

## Missing Persons Dementia Framework Operation Resolute

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KEEPING THE VULNERABLE SAFE. The Missing Persons Dementia Framework is part of <u>Op Resolute</u>.

# Missing Persons Dementia Framework

Missing Persons Dementia Framework – At a glance:

- The Missing Persons Dementia Framework is relevant to people with dementia who are at risk of wandering in circumstances that may result in them being reported missing to police.
- Police contact with a person with dementia (missing person or any other incident) will trigger follow up support to improve planning and prevention measures that are relevant to the circumstances.
- This will be in partnership with family, carers, the Local Authority and relevant charities- to be determined on a case-by-case basis.
- Police will complete referrals to the Local Authority for people with dementia where concern is noted or raised.
- Police will advise and support partnership efforts to improve planning and prevention measures designed to reduce the likelihood that a person with dementia will be reported as missing (e.g. Herbert Protocol, GPS devices).

## What is dementia?

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning.

There are many different causes of dementia, and many different types.

People often get confused about the difference between Alzheimer's disease and dementia. Alzheimer's disease is a type of dementia and, together with vascular dementia, make up the majority of cases.

## The relationship between dementia and going missing

People with dementia can occasionally wander. Sometimes this may be rooted in old behaviours or seeking out locations that hold meaning for the person.

Wandering can put people with dementia at risk as they may be unable to sufficiently care for themselves, identify risk, or ask for help.

Each year, many people with dementia are reported missing to police while wandering. The risk assessment in these cases is nearly always deemed to be high and the resulting investigations create significant demand for MPS resources.

Planning and prevention measures designed to minimise the likelihood that a person wandering will need to be reported to police should be developed. This is in the best interests of the person and their families as it will prevent harm, while also lowering demand for police.

Read more about dementia at <u>www.nhs.uk/conditions</u> <u>/dementia/about</u>

### Where does the responsibility lie?

The relevant Local Authority is the lead agency for dementia care and support. Following a diagnosis of dementia, a care plan should be created and appropriate care provision arranged. This is the responsibility of the Local Authority for the area in which the person lives. Some people are able to live independently, while others will require more support. This may be provided in their home or a care placement, and could be managed by their family, the Local Authority, a charity, or a combination of these.

Appropriate and suitable care for a person with dementia, particularly if they are prone to wandering, should include planning for what to do if wandering occurs and measures to prevent it from happening. This is not a role for police, but where opportunities arise we should inform around suitable measures to take if it will reduce or remove the need in the future for a missing persons investigation.

## What should the police do if someone with dementia is reported missing?

Any time a person with dementia is reported missing to police the resolution and closure of the incident should include measures intended to reduce the likelihood of a reoccurrence. Where necessary this will require engagement with carers and/or family members and the Local Authority.

High risk missing persons are extremely demand intensive for policing so it is reasonable that any request for the development of appropriate <u>planning and</u> <u>prevention measures</u> (outlined in the section below) would be made robustly. However, it is in the interests of policing to ensure that the support offered is effective and meaningful. Any engagement should focus on professional partnership.

To assist all officers in providing clear and consistent guidance, a supporting public facing <u>information sheet</u> has been produced that can be provided electronically (e.g. by email).

#### **Recording Concerns & Referrals**

At all times consideration should be given to completing a referral if there is concern for future wandering and for a person's capacity to keep themselves safe. **This is relevant to any police contact with a person with dementia where vulnerability is noted**, not only concern arising from a missing persons incident.

Referrals made via an Adult Come to Notice (ACN) report should outline the concern for safety, any immediate measures implemented, and advice/support offered during the police contact (e.g. suggested use of Herbert Protocol, GPS devices).

The role of frontline officers including response and resource & demand teams ERPT and RaDT are at the front end of where contact is likely to occur with a person with dementia, whether in the context of them being reported as a missing person, or for any other reason. Initial contact with the informant, or with the person themselves, presents an opportunity to consider and offer advice around planning and prevention measures at the earliest stage.

There is also the potential to deal with the closing stage of an incident, for instance, a prevention interview. This is a key opportunity to address appropriate planning and

The role for police within this framework is to advise and support the person with dementia, their families, carers and partner agencies, and ensure relevant referrals are completed when appropriate. prevention with the person, their family or others. Any action taken should be recorded as part of the incident closure.

#### The role of investigation teams including the Missing Persons Unit

Investigation teams involved in the search for a missing person with dementia are likely to develop relationships with family members, other relevant persons, and partners during the course of the incident. This will present many opportunities to consider planning and prevention measures that would be suitable for a person's individual circumstances.

The closure of an incident should include relevant engagement for the purpose of reducing the likelihood of a repeat incident. The Missing Persons Unit in particular should ensure that any existing actions undertaken by ERPT or RaDT are sufficient and provide additional input where required.

#### The role of neighbourhood policing

Neighbourhood officers are ideally placed to engage with vulnerable members of the public and offer advice or support where it is needed. Contact with a person with dementia, or partners (e.g. community groups) working with vulnerable adults, should prompt an opportunity to raise awareness of missing persons planning and prevention measures. This may include providing the <u>information sheet</u> on an individual basis, or for circulation amongst groups for whom it may be relevant.

#### The role of the Police Missing Persons Coordinator (MPC)

The Missing Persons Coordinator role functions in a support and advisory capacity for BCUs in addressing issues around high volume or preventable reports of missing persons. This includes acting as a point of contact for individual BCUs and police partners, maintaining relationships and encouraging an effective two-way exchange of information.

BCUs can seek additional guidance from MPCs in developing planning and prevention measures for missing persons with dementia. MPCs will intervene in instances where no planning and prevention has been considered or where additional measures could be developed.

If not known, contact details for the BCU MPC can be obtained from the Missing Persons Unit.

### **Planning & Prevention**

#### **Care Network**

In the event that a person with dementia is reported missing, police are entitled to query the quality and effectiveness of the care provided as it relates to preventing that person from going missing.

Police should consider the care network including the involvement of family, the Local Authority/Social Worker, and any charity support. It would be appropriate to challenge the suitability of existing planning and prevention measures and request that crucial areas (e.g. supervision, home or security) are addressed.

Seeking further support can also be suggested. There are several charities that a family member or Local Authority could engage with- see <u>additional support</u>.

#### **GPS Devices**

Police must not endorse or recommend a specific GPS device or provider, but can sign-post options.

Information Sheet

There are numerous companies providing GPS devices that are suitable for people with dementia. The functions offered by these devices, including GPS tracking, are highly effective in limiting the time a person could be wandering and for reducing the need for police involvement.

A GPS device can be sourced and funded by family (if applicable) or potentially by the Local Authority or charity. If a person is reported missing to police and they don't have a suitable device, or if an existing device is not being used correctly, this should prompt police to advise the family or Local Authority accordingly.

Many Local Authorities have entered into contracts with providers in order to supply devices for people accessing their services. In areas where this is not the case, police should encourage and support this. Advice to a family member should be to obtain a device privately or approach their Local Authority or relevant charity. Importantly, police must not endorse or recommend any specific device or provider, although can sign-post options.

#### Herbert Protocol

Herbert Protocol is a planning measure for people with dementia at risk of going missing. If a person with a completed form is reported missing to police it can be used at the time of reporting to comprehensively and efficiently communicate the person's background, behaviour and history, therefore informing early investigative actions. Completion should be encouraged in any instance where a form has not been provided.

The form should not be completed by police, nor should it be retained or stored on any police recording platform. As stated, it is simply a method of adding completeness and efficiency to what police are told are told by the informant at the time of reporting.

Further information, and the form, can be found at:

www.met.police.uk/advice/advice-and-information/missing-person/missingpersons/vulnerable-people-at-risk-of-going-missing/dementia-missing-risk-herbert-protocol/

#### What does a successful outcome look like?

**Case Study 1:** A 78 year old female from North London was reported missing by a visiting carer. The carer informed police that the female had dementia and often became confused and wandered from her home. It was believed she would be at a significant risk of harm. The carer was unable to provide any useful background information about the female as to where she may go and if she may use public transport. She did not have any family and her mobile phone had been left at home. This created a significant challenge for police as it cast a search area of unknown size and without obvious focus.

Officers commenced local CCTV enquiries, publicity, and checks along local bus and train routes which created prolonged and significant demand across the investigation and response teams. Almost 24 hours later, Hertfordshire Police located the female walking alongside the A1 and she was taken to hospital.

In the closure of the incident contact was made with the Local Authority who held information about the female. It transpired that before moving to London she had lived with her late husband in Hatfield.



Had the **Herbert Protocol** been developed for this female, at a time before the incident occurred, the Hertfordshire link would have been known from the outset. This would have enabled Met officers to notify Hertfordshire immediately and direct enquiries towards transport routes between her current and former home address. This focused approach would have reduced the demand on Met resources and deployments, and potentially provided a swifter resolution.

The carer and the Local Authority were advised around planning and prevention, including the development of the Herbert Protocol, home security, and use of a GPS device. There has been no reoccurrence.

**Case Study 2:** An 84 year old male with dementia from Hammersmith & Fulham was the subject of a high risk missing persons investigation. Police were informed by his daughter, after it was found he had left his home address unexpectedly.

His daughter had previously completed a Herbert Protocol form and this was passed to the responding officers. This form enabled police to quickly establish and understand his vulnerability and correctly identify him as a high risk missing person.

The form was also able to inform early investigative actions by suggesting areas in which he was likely to frequent. A unit was dispatched to one of these locations, an old address, and on entering the street he was sighted; cold, confused and without his shoes.

The use of the Herbert Protocol in this instance demonstrated how clear information, efficiently gathered and digested, can lead to quick results. Without it, the informant may not have thought to mention the location at the time of reporting, thereby delaying her father's safe recovery.

Despite the success, the incident was noted as requiring additional planning and prevention measures. Police directed the family to the Local Authority to obtain a GPS device.

The Local Authority had recently entered into a contract with a provider and a suitable device was supplied to the male. Supported by his family the male has continued to live independently. The use of the GPS device has prevented any repeat missing persons incidents being reported to police.

This is a successful outcome for the male, his family, his carers, the Local Authority and police. Achieving this result was reliant on police knowledge of the measures that could be implemented, a willingness to seek solutions, and fostering a professional partnership.

## Additional Support

People with dementia and their families can seek additional support from several UK charities. In most cases these are likely to be raised at the time of diagnosis or ongoing contact with NHS services, or as part of the Local Authority care plan. Some of these charities are as follows:

Dementia UK – <u>www.dementiauk.org</u> Alzheimer's Society (Dementia Connect) – <u>www.alzheimers.org.uk</u> Age UK – <u>www.ageuk.org.uk</u>