# Supporting & Protecting Repeat Missing Children from Different Residential Environments: A Scoping Review

Kirsty Bennett Dr
*Leeds Trinity University*, k.bennett@leedstrinity.ac.uk

Petra Salisbury
*Leeds Beckett University*, petra.salisbury@leedsbeckett.ac.uk

Rebecca o'Keefe
*Leeds Beckett University*, r.okeefe@leedsbeckett.ac.uk

Sharon Vincent
*Leeds Beckett University*, s.vincent@leedsbeckett.ac.uk

Bethany McCarthy
*Leeds Trinity University*, be.mccarthy@leedstrinity.ac.uk

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## Abstract

Repeat missing children pose a significant financial burden onto services, including the police, social services, and health providers. Recognising that 37 to 65 percent of missing child reports each year are repeats, efforts have been made by academics and practitioners to understand this societal problem. Research has identified the risks causing children to go missing and the harms that they experience, but these focus primarily on children missing from residential care only. This PRISMA (2020) scoping review of 76 studies explores strategies implemented to prevent repeat missing episodes, and the role/influence of the home environment (e.g., with parents/guardians, and foster or kinship care). Children go missing for different reasons and some of these are specific to the home environment: including a lack of freedom, and a desire to see family and friends. It remains unclear whether some risks and harms experienced are different considering the child's residence. Different mechanisms seek to discover this information through direct liaison with the child via the police (safe and well checks) or with social services (Return Home Interviews). Both processes have inherent challenges that prevent them from being effective in reducing repeat episodes, through either failing to obtain the necessary information or sufficiently identifying risks and harms. Other examples of multi-agency interventions focus on only one police force area within England and Wales, and so they are not widely used or examined for their efficacy. This study recognises that children who go missing repeatedly, and do not live in residential care, are significantly overlooked in policy, practice, and research and so their needs and required support to prevent future occurrences are unknown.

## Keywords

# Supporting & Protecting Repeat Missing Children from Different Residential Environments: A Scoping Review

## Abstract

## Introduction

Missing children (those under the age of 18) are recognised as those "who spend time away from where they ought to usually live, without the consent of parents or carers, or because they have been forced to leave by parents or carers" (Biehal & Wade, 2002: 6). In 2020/21, 47,870 children were reported missing, with an average of 2.9 missing incidents a year, demonstrating the extent of repeat missing episodes (National Crime Agency [NCA], 2021). This figure is identified through the number of individuals recorded as missing compared to the number of incidents reported to the police, calculating the repeat episodes. According to some reports, repeat missing episodes are recognised as three or more missing incidents within a 90-day window (Shalev Greene & Hayden, 2014; Sidebottom et al., 2020), and are more common in children than adults (Biehal et al., 2003), and each year, repeat episodes range from 37 to 65 percent of all missing children's reports (NCA, 2021; UK Missing Persons Unit, 2021). Repeat missing children (RMC) pose significant demands on police forces in England and Wales for their resources, personnel, and associated investigative costs, thought to estimate fourteen percent of routine police time and around £2000 per investigation (Babuta & Sidebottom, 2020; College of Policing, 2015; Smith & Shalev Greene, 2014; Wade, 2015). These demands extend to health providers, social services, and youth worker provisions, and Wade (2015) estimates the total cost to be more than £300 thousand a year.

Repeat missing episodes can be indicative of something wrong in the child's life (Hayden & Shalev Greene, 2018; Shalev Greene & Hayden, 2014). This is not unique to children residing in care[1], however, the focus of academic studies thus far has been to explore repeat missing episodes for children in residential care, justified by their higher risk of criminal and/or sexual exploitation (see Cockbain & Wortley, 2015; College of Policing, 2020; Jago et al., 2020; Hill et al., 2013; NCA, 2017; The Children's Society, 2018). Hill et al. (2013) argued that such a focus overlooks children missing from home (with their parents/guardians or in kinship care), with welfare provisions ignoring their needs and failing to recognise their vulnerabilities (Taylor et al., 2014). There is a perception that children missing from home and kinship and foster care are not experiencing similar risk and harms (see Smeaton, 2012), and so their needs are not captured within multi-agency responses or identified strategies to reduce occurrences.

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[1] "Care" encompasses a range of services/facilities, including local authorities, voluntary, and independent sector residential care homes, and foster care placements (Tansill, 2021).

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There remains a gap in knowledge and practice which appropriately addresses the reasons children go missing, the harms that they may experience while missing, and which strategies are effective to prevent repeat episodes, which takes their residential environment (e.g., with parents/guardians, kinship care, foster care, or residential homes) into account. This scoping review explores the strategies proposed and implemented to prevent repeat missing episodes, considering the role of the home environment, and the effectiveness of these when differentiating between residential types. Specifically, this review sought to explore:

1. The prevalence of repeat missing children by different residential types (e.g., foster, kinship, or residential care).

2. The identification of risks and harms for children at risk of having multiple missing episodes, considering their home type.

3. What interventions have been identified and evaluated to reduce harm and missing episodes, considering the child's home type.

## Background

The current focus on repeat missing children (RMC) from residential care is justified by their higher rates of going missing each year. Children in residential care have an average of six missing episodes a year, compared to 2.6 episodes for children living with their parents/guardians (Baker & Hunter, 2018). Further, Tansill's (2021) thesis identified a 20 times higher risk of going missing repeatedly for children in residential care. Similar findings have been reported in Hutchings et al. (2019) and Rees (2011). Other figures estimate that one in ten children in residential homes go missing each year, compared to one in 200 children who live with their parents/guardians (National Crime Agency [NCA], 2019). These figures justify the focus on children missing from residential care, given that only one percent of children reside in care, yet they represent 30 percent of all missing child reports (Hayden & Goodship, 2015). The concern, and focus of this paper, is the repeat missing episodes for children in all forms of residencies, including foster and kinship care, and with their parents/guardians. While the rates of children missing from foster care are not specified in the above statistics or academic discussions, Hayden and Goodship (2015) suggest that repeat episodes are common among these children. As the statistics infrequently reference the type of home environment the child is missing from, the patterns are difficult to ascertain (Shalev Greene & Hayden, 2014). Not differentiating between the type of placement poses difficulties in understanding risk and harms for children while missing, and the role/influence of their home environment.

Irrespective of their home environment, the occurrence of repeat missing children (RMC) are a societal problem, rather than a criminal one (Bowling et al., 2019; Shalev Greene et al., 2019), and so there are

calls for efficient and effective multi-agency approaches for safeguarding and the prevention of harm (e.g., All-Party Parliamentary Group, 2019; Ofsted, 2013). The ability to engage in effective multi-agency working for RMC has been subject to much criticism including a lack of available information-sharing processes (Shalev Greene & Hayden, 2014; Wade, 2015), clear boundaries for who is responsible for which area of safeguarding (Bayliss & Quinton, 2013), and how the continuity of care is ensured for future occurrences (Wade, 2015). These discussions do not include the children repeatedly missing from foster and kinship care, or from home with their parents/guardians and so the efficacy of these approaches, and suitability for different home environments are unknown. Through initial review of the available literature surrounding RMC, there appears a lack of evaluative studies within the field, and so a further objective of this review is determining if these exist.

## Methods

The purpose of this study is to identify and synthesise knowledge pertaining to the processes and responses to repeat missing children in England and Wales by the police, social services, health providers, and other applicable agencies. Further, the approaches for RMC are discussed with consideration to the child's home type (including kinship and foster care, residential placements, and with their parents/guardians) which is lacking within currently available publications. The scoping review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA, 2020) process.

### Eligibility Criteria

There are discrepancies within the literature as to what constitutes "repeat" episodes: some papers and reports consider repeats to be children (young persons under the age of 18) with three or more missing episodes within a 90-day window (e.g., Biehal et al., 2003; Her Majesty's Inspectorate of Constabulary [HMIC], 2015; Shalev Greene & Hayden, 2014). Other studies imply, but do not specifically define or clarify, that two missing episodes is considered a "repeat" missing child (e.g., Babuta & Sidebottom, 2018; Bezecsky & Wilkins, 2022). Thus, this study discusses all missing children who have more than one missing episode within a one-year period.

Studies had to be in English and focus only on England and Wales[2]. Quantitative, qualitative, and mixed methods studies were suitable for inclusion in this review. No academic disciplines were excluded, but the papers had to include responses to RMC and reference to multi-agency/partnership working, safeguarding, and reduction strategies. RMC may be referred to by different terms, including

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[2] Due to differences in responses to missing children, and organisations of police forces across the world, it was necessary for this research to only include studies exploring the topic from an English and Welsh policing perspective.

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"runaways", "absconders", or "absent", and these were captured within the search parameters.  Further, a key objective of this review was to determine if the child's residential status was indicative of going missing repeatedly: thus, children missing from residential care homes, foster and kinship care, living with parents/guardians, and institutional facilities were included. Studies varied significantly in their distinction of residential types, owing primarily to the limited reporting in police records and so studies were not excluded if they did not specifically differentiate residential type. This allows an overview of all classifications, which can vary by study and the police force area examined, for residential type, the multi-agency responses for RMC, and discussions for risks and harms.

Papers discussing media reports of repeat missing children, publicity appeals, or online, social media searches, descriptions, and information on repeat missing children were excluded. This review considered all responses to RMC, whether this be the police, social services, youth worker provisions, or health and education bodies.

### Information Sources

The search terms adopted in this paper include (in order of input): missing children UK, repeat missing children UK, repeat missing children England, repeat missing children England & Wales, "repeat" "missing" AND "children" "UK". Searches were kept broad to ensure a good return of literature, and for checks to be completed in reviews by the authors. This was also a beneficial approach given the sparsity of literature currently available in England and Wales. The following databases were searched: Wiley Online Library, JSTOR, Science Direct, Academic Search, Taylor & Francis, Criminal Justice Abstracts, Care Knowledge, Emerald Insight, Gale Online, Child Link, Proquest, SCOPUS, Oxford Encyclopaedia of Criminology and Criminal Justice, Cochrane, Health & Justice, Core, BMC Psychology, and Google Scholar. Some databases also provided access to grey literature (being government, charity, or third sector generated reports). Citation chaining ensures relevant articles were included within this scoping review from the identified database results. The literature searches were completed between January 2023 and August 2023. The included papers range from 1992 to 2023, but there were no stipulations included by the authors on when papers must have been published between.

### Selection of Sources of Evidence

The database searches resulted in 118 applicable articles, with a further 21 grey literature sources identified, and 39 publications from the reference list of applicable articles. There were 52 duplicates removed, allowing the suitable papers to be reviewed by the authors to assess their applicability to this study's focus. Further screening focused o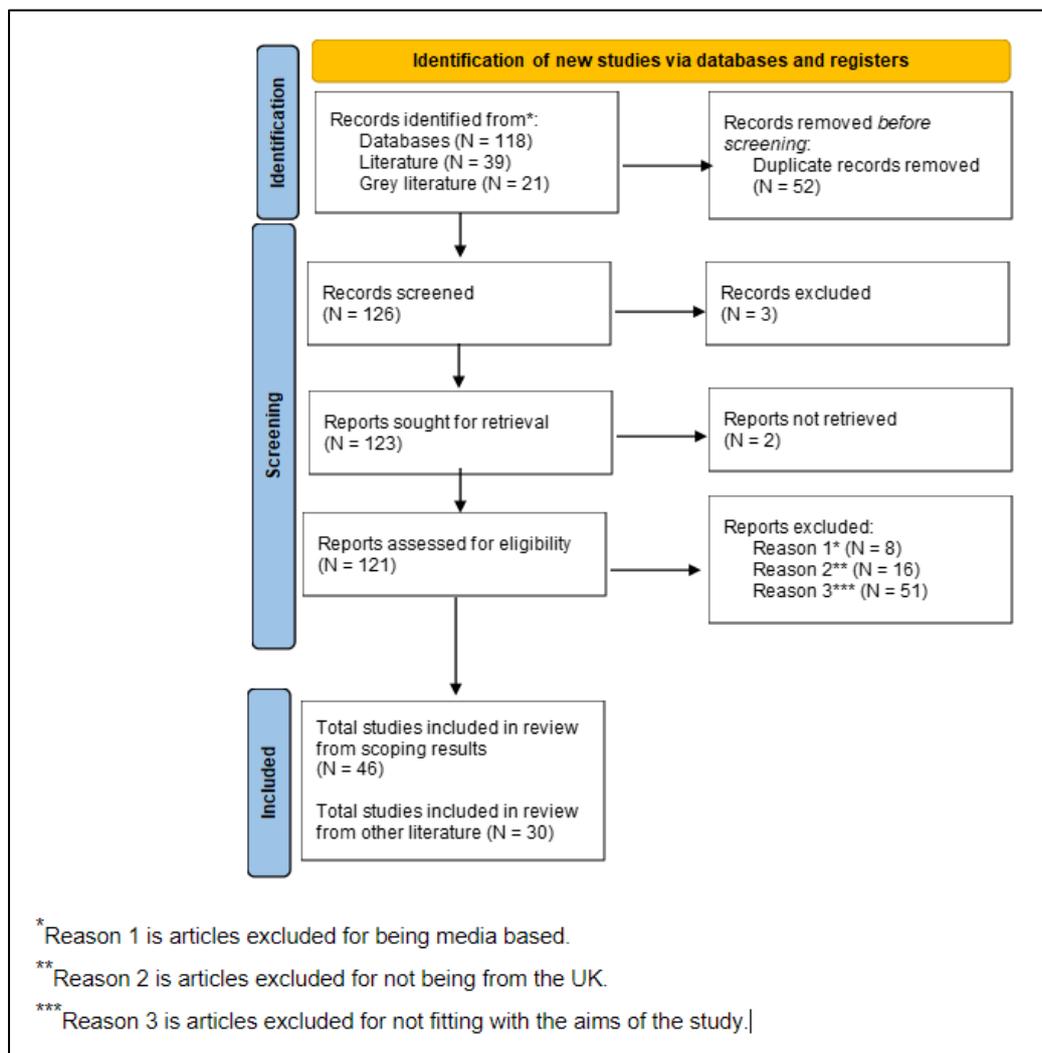n determining the paper's relevance to the project. Reviewers firstly assessed the article's titles, abstract, and then full texts, where appropriate. Several

group discussions were had to ensure the articles were suitable for inclusion and referred back to the project's questions (detailed above).

Data extracted included article methodology (e.g., country, sample size, data source) and key statistics (please see Table 1). The articles were searched for information pertaining to the support and/or interventions available to repeat missing children, barriers or challenges for children or practitioners in implementing or adhering to interventions, the risks and harms identified and discussed, and any examples of best practice: each of these were considered in relation to the child's residential type where possible. After assessing each of the studies for their match to the inclusion criteria, the PRISMA flow chart (2020) was completed to map the available data and information, which can be found in Figure 1.

**Figure 1**

*PRISMA (2020) Scoping Review*.



**Identification of new studies via databases and registers**

Identification

Records identified from*:
Databases (N = 118)
Literature (N = 39)
Grey literature (N = 21)

Records removed *before screening*:
Duplicate records removed (N = 52)

Screening

Records screened (N = 126)

Records excluded (N = 3)

Reports sought for retrieval (N = 123)

Reports not retrieved (N = 2)

Reports assessed for eligibility (N = 121)

Reports excluded:
Reason 1* (N = 8)
Reason 2** (N = 16)
Reason 3*** (N = 51)

Included

Total studies included in review from scoping results (N = 46)

Total studies included in review from other literature (N = 30)

*Reason 1 is articles excluded for being media based.

**Reason 2 is articles excluded for not being from the UK.

***Reason 3 is articles excluded for not fitting with the aims of the study.

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# Results

A total of 76 studies were included in the analysis (see Figure 1 for further details), and the focus of these articles include (a) the prevalence of repeat missing children, (b) Return Home Interviews, (c) safe and well checks, (d) professional responses to RMC, and (e) risks and harms while missing. These themes were identified by their prevalence or salience in relation to RMC, and their alignment to the research questions identified earlier in this paper. However, the studies identified from the searches lacked specific distinction between the child's home type, which was primarily attributed to the recording methods by the police forces being studied, and so was not possible to thoroughly explore in research papers.

## *The Prevalence of (Repeat) Missing Children*

The prevalence of repeat episodes is used in most identified studies to provide a justification for improved multi-agency working with effective interventions (identified primarily in the following discussions in Return Home Interviews and Safe and Well checks). However, these studies do not always explicitly distinguish with the child's home type. To date, the following studies have explored the prevalence of RMC: Babuta & Sidebottom, 2020; Bezeczky & Wilkins, 2022; Galiano-Lopez et al., 2023; Hutchings et al., 2019; Shalev Greene, 2010; Sidebottom et al., 2020. These studies have primarily used data from one or two police forces in the UK to identify their prevalence of RMC, with some exploration of the time difference between repeat episodes (Sidebottom et al., 2020), the risks surrounding the reason for going missing (Hutchings et al., 2019), and the harms that may be experienced while missing (Shalev Greene, 2010). These have been a recent addition to the academic literature, which may be justified by the political responses surrounding children in residential care being repeatedly missing and at risk of exploitation and their more frequent missing episodes (Hill et al., 2013). These studies infrequently refer to the definition of repeat episodes or present a recommended approach for classifying how cases are considered by professionals (e.g., police, social workers) as "repeats".

All the identified studies reported higher rates of repeat episodes for children living in residential care at the time of data collection (Babuta & Sidebottom, 2020; Bezeczky & Wilkins, 2022; Galiano-Lopez et al., 2023; Hutchings et al., 2019; Shalev Greene, 2010; Sidebottom et al., 2020). There was limited reference to the prevalence of repeat episodes among children outside of residential care, which does not develop any further understanding for RMC in other home environments.

Bezeczky and Wilkins' (2022) study is important because it focused on time periods in repeat episodes, noting that the time between the child's first episode and subsequent missing periods was quicker than for their peers who were not in residential care. It is unclear as to the specific residential

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type (e.g., foster, kinship) that the children who were not in residential care were living in this study. However, the study did not find longer absences for children missing from residential care: thus, the number of missing episodes does not necessarily equate to longer missing periods (Bezeczky & Wilkins, 2022). This finding can assist practitioners involved in supporting RMC and reducing their subsequent missing episodes as the time frames can indicate when prevention strategies may be most effective. However, this has not been sufficiently explored or evaluated within the study thus far and so the efficacy of this needs to be systematically explored before implementing in designed interventions.

These studies offered an understanding of the prevalence of RMC, while calling for timely interventions (Galiano-Lopez et al., 2023), and recognising why children may go missing repeatedly (Babuta & Sidebottom, 2020; Bezeczky & Wilkins, 2022; Sidebottom et al., 2020). However, each study considered children in residential care primarily, meaning the prevalence of repeat episodes, the reasons for going missing repeatedly, and how to inform interventions for children outside of residential care remains unknown. Table 1 provides further information on the studies exploring the prevalence of RMC.

INSERT TABLE 1 HERE

On a related note, some studies have argued that the prevalence of RMC from residential homes can be attributed to the policies and practices surrounding care workers' responsibilities. There were some identified challenges with collaborative working among the police and care workers: care staff were thought to be too quick in their reports of a missing child and the police believed that more proactive searching could be done before calling them (Shalev Greene & Hayden, 2014; Wade, 2015). Care staff within residential homes will report the child missing when curfews are not followed, or the child is not in a location expected of them (Newiss, 1999; Shalev Greene & Hayden, 2014). In such scenarios, the police were found to be frustrated with the quickness in which children were reported missing and did not necessarily acknowledge care staff's concerns about their lack of training, experience, and time to engage in searching (Bayliss & Quinton, 2013; Shalev Greene & Hayden, 2014). Thus, the involvement of care workers in interventions would be important for determining success in future proposed interventions, should they be made available.

The speed in which some children are reported missing can explain higher rates of RMC from residential care. However, studies have raised concerns about the "hidden problem" of children who go missing but are not reported missing to the police (The Children's Society, 2011). Wade (2015) and Smeaton and Rees (2004) argued that unreported missing children are primarily those with repeat episodes and missing from home (with parents/guardians). There are issues with children recognising

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themselves as missing, which was found to be more common among those with histories or ongoing exploitation (Boulton et al., 2022; The Children's Society, 2018; Verhoeven et al., 2000 in Tansill, 2021). This lack of reporting, or recognition of some missing episodes, can create challenges with the prevalence of missing children from different home environments. It also exacerbates the perception that children missing from residential care are more likely to go missing repeatedly. The articles sometimes seek to identify the harmful experience of being missing repeatedly (e.g., Alys et al., 2013; Biehal et al., 2003; Hayden & Shalev Greene, 2016), with an emphasis on those being more prevalent for children in residential care, warranting strategies for potential harm reduction and lower numbers. These tend to touch upon suggestions for improvements but do not sufficiently explore them.

### Risks and Harms While Missing

Most articles referenced harms and risks of going missing to some degree, which primarily centred around the conceptualisation of "push and pull" factors, or "triggers and contexts" (Babuta & Sidebottom, 2020; Biehal & Wade, 2000; Rees, 1993; Safe on the Streets Research Team, 1999; Shalev Greene, 2010; Wade et al., 1998). Risks are understood as the reasons for going missing, while harms consist of acts/events happening to the child while they are missing.

The *triggers and push factors* sought to identify why children may want to escape someone or situation and can include family abuse and/or substance misuse, family conflict, and not feeling safe/wanted at home (Babuta & Sidebottom, 2020). Conversely, *pull factors*, or *contexts*, sought to explain missing episodes by understanding what may encourage a child to a situation which can include substance misuse, seeing family and friends, and criminal and/or sexual exploitation (Biehal & Wade, 2000; Tansill, 2021). Some factors may serve as both push and pull factors: for example, grooming may encourage a child to leave to visit the person exploiting them because they do not recognise the harms experienced, whereas others go missing to avoid their groomer (Tansill, 2021; The Children's Society, 2019). Thus, the reasons for going missing are complex, socially constructed, and dependent on the individual's specific circumstances.

The NCA (2019) identified relationship issues (familial and personal), mental health issues, and substance misuse problems as explanations for missing children. Other studies have supported the NCA's findings, but expanded to include suicidal ideation, criminal and/or sexual exploitation, and family and/or school difficulties as other risk factors for going missing (Alys et al., 2013; Biehal et al., 2003; Hayden & Shalev Greene, 2016). These explanations for missing children are not exclusive to only one home type (e.g., residential care). Instead, they can be applicable to all children.

Some studies sought to identify if there are specific risk factors surrounding RMC from residential care. The findings suggest that children aged 13 to 17 years, with a history of family conflict or

personal substance misuse, neglect, and criminal and/or sexual exploitation are most at risk of going missing repeatedly (Bezeczky & Wilkins, 2022; Babuta & Sidebottom, 2020; Galiano-Lopez et al., 2023; Hutchings et al., 2019; Sidebottom et al., 2020). Repeat missing episodes may be indicative of child sexual exploitation (Hutchings et al., 2019; Hayden & Goodship, 2014): which explains the heightened focus by practitioners and the government for children missing repeatedly from residential care (Hill et al., 2013). Slightly different findings were reported by Rees and Lee (2005) and Smeaton and Rees (2004) identified females, aged 13 to 15 years, and from single-parent households were most at risk of becoming RMC. Further, Rees and Lee (2005) found that children who first went missing before the age of 11 were more likely to have repeat episodes. However, it is unclear whether these findings are for children in residential care with these histories, or children in other home types.

The environment within residential care was recognised as another risk for RMC. Taylor et al. (2013) identified issues with power, authority, isolation, and friction experienced by children in residential care and felt these may explain why some children go missing. Further, some children report issues with bullying, over restrictive rules, and unsupportive staff within residential homes (Biehal & Wade, 2000). An alternative explanation was posited by Wade (2015) who argued that some children believed that going missing would lead to their acceptance by peers in the home. Committing crimes may be another way of gaining peer acceptance.

Shalev Greene (2010) argued that some children commit survival crimes (e.g., begging, stealing) to keep them safe and fed while missing. The prevalence of survival crimes has not been widely acknowledged. Further, not all children necessarily began committing crimes when they went missing. Devon and Cornwall Police (2007) found nearly 40 percent of children's criminal careers began before they were ever reported missing, but RMC were seven times more likely to commit crimes. Similarly, Abrahams and Mungall (1992) report that 46 percent of children missing from residential care had previous criminal convictions, compared to only seven percent of those living at home.

Out-of-area placements are another risk factor for RMC, where children can go missing for longer periods to visit family and friends, increasing their risk of harm while travelling long distances unsupervised (APPG, 2019; Biehal et al., 1995; Tansill, 2021; The Children's Society, 2019). Although focused on residential homes, some of these issues may be experienced by those in foster care but they were not adequately explored within the identified studies from the scoping review.

## Professional Responses to RMC

RMC can encounter multiple professionals across policing, health, and social work (among others), each of which possess differing views on how to support children and reduce repeat occurrences. As a

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minimum, children missing from residential care should involve multi-agency working between education providers, social services, mental health teams, and the police (APPG, 2012; 2016; 2019). Going missing is not a criminal offence, yet the police are the first port of call to begin the search for the missing child, returning them to a place of safety, and building intelligence for any future episodes (Fyfe et al., 2015; Gambier-Ross et al., 2023; Hutchings et al., 2019). Concerns have been expressed that children may become over-criminalised through exposure to the police, sometimes unnecessarily (Bayliss & Quinton, 2013). This is perhaps one reason why Collie (2021) argued for more appropriate and effective load-sharing in the response to RMC. Nevertheless, the police remain one of the primary agencies responsible for safeguarding RMC, but they should be working in tandem with social services who will create and maintain a care plan for the child's continuity of care (Bezeczky & Wilkins, 2022; Department for Education, 2014; Hutchings et al., 2019). This is important in ensuring the police have sufficient information to locate the child, and reduce the potential for harm (Ofsted, 2013). This information should then be shared with all relevant agencies to continue the child's support and prevention of repeat episodes.

Recognising the need to work collaboratively and offer better multi-agency responses has been subject to much suggestion and discussions in some identified papers (APPG, 2012, 2019; Department for Education, 2011; 2014; Ofsted, 2013). Some of the studies provided specific examples of multi-agency schemes developed to address deficits in collaborative working to safeguard RMC, but these were mostly applicable to children missing from residential care only (Shalev Greene & Hayden, 2014; Wade, 2015).

The first example included an early intervention, multi-agency policy implemented with residential homes in one police force area in England and Wales (Shalev Greene & Hayden, 2014). This agreement was successful in reducing missing child reports between 2011 and 2012, but the force still had challenges in securing support and engagement from privately run care homes (rather than local authority provisions). Shalev Greene and Hayden (2014) posited more involvement from Ofsted, who should liaise with the police to determine the rates of missing children from care homes when they are inspected. In support of their suggestion, Shalev Greene and Hayden (2014) argued that if care homes were placed under strict conditions of registration when they had high and unexplained reports of missing children, they may be more proactive in developing and effectively implementing strategies to reduce occurrences.

Another identified study discussed the implementation of the "All-Wales Protocol", established in 2011 which sought to provide clarity on the appropriate timeframes in reporting children missing, and when a call to the police is warranted (Wade, 2015). Despite the All-Wales Protocol resulting in some reductions of missing children from residential care homes, there were challenges remaining for

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ongoing/follow-up support for the children to reduce their missing episodes (Wade, 2015). Wade (2015) concluded that if children are not given access to the most appropriate provisions for their needs, the child will disengage which can increase their risks of future missing periods.

Wade's (2015) examination of the All-Wales Protocol and the challenges that remained for information sharing across agencies, led to Gwent Police implementing a multi-agency safeguarding hub (MASH). Key agencies (e.g., health care, youth work) responsible for safeguarding children could have access to the same information, ensuring it is accurate and up to date (Wade, 2015). The proposal of the MASH in Gwent seeks to reduce the concerns with up-to-date information sharing, but it is unknown if other forces follow a similar process and if this is for all children – not just those repeatedly missing from residential care. Alongside individual-level local authority responses, as described above, there are statutory requirements for debriefing and support for children upon return by the police and social services.

One example of multi-agency working specifically sought to ensure that Return Home Interviews (RHIs) were conducted, with information disclosed being shared with relevant agencies to ensure a continuation of support (Hill et al., 2016). The scheme was introduced in 2009 by the NPCC's Missing Children's Service and was specifically focused on supporting children missing from home, or those with no prior involvement with social services (Hill et al., 2016). This is the only multi-agency scheme identified to support children missing from non-residential care. This scheme was deemed successful because the RHIs were completed and the 152 children who accessed the service over a one-year period were appropriately signposted for further support (Hill et al., 2016). However, it is unclear whether these children were experiencing repeat missing episodes and the type of home environment they reside in (with parents/guardians, kinship, or foster care) was not specified.

A slight deviation from the multi-agency approaches, is to adopt a public health approach to missing persons and children, which recognises three possible levels of intervention: primary (preventing the issue occurring in the first place) secondary (early intervention once a missing episode occurs to prevent repeats), and tertiary which ensures ongoing support and prevention for missing children, engaging with all key stakeholders and partners (Gambier-Ross et al., 2023). They also identified intrapersonal (e.g., mental health issues, neurodiversity), interpersonal (e.g., abuse at home, relationship issues), community factors (lack of engagement with the community and social spaces), and macro-level public policy (including raising awareness, reducing stigma), each which will address the reasons for going missing, how to identify risks and harms, and how to engage multiple agencies to safeguard the child, and prevent future occurrences (Gambier-Ross et al., 2023). By adopting a public health approach, deficits, and challenges within existing measures (e.g., RHIs, and safe and well checks) can be addressed and more effective preventative efforts achieved. Further, more inclusive

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schemes which support children from all different home environments can help reduce concerns for the RMC who represent the "hidden" problem of missing children.

## *Return Home Interviews (RHIs)*

A few studies touched upon the need to complete effective RHIs, but only some studies discussed the processes in detail (Boulton et al., 2022; McIver & Welch, 2018; Pona et al., 2019). RHIs are mandated within statutory guidance and must be completed within 72 hours of children being located (Boulton et al., 2022; Department for Education, 2014; Harris & Shalev Greene, 2016). The RHI seeks to determine why the child went missing, where they went, and with who which, in turn, will help uncover risks surrounding their episode, why they may go missing again, and how they could be supported to avoid repeat occurrences (Department for Education, 2014; English Coalition for Runaway Children [ECRC], 2021). This can help the police in their attempts to build intelligence about the RMC (Fyfe et al., 2015). Little reference is made to the efficacy of RHIs in the available literature, but the Children's Society (2013) reported a 60 percent reduction in missing episodes and risky behaviours following the RHI.

Nevertheless, there has been the identification of barriers in completing and conducting effective RHIs. Owing to the possibility of sensitive information being disclosed, it has been recommended for someone with an existing relationship to the child to complete the RHI (McIver & Welch, 2018; Pona et al., 2019; SEU, 2002). Wade (2015) reported this arrangement led to positive experiences for children, but converse findings were identified by Mitchell et al. (2014), and Hill and colleagues (2016) who found children primarily did the interview alone (without parents, guardians, carers). Thus, the efficacy of RHIs and the people involved has not been subject to much examination to identify best practice. Further, waiting for someone with a pre-existing relationship to the child to conduct the RHI, does create problems in meeting the mandated 72-hour timeframe, especially when relying on an over-stretched social services department (Boulton et al., 2022; Harris & Shalev Greene, 2016; Hill et al., 2016; Pona et al., 2019; Mitchell et al., 2014).

Although RHIs are mandated, and must be offered to children, the child or their parents/guardians can still refuse to engage (Pona et al., 2019). The specific reasons for refusals were not discussed in the studies (Hill et al., 2016; Pona et al., 2019), but refusal rates were higher among children in residential care (Boulton et al., 2022). One suggestion is a fear of disclosing sensitive, or what the child deems to be embarrassing, information to professionals, or if their parent/guardian/carer was there too (Hill et al., 2016). If the child does not wish to participate, it can limit the amount of intelligence gathered that could locate them upon future missing episodes or make it difficult to determine the support required to prevent disappearances. The ECRC (2021) did suggest that RHI refusal rates should be monitored

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by local authorities to ensure any procedural issues or discrepancies within the interview process are captured.

If children do engage in RHIs, there have been identified challenges in extracting actionable and useful information. Boulton et al. (2022) recognised that areas of concern for children who were prioritised by local authorities for an RHI (history or risk of exploitation, known to social services) were not subsequently asked in the interviews. For example, questions related to exploitation, the risk of going missing again, and harms experienced while missing were not included within the interviews. Even if the interviewer was able to obtain information, the local authority may not have suitable services to recommend the child to, or the referral mechanism for this is inadequate (ECRC, 2021). Thus, examples such as Wade's (2015) MASH would be redundant if the information is not (a) gathered in the interview, or (b) children are not being suitably signposted for support and intervention. "Patchy" recording practices have been described in studies exploring RHIs (e.g., Harris & Shalev Greene, 2016; Hedges, 2002). The conduct and efficacy of RHIs has not been subject to much examination, and so how it can be used to prevent repeat episodes in children, irrespective of the home environment, is still debatable. The same can be said, however, for the police's process for debriefing children upon locating them: Safe and Well Checks.

### Safe and Well Checks

Safe and well checks, also referred to as "prevention interviews", are designed to build on other information gathered about the missing children and attempt to check the child's wellbeing, ensure they are not hurt, and identifying who they were with, where they went, and what they did while missing (Harris, 2019; Harris & Shalev Greene, 2016; Tansill, 2021). Unlike RHIs, the safe and well checks must be completed face-to-face (Harris, 2019), by the police but with no specific timeframes implemented. There is a requirement that any information obtained will be shared with relevant organisation to ensure continued support for the children's needs (Fyfe et al., 2015). However, studies report mixed views on the efficacy of safe and well checks, with a lack of training and guidance for officers completing the checks (SEU, 2002), and with negative views of their efficacy held by the police (Newiss, 1999). The police generally thought the safe and well checks did nothing to prevent future episodes or allow probative or actionable information to be identified (Newiss, 1999).

Other studies have recognised challenges with the police's reception and treatment of RMC (Colvin et al., 2018), and safe and well checks were thought to have the same negative connotations. Children felt that safe and well checks focused heavily on criminal activities or illegal behaviour that the child was exposed to or engaged in while missing (Beckett et al., 2015; SEU, 2022). As such, there was an unwillingness to engage in the process, especially when some children experiencing safe and well

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checks felt it was more of a tick box exercise rather than a helpful discussion (Harris & Shalev Greene, 2016). There are perhaps more opportunities to support children in the disclosure process to identify recommended interventions following their missing episodes, but this was not sufficiently explored within the identified studies of this scoping review.

## Conclusion

This scoping review sought to explore the prevalence of RMC, how risks and harms are identified for children missing repeatedly from different residential types (e.g., residential care, foster and kinship care), and which strategies have been identified, implemented, and evaluated in practice to reduce episodes and harms. The primary focus of the paper was considering the studies which have identified and explored the influence of the home environment. A PRISMA (2020) scoping review identified 76 articles for discussion, which centred upon the potential for harms experienced while missing, and this predominantly focused on discussions of criminal and/or sexual exploitation of the child (Beckett et al., 2015; SEU, 2002). Other studies recognised the need for effective-multi-agency working initiatives and schemes to reduce repeat occurrences, mitigate harm, and provide ongoing support for children (APPG, 2012; 2016; 2019; Ofsted, 2013; Wade, 2015). Despite this call from both academics and practitioners, the main finding is that the strategies that are implemented are quite sporadic, and not widely implemented (e.g., localised to only one force). The successful MASH example from Wade's (2015) study would address some of the challenges within multi-agency working, yet it was only implemented in one force area. There seems to be some limitations in areas of best practice being shared across local authorities and policing regions, with perhaps some tendency to patch their existing mechanisms rather than identifying new prevention opportunities. This was particularly evident in the Return Home Interviews (RHIs) and safe and well checks.

While some of the studies within the scoping review identified areas of best practice for RMC, such as the RHIs, examples of collaborative multi-agency working, and recognition of harms and risks, these remained explicit to children missing repeatedly from residential care. Mostly, children in other home types were not subject to the same examinations or focus, by either scholarly reports or practitioner discussions. There remains a significant gap in knowledge and practice for children living with their parents/guardians or being in kinship or foster care.

RHIs and safe and well checks are applicable for all missing children, regardless of where they live, and they should follow the same processes, persons responsible for their completion, and how they are designed to support children. However, it was recognised in some studies that RHIs are prioritised for children in residential care, known to social services, and this was justified by the concern for criminal and/or sexual exploitation (see Cockbain & Wortley, 2015; College of Policing, 2020; Jago et al., 2020; Hill et al., 2013; NCA, 2017; The Children's Society, 2018). The risk of criminal and/or sexual

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exploration was discussed in academic and practitioner reports, but there were no studies justifying this focus. Further, even if the local authority, care workers, or police are aware of an exploitation history or risk, they are not asking the relevant questions within the RHIs (Boulton et al., 2022). Thus, the ability to safeguard children and prevent harm is lacking from this perspective. Further, the inherent focus on children from residential care going missing repeatedly and experiencing exploitation takes away focus from children in other residences and does not seek a better understanding of their risks and harms.

The studies discussing risks and harms were quite generic in their identified reasons for going missing (e.g., NCA, 2019), but they did not attempt to link any factors as more prevalent or concerning based on the child's home environment. Instead, it was presumed that most issues surrounding missing children were more impactful or prominent in those living in residential care. Hill et al. (2013) recognised that children in foster care are overlooked in intervention strategies, multi-agency working schemes, and academic discussions. However, all studies fail to consider kinship care, and only briefly differentiate between other non-residential care.

RHIs remain the primary mechanism for debriefing children upon their return, but they can still be refused, and these rates were highest among children in residential care (Boulton et al., 2022). One explanation for this could be the requirement to disclose or discuss sensitive or embarrassing information. Children in residential care may have built up relationships with their carers and social workers, so someone known to them may hinder the disclosure process. Conversely, the same can be argued for children in foster and kinship care, or with their parents/guardians, where there may be a reluctance to engage in the process because of a fear of judgement or punishment. The efficacy of RHIs alone may not be sufficient in reducing repeat missing episodes and safeguarding children. Thus, examples of other multi-agency approaches, including the NPCC's (2009) referral process for children missing from home, or the All-Wales Protocol (Wade, 2015), may be more effective prevention efforts. These do warrant further examination and application though.

A gap identified from the literature is the Philomena Protocol, which is used by all police forces in England and Wales for children missing, or at risk of going missing from residential homes. Staff working with children in residential homes extract information about the child to inform risk assessments and identify prevention strategies (Missing People, n.d.). None of the located studies discovered this protocol, how it is implemented, and whether it was useful in either preventing missing episodes, reducing harms while missing, or returning the child in a timely manner. The lack of consideration for this tool raises questions as to whether it is an appropriate safeguarding and harm-reduction method for RMC.

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The scoping review identifies areas of knowledge for both research, policy, and practice. More consideration is needed regarding children missing repeatedly from home with their parents/guardians, or those from kinship, or foster care, as this was significantly lacking within studies. This may be explained by a lack of distinction in the police recording methods, which was adopted in most of the studies discussed within this article. The first step in future research is to ensure police forces and local authorities are sufficiently identifying the child's home type, and then exploring the prevalence and risk of repeat episodes more thoroughly. Once a baseline of prevalence is known, further research can seek to confirm whether the risks and harms identified above are applicable to children in all home environments, and how interventions can address their needs. This study has demonstrated some problems with the current intervention strategies, but they also need to be reflective of all home environments. By exploring RMC through a public health lens, a more sufficient preventive intervention can be devised, but this will require support from academics, practitioners, and policy makers. As noted within this article, there is a significant lack of evaluation studies for RMC in general, without considering specific home types, which presents challenges in identifying suitable intervention methods, and how these may work in practice. Studies are limited to only one or force areas, and so what works in one police force area may not be feasible in another: without this analysis though, it is difficult to determine which implementation strategies are devised and whether they are effective or not.

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