



CUMBRIA CONSTABULARY

***PHILOMENA PROTOCOL
RISK OF MISSING AND / OR
EXPLOITATION***

There may be important pieces of information that you are able to provide the Police in the event that the person you are caring for has gone missing. Try and have several copies of recent, close-up photographs of the person, this may help your staff and the Police when searching for them.

This form is interactive and must be completed electronically. Upon completion, it must be stored as its own version electronically. It should be updated regularly electronically and part 2 fully completed following a missing report. This form should only ever be printed on the request of a representative of Cumbria Constabulary following the young person being reported missing.

Part 1 to be e-mailed to Cumbria Police: RegisteredProvision&PoliceMOU@cumbria.police.uk
&
Cumbria Health Services:
StrengtheningFamilies-Admin@cumbria.nhs.uk & mbh-tr.cla.team@nhs.net

Part 1 - (to be completed when it has been identified the individual is at risk of going missing and/or there is a risk of exploitation)

Name: Full			
Preferred name:			
Date of birth:		Age:	
Ethnicity:			
Gender:			
What gender does the child identify:			
Current address:			
Postcode:			

Please print off all recent photographs and attach to this document.

Details of Care order:	
Social Worker name & contact Details:	



Official (When Complete)

Professionals working with the
child:



Official (When Complete)

Is there a risk of Exploitation (if yes provide details and date of last risk assessment).	
Provide evidence and the date of the CSE/Criminal Exploitation/County Lines incidents to support risk:	

Previous home addresses:	1.	
	2.	
	3.	

School/Educational Establishment attended:	1.	
	2.	
	3.	

Previous Missing From Home incident summary:	
Previous locations found: (Provide all recent information – List all locations)	
Any Significant dates – example birthdays of parents /deaths etc	
Significant places of interest	
Habits:	
Hobbies	



Official (When Complete)

GP name and address:	
Health condition(s):	
Medication required:	

General description:	
Height:	
Weight:	
Build:	
Hair Colour:	
Eyes	
Jewellery	
General Appearance	
Distinguishing features – tattoos/ birth marks/ piercings broken down <i>Feature/what it is/and where it is</i> (i.e. ear pierced/wears a gold stud/both ears OR Tattoo/dragon with heart/top of left leg)	

Has the person got any money?	[Select]	If so, How much?					
Has the person Got a Bank Account :	[Select]	Have you got access to this account? (If not who has)	[Select]				
Name of bank:		Sort Code:		-		-	
Acc No:		Do you hold the Password to access this account?	[Select]				

Has the person got a mobile phone?	[Select]		
Number:		Network:	
Make		Model:	
IMEI Number:		Mac Address	

Does the person have a bus pass:	[Select]	Provide details e.g Pass number and Issuer.	
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Official (When Complete)

Does the person have access to vehicle(s):	[Select]	Provide details e.g Registration Number/ Driver etc.	
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Does the person have a social Media Accounts (Provide Details):			[Select]		
Social media site:		Username:		Do you have access to the password?	
Social media site:		Username:		Do you have access to the password?	
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Social media site:		Username:		Do you have access to the password?	

What multi-agency discussions have taken place to prevent the young person going missing and are those agencies aware of the need to assist to look for the young person in the event of a missing episode?	
What discussions have taken place with the young person to prevent them going missing and what have you put in place to reduce the likelihood of this happening?	

Part 2 - (to be completed when the person has been reported as missing)**Description of what the person was last seen wearing. Include colour, designer labels/brands:**

Shirt/Sweater:	
Trousers/Skirt:	
Outerwear, e.g. coat, jacket:	
Headwear:	
Gloves:	
Scarf:	
Footwear:	
Jewellery, e.g. watch, rings:	
Other:	

Time, date and location last seen:	
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Official (When Complete)

Current Warning markers/Information	<input type="checkbox"/> Suicidal <input type="checkbox"/> Depressed <input type="checkbox"/> Confused <input type="checkbox"/> Alcohol <input type="checkbox"/> Violent <input type="checkbox"/> Other (Describe) <input type="checkbox"/> DOLS Status <input type="checkbox"/> CSE <input type="checkbox"/> County Lines <input type="checkbox"/> Weapons <input type="checkbox"/> Drugs <input type="checkbox"/> Other
Please provide evidence to support each of the above	
Does anyone pose a risk to YP (Please provide evidence):	[Select]
Does the YP pose risk to anyone (Please provide evidence):	[Select]

Media release?	[Select]	On-call manager aware?	[Select]
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Persons informed of child missing (example Parent, EDT, Social Worker, Professionals involved etc):

Details of other staff on duty at the time of missing report.

Any other information that may be of help to the Police:

This section should be completed in conjunction with the premises searched Form.

Have you searched the address the young person is missing from?	[Select]
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Have you completed and marked off the areas searched as per premises plan?	[Select]
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Name and position of person searching:	
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Signature of person searching and completing plan:	
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Have you searched the young person's bedroom?	[Select]
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Name and position of person searching:	
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Signature of person searching:	
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Please detail any information or items located:



Official (When Complete)

Please detail any information or items missing:

This should be completed in conjunction with the *Risk assessed locations & contacts to assist to locate a missing child form*.

What enquiries have already been completed to try and locate missing person prior to reporting to the police:

What enquiries will you continue to do whilst the young person is missing (include how often you will complete these):

How will you record this and notify the police that you have done these enquiries:

What arrangements have been made to collect the young person when located:

Completed by:	
Relationship to the person:	
Date:	

It is the responsibility of the agency completing and the recipient to protect the information from theft and compromise. This form and the information contained in it must be securely stored.

