|  |  |  |  |
| --- | --- | --- | --- |
| **Police Incident Number/Numbers: -**  **DHM-** | **Form completed by: -** | | |
| **Date of Interview: -** | **Date(s) reported Missing *(If form relates to more than one missing episode record all dates): -*** | | |
| **Name of Young Person: -** | | **Date of Birth: -** | **Sex: Male  Female** |
| **Address: -** | | | |
| **Post Code: -** | **Tel. No: -** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | Less than 12 hrs. | 12 - 24 hrs | 24 - 72 hrs | over 72 hrs |   **Duration of time missing from home** |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Family Home | Foster Care | Residential Care |   **Type of accommodation missing from:** |

*Complete all boxes or record details as to why information is not recorded.*

|  |
| --- |
| **Why did you feel it necessary to go missing?** (*What caused you to run away? Did you try to resolve the problem before running away? Are you running away from someone or to something?)* |

|  |
| --- |
| **Where did you go and who were you with?** *(Did you feel safe where you were? Did you get help and support from someone else? Who? Did the other person make you feel wanted? Are you likely to meet them again?)* |

|  |
| --- |
| **Are you subject to mistreatment or under peer pressure to do things you wouldn’t normally do?** *(Have you been encouraged by others to run away? Are you being bullied? What do you expect to gain from running away?)* |

|  |
| --- |
| **Were you the victim of any crimes?** *(Have you been coerced into doing something you wouldn’t normally do?)* |

|  |
| --- |
| **What about your personal safety?** *(Did you feel scared or frightened whilst you were away? Where would you go if someone harmed you? How did the YP get home? Did they have any money with them? Did you take any prohibited drugs whilst you were away?)* |

|  |
| --- |
| **What could be done to prevent you from running away again in the future?** *(Are you aware of other agencies that could help and support you? Are you happy in your placement? Is your Social Worker aware of it? What needs to change? Do think the officer in this incident cared for you?)* |

|  |
| --- |
| **To be completed by the professional conducting this interview** |
| **Do you have any additional information that the police and other agencies could use to prevent the young person going missing and disrupt offenders and locations identified? Yes/No**  *If Yes please complete and submit the LSCB Intelligence Sharing Form.* |
| **What has been put in place to prevent another missing from home episode (Please record Below):** |

|  |  |
| --- | --- |
| **Person Completing Return Home Interview:**  Name:  Team:  Telephone Number:  Email Address: | **Line Manager Details:**  Name:  Team:  Telephone Number:  Email Address: |
| Signature: | Signature: |

**When complete please forward a copy to**

[**ERASE@durham.pnn.police.uk**](mailto:ERASE@durham.pnn.police.uk)