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|  | **The Herbert Protocol** |  |  |  |  |  |  |  |  |
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| **What is the Herbert Protocol?** |
| The Herbert Protocol is a national scheme introduced by the police in partnership with other agencies which encourages carers to record useful information which could be used in the event of a vulnerable person going missing.**What is the purpose of this form?**The purpose of this form is to record important information about the person you care for. In the event the person goes missing - the form will be used by the police, care workers and partner agencies to understand the person’s routines, interests and information as fast as possible. **What should I do with the form?**The form should be kept in a safe place and it is recommended that multiple copies are made so that other care workers, neighbours or relatives have access if required.The form must contain up to date information about the person. Please review the information every 4 weeks or where there has been a change in personal circumstance. Please provide as much information as possible. What to do should if the person I care for goes missing? 1. Carry out brief initial checks for missing person.
2. Inform family and friends, contact local clubs or places that the person may frequent.
3. Contact 999. Inform the call taker that you have a copy of the HERBERT PROTOCOL and complete the red section of the form, before giving the form to Police.

**This form is confidential when complete.****Search: ‘Northumbria Police missing person’ for information and support.**  |
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|  | To be completed when person goes missing  |
|  | To be completed prior to possible missing episode |

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| **Personal Details** | **Recent Photo** |
| Full name of person:      |  |
| Preferred name/nickname:      |
| Date of birth/age:      |
| Ethnicity:      |
| Religion:      |
| Current address (including postcode):      |

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| **Next of Kin Details** | **Missing Person Doctor Details:** |
| Next of kin name:      | Doctor’s name:      |
| Mobile phone number:      | Phone number:      |
| Landline number:      | Out of hours number:      |
| Contact address:      | Surgery address:      |
| Email address:      | Surgery email:      |

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| **Consent**: |
| I hereby consent as next of kin/legal guardian to the following:1. Enquiries with medical practitioners/hospitals/medical establishments or other agencies to examine, take, copy and retain any material considered relevant to any enquiries into the disappearance of the person named in this report [ ]
2. Information being passed to the media [ ]
3. Details being passed to Missing People, who will make enquiries and offer support in relation to this missing episode [ ]
4. Search of premises or part of premises occupied by a missing person [ ]

Name       Signature       Date     Relationship with person       |

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| **Medical Information:**(please include where Deprivation of Liberty, guardianship or Section 117 of the Mental Health Act, discharge and other applicable) |
| Current Diagnosis:      | Current medication taken (dose and frequency):      |
| Associated medical conditions:      | Risks if medication not taken (short/long term):      |
| Any phobias or fears:      | Any other medical information:      |
| Other (e.g. mental health issues such as self-harm or suicidal tendencies):      |

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| **Mobility and Presentation:** |
| Is the person mobile?       | Will they look for help once lost?      |
| If walking, how far before becoming tired?      | Will they be hesitant/too upset to speak to strangers?      |
| Do they require help when moving? E.g. walking aids:      | Will behaviour cause conflict, placing missing person and/or others at risk?      |
| Do they require a walking aid (any other mobility aid)?      |
| How will the vulnerable person present if approached by police/agency? Will they be afraid and react negatively?      | Does the person present with communicative difficulties and/or do they communicate in a way particular to them?      |

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| **Locations Missing Person May Go or Visit:** |
| Previous home addresses:      | Childhood address:      |
| Family address:      | Friends’ addresses (include historic):      |
| Places of importance/significance (e.g. old school, a favourite place to visit, grave/cemetery of a loved one, former place of work, childhood place of interest or home):      |
| Places of interest often talked/reminisced about:      |
| Once found, where should the vulnerable person be taken:      |
| If previously went missing, location the person was found:      |

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| **Jobs, Interests or Hobbies:** |
| Do they currently work/volunteer?      | Activity (bowling/cricket/football/allotment etc.):      |
| If so, what do they do occupationally?      | Favourite holiday destination?      |
| Any past jobs? If so, favourite past job?      | Favourite restaurant/café?      |
| Any pubs/clubs visited?      | Any other interests?      |
| Have they or do they currently have a Firearms or Explosives License? If so, please provide details:      |

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| **Weekly Habits/Transport:** |
| Which shops do they use?      | What transport do they usually use? E.g. Train, Metro? If so, which station?      |
| Do they have a bus pass?      | Does anyone else provide transport?       |
| Where do they go on the bus (transport)? What route?      | Any friends who would pick/meet missing person?       |
| Bus stop frequently used:      | Retail premises other than shops frequented (e.g. betting shops, chemist etc.)?      |
| Do they have access to a car? Can they drive? Details:      | What money/bank cards/cheque book do they have access to? What bank do they use and what branch?      |
| Are there any other habits that may be of importance, e.g. trainspotting:      | Are there places of cultural/religious significance to them:      |

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| **Routine**(please provide a detailed routine in this section, include: visitors, weekly shop, clubs/pubs attended. Provide as details information regarding each day including person details/telephone numbers): |
| Day | Morning | Afternoon | Evening |
| Example: Monday | Example: 09:00 - attends shop (Premier Store to buy newspaper and returns home) | Example: 14:00 walks to local park (Saltwell Park) to feed ducks | Example: 19:00 watches Coronation Street at home |
| Monday |       |       |       |
| Tuesday |       |       |       |
| Wednesday |       |       |       |
| Thursday |       |       |       |
| Friday |       |       |       |
| Saturday |       |       |       |
| Sunday  |       |       |       |

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| **Person Completing Form:** |
| Name:      | Position/relationship:      |
| Landline number:      | Mobile number:      |
| Address:      |
| Date of form completion:     Review of form:      |
| Is information up to date on form, at time of missing person report? Answer Yes/No. If stated No, provide amended details below: | If yes, signature/date:      |
|       |

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| **Care Home Details** **(if applicable):** |
| Current care home address: |       |
| Contact telephone number: |       |
| Contact name: |       |
| Key worker/nurse name: |       |

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| **Information Help** |
| Emergency: 999 | When a vulnerable person is missing ring 999 and tell them you have a copy of the Herbert Protocol. |
| Non-emergency: 101Or visit [www.northumbria.police.uk](http://www.northumbria.police.uk)  | In a non-emergency call 101 or visit the Northumbria Police website to report an incident, talk to us on live chat and for advice and information.  |
|  **Support and Advice** |
| Alzheimer’s Society  | <https://www.alzheimers.org.uk/> |
| Missing People Helpline (Public) | 0500 700 470 [www.missingpeople.org.uk](http://www.missingpeople.org.uk)  |
| Dementia Care UK | <https://www.dementiauk.org/> |
| At Dementia  | <https://www.atdementia.org.uk/>  |

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| **Any Other Information** **(include social media access (type/username/password):** |
|       |

**Thank you for completing the form; it could help save someone's life.**

**COMPLETE AT TIME OF GOING MISSING**

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|  **Location of Disappearance (complete this section when reporting person missing):** |
|
| Time/Date last seen: | Address:  |
|       |       |
|
| Location of disappearance: | Telephone number:  |
|       |       |
| Last person to see missing person – Name and Relationship to missing person:      |
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| **Circumstances of Going Missing:** (complete this section when reporting the person missing),include risk factors - alcohol/depression/suicidal/violent/confused)  |
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| Alcohol (dependency/recreational):(How many units approx.) |       |
| Drugs (medicinal/recreational): |       |
| Depression (ongoing/historic): |       |
| Any recent suicidal thoughts voiced: |       |
| Violent (any known violence or expressions of wanting to be violent): |       |
| Any acquaintances/friends talked newly involved in the missing person’s life:  |       |
| Any relationship problems (friends/family etc.): |       |
| Have they been talking about a certain place/period of time prior to the missing episode:      |
| Any other details about the general circumstances prior to going missing:      |

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| **Description at the Time of Going Missing** (clothing person was wearing when reported missing): |
| Height:      | Footwear (type and size):      |
| Complexion:      | Marks/scars:      |
| Build:      | Clothing (detailed description):      |
| Hair colour:      |
| Hairstyle:      | Mobile phone/tracking device with missing person?      |