  

**PHILOMENA PROTOCOLv2**

**MISSING YOUNG PERSON’S PROFILE**

**Phone 101 to report child missing and obtain PSNI reference number. Do not submit by email until Ref No is completed:**

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| **PSNI Ref:** |  |

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| **There may be important pieces of information that you can provide to the PSNI in the event that the person you are caring for goes missing. Try and have several copies of recent, close-up photographs of the person, this may help police when searching for them.** |
| **This form is interactive and can be completed and stored electronically. It should be updated regularly and part 2 fully completed in the event of a missing report.** |

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| **PART 1 –** (TO BE COMPLETED WHEN PLACEMENT OF CHILD INTO YOUR CARE) | | | | |
| Name: Full |  | | | Please attach a recent photo here.  Please use one that is up to date and a good likeness of the person. |
| Preferred name: |  | | |
| Date of birth: |  | Age: |  |
| Ethnicity: |  | | |
| Sex/Gender: |  | | |
| Current Address (including postcode): | Phone Number: | | |

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| Details of Care Order / status: |  | | |
| SOSCARE / PARIS number: |  | Child Protection Register: | YES NO |
| Social Worker name & contact details: |  | | |
| Professionals working with the child & contact details: |  | | |

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| Is the person **formally** assessed as at risk of Child Sexual Exploitation: | YES NO | Date of last assessment: |  |
| Summary of exploitation concerns: |  | | |
| Details of any CAWN in place: |  | | |

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| Parents / Next of Kin details (NOK) | Mother:  Alive: YES NO |  |
| Father:  Alive: YES NO |  |
| Any other relevant NOK |  |

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| Previous home addresses: | 1. |  |
| 2. |  |
| 3. |  |

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| School / Educational Establishment attended: | Current School / Establishment: |  |
| Pastoral Lead: |  |
| Previous School / Establishment: |  |

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| Previous Missing from Home incident summary: |  |
| Previous locations found (provide all recent information): |  |
| Significant dates e.g. birthdays of parents/ deaths etc.: |  |
| Significant places of interest, and why they attend / visit, if known: |  |
| Habits: |  |
| Hobbies / interests: |  |

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| GP name and address: |  |
| Health conditions (including mental health / conditions affecting behaviour: |  |
| Medication required, and effect(s) if not taken: |  |

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| General description and appearance: |  | |
| Height: |  | |
| Weight: |  | |
| Build: |  | |
| Hair colour / description: |  | |
| Eyes: |  | |
| Jewellery: |  | |
| Distinguishing features – tattoos / birthmarks / piercings / scars – broken down.  Feature / what it is / where it is (i.e. ears pierced/ wears a gold stud/both ears OR Tattoo / dragon with heart/ top of left leg) | | |
|  | | If a photograph of the distinguishing feature is available please place it in this box: |

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| Has the person got any money?: | YES NO | If so, how much, from where?: |  | | | | |
| Has the person got a Bank account? | YES NO | Name of Bank: |  | | | | |
| Account No: |  | Sort Code: |  | - |  | - |  | |

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| Does this person have a bus / Translink pass?: | YES NO | Provide details / number: |  |
| Does this person have access to vehicle(s) / mode(s) of transport e.g. bicycle, E-scooter?: | YES NO | Provide details / colour, registration number / driver: |  |

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| Has the person got a mobile phone?: | | YES NO | | |
| Number: |  | | Network: |  |
| Make: |  | | Model: |  |
| IMEI: |  | | Email Address: |  |

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| Missing People Charity TextSafe referral authorized: YES |
| Tracking: Is there a Find My Phone or other app with locations service activated, e.g. Snapchat maps, on their phone? Does the person have any other form of trackable device on them? – Provide details: |
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| Does this person have a Social Media account(s)? Provide details: | YES NO |

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| Social Media Site / APP: |  | | |
| Username: |  | | |
| Uniform Resource Locator (URL): |  | Account specific numeric ID: |  |
| Profile picture description: | (Profile picture can be placed in this section if available) | Is the account public or private? |  |

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| Social Media Site / APP: |  | | |
| Username: |  | | |
| Uniform Resource Locator (URL): |  | Account specific numeric ID: |  |
| Profile picture description: | (Profile picture can be placed in this section if available) | Is the account public or private? |  |

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| --- | --- | --- | --- |
| Social Media Site / APP: |  | | |
| Username: |  | | |
| Uniform Resource Locator (URL): |  | Account specific numeric ID: |  |
| Profile picture description: | (Profile picture can be placed in this section if available) | Is the account public or private? |  |

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| --- | --- | --- | --- |
| Social Media Site / APP: |  | | |
| Username: |  | | |
| Uniform Resource Locator (URL): |  | Account specific numeric ID: |  |
| Profile picture description: | (Profile picture can be placed in this section if available) | Is the account public or private? |  |

**Risk Assessed locations & contacts to assist in location a missing young person.**

**This form should be regularly updated and any new associates & locations added as soon as you become aware of them.**

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|  | **Name** | **Address** | **Association** | **Telephone** | **Associated risks** |
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| 2 |  |  |  |  |  |
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| 4 |  |  |  |  |  |
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| **PART 2 A–** ANSWERS TO BE COMPLETED **FOR EACH MISSING REPORT**) | | |
| Time, date and location last **observed**: | |  |
| Who were they last observed by: (name, etc.) | |  |
| What was their demeanor / what were they doing when last seen?: | |  |
| Do you believe they have their mobile phone with them? Why? | | YES NO |
| Details of attempts to locate via phone? (Ringing / tracking) | |  |
| Time Mother, Father or NOK of young person informed they are missing: (who & response required) | |  |
| What contact has been made with other family / friends? (who & response required) | |  |
| What other residents have been spoken to? (who & what do they know required) | |  |
| Does anyone pose a risk to YP **specific to this incident** (Please provide evidence): | YES NO |  |
| Does the YP pose a risk to anyone, including themselves **specific to this incident** (Please provide evidence): | YES NO |  |
| What specific concerns are there about the child’s current safety and why is police intervention needed? | |  |
| Any other information that may be of help to the Police: | |  |

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| Part 2B – SEARCH SECTION. | |
| Have you searched the young person’s **bedroom**? | YES NO – Time & outcome: |
| Have you searched the **address** the young person is missing from? | YES NO – Time & outcome: |
| What other locations that the YP frequents have been searched? Time, Specific locations & Outcome |  |
| Please detail any information or items located / missing: |  |
| Name and position of person(s) searching: |  |
| Provide details of who should be contacted to discuss media release in the event this is required |  |

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| Details of Shift Coordinator / RESWS OOH agreeing report to police: |  |
| Completed by: |  |
| 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.**