MISS'NG

RESEARCH AT UNIVERSITY OF LIVERPOOL

Understanding missingness, strengthening prevention and response, improving outcomes

Mapping Responses to Missing Children: Evidence to Inform a Public Health Approach in England and Wales

Dr Sara Waring[1], Dr Susan Giles[1], Shelley Cathers[1], Dr Freya O'Brien[2]
[1]University of Liverpool (UoL), Department of Psychology
[2]Liverpool John Moores University (LJMU),
School of Law and Justice Studies



LIVERPOOL JOHN MOORES UNIVERSITY

Contents

2 Executive summary

4 Introduction

7 Method

9 Evidence

23 Summary and recommendations

24 Endnotes

Executive summary

Missing children and young people (CYP) represent a persistent and often preventable safeguarding challenge in England and Wales, characterised by repeat incidents and significant risk of harm. Although policy supports coordinated, multi-agency and preventative responses, practice remains uneven, reactive, and poorly understood, limiting progress in reducing repeat episodes and improving outcomes. This report draws on a national survey and focus groups to examine: i) variation in multi-agency responses to missing CYP and factors shaping them, and ii) professional views on adopting a stronger preventative public health approach.



Multi-agency responses were characterised by:

Broad involvement across police, local authorities, education, care, health, voluntary services, and other partners with relevant knowledge of CYP.

Variable partnership arrangements, from limited local provision to established multi-agency groups, specialist roles, protocols, and dedicated communication routes.

Inconsistent involvement of CYP and families in shaping approaches, with participation more often limited to individual casework than service design.

Mixed views on partnership effectiveness across agencies, with police rated most effective.

Return Home Interviews (RHI) as important for understanding missing episodes and sharing safeguarding information, but with variable availability, quality, and use.

Inconsistent transition arrangements at age 18, with concerns about reduced safeguarding despite ongoing vulnerability.

Variable awareness and implementation of national policy and initiatives, despite examples of national approaches informing local practice.

Multi-agency responses were shaped by:

Different definitions of "missing", risk thresholds, and funding arrangements within and between agencies and regions.

Whether practitioners who knew CYP well, such as school staff, were included in discussions.

Clarity over who held responsibility for CYP, especially across local authority boundaries.

Missing persons teams, single points of contact, and co-located representatives, which improved speed, coordination, and information sharing.

Irregular contact, interoperability issues, static records, and weak information transfer between areas, leaving professionals with incomplete intelligence.

Wider pressures, including exploitation, inspection findings, deprivation, crime and political scrutiny, which could strengthen or strain local responses.

Limited outcome measurement but reports of CYP and agencies benefitting and some unintended harms.

Support for stronger preventative public health approach:

- A public health approach was supported, though the term could create confusion about responsibility.
- Prevention dependsonunderstanding a child's push-pull factors, requiring joined-up information sharing.
- Trusting, consistent relationships and adapted RHIs can help children engage earlier and reduce repeat episodes.
- Prevention requires trained, experienced staff, specialist teams and wider workforce awareness, especially around exploitation and missing children.
- Local businesses, transport providers, residents and youth outreach can support early identification and intervention.
- Rigid rules, restricted data access and meeting-heavy systems can limit early action and preventative practice.
- Prevention is often under-resourced, with short-term funding undermining longer-term work.
- High thresholds and long waits meant support was often only available once CYP were already in crisis.
- Unregulated placements, out-of-area moves and weak transitional safeguarding increase risk.



Introduction

In England and Wales, a person is defined as missing when:

their "whereabouts cannot be established" and they are "considered missing until located and their wellbeing or otherwise confirmed"[1].

In 2024/25, 62% of the 299,983 missing person cases reported to police in England and Wales were CYP under 182. Around three-quarters of these incidents involved repeat episodes, demonstrating that missing is very often not a series of isolated incidents but a concentrated and recurring issue affecting a relatively small group of vulnerable CYP.

Missing incidents and broader vulnerabilities are closely linked, including trauma, instability, and unmet need[3,4]. Going missing increases CYP's exposure to harm, including exploitation, violence, and survival behaviours that may lead to further risk and criminalisation, such as theft and

begging[5]. It is also associated with poorer longer-term outcomes, including for mental well-being, disrupted education, and reduced employment opportunities[6], particularly among those who go missing repeatedly[4]. CYP in local authority care are disproportionately affected, experiencing higher rates of missing and repeat missing episodes, heightened stigma, and increased police contact[2,7].

Missing CYP have long been recognised as a safeguarding priority. The Cross-Government Strategy (2011)[8] and the National Police Chiefs' Council (NPCC) Policing, Health and Social Care Consensus (2018)[9] both emphasise the need for coordinated multi-agency responses and a shift towards a public health approach. This systematic, evidence-based approach focuses on prevention and early intervention to address the underlying drivers of vulnerability, rather than relying solely on reactive, incident-led responses[10,11]. Within this framework, missing episodes are understood as indicators of cumulative risk, requiring coordinated, multi-agency action to address underlying social and structural drivers.

Preventative models, based on strong multi-agency partnerships, sustained engagement, trusted relationships, and addressing underlying needs, can reduce repeat missing episodes and improve outcomes for CYP[12,13]. As interventions such as Operation Satin and Missing People's 1:1 support service show, child-centred interventions that seek to establish trusted relationships are beneficial for improving information gathering, safeguarding, and reducing repeat episodes[14]. However, these approaches are unevenly implemented and not yet well understood in terms of how and when they are most effective[14]. In practice, responses are still largely police-led and reactive, with significant regional variation in resources, and partnership working across England and Wales[15,16]. While there is broad agreement on the need for prevention and multi-agency responses, there is limited shared understanding of what a public health approach could look like, how it can be implemented, and how it would be experienced by frontline professionals. There has also been little systematic national mapping of current responses or existing good practice, limiting opportunities for learning and constraining the development of a consistent national approach that is sensitive to variations in regional contexts.

This policy report contributes to addressing these gaps, presenting findings from a collaborative project led by the UoL, in partnership with the national charity Missing People, the NPCC Missing People Expert Reference Group, and LJMU. Drawing on a national survey of statutory and voluntary sector stakeholders and multi-agency focus groups, we provide the first comprehensive mapping of responses to missing CYP across England and Wales and perspectives on adopting a public health approach. It moves beyond high-level policy commitments to provide a clearer understanding of how preventative, multi-agency responses can be delivered in practice to reduce harm, prevent repeat missing, and improve outcomes for CYP and families. The following research questions are addressed:

- **RQ1:** What does the multi-agency response to missing children currently look like?
- **RQ2:** What factors facilitate and hinder effective multi-agency working and why?
- **RQ3:** What are the opportunities and challenges for adopting a preventative 'public health' approach?



Method

This mixed-method study was approved by the UoL Research Ethics Committee. Participation was restricted to professionals with experience of responding to missing CYP.

National survey

An online survey was developed in collaboration with Missing People and the NPCC Missing Persons Expert Reference Group. The survey explored partnership working, information sharing, transitions to adulthood, outcomes, and current policy and practice. It was disseminated across key stakeholder groups with support from Missing People, the NPCC Missing Persons Expert Reference Group, the Society of Evidence Based Policing, and regional policing Missing Leads, and social media. Questions included both open-ended qualitative items and 10-point rating scales, where 1 = not effective and 10 = very effective.

Sixty-seven professionals completed the survey from police (*n* = 46), local authorities (*n* = 9), care providers (*n* = 4), third sector organisations (*n* = 4), education (*n* = 1), Search and Rescue (*n* = 1), a safeguarding partnership (*n* = 1) and an independent lived experience consultant (*n* = 1). Forty-eight professionals provided details of their organisational roles, which included operational management (*n* = 26), operational frontline (*n* = 1), strategic leads (*n* = 10), policy (*n* = 6) and research (*n* = 5). Responses demonstrated broad geographical coverage across England and Wales, including national bodies (n = 8)[1], England (Northeast, *n* = 3; Northwest *n* = 9; Yorkshire and the Humber, *n* = 10; East Midlands, *n* = 4; West Midlands, *n* = 8; East, *n* = 5; London, *n* = 4; Southeast, *n* = 4; Southwest, n = 10), and South Wales (*n* = 4).

Focus groups

Survey findings informed two multi-agency workshops held in Liverpool and London (May and June 2026), bringing together 22 professionals from police (*n* = 10), care providers (*n* = 4), local authorities (*n* = 2), the third sector (*n* = 5), and an independent lived experience consultant. Focus group discussions examined current practice, regional context, public health approaches, and implications for national policy and lasted approximately 120 minutes each.

1 Two professionals from national bodies also reported a regional location.



Evidence

RQ1: What does the multi-agency response to missing children currently look like?

Survey responses show partnership working is widely recognised and often in place, but approaches are uneven in scope, coordination, and effectiveness.

Partnership working is inherently multi-agency (n = 67). Almost all respondents identified police and local authorities as key partners (98.6%), alongside education and care providers (94.3%), health (85.7%), and the voluntary sector (70.0%). Respondents also identified a wider network of partners who may hold relevant information or trusted relationships with CYP including parents and families, youth justice, transport, accommodation, and advocacy and community groups.

Partnership arrangements were wide-spread but varied considerably between respondents (n = 49). The most common arrangements were formal operational multi-agency groups and dedicated communication routes (55.1% each), followed by named contacts (38.8%), strategic multi-agency groups (36.7%) and formal multi-agency policies (32.7%). Respondents reported an average of 3.4 initiatives each (range = 1-9), with the most developed models combining strategic and operational groups, formal protocols, specialist contacts, joint training and dedicated communication routes.

Stakeholders, including partner agencies, children and families were not consistently involved in developing partnership approaches (n = 50). Around two fifths of respondents (38.6%) reported at least moderate partner agency involvement. Only 10.0% reported involvement for CYP and families, which was more commonly through individual casework and feedback than directly shaping services, although some examples of co-design, lived experience panels, and peer roles were identified.

Perceived effectiveness of partnership working varied between agencies (n = 70). Ratings for how effectively each agency worked with the respondent's agency were moderate, with police receiving the highest average (5.78/10), followed by local authorities (4.84), and health received the lowest (3.99). Ratings for police were not driven by the sample composition as police and non-police respondents rated police similarly. However, police respondents rated local authorities, care providers and the voluntary sector less favourably than non-police respondents.

RHIs (n = 47). RHIs were an important mechanism for gathering and sharing information on risk, safeguarding, and why CYP go missing. Most respondents felt the amount of information shared was about right (73.3%), but 24.4% said too

little was shared. Respondents identified variation in the availability and quality of RHIs, alongside challenges relating to engagement, consent and resources. The main issue was not volume but whether information was captured and without duplication across systems, accessed by the right agencies and used in practice.

Transition to adulthood (n = 51). Responses varied as CYP approached 18, with some describing increasing autonomy and individualised risk-based responses, while others reduced safeguarding and support despite ongoing vulnerability. Only 20.5% of those answering reported having specific transition policies or procedures, while 31.8% reported having none and a further 31.8% were unsure whether such arrangements existed. Current arrangements were rated only moderately effective (M = 5.04/10), and respondents called for earlier, better planned transitions, clearer multi-agency responsibilities and continued support beyond 18 for those who need it, including continued access to interventions such as RHIs.

National policies and initiatives (n = 42). National policies and initiatives were informing local partnership responses, but awareness was inconsistent. Just over half of respondents (52.4%) said national approaches were being implemented locally, while 35.7% were unsure. The Philomena Protocol was most frequently identified, alongside statutory and policing guidance, including Working Together to Safeguard Children, and College of Policing and NPCC guidance.



RQ2: What factors facilitate and hinder multi-agency working and why?

Analysis of qualitative data from focus groups and surveys identified seven themes shaping current multi-agency responses.

i) Roles, responsibilities and ownership

Multi-agency responses were often weakened by uncertainty over who "owns" a case, especially when CYP were placed out of area. Respondents described responsibility as fragmented and sometimes pushed between agencies, noting that this contrasted to approaches in Scotland, which include a framework that clarifies roles in relation to different stages of a missing incident.

"It's quite hard, there's no rational kind of ownership [...] and often forces and local authorities for various reasons are going, "but it's not ours to deal with" and that's something we find." [P10]

Similar tensions emerged around who should physically retrieve a CYP when their location was known but unsafe. In these situations, professionals and parents were often reluctant to act alone due to concerns about safety, but requests for police support could be met with pushback, creating a risky stalemate.

"The response is "well you need to go and check them" and we will respond that we're lone working in that area ... and it's not safe for any professional, even social workers to be lone working in that area. And this is the pushback we're having on this, "well we can't take it because you need to go check everywhere first and then get back to us"." [P8]

Respondents wanted clearer understanding of each agency's remit so third-sector organisations could play a fuller role and police were not used as the default service.

"Lack of understanding as well, but what I was saying before about this, we start with police are getting them for 80% of stuff that's not necessary. It's because people probably don't know who else to call." [P15]

Survey findings reinforced these concerns. Relational factors were frequently identified as both facilitators (n = 14) and barriers (n = 20) to effective partnership working. Respondents emphasised the value of established relationships, knowing relevant partners, understanding their roles and limitations, and shared accountability for the response. Difficulties went beyond the absence of these conditions, with respondents describing blame, deferring responsibility between agencies, and assumptions that police should take ownership. Familiarity and repeated contact between partners appeared important in developing the mutual understanding needed for effective joint working.



ii) Information sharing

Regular information sharing was central to effective multi-agency practice. Daily calls and routine contact helped agencies stay aligned on current cases and plan responses.

"We have daily meetings ... a very brief 10-minute call, and we'll do a quick rundown of who is missing that day, who's been missing overnight and returned, and any concerns we have ... That works well because we know we're on the same page." [P9]

However, this was undermined by poor interoperability, use of static PDF forms rather than live universally accessible databases, and inconsistent transfer of information when CYP moved between local authority areas. Practitioners often worked with outdated or incomplete intelligence as a result.

"The data's generally not travelling with them. We often find when they're moving into our area, we've got no idea of their history ... Each county's picking it up from zero for the number of missing episodes." [P11]

Respondents therefore called for a national missing children database to support continuity and provide a live "central...repository where we can all have access." [P4]

Survey findings also reinforced the importance of effective information exchange, with operational factors identified as facilitators (*n* = 17) and barriers (*n* = 26). Regular meetings, information sharing, and joint review supported coordinated responses, while delays, fragmented systems and difficulties sharing information across organisational and geographical boundaries undermined them. Survey findings also highlighted difficulties accessing information and partners out of hours, information arriving too late, and instances where information was shared but did not result in timely feedback or action. Respondents echoed the call for shared digital systems and better use of multi-agency data to identify patterns and repeat missing episodes.

iii) Inconsistent response

Respondents highlighted that multi-agency response was affected by marked variation in practice across agencies and regions, driven by differences in funding, local systems and how 'missing' is defined. Some services used rigid, protocol-led thresholds based on curfew breaches, while others relied on more subjective judgments about whether behaviour was out of character. Respondents with a national role suggested "very few forces have one perfect way of working" [P4], with some being part of a Multi-agency Safeguarding Hub (MASH), and different organisations taking the lead for delivery of RHIs.

Risk was also graded differently within and between agencies, with some cases downgraded after referral and neighbouring police forces responding differently to the same level of concern. Practitioners called for clearer national guidance and a shared co-designed definition of missing, akin to Scotland, to improve consistency in reporting, risk assessment and agency involvement.

> *"A medium child being at risk, which could be in your force high is medium in ours and it's not recognised as the same risk as an immediate incident of domestic abuse. There's an imbalance here in the areas." (P14)*

Inconsistencies reflected wider geographical differences in demographics and resources. High concentrations of children's homes in some areas were seen to increase linked missing episodes by facilitating peer networks, increasing service demand.

> *"They all start to link up and then we're having groups of them going missing ... But in [Location] we've got very few children's care homes, and we don't have them group up anywhere near as much." (P11)*

Survey findings similarly highlighted inconsistency across organisations and areas. Respondents described differences in risk assessment and thresholds, whether missing reports were accepted, and availability of specialist provision, sometimes characterised as a 'postcode lottery'. National and cross-boundary working could further expose differences in local practice and contribute to delays.



iv) Involvement of the right roles and organisations

Practitioners emphasised the importance of involving those with direct knowledge of CYP and relevant expertise in multi-agency responses. Meetings were considered most effective when attended by practitioners who knew the CYP well, rather than managers or services with limited direct contact. However, frontline practitioners and specialist missing teams could be excluded because of scheduling clashes, leaving important knowledge absent from decision-making.

"It's also having the right people in those meetings as well, because you might get someone, a manager coming into the meeting, making decisions about a child that they've never met." [P9]

Third-sector practitioners felt sidelined despite their safeguarding role and close relationships with CYP.

"I still believe that ... some professionals are a bit wary of us because at the end of the day for me, it's about the independence still and it's about the child's voice and it's about making sure that the child's voice is heard." [P3]

CYP disengagement from education made it harder to develop a shared multi-agency understanding of risk, as education providers often have the most regular contact with CYP.

"This is only the issues that a lot of our children that we're dealing with aren't in mainstream education. It isn't featuring on mainstream education's radar, though it's a problem." [P20]

Parents and carers were also seen as essential partners because they often hold critical information about risks, triggers and potential whereabouts. Involving them more meaningfully could improve safeguarding and reduce barriers to disclosure.

"Sometimes the word multi-agency means that they cut out the really important person and that's the parental carer. Often carers are actually completely out of that and not viewed as safer and incredibly important information." [P7]

Survey findings similarly emphasised the importance of drawing on the complementary expertise and resources of different partners. This was identified explicitly within respondents' accounts of key learning from multi-agency working. The importance of involving the right people was also apparent in structural barriers, which included the exclusion of relevant practitioners from meetings, while suggestions for future development called for greater involvement of care providers and stronger engagement with schools and third-sector organisations.

v) Dedicated specialist teams

Dedicated missing persons teams, specialist practitioners and single points of contact (SPOCs) were seen as crucial to quicker, more joined-up responses. Co-locating police, Child and Adolescent Mental Health Services (CAMHS) and social care at the safeguarding "front door" was highlighted to improve notification, information sharing, response times and getting "notifications straight away" [P17]. Specialist roles also helped build rapport with CYP through regular contact.

Where these teams were absent, missing episodes were absorbed into generic workloads and handled less effectively. Such teams were noted as vulnerable to disbandment or underfunding, reducing the quality of multi-agency work.

"That's completely gone out of the water now. The response officers, they're also going to be pulled to a 999 call for whatever else it is when they're not dealing with this, they're doing all the background stuff that we were doing for them." [P11]

Survey findings similarly highlighted specialist infrastructure as an important facilitator of partnership working. Importantly, respondents also identified the need for these arrangements to be permanently embedded and adequately resourced, rather than operating as temporary or vulnerable provision.

vi) Wider contextual influences

Survey findings indicated multi-agency responses were also shaped by the wider context in which they operated. Emerging exploitation and organised crime, inspection findings and public pressure could act as catalysts for strengthening partnership working, while deprivation, crime and political scrutiny could place additional pressure on local responses.

vii) Outcomes of effective multi-agency working

Survey respondents viewed effective multi-agency working as delivering outcomes for both CYP and partner agencies. For CYP, these included improved safety and reduced harm, fewer missing episodes, stronger voice and involvement in decisions, better engagement and wider wellbeing. For agencies, effectiveness included clear roles and responsibilities, effective communication and information sharing, shared responsibility and accountability and stronger relationships. Respondents warned that poor multi-agency working could negatively impact CYP, with fragmented information leading to inappropriate judgements or adultification based on assumptions about the agency and capacity of older children, delayed safeguarding and excessive professional involvement.

While respondents could identify improvements linked to multi-agency working, evidence of outcomes was less well established. Only 16 respondents (37.2%) said outcome data were collected or analysed, 17 (39.5%) were unsure, and 10 (23.3%) said no such data were collected or analysed.

RQ3: What are the opportunities and challenges for adopting a preventative 'public health' approach?

A public health approach to missing children is a preventative, child-centred and multi-agency approach. It seeks to identify and address the underlying factors that increase the likelihood of children going missing, reducing harm before crises occur rather than focusing solely on responding to individual incidents. Analysis of focus group data identified nine themes relating to adopting a stronger preventative public health approach.

i) Perceptions of a public health approach

Knowledge of the concept of a public health approach varied prior to the workshops. However, respondents were supportive of the notion of adopting this approach because of its focus on prevention, wider drivers of missing episodes, and evaluation of effectiveness.

"For me, it's public health for me, it's like it's about prevention and you know, that's what we want to do with missing children, isn't it? It's to prevent them from going missing. So, for me, it fits into that model perfectly." [P2]

However, some practitioners noted the term 'public health' could create confusion, causing agencies to assume it is primarily a health-sector issue rather than a shared multi-agency approach.

ii) Understanding the causes of missing episodes

Respondents stressed prevention depends on understanding why a CYP is going missing. As reasons vary widely, prevention strategies will differ:

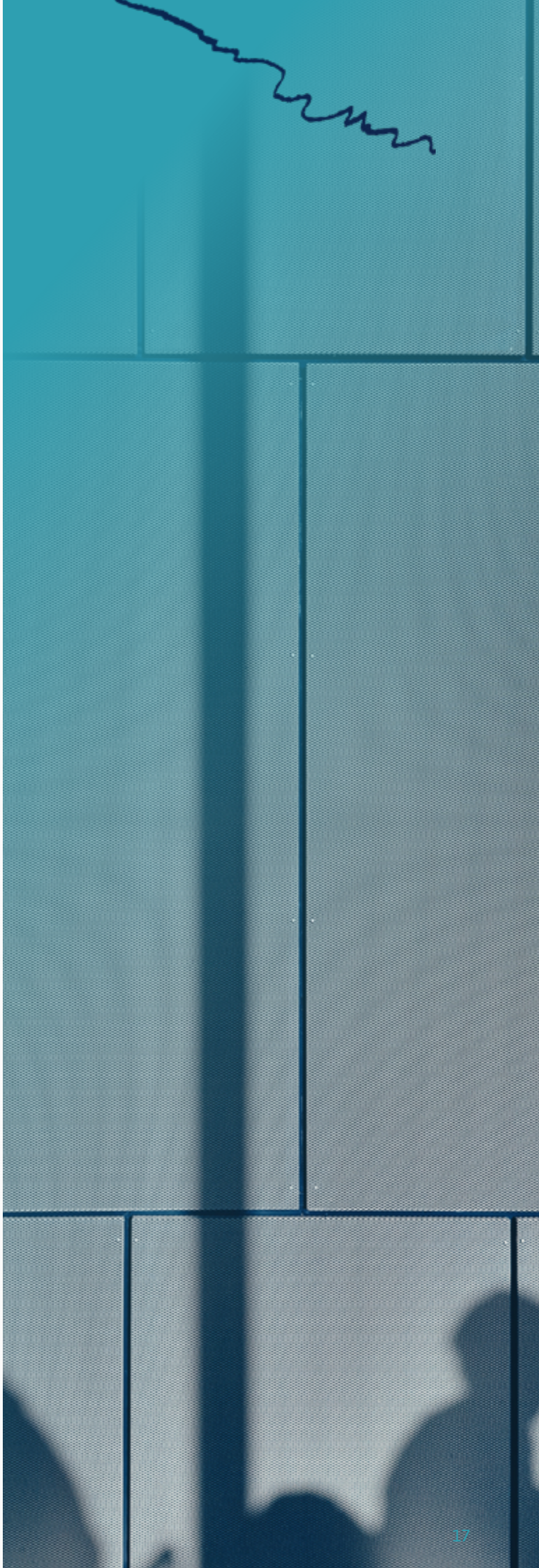
"Are we looking at the data and seeing the different reasons and trying to understand because the solutions are going to be different depending on why they're going missing, isn't it? And the prevention might be different as well." [P16]

Respondents argued effective prevention requires better information sharing across agencies to understand each CYP's push-and-pull factors and root causes.

"Then we look at schools, then you look at that like drug support system [...] and then sort of getting their information, feedback from their practitioners. Then with mental health, CAMHS, they then feed back to us. It's just broadening up and trying to really understand the context of how this has happened, what are the root causes." [P17].

iii) Child-centred relational approach

Respondents highlighted prevention depends on adopting a child-centred approach. Building consistent, trusting relationships with CYP helps to identify early warning signs, makes CYP more likely to disclose concerns, and supports realistic and relevant planning.



"I mean, it's about being child centred, I think, and trying to involve children and understand their context and their experience and what might work for them." [P10].

This extended to RHIs and the need for follow-up support that addresses issues identified. Informal, activity-based approaches were preferred because CYP feel heard and more willing to engage. To make this effective, respondents stressed the need to adapt language and methods, using more informal, activity-based RHIs rather than highly formal interviews so CYP feel comfortable, listened to, and more willing to engage.

"There's no formalities. [He] will come in and talk like the children, [he] is from the area … He will sit on the floor if he has to. He sometimes gets the pads out and will start boxing. He makes the whole wrap around more about the young person's activity base and that's what we do. We've had some of the professionals come in try to do it, like social workers, and just doesn't work." [P8]

Continuity and trauma-informed practice were also important, as repeated questioning can close CYP down rather than encourage disclosure.

"They go through that process a number of times, and it should really be […] treating them as if you were treating a victim of crime, you would keep that to a minimum. You'd go in, get an initial brief rundown … and then a few days later, when they've had time to process and calm down, you would then go back in and do an [Achieving Best Evidence] that would be recorded." [P20]

iv) Working with the community

Respondents said prevention could be strengthened through stronger community partnerships with businesses, transport providers, residents and third-sector organisations. These relationships can help identify risk earlier and intervene in the places where children spend time.

"Data that we just had a couple of weeks ago from the childhood exploitation team … young person's been missing, and of those 27 times she's been missing, 18 times she's travelling the universe to this guy's house, you know, and who's feeding that back to [taxi service] saying, hang on, this is a vulnerable person, no one's asking the questions." [P18]

They also pointed to proactive youth work and hotel/county lines models as useful examples to draw on.

"We target the school kids … We go on board, we take the odd activities, the quiz, and all that stuff to do here. So, they know us now, and if anything is happening on the train, they could come up to us and tell us, and we see potential young kids who are missing on the train, so that's a preventative measure we're taking." [P19]

v) Staff knowledge, training and experience

Respondents noted effective prevention depends on staff being properly trained and experienced, particularly in relation to exploitation. They valued lived experience and joint training but argued specialist staff should lead this training to provide real case examples rather than relying on generic videos and online content.

"Needs to bring more people to the table that are versed... people who are educated in it rather than just train someone up on the most mediocre beginner training video or the new lead for X, Y, and Z." [P8]

Low staff retention was seen as a barrier to maintaining the expertise needed to support prevention. Prevention could be strengthened through increased training and raising awareness among health practitioners, teachers and other frontline professionals who encounter vulnerable CYP as current knowledge was limited.

"Do they ever get taught about missing persons or the scale of it? ... You've got bus drivers letting teenagers on because they're told to not leave the child on the street if they've got no money and they're then facilitating this child going away from the care home." [P11]

vi) Suitability of procedures

Respondents described procedural barriers limiting preventative practice. In policing, access to phone data could be delayed. In care settings, Ofsted rules constrained practical support (e.g., transport to activities or appointments).



For CYP turning 18, reduced statutory protections created risky transitions.

"All these protocols and frameworks and legislation policies are in place for children but then the moment they turn 18 the police in particular will say then they've got their right to go missing if they want to. That's extremely problematic for them. That's the young people who are subject to the most wide-ranging sort of factors." [P7]

Respondents also criticised meeting-heavy systems that absorbed time without necessarily leading to action.

"We have a strategy meeting first for about 60 people and a review, that's 120 meetings, as well as your strategy meetings for other people that are coming through, trigger meetings ... it just becomes too meeting heavy and less action." [P13]

vii) Need for appropriate regulated care home placements

Respondents noted ability to adopt a preventative approach was affected by a shortage of suitable regulated placements, raising concerns about unregulated settings, including weak oversight, poor reporting, and limited safeguarding checks.

"It's illegal what they're doing, but they're not getting shut down and most of your missings coming out of, I bet some aren't even reported, but a lot of them that do come out are from unregulated placements, but there's no oversight or regulation on them at all." [P8]

Feedback also highlighted placement decisions could unintentionally increase risk. Moving CYP out of area often disrupted support networks but could also expose CYP to new exploitation risks and wider criminal networks, while local placements could make it easier for CYP to return to family or familiar places.

"It doesn't work, moving kids does it really [...] It just grows the network. It increases the risk." [P17]

Survey respondents also identified inappropriate placements and inadequate care provision as barriers to effective prevention, alongside shortages in specialist provision and services able to meet CYP's needs. They called for stronger scrutiny of placements, clearer provider responsibilities and improved information sharing when CYP are placed out of area.

viii) Funding and resource access and allocation

Feedback highlighted prevention requires sustained funding and resourcing, with services already too stretched to intervene early, meaning responses often came too late.

"We're coming in too late because we're not able to, or we don't have that sort of mechanism in place to intervene early because we're so busy with those that are already in the depths of being regularly missing." [P9]

Short-term cost-cutting has led to the loss of effective early support and community provision for CYP, despite its long-term value. Funding also varied across localities, affecting the availability of preventative work.

"The government might have got the money this year, but when we change parties, they might not make it priority. So, it's political instability." [P14]

ix) Accessing services and service thresholds

Access to support was often difficult because services were only available once CYP are already in crisis. Vulnerability was not always recognised consistently and demographics, whether parents were able to say "the right things, in the right way, that press the right buttons" [P7], and local thresholds for missing could affect whether concerns were accepted.

Whilst professionals wanted to focus on prevention, they felt high thresholds for accessing support and long waiting lists prevented causes of missing episodes from being addressed.

"It's problematic because of the threshold. Often, we're waiting for a child to be in crisis and the reasons that are driving a child's missing episode are not addressed. We respond but don't consider what's happening in the child." [P4]





Summary and recommendations

A more consistent, coordinated and prevention-led response is needed to safeguard missing CYP. Feedback also suggests learning from Scotland's shared definition of missing and clearer framework for roles and responsibilities. Progress depends on agreeing shared standards, specialist capacity, stronger information sharing, and earlier, more meaningful involvement of children, families, and trusted frontline professionals. It also requires earlier intervention, stronger community partnerships, better training, and improved support at transition to adulthood. Policymakers and practitioners should now turn shared intent into sustained, measurable action to reduce repeat missing episodes, improve safety, and deliver more joined-up support for those effected.

We recommend:

- Using a shared missing CYP definition and threshold and having consistency around how "missing" is recorded and reports are triggered across agencies and regions.
- Putting people in strategy meetings who know the CYP best.
- Clarifying each agency's role for reporting, locating, retrieving and follow-up, especially for out-of-area placements and unsafe retrieval situations.
- Keeping dedicated missing-person teams and SPOCs in place, whilst prioritising co-location or regular joint working.
- Improving information sharing systems by introducing live, interoperable systems, allowing for cross-boundary information sharing.
- Building pathways for early intervention so support starts when risks first emerge.
- Working with parents and carers as partners to identify triggers, patterns and safe responses.
- Adopting child-centred, trauma informed approaches, providing consistency in key workers, tailoring language, and using informal RHIs to build trust and disclosure.
- Avoiding placement moves that increase risk and strengthen transitional safeguarding for CYP approaching 18 years old.
- Making exploitation, missing behaviour, and prevention part of regular training for frontline staff across agencies.
- Measuring whether partnership working makes a difference by agreeing shared outcomes for CYP and agencies and routinely collect and review data against them. Measures should go beyond reductions in missing episodes to include safety and harm, CYP's experiences, engagement, wellbeing, response quality and partnership functioning.
- Involve CYP and families in the design and evaluation of services and approaches.

Endnotes

1 College of Policing. (2023). *Missing Persons: Authorised Professional Practice.* https://www.college.police.uk/app/major-investigation-and-public-protection/missing-persons/missing-persons

2 National Crime Agency. (2025). *Missing Persons Data Report 2024/25.* UK Missing Persons Unit. https://www.nationalcrimeagency.gov.uk/images/mpu/downloads/Data%20Report%20Written%202024-25%20Final.pdf

3 Phoenix, J., & Francis, B. J. (2022). *Police risk assessment and case outcomes in missing person investigations.* The Police Journal. https://doi.org/10.1177/0032258X221087829

4 Bennett, K., Salisbury, P., O'Keefe, R., Vincent, S., & McCarthy, B. (2024). *Supporting and protecting repeat missing children from different residential environments: A scoping review.* International Journal of Missing Persons. https://doi.org/10.55917/2769-7045.1012

5 Hill, L., Taylor, J., Richards, F., & Reddington, S. (2016). *'No-one runs away for no reason': Understanding safeguarding issues when children and young people go missing from home.* Child Abuse Review. https://doi.org/10.1002/car.2322

6 Stevenson, E., & Thomas, S. D. (2018). *A 10-year follow-up study of young people reported missing to the police for the first time in 2005.* Journal of Youth Studies https://doi.org/10.1080/13676261.2018.1468874

7 Missing People. (2022). *'Reducing the criminalisation of care-experienced children and young adults: the voices of young people.'* https://www.missingpeople.org.uk/wp-content/uploads/2022/11/Decriminalisation-Young-people-consultation-August.pdf?_gl=1

8 Home Office. (2011). *Missing Children and Adults: A Cross Government Strategy.* https://assets.publishing.service.gov.uk/media/5a7b005f40f0b66a2fc04635/missing-persons-strategy.pdf

9 National Police Chiefs' Council. (2018). *Policing, health and social care: Working together to protect and prevent harm to vulnerable people.* https://news.npcc.police.uk/releases/policing-health-and-social-care-consensus

10 Gambier-Ross, K., Apps, J., & Wayland, S. (2023). *Shared responsibility: conceptualising how a public health approach may enhance police response to missing persons.* International Journal of Missing Persons. https://doi.org/10.55917/2769-7045.1001

11 Monaghan, P., Waring, S., Giles, S., & O'Brien, F. (2024). *What works in improving inter-agency responses to missing children investigations: A scoping review.* The Police Journal, https://doi.org/10.1177/0032258x241241016

12 Lester, S., Khatwa, M., & Sutcliffe, K. (2020). *Service needs of young people affected by adverse childhood experiences (ACEs): A systematic review of UK qualitative evidence.* Children & Youth Services Review, https://doi.org/10.1016/j.childyouth.2020.105429

13 Oswald, R., Walker, S., Soppit, S. & Irving, A. (2024). *Improving The Hope of Young People Impacted by Serious Violence and Child Criminal Exploitation.* The Children's Society & Northumbria University. https://www.childrenssociety.org.uk/sites/default/files/2024-06/Northumbria%20Uni%20The%20Children%27s%20Society%20Summary%20Report%5B40%5D.pdf

14 Waring, S., Giles, S., Boyles, C., Garbutt, H., & Zurba, S. (Under Review). *Beyond crisis response: A process evaluation of relational interventions to reduce repeat missingness among vulnerable children.* Children & Youth Services.

15 Monaghan, P., Waring, S., Giles, S., & O'Brien, F. (2026). *Examining mechanisms that facilitate and hinder multi-agency working in missing children's investigations: An in-depth policing perspective.* Police Journal: Theory, Practice & Principles. https://doi.org/10.1177/0032258X261445854

16 Waring, S., Shaw, A., Ashworth, E., Monaghan, P., Giles, S., & O'Brien, F. (2026). *Responding to missing children in residential care: Care home staff perspectives regarding challenges and solutions.* The British Journal of Social Work. https://doi.org/10.1093/bjsw/bcag071