who repeatedly go missing and would be classified high risk. Children in care are some of the most vulnerable children within our communities that face challenging situations when missing, such as child sexual exploitation, knife crime and county lines. The protocol launched in January 2019 with all 48 children homes within our force area being trained and taking part. Working on the same principle as the HP, the PP uses partners and early intervention opportunities allowing systematic problem solving around these children, addressing the issues that lead to missing episodes, with a view to firstly reducing the missing from care reports. However should the child go missing, agreeing a shared action plan based on intelligence led search strategies to jointly locate the child as quickly as possible. Whilst this protocol has not been evaluated there has already been a 36% reduction in children missing from home care reports within the first three months.

Inspector 0878 Rachel Stockdale,

Durham Police Headquarters,

Aykley Heads,

Durham,

DH1 5TT,

Rachel.stockdale@durham.pnn.police.uk

6. Appendices

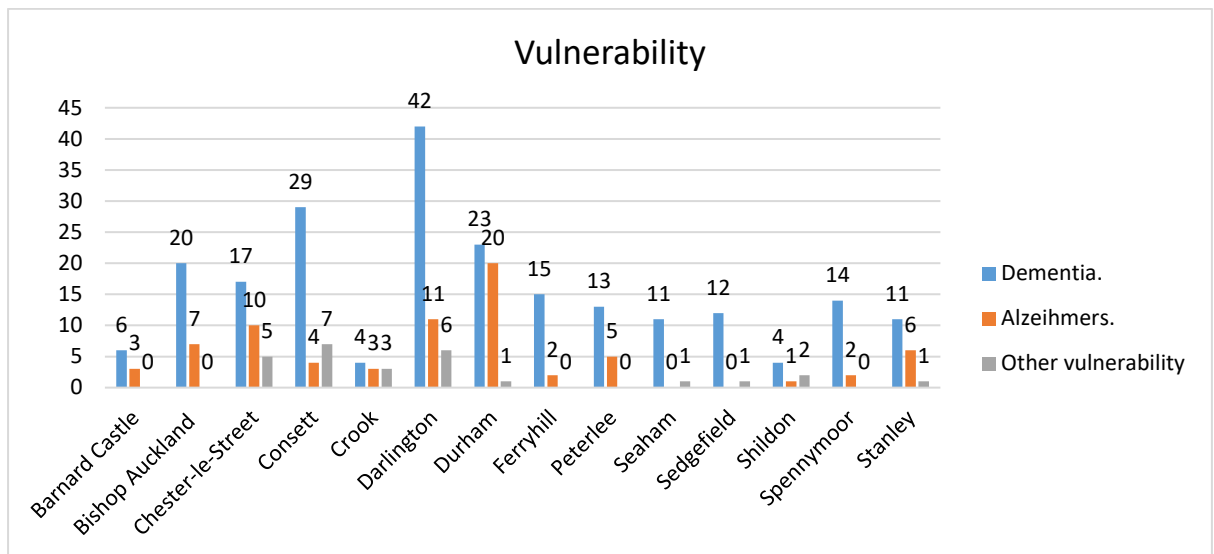Appendix 1

*1	NCA UKMPB Missing Persons High level data report Ifind 2014 to 2015 data
*2	Data from Sleuth within Durham Constabulary
*3	NCA 2018 UK Missing Persons data
*4	National Policing Improvement Agency (NPIA) within PolSA Guidance define High risk as – the risk posed is immediate and there are substantial grounds for believing that the missing person is in danger through their own vulnerability. They may have been the victim of a serious crime The risk posed is immediate and there are substantial grounds for believing that the public is in danger
*5	Office of National Statistics
*6	www.parliament.uk/commons-library number 07058 18 September 218
*7	BBC Mental Health: 10 charts on the scale of the problem https://www.bbc.co.uk/news/health-41125009
*8	http://news.bbc.co.uk/1/hi/health/8230549.stm BBC report on World Health Organisation statistics
*9	St Helens Clinical commissioning group
*10	The Alzheimer's Association
*11	The 2011 Census data
*12	Tags are added to incidents to identify what the incident is linked to. Tags such as missing, mental health, alcohol, drugs, violence etc
*13	Response grades are graded as a result of the THRIVE risk assessment – immediate response (within 10 or 20 minutes depending on rural or urban location), priority response (within 2 hours) and scheduled response (within 24 hours). High risk missing people will usually if not always be given an immediate response
*14	Ifind College of Policing 2015 and Grampian Data Grampian Police April 2007 In 89% of cases involving dementia patients, the missing person is located within 1 mile of their home or location where they were reported missing
*15	Ifind College of policing 2015
*16	Herbert Protocol initially started within Devon and Cornwall police and implemented by other forces such as West Yorkshire.

*17	NEAS – North East Ambulance Service
*18	DDFRS – Durham and Darlington Fire and Rescue Service
*19	Image of the form
*20	Agreed process communications
*21	Agreed process with NHT / CT
*22	Video of Mrs Young
*23	MisPer17 form
*24	HP process

Appendix 2: table 1 Herbert Protocol Figures as of November 2018

AREA	NUMBER OF SIGN UPS	OWN HOME	CARE HOME	GONE MISSING?	Gone Missing After HP was Introduced
Aycliffe	31	25	6	11	4
Barmard Castle	9	8	1	7	4
Bishop Auckland	29	29	0	5	0
Crook	15	12	3	4	0
Ferryhill	47	39	8	11	4
Sedgefield	17	15	2	3	0
Spennymoor	14	14	0	1	0
Shildon	9	7	2	4	0
Consett	36	36	0	18	10
Chester Le Street	35	30	5	6	1
Stanley	18	17	1	10	5
Peterlee	24	17	7	7	2
Seaham	15	8	7	7	4
Durham	59	46	13	10	3
Darlington	62	54	8	15	8
Totals	420	357	63	119	45

Appendix 3: graph showing the vulnerabilities of those signed up on the Protocol

Appendix 4: The Herbert Protocol process