# Missing infant/child and potential abduction Policy

**Version:** 1

## Summary:
This Policy mandates the actions that must be taken where there is a concern over a missing child/infant or reported abduction of a child/infant

## Keywords:
Child; abduction; security; missing

## Target Audience:
All staff

## Next Review Date:
May 2020

## Approved & Ratified by:
Safeguarding Quality Work Stream Meeting

| Date of meeting: | 11 May 2016 |

## Date issued:
May 2016

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## Director:
Julie Dawes - Director of Nursing
## Version Control

### Change Record

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Version</th>
<th>Page</th>
<th>Reason for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2015</td>
<td>Jan Macavoy</td>
<td>New</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23/1/17</td>
<td>Jan Macavoy</td>
<td>1</td>
<td></td>
<td>Policy reviewed, no changes required, review date extended for 3 years to May 2020</td>
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</table>

### Reviewers/contributors

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Version Reviewed &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Della Warren</td>
<td>Director of Nursing</td>
<td>Version 1 – 02/11/15</td>
</tr>
<tr>
<td>Liz Taylor</td>
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<td>Version 1 – 02/11/15</td>
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<tr>
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<td>Version 1 – 02/11/15</td>
</tr>
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<td>Version 1 – 2/2/16</td>
</tr>
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<td>Version 1 – 2/2/16</td>
</tr>
</tbody>
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Quick Reference Guide

The actions that need to be taken where there is a concern over a missing child/infant or reported abduction.
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Missing infant/child and potential abduction policy

1. Introduction

1.1 This policy provides information on response in the event of an infant or child abduction; or where a child or infant is reported as missing from SHFT premises or premises where SHFT clinics are being operated, for example a Sure Start Clinic or Village Hall.

1.2 Infant and child abductions are rare; however the trauma and publicity to the child and family surrounding such events highlights the importance of having a comprehensive response plan in place. We recognise that such incidents are also traumatic for all staff members who are involved.

1.3 It must be noted that when visiting a hospital or clinic the responsibility for the safety and security of an infant/child remains that of the parent, family or carer. However the Trust has a responsibility to provide safe and secure environments and will take steps to ensure that every action to try and prevent an infant/child from being abducted from our premises and provide support to aid the swift return.

1.4 This policy sets out actions which must be followed on discovering that an infant or child is missing from any area within our sites and services; including grounds and gardens and/or who may have been abducted. This policy provides an over-arching Trust wide position with each service / department who must consider the potential risk of an infant/child abduction and tailor a plan that meets the needs of any service and their environment and have a current approved plan; where relevant working with other services and other service providers. Service plans must be approved by the Corporate Safeguarding Team and reviewed a minimum of three yearly unless there is a change in service location or provision that needs to be reflected in a plan. The table below sets out a level of requirements for each service area.

<table>
<thead>
<tr>
<th>Unit type</th>
<th>Local procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premises with in-patient units – paediatric unit, birthing unit or mother and baby unit [operated by SHFT]</td>
<td>Fully documented local procedure aligned to incident plans and business continuity plans with input, where appropriate led by landlord or provider where this is not SHFT.</td>
</tr>
<tr>
<td>Premises with paediatric clinic or clinics for young persons under the age of 18, for example MIU/WIC [operated by SHFT teams.]</td>
<td>Documented local procedures as part of overall incident plans and business continuity plans with input, where appropriate led by landlord or provider where this is not SHFT.</td>
</tr>
<tr>
<td>Premises with paediatric/young person/Health Visiting clinics operated by SHFT staff on premises operated by others</td>
<td>Input from SHFT teams to local procedures including Incident Plans and BCPs; understanding of local procedures and documented service procedures</td>
</tr>
<tr>
<td>Premises where there are no paediatric/health visiting clinics and where infant and child visits are rare.</td>
<td>No specific requirement other than Incident Plan, BCP and general awareness. i.e. CMHT Outpatients clinics where a patient or carer may be accompanied by a child.</td>
</tr>
<tr>
<td>Village hall or similar site used for clinics</td>
<td>General awareness – no specific procedure required other than immediate call to the police using 999.</td>
</tr>
</tbody>
</table>

1.5 Where an infant or child is detained under the Mental Health Act and does not return from leave, then the guidance in SH CP 38 - Policy for Management of Patients who go missing must be followed.
2. Who does this policy apply to?

2.1 This policy applies to all staff, and for the avoidance of any doubt any reference to staff in this policy will also include staff with honorary contracts; any temporary staff, e.g. agency staff, locums, volunteers or contractors employed by the Trust.

2.2 This policy is not applicable to Adolescent Units at Bluebird House and Leigh House where the Absent With-out Leave [AWOL] Policy applies.

3. Definitions

3.1 Abduction: the criminal act of taking someone away by force or deception.

3.2 For the purpose of this policy the words infant/child will be used, however the term encompasses all infants, children and young people up to their 18th birthday who are on Trust premises, or on premises where SHFT business is being operated.

3.3 Lockdown: lockdown is the process of controlling the movement, access and egress of people around NHS property or other specific buildings / areas in response to an identified risk, threat or hazard that might impact on the safety and security of people and assets or, in deed the capacity of that facility to continue to operate. Lockdown can be partial, progressive or full depending on the situation and identified risk, threat or hazard.

4. Duties and responsibilities

Specific actions are determined by the individual services and departments so that appropriate actions are established and implemented to meet the service needs. Where any safeguarding concerns are identified then staff have the responsibility to contact the Corporate Safeguarding Children's Team SPOC [023 9237 2780] and follow the Children's Safeguarding Policy CP56.

4.1 Chief Executive

The Chief Executive has overall responsibility for ensuring that the Trust policies comply with all legal, statutory and good practice requirements and that responses are based on principles of risk management, cooperation with partners, communicating with the public and sharing information.

4.2 Chief Financial Officer

The Chief Financial Officer is the Trust Executive Director with nominated responsibility for security matters including ensuring that:
- Plans are in place to respond to and manage any incident
- Trust staff are familiar with the plans for their work areas

4.3 Team/Operational managers are responsible for;

Leading on the development of local procedures for services or units and to ensure that the process is adequately tested to identify any gaps or weaknesses that could be apparent and requires review.
Liaising with premises owners and/or providers to build effective plans and where there is a lack of cooperation to build effective plans, action must be undertaken and any concerns that cannot be resolved are escalated to their Service Line Director or Line Manager for action.

4.4 Service Manager/Ward Matron/Team Leader are responsible for:

Developing a local Standard Operating Procedure (SOP) and associated action plan to address any gaps must be implemented and monitored by the Service Manager/Ward Matron/Team Leader. This must be relevant to the service/unit to ensure a swift response to any incident. Consideration must also be given to sites that are multi-occupancy and where premises are not owned or managed by SHFT, for example Sure Start Clinics, village halls, GP Practices. Where SHFT is not the lead service provider or property owner the responsibility for developing Lockdown Plans will sit with the lead provider or owner. For example where services are provided in NHS Property Services premises or a GP surgery owned and managed by the GP or CCG. However; SHFT teams must liaise with other occupants to ensure a robust response to an incident.

Developing action cards where relevant as per the examples in Appendix 2. Please note these are examples; local processes and procedures must reflect the needs of each specific service or unit.

Ensuring that the SOP and detailed plan is tested for effectiveness and any amendments recorded and implemented – for example action cards are updated and any changes referred to the Safeguarding Children Team as per 1.4.

Ensuring that all staff are aware of the SOP/action/response plan for the service/unit and their potential role or responsibility.

4.5 All staff are responsible for:

Ensuring that they are familiar with local SOP and plans and any actions that they may be required to carry out to their full extent which may include taking part in a lockdown and restricting entrance/exit from an area/site.

Lockdown is the process of controlling the movement, access and egress of people around NHS property in response to an identified risk, threat or hazard that might impact on the safety and security of people and assets.

Ensuring that they maintain confidentiality and do not disclose any information to the public or the media in line with Safeguarding Information Sharing Best Practice

When working in premises or locations that are not owned or managed by SHFT, being aware of any processes or procedures that they may need to follow in response to any missing infant/child relevant to that premises.

5 Procedures – See actions Cards, which are located at service level

The SOP content for each service/unit will depend on the location and the type of service; some services will have a greater likelihood of infants/children being present than others, e.g. Mother and Baby Units and will have a specific SOP relevant to their areas

The SOPs must include the following steps as a minimum, some of which may run concurrently:
5.1.1 **Raising the alarm – time is critical.** Any member of staff who becomes aware of the unexplained absence of an infant/child they must report this to the person in charge immediately. A thorough search of the entire ward/department/area must be conducted immediately, being careful not to remove or disturb anything which may be of future evidential value or to alarm other patients/parents/carers.

5.1.2 Escalating concerns to other teams and departments to extend the search and to prevent infant/child from being taken off site. The Senior Nurse/team leader or On-call Manager must instruct a switchboard operator to call 999 and advise of a possible abduction and seek immediate attendance. Where there is no switchboard/reception team this task must be delegated to a nurse/clinician. Details of the missing infant/child must be provided as well as last known sighting. A group call to Security/Porters and other wards/services to advise of potential abduction, must be made and logged as a record. The Communications Team must be advised to ensure that an appropriate response is made to any enquiries and that the incident is escalated to the Executive team for information.

5.1.3 **Gathering facts** documenting the location, age and last sighting of the child. A detailed description of the infant/child including what they are wearing. The senior nurse/team leader must discuss with the infant/child’s parents/family/carers the last known whereabouts and these areas must be re-visited. An action log sheet, must be created, capturing all actions taken, including who has entered or exited the area, from start to finish of the incident. There may be a requirement for more than one action log to be commenced, for example where staff are allocated multiple tasks; initiating and logging calls to Police; Communications Teams or Executive Team. See Appendix 3.

5.1.4 **Securing entrances and exits** [lockdown] and where possible to review CCTV to identify any information that may assist in location of the infant/child. Information must be escalated to response staff and to the Police immediately.

5.1.5 **Supporting the parents/family/carers** of the child if they are present then they must be taken to a side room or private area and an appropriate member of staff allocated to remain with them at all times. If the infant/child is a patient, their bed or cot must be left untouched, as should the area in which the infant/child was last seen for examination by the police and to avoid contamination of a potential crime scene and the potential forensic evidence that will be available.

5.1.6 **Liaison with the police** - if the infant/child’s parents/family/carers are not on site at the time of the disappearance, then it must be agreed with the Police, the most appropriate method of communicating the incident with them – keeping in mind that they may be implicated in the infant/child’s disappearance. The Police will advise on this.

5.1.9 **Staff briefing** - the Senior Nurse/Team leader must delegate responsibility for briefing all staff within the ward/department/service. **Staff must be reminded that this is a confidential issue and that the incident must not be disclosed other than to those who have a need to know. The principles of National Guidance for Safeguarding must be applied in the sharing of information.**

5.2 **Response**

5.2.1 **Proven** infant/child abduction is a criminal offence and therefore the police will have overall authority and will assume responsibility for the investigation and management of the incident and recovery of the missing child as part of a criminal investigation. On arrival on the scene the senior Police Officer will assume the role of Incident Co-ordinator and direction must be taken from them.

5.2.2 An incident control room must be established - a suitable room which has telephone[s] and network/wi-fi connectivity to ensure that the response can be coordinated. Ideally the room will be situated away from areas where any other patients or members of the public, who may be on site
as a result of the lockdown, can observe activity and/or use a mobile telephone to make any recordings which may then be uploaded to social media.

5.2.3 The area and immediate surroundings will immediately become a 'scene of crime' and must be treated as such in order to assist police with investigating – nothing must be touched or moved.

5.2.4 No member of staff, patient or visitor will be allowed to leave or enter the ward/clinic/area except on authorisation of the incident co-ordinator and/or police. Exception will be made for staff needing to leave or enter to undertake urgent patient care - a member of staff from the affected area must be delegated to keep a log of persons leaving or entering the area, including names, contact details and reason for movement, and times. Keep in mind that if a person insists on leaving the premises, they cannot be prevented from leaving by SHFT staff, but staff should take and note contact details and a description of the person, including make, model and registration of any car they have. This information may be required by the police as part of their investigations. Staff should not put themselves or others at harm by attempting to prevent a person's departure. Appendix 3

5.2.5 Confidentiality is paramount; no media reports will be made to the press without liaison with the police. The Trust Communications Team must be made aware of the incident and all media requests for information must be directed through this team only, staff must not provide any comment or information.

5.2.6 No information will be released to the press by any member of staff, in accordance with Data Protection, Caldicott and Confidentiality Policy [SH IG 18]. Staff must also be aware to ensure that they observe for suitable identification for all staff members and to be wary of members of press who may pose as media in order to obtain information.

5.2.7 No representatives of the media will be allowed into the area. A room must be identified for the media which is away from the place of the incident and the control room.

5.2.8 Should the infant/child be found during the search, the senior nurse/team leader or On-call Manager must inform the switchboard operator/reception team and request that any response team made up of members of staff allocated to assist with the search has been set up; that they are advised that the “missing infant/child has been found – stand down” and all affected departments advised.

5.2.9 The infant/child when found, must be reviewed by a Paediatrician and may require to be examined by a Paediatric Consultant. Where there are safeguarding concerns a referral should be made to Children’s Social care as per Children’s Safeguarding Policy [SH CP56].

5.2.10 A full de-brief must be conducted following any incident and lessons learned disseminated across the wider organisation, via the Corporate Safeguarding Team. This will form part of the Initial Management Assessment IMA/Serious Incident Report Investigation SIRI process. Such incidents will be distressing for all staff involved and they should be offered support and advice through Employee Assistance Programmed as per Managing Stress and Enhancing Wellbeing Policy and Procedures [SH HR 08 and 09].

6 Training requirements

6.1 There are no specific training requirements; however within each service the response should be tested to ensure it is effective and to identify gaps and possible adaptations and this may identify possible training needs, for example nomination of a suitable staff member or members for attendance on a Logist Course to ensure that they can capture all actions appropriately. This must constitute a key component of the Trust Emergency Preparedness Programme.

6.2 The scenario could form part of a table-top exercise for lockdown planning as part of the Trust Emergency Preparedness Resilience and Response training and requirements to test local plans.
7 Monitoring compliance

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
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<tr>
<td>Process and procedures</td>
<td>Senior Nurse</td>
<td>Practice scenario</td>
<td>Annually</td>
<td>Safeguarding Children Operational Group and Safeguarding Forum annually</td>
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8 Policy review

8.1 This policy will be reviewed initially after one year, then every three years or earlier if required.

9 Associated Trust documents

- SHFT Lockdown Guidance
- SHFT Children’s Safeguarding Policy – SH CP 56
- SHFT - Policy for Management of Patients who go missing SH CP 38
- SHFT – Emergency Preparedness

10 Supporting references

- SHFT – Information Sharing Policy SH IG 46
- SHFT data Protection, Caldicott and Confidentiality Policy SH IG 18
- NHS Standard Commissioning Contract
- NHS Standards for Providers
- NHS Protect – Self Review Tool
Appendix 1: Equality Impact Assessment

The Equality Analysis is a written record that demonstrates that you have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by the Equality Act 2010.

Stage 1: Screening

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<th>Date of assessment:</th>
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<tbody>
<tr>
<td>Name of person completing the assessment:</td>
<td>Jan Macavoy</td>
</tr>
<tr>
<td>Job title:</td>
<td>Local Security Management Specialist</td>
</tr>
<tr>
<td>Responsible department:</td>
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</tr>
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<td>Intended equality outcomes:</td>
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Who was involved in the consultation of this document?

Please describe the positive and any potential negative impact of the policy on service users or staff.

In the case of negative impact, please indicate any measures planned to mitigate against this by completing stage 2. Supporting Information can be found be following the link: www.legislation.gov.uk/ukpga/2010/15/contents

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Positive impact</th>
<th>Negative impact</th>
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<tbody>
<tr>
<td>Age</td>
<td>Will protect infants and children</td>
<td>None</td>
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<tr>
<td>Disability</td>
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<td>Marriage &amp; civil partnership</td>
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Stage 2: Full impact assessment

<table>
<thead>
<tr>
<th>What is the impact?</th>
<th>Mitigating actions</th>
<th>Monitoring of actions</th>
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</thead>
</table>
EXAMPLE ACTION CARD 1

DEPARTMENT STAFF

RESPONSE TO POSSIBLE INFANT/CHILD ABDUCTION TIME IS CRITICAL-
RAISE THE ALARM IMMEDIATELY

Report to person in charge

Discuss last known whereabouts of the infant/child with parents/family/carers – obtain full description

Revisit area where infant/child was last seen

Search entire ward/department/area – do not disturb potential evidence

If present, take parents/family/carers to a private area and ensure that an appropriate member of staff is with them at all times.

Do not touch the infant/child’s bed/cot [if applicable]

Follow instructions from police/on-call manager/head of department

Do not share any information other than to those who need to know

Check identity if all persons to ensure that they are authorised to be within the area.
EXAMPLE ACTION CARD 2

DEPARTMENT LEAD

RESPONSE TO POSSIBLE INFANT/CHILD ABDUCTION TIME IS CRITICAL - RAISE THE ALARM IMMEDIATELY

Initiate immediate search of the area – commence action log [Appendix 3]

If infant/child not found raise alarm of infant/child missing; possible abduction. Advise your name and location and provide age and description of infant/child and details of last known sighting.

Lockdown department – request no-one to enter or leave, except for emergency treatment.

Set up incident room to manage robust coordination of response

Take a headcount of all infants/children in the area, if a ward, check all ID bands

Delegate a member of staff to complete a record of events on a log sheet, including details of anyone entering or leaving the department and their reason for doing so – See Appendix

Ensure that all staff are aware of the incident and undertaking their responsibilities – remind all staff not to share any information other than to those who need to know and to prevent where possible any recordings being made on mobile technology which may be leaked to social media.

Check identity if all persons to ensure that they are authorised to be within the area.
EXAMPLE ACTION CARD 3
SWITCHBOARD/RECEPTION TEAM

RESPONSE TO POSSIBLE INFANT/CHILD ABDUCTION TIME IS CRITICAL-
RAISE THE ALARM IMMEDIATELY

Dial 999 and request immediate police attendance – “possible infant/child abduction”

Raise alarm of infant/child missing; possible abduction to response teams and porters/security.

Advise other departments/areas to search areas and report any sightings to on-call
Manager/Department manager

Remind staff of confidentiality and not to share any information other than to those who need to
know

When Police arrive ensure that they are directed to appropriate area and advise on-call
Manager/Department manager – ensure that appropriate identification is provided.
EXAMPLE ACTION CARD 4

SENIOR MANAGER/ON-CALL MANAGER

RESPONSE TO POSSIBLE INFANT/CHILD ABDUCTION TIME IS CRITICAL-RAISE THE ALARM IMMEDIATELY

Provide support to Team Leader/Service Manager of affected area

↓

Notify the on-call executive/Chief Executive

↓

Be Single Point of Contact [SPOC] for the Police and delegate tasks to Trust staff

↓

Liaise with Press Office and identify a suitable room for the media

↓

Liaise with site co-ordinators
RESPONSE TO POSSIBLE INFANT/CHILD ABDUCTION TIME IS CRITICAL - RAISE THE ALARM IMMEDIATELY

Secure department and main entrances/exits – assist in lock down process taking care to observe for anyone leaving or attempting to leave with an infant/child.

No one is to enter or leave the affected department except for emergency treatment.

Keep in mind that if a person insists on leaving the premises, they cannot be prevented from leaving by SHFT staff, but take and note contact details and a description, including the make, model and registration of any car they have.

Allow Police entrance when they arrive and direct to Reception or affected area

Review CCTV footage to establish any information to help identify the whereabouts of the infant/child – share with police asap

Prevent members of the public/media entering the department

Do not share any information to anyone other than those who have a need to know

Check identity if all persons to ensure that they are authorised to be within the area.
## Incident Actions Log

<table>
<thead>
<tr>
<th>Department</th>
<th>Date:</th>
<th>Sheet of</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of loggist</th>
<th>Time</th>
<th>Event</th>
<th>Action</th>
</tr>
</thead>
</table>

Use this to record all actions taken in the event of a potential infant/child abduction.