**Missing/Absent Person Report**

Complete this form with the best information available at the time. Contact DCP if additional information is required. DCP should be contacted after making a report to SAPOL (if urgency assessment indicates this is required).

Completed form must be submitted to the DCP case worker and supervisor.

**\*\*\* A PHOTO OF THE CHILD OR YOUNG PERSON SHOULD BE ATTACHED TO THIS REPORT IF AVAILABLE\*\***

|  |
| --- |
| **Report date/time:** |
| **Missing/Absent Person** | **Photo date:**  |
| **Family name:** |
| **Given names(s):**  |
| **DOB/Age:**  |
| **Sex:** [ ]  Male [ ]  Female [ ]  Another term  |
| **Gender:** [ ]  Man, or boy, or male [ ]  Woman, or girl, or female [ ]  Non-binary [ ]  Different term  [ ]  Prefer not to answer |
| **Former names:** |
| **Alias(es):** |
| **Preferred language:** |
| **Birthplace:** |
| **Residency status:** |
| **Aboriginal Nation:**  |
| **Ethnicity:** |
| **Language(s) spoken at home:** |
| **Phone:** |
| **Address:** |
| **Aboriginal & TSI status:** [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Both [ ]  Neither  |
| **Legal order:** [ ]  Voluntary Custody Agreement [ ]  Family Care Meeting Agreement  [ ]  Custody of Chief Executive [ ]  Temporary instrument of Guardianship [ ]  Guardianship of Chief Executive |
| **Case Manager** | **Name:** |
| **DCP office:**  |
| **Address:** |
| **Phone** |
| **Likely whereabouts** | *Provide names and/or addresses of likely whereabouts or people they are likely to be with*  |
| **Characteristics** | **Appearance:** [ ]  Female [ ]  Male  | **Complexion:**  |
| **Height:** | **Eye colour:** |
| **Weight:** | **Hair colour:** |
| **Build:**  | **Hair type:**  |
| **Facial hair:**  |
| **Body piercing/tattoo/scars:** |
| **Last seen wearing:** |

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| **Reporter details** |
| **Name:** |
| **Phone:** | **Agency:**  |

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| **Missing/absent—What are your specific concerns?** |
| **Missing/absent since:** |
| **Location before going missing/absent:**  |
| **Possible reason for absence/going missing:**  |
| **Where to be returned:** |

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| **What has been done to locate the person?** |
| **Actions taken:** [ ]  Local search [ ]  Contacted child/young person [ ]  Contacted school  [ ]  Contacted carer[ ]  Contacted known associates [ ]  Contacted birth familyNOTE: Approval to contact birth family must have been provided by the DCP case worker.  |
| **Details:**  |
| **If the child or young person has been located** |
| **Location:**  | **Sighted by:** [ ]  Carer [ ]  DCP [ ]  SAPOL  |
| **Date and time located:** |
| **Date and time when the child or young person’s location was last confirmed:**  |
| **Date and time the child or young person left the location (if appropriate):** |
| **Comments:** |
| **Actions taken to return the child of young person to placement:**  |
| **Date and time the child or young person returned to placement:** |

**Urgency Assessment**

**Check all of the boxes below that apply and provide details as appropriate.**

**The recommended urgency rating will be determined by the highest urgency category (Extreme, High or Medium, Low) which has a box checked.**

|  |  |
| --- | --- |
| **Rating** | **Definition** |
| **EXTREME** | The child or young person is in immediate or life threatening danger |
| **HIGH** | There are high level concerns for the safety or wellbeing of the child or young person |
| **MEDIUM** | There are moderate level concerns for the safety or wellbeing of the child or young person |
| **LOW** | There are minimal concerns for the safety or wellbeing of the child or young person |

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|  | **EXTREME** | **HIGH** | **MEDIUM** | **LOW** | **N/A** | **Answer #** |
| **Date and time of assessment** |  |
| 1. **Is this significantly out of character? (has there been a recent change in the person’s behaviour)**
 |  |  |
| Yes, (eg first time going missing or absent) |  | [ ]  |  |  |  | **1A** |
| No |  |  | [ ]  | [ ]  |  | **1B** |
| **Details:** |
| 1. **Do they have a medical condition or injury?**
 |  |  |
| Yes, they have a serious illness or health condition that could become life-threatening without supervision or access to medication or medical care and concerns exist as to whether they are able to manage this condition |  | [ ]  |  |  |  | **2A** |
| Yes, they have a confirmed or diagnosed illness or physical health condition and there are concerns as to whether they are able to manage this condition independently |  |  | [ ]  |  |  | **2B** |
| No |  |  |  | [ ]  |  | **2C** |
| **Details:** |
| 1. **Do they require urgent medical attention or medication?**
 |  |  |  |
| Yes, they require urgent medical attention for a serious or life-threatening condition | [ ]  |  |  |  |  | **3A** |
| No |  |  |  | [ ]  |  | **3B** |
| **Details:** |
| 1. **Is the person suffering from a drug and/or alcohol dependency?**
 |  |  |  |
| They have recently used substances (including alcohol) to the point of life threatening overdose or intoxication  |  | [ ]  |  |  |  | **4A** |
| They are substance affected such that it poses a risk to their health or safety |  | [ ]  |  |  |  | **4B** |
| They have recently been intoxicated through recreational, intensive or chronic substance misuse |  |  | [ ]   |  |  | **4C** |
| No |  |  |  | [ ]  |  | **4D** |
| **Details:** |
| 1. **Does the person suffer from a mental illness or depression?**
 |  |  |  |
| Yes, they are currently suffering from the effects of severe distress or a disturbed mental state that could seriously threaten lives or safety without supervision or medication (eg severe psychosis) | [ ]  |  |  |  |  | **5A** |
| Yes, they have a confirmed or diagnosed mental health condition and there are concerns as to whether they are able to manage this condition independently |  |  | [ ]  |  |  | **5B** |
| No |  |  |  | [ ]  |  | **5C** |
| **Details:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **EXTREME** | **HIGH** | **MEDIUM** | **LOW** | **N/A** | **Answer #** |
| **Date and time of assessment** |  |

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| 1. **Are they subject to any detention orders?**
 |  |  |
| They have police or court ordered bail/curfew conditions |  |  |  |  | [ ]  | **6A** |
| They have detention orders |  |  |  |  | [ ]  | **6B** |
| No |  |  |  |  | [ ]  | **6C** |
| **Details:**  |
| 1. **Is the person vulnerable due to a learning disability, sensory impairment or age?**
 |  |  |
| Yes, they are 10 years or under or functioning at an age of 10 years or under due to disability or developmental delay | [ ]  |  |  |  |  | **7A** |
| Yes, they have an impacted understanding of safety or are at risk if they are unsupervised in the community as a result of a disability or developmental delay, significant trauma history or an emotional age that is significantly lower than their chronological age |  | [ ]  |  |  |  | **7B** |
| Yes, they are between 11 and 13 years or functioning at an age between 11 and 13 years due to disability or developmental delay |  |  | [ ]  |  |  | **7C** |
| Yes, they have a confirmed or diagnosed intellectual disability or developmental delay |  |  | [ ]  |  |  | **7D** |
| Yes, they have low levels of maturity or independence |  |  | [ ]  |  |  | **7E** |
| Yes, they are more vulnerable in the community unsupervised as a result of significant trauma history |  |  | [ ]  |  |  | **7F** |
| No |  |  |  | [ ]  |  | **7G** |
| **Details:** |
| 1. **Are they at risk of self-harm or suicide?**
 |  |  |  |
| Yes, they have made recent and serious threats of suicide or self-harm and reasonable grounds exist to suspect they have the means and intent to carry out these threats | [ ]  |  |  |  |  | **8A** |
| Yes, they have previously engaged in serious self-harm |  |  | [ ]  |  |  | **8B** |
| No |  |  |  | [ ]  |  | **8C** |
| **Details:**  |
| 1. **Was the person involved in any altercation, violent or otherwise prior to going missing?**
 |  |  |  |
| Yes, provide details below  | [ ]  | [ ]  | [ ]  |  |  | **9A** |
| No  |  |  |  | [ ]  |  | **9B** |
| **Details:**  |
| 1. **Are they a danger to themselves or others?**
 |  |  |  |
| Yes, they have made recent and serious threats to seriously harm or kill another person and reasonable grounds exist to suspect they have the means and intent to carry out these threats | [ ]  |  |  |  |  | **10A** |
| Yes, they are believed to be a danger to themselves but this has been captured in another question |  |  |  | [ ]  |  | **10B** |
| Yes, they are believed to be a danger to themselves or others and this has not been captured in another question (provide details below) | [ ]  | [ ]  | [ ]  |  |  | **10C** |
| No |  |  |  | [ ]  |  | **10D** |
| **Details:**  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **EXTREME** | **HIGH** | **MEDIUM** | **LOW** | **N/A** | **Answer #** |
| **Date and time of assessment** |  |

|  |  |  |  |
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| 1. **Are they currently at risk of child abuse or sexual exploitation?**
 |  |  |  |
| Yes, based on recent observations and patterns of behaviour, they are highly vulnerable to child sexual exploitation and abuse |  | [ ]  |  |  |  | **11A** |
| Yes, they have known or confirmed associations with adult perpetrators of sexual exploitation or abuse or young people with known harmful sexual behaviour  |  | [ ]  |  |  |  | **11B** |
| Yes, they have displayed harmful sexual behaviours which are developmentally inappropriate or could place them at risk (consider whether they have an appropriate understanding of sexual health, safe sex and protective behaviours) |  |  | [ ]  |  |  | **11C** |
| No |  |  |  | [ ]  |  | **11D** |
| **Details:**  |
| 1. **Any specific safety concerns? (e.g. Parent/carer’s ability, CPA written direction)**
 |  |  |
| Yes, they are known or reasonably suspected to have been abducted | [ ]  |  |  |  |  | **12A** |
| Yes, they are in life threatening danger or suspected to be in a highly dangerous environment | [ ]  |  |  |  |  | **12B** |
| Yes, they are suspected to have no access to basic needs | [ ]  |  |  |  |  | **12C** |
| Yes, they are missing in dangerous or severe weather conditions |  | [ ]  |  |  |  | **12D** |
| Yes, they have previously been seriously harmed, injured or become seriously unwell whilst missing or absent |  | [ ]  |  |  |  | **12E** |
| No |  |  |  | [ ]  |  | **12F** |
| **Details [include details of written directions/ restraining orders]:**  |
| 1. **Are they likely to be the victim or witness of domestic abuse or any other crime?**
 |  |  |  |
| Yes, they are (or are likely to be) a victim of a crime | [ ]  | [ ]  | [ ]  |  |  | **13A** |
| Yes, they are (or are likely to be) a witness to a crime | [ ]  | [ ]  | [ ]  |  |  | **13B** |
| No |  |  |  | [ ]  |  | **13C** |
| **Details:**  |
| 1. **Any social concerns? (e.g. family/relationship/employement/financial/school/legal/religious)**
 |
| Yes, they are suspected to be in company of people who will put them at risk of harm |  | [ ]  |  |  |  | **14A** |
| Yes, they are known to have associates who are likely to involve them in risky behaviour |  |  | [ ]  |  |  | **14B** |
| No |  |  |  | [ ]  |  | **14C** |
| **If Yes, provide details:**  |
| 1. **Does the person have a firearms licence?**
 |  |  |  |
| **DCP is unable to confirm whether they have a firearms licence.** |
| 1. **Does the person have access to firearms?**
 |  |  |  |
| Yes | [ ]  | [ ]  | [ ]  |  |  | **16A** |
| No |  |  |  | [ ]  |  | **16B** |
| Unknown | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **16C** |
| **Details of information that may assist SAPOL:**  |

|  |  |  |  |  |  |  |
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|  | **EXTREME** | **HIGH** | **MEDIUM** | **LOW** | **N/A** | **Answer #** |
| **Date and time of assessment** |  |

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| 1. **Is there any other information relative to their absence?**
 |  |  |  |
| Yes, they are suspected to have committed a serious offence while missing or absent |  | [ ]  |  |  |  | **17A** |
| Yes, they are highly likely to engage in serious criminal activity without adult supervision (eg serious assault, serious criminal trespass, arson etc) |  | [ ]  |  |  |  | **17B** |
| Yes, they have a history of engaging in minor offending (eg theft or property damage) |  |  | [ ]  |  |  | **17C** |
| No |  |  |  | [ ]  |  | **17D** |
| **If Yes, provide details:**  |
| **Other circumstances impacting on the level of urgency (provide details):**  | [ ]  | [ ]  | [ ]  | [ ]  |  | **17E** |

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| **Outcome of the DCP Risk Assessment (Urgency Assessment)?** |
| **Urgency rating:**  [ ]  Extreme [ ]  High [ ]  Medium [ ]  Low |

**IF THE CHILD OR YOUNG PERSON’S LOCATION IS UNKNOWN** AND THE URGENCY RATING IS MEDIUM TO EXTREME CONTACT MUST BE MADE WITH SAPOL ON 131 444.

SAPOL WILL CONDUCT THEIR OWN RISK ASSESSMENT TO DETERMINE THEIR LEVEL OF RESPONSE.

**IF THE CHILD OR YOUNG PERSON’S LOCATION IS KNOWN** REFER TO THE DCP MISSING/ABSENT GUIDANCE

|  |  |
| --- | --- |
| NGO non-family based carers  | [Missing or absent from placement Service Provider Requirements](http://childprotection.sa.gov.au/documents/missing-or-absent/missing-or-absent-from-placement-service-provider-requirements.pdf) |
| DCP residential carers and agency staff in DCP residential care | [Residential Care: Missing or absent from placement Procedure](https://dcpintranet.adds.cp.sa.gov.au/files/Procedures/Residential-care-missing-absent-from-placement-procedure.pdf) |
| DCP case management and After Hours  | [Manual of Practice: Respond when a child or young person is missing or absent](https://dcpintranet.adds.cp.sa.gov.au/mop/sitepages/support-missing-response.aspx) |