

PAN CHESHIRE RETURN INTERVIEW FOR CHILDREN OR YOUNG PEOPLE MISSING FROM HOME OR CARE 2020

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

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.](#)

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

Other Professionals involved: [Click here to enter text.](#)

Locations visited by child during missing incidents: [Click here to enter text.](#)

Known Associates: [Click here to enter text.](#)

Where was the Return Interview completed: [Click here to enter text.](#)

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

Status of Child: [Choose an item.](#)

School: [Click here to enter text.](#)

Education/Employment Status: [Click here to enter text.](#)

Disability: [Click here to enter text.](#)

Discussion with the Child:

Where has the YP run from? What happened to make the YP go away/ go missing? (push and pull factors) Where did the YP run to?

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 YP was 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 YP 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? 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:

	Tick if 'Yes'	Comments
Things that caused you to run away:		
Things in your home / not happy with home life / family contact	<input type="checkbox"/>	
Peer pressure or trouble with friends or bullies	<input type="checkbox"/>	
Issues with school Drugs / alcohol	<input type="checkbox"/>	
Influence from risky adult Mental Health / self harm	<input type="checkbox"/>	
Things you experienced while away:		
No one knew where you were or that you were safe	<input type="checkbox"/>	

You had no way of getting back – no money, no phone, no idea where you were.	<input type="checkbox"/>	
You had nowhere safe to stay – nowhere to sleep, eat, wash etc	<input type="checkbox"/>	
You had a place to stay but it was not safe or it was given in exchange for something	<input type="checkbox"/>	
Concerns over the people you were with	<input type="checkbox"/>	
You were offered, given or used drink/drugs	<input type="checkbox"/>	
Something bad happened to you or someone you were with while you were away. (Sexual or physical assault, injury or accident, drugged, threats, experienced a near miss, committed a crime, held captive)	<input type="checkbox"/>	
You had unprotected sex and may need a clinic for advice and tests.	<input type="checkbox"/>	

Any additional comments from young person:

[Click here to enter text.](#)

Category of Risk (low, medium, high):

[Click here to enter text.](#)

Current Risks/ Dangers/ Unknowns/ What Are We Worried About?

[Click here to enter text.](#)

Strengths/Protective Factors/What's Working Well?

[Click here to enter text.](#)

YP's Perception of Current Circumstances/What Needs to Happen?

[Click here to enter text.](#)

Outcome(s) of Return Interview:

Advice and information given by Case Worker, Direct Work, Safeguarding referral (not open to social care), Safeguarding referral (open to social care), Screening tool completed, Referral to another service

[Click here to enter text.](#)

If Referral to another service please specify:

[Click here to enter text.](#)

Actions being taken following Return Interview (Please make comments):

[Click here to enter text.](#)