

**The Herbert Protocol**

A Protocol between Cleveland Police

and

This protocol has been created to manage the relationships between the two organisations and to ensure effective communications and response to incidents arising at the care home and with the residents.

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| **POLICE PRIMARY CONTACTS** | |
| Integrated Neighbourhood Team: |  |
| Address: |  |
| Contact Telephone Numbers: | 101 |
| Email: | @cleveland.pnn.police.uk |
| Officer Details: |  |

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| **CARE HOME DETAILS** | |
| Care Home Address: |  |
| Contact Telephone Numbers: |  |
| Email: |  |
| Contact Name (if applicable): |  |

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| **Background Information** |
| Some of the residents who reside at this address suffer from behavioural or degenerative conditions that are severe enough to interfere with their daily lives and their ability to look after themselves. In the event of a resident with such a condition leaving the premises without a carer they may fall into the bracket of a high risk vulnerable missing person.  The above paragraph will need to be adapted accordingly to meet the needs of the premises. |

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| **Prevention** |
| The relationship will be primarily managed by the Police Integrated Neighbourhood Team (INT). There will be a visit by a member of the INT to engage with staff and residents as appropriate. Issues can be raised by either organisation at these visits or, if more pressing, via telephone or email.  1. Door access should be restricted where possible and controlled by a key pad. These key pads should be covered by a shroud to prevent residents watching staff key in the number. Alternatively staff should be briefed to ensure they cover the number when entering it. (The above paragraph will only be applicable to certain premises. It will not be relevant to those premises where the residents have full liberty).  2. Emergency exit doors should be controlled in a similar manner but also alarmed. (As per paragraph 1)  3. A daily gate / door checking regime should be put in place to ensure all are locked as required. (Particularly after fire alarms). (As per paragraph 1)  4. A CCTV System should be maintained to cover the doors of the premises recording the dates, time and comings and goings of all persons. Please check Date & Time correct on device. (As per paragraph 1, not all premises will have CCTV cover)  5. A minimum of an hourly checking regime should be in place for high risk residents, where the carer physically checks the resident’s location in the home and records the visit or sighting on a written log. This should be overseen by a senior carer to ensure that it is completed correctly. This should form part of the care plan. (As per paragraph 1)  6. All resident files should contain the following (Consider using the proforma at Appendix A):  i. A recent photograph of the resident (both hard copy and electronic).  ii. Up-to-date medical details of any condition the resident may have.  iii. An up-to-date list of medication they require and the consequence of what happens if they do not take this medication.  iv. Details of their lifestyle including previous homes, places of previous treatment and areas frequented including favourite places or places of work. This should include details of what they may be focused on and talking about.  v. If resident has previously gone missing then details of where they were previously found should be recorded. These can then be checked as a priority.  vi. Details of any cash the resident may have or have access to.  The information above will assist in enabling a missing person trained police search advisor to profile the missing person. This profiling will enable the police search advisors to direct resources to areas the missing person is most likely to be found in.  A treatment room / office near the main entrance should be identified as a possible search HQ to be used by police and search and rescue personnel in the event of high risk missing person. Ideally the room has a land line telephone and is near to the entrance. (A suitable room / office in the premises should be identified as a possible HQ. If possible this room should be near to the exit so search personnel can come and go without causing disruption to other residents, if possible this room should have a telephone in it.).  A 1:25,000 map Ordnance Survey map with the care facility centred on it could be purchased by the facility and pinned to the wall in the office which will be used by the police to coordinate a search. This can be obtained from the Ordnance Survey web site and covers a 20 square kilometre area. The cost, including postage is approximately £17. This can be ordered on line www.shop.ordnancesurveyleisure.co.uk (follow to custom made maps) or by telephone 0845 456 0420. (This paragraph should state the following. ‘A 1:25:000 map has been purchased by the unit’ or ‘a town plan map has been purchased by the unit and is kept in the manager’s office’ etc. This will be made available to police on their arrival etc).  The care home should build up a rapport with the landlords of the local pubs, eating establishments, shops and business in the area and consider telephoning these premises when a resident goes missing. A list of contact details should be maintained in the office for use in when a resident is found to be missing. (This should state: a list of local landlords/ Pubs / Shops / eating establishments are held at the rear of this plan).  A press release strategy should be put in place by the care home so that early notification of the media could be considered, where appropriate. (This paragraph should explain the process required before we put out a press release. Many companies may want to notify their head office of the situation before a press release, however if there is a danger to the life of the misper then we will put out a press release.  An on call manager system should be put in place which states who should be informed of all potential critical incidents such as a high risk missing person. (This paragraph should explain that they have an on call duty manager system or list the person who should be called so that staff can inform the boss of any critical incidents). |

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| **Actions on the discovery of a missing resident** |
| On discovering a resident missing, as a minimum, the following actions should be complied with:   1. All staff are informed of the missing resident and an ‘Open Door’ search is conducted of the home, grounds and out buildings. This should also include staff vehicles ensuring they are secure in case the resident has entered a vehicle and hidden inside.   A written record of this search should be made on a floor plan of the premises, recording who has searched where, hatch marking what areas are being searched and cross hatching when they are complete. This should be handed to the police when they arrive, who will recheck the premises.   1. Details of the missing resident should be reported to the police control room (101) by telephone as this search takes place. The level of concern for the welfare of the missing resident should be stressed to the call taker where applicable. 2. Staff should commence telephoning the list of contacts for local pubs and restaurants in the area giving a detailed description of the missing person, particularly if the resident has a history of alcohol use or smokes and is likely to go to a premise to purchase these items. Details of who has been called should be passed onto the police on their arrival. 3. The CCTV system should be checked to try to pin point the time that the missing person left the premise and by which exit. 4. The duty on call manager should be informed and be available to speak to the police if required. 5. Police should be furnished with a photograph of the missing person and full details from the files (as stated above). They should also be advised about any subject that the missing resident may have been focused on or talking about prior to their disappearance. 6. They should also be granted access to the location that has been identified as a suitable room to use as a search HQ.   **The safety and welfare of the residents must be the overriding consideration in all decisions and actions.** |

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| **Return of missing residents** |
| An officer will still need to visit the resident upon their return to check their welfare. They will also conduct an interview with the care worker responsible for the resident to ascertain why the resident went missing and where they went. This information will then be used to update the Compact System (a police Missing Person data base). |

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| **General Incidents** |
| Due to the nature of the resident’s circumstances it is possible that they may cause some problems.  Staff will report to Safeguarding who will decide on whether police attendance and intervention is necessary. There will be a general expectation that staff will deal with low level incidents without police involvement.  The local Safer Neighbourhood Team will follow up low level incidents that will not result in a prosecution, at the request of staff from the home. Staff will keep a police liaison log which will detail those incidents that police need to be aware of but are not deemed urgent enough to call in at the time. These will be dealt with on the next Safer Neighbourhood Team visit. |

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| **Calls from Residents** |
| If one of the residents calls in to report a matter, an event will be created as normal. If the event is not graded as requiring an immediate response, then the duty police sergeant will first telephone the home and alert staff to give them time to investigate the matter to see whether police attendance is, in fact, required. Staff will then call back to confirm either way.  If the call from a resident is in any way an allegation against a member of staff, police will attend and investigate the incident. All such cases will be referred to Social Services. |

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| **Serious Incidents** |
| Where care home staff are unable to cope with a situation then they will call 999 and this will be dealt with by police officers. |

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| **Crimes** |
| Where staff are intending to report a matter as a crime, this will be called in on the general phone number (101), an event created as normal and an officer dispatched according to the grading of the incident. |

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| **Agreed by** (Name) |  |
| **Position** |  |
| **Date** |  |
| **Signed by** (Officer) |  |
| **Date** |  |