**PAN CHESHIRE RETURN INTERVIEW FOR CHILDREN OR YOUNG PEOPLE MISSING FROM HOME OR CARE 2016**

Young Person’s Name: Click here to enter text.

Date of Birth: Click here to enter text. Age at time of Incident:Click here to enter text.

Police Incident Number:Click here to enter text.

Is a return interview being completed for : [ ] Missing [ ] Absent

Dates of Missing or Absent Episode- Date and Time Last Seen:Click here to enter text. Date and Time Found:Click here to enter text.

Date of Return Interview:Click here to enter text.

Was a return interview offered within 24 hours? [ ] Yes [ ] No

Was the return interview completed within 72 hours? [ ] Yes [ ] No

If ‘No’, provide an explanation as to why not? Click here to enter text.

Return Interview Completed By: Click here to enter text. Role:Click here to enter text. Agency:Click here to enter text.

Has the child been seen independently: [ ] Yes [ ] No

Location of Return Interview: Choose an item.

Has the child reached trigger episode level?

[ ] Level 1 (5 times in a 90 day period) [ ] Level 2 (9 times in a 90 day period)

Has the appropriate level Trigger Episode Meeting taken place? [ ] Yes [ ] No

Lead Professional (this should be the Social Worker if applicable):Click here to enter text.

Other Professionals involved:Click here to enter text.

School: Click here to enter text.

Known Associates: Click here to enter text.

Status of Child: Choose an item.

*Discussion with the Child:*

**What happened to make you go away / go missing?** (running to someone or something?

running from someone or something? something happened at home or school, trouble with

friends, peer pressure, just needed to clear head, bored, encouraged by others):

Click here to enter text.

**What happened whilst you were away?** (did anything bad happen to you or someone you

were with while you were away, did you or anyone else come to any harm, where did you go,

who were you with, what happened? were you kept against your will, were you offered drink

or drugs?):

Click here to enter text.

**Did you feel safe while away?** (What do you do to help keep yourself safe, did anyone have

your number or know where you were, could you contact anyone for help if you felt unsafe at

any time, were you able to eat, wash, have a safe place to stay, did you have unprotected sex

and need to visit a sexual health clinic?):

Click here to enter text.

**What happened when you returned and crucially what can be done to stop you going**

**away again?** (why did you decide to return? were you scared to come back, were you

prevented from coming back when you wanted, how did you get back, what support do you

need, what would stop you going away again? Do the things that led to you running away still

exist?):

Click here to enter text.

The interviewer should explain the main things they are concerned about from the information

provided so far and highlight with the child any positive actions they took to protect

themselves.

**The following table can be used with the child whilst completing the return interview to guide discussion further:**

at caused you to run away:

|  |  |  |
| --- | --- | --- |
|  | Tick if ‘Yes’ | Comments |
| Things that caused you to run away: |
| Things in your home / nothappy with home life /family contact |[ ]   |
| Peer pressure or troublewith friends or bullies |[ ]   |
| Issues with schoolDrugs / alcohol |[ ]   |
| Influence from risky adultMental Health / self harm |[ ]   |
| Things you experienced while away: |
| No one knew where youwere or that you were safe |[ ]   |
| You had no way of gettingback – no money, nophone, no idea where youwere. |[ ]   |
| You had nowhere safe tostay – nowhere to sleep,eat, wash etc |[ ]   |
| You had a place to stay butit was not safe or it wasgiven in exchange forsomething |[ ]   |
| Concerns over the peopleyou were with |[ ]   |
| You were offered, given or useddrink/drugs |[ ]   |
| Something bad happenedto you or someone youwere with while you wereaway. (Sexual or physicalassault, injury or accident,drugged, threats,experienced a near miss,committed a crime, heldcaptive) |[ ]   |
| You had unprotected sex and may need a clinic foradvice and tests. |[ ]   |

Things you experienced while away:

**Any additional comments from young person:** Click here to enter text.

**Actions:** (follow-up visit with young person/ family home/ care provider/ school. Inform LA or social

worker, complete CSE Screening Tool, consider trafficking, extremism and radicalisation elements. Referral to other services i.e. sexual health clinic, Child Protection referral for immediate safeguarding:

Click here to enter text.

**Professional Risk Assessment based on interview with child:**

|  |  |  |
| --- | --- | --- |
| Current Risks/Dangers/Unknowns | Strengths/Protective Factors | Hopes/Dreams/Future Picture |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Has this return interview raised any immediate safeguarding concerns: [ ] Yes [ ] No

If yes, detail action taken:Click here to enter text.

**\*\*\* Remember, a return interview is only effective if appropriate follow up support is**

**offered to the young person to help them deal with the issues that caused them to run**

**away or issues they experienced while away \*\*\***