

## Autistic Missing Person Protocol (J Division Pilot)

The Autistic Missing Person Protocol is an information gathering tool to assist the police to find a person with autism who has been reported missing, as quickly as possible.

There may be important pieces of information that you are able to provide to the Police in the event that the person on this form has gone missing. Try and have several copies of recent, close up photographs of the person, this will help the Police when they are searching for them (there is an area at the end of the form where digital photographs can be added).

The checklists below are indicative – do not worry if you don't have, or cannot get, all of the information it asks for, some of it won't apply to everyone.

It is a good idea to fill in this form as soon as you can so you are prepared.

Please fill in these sections and keep the form in a safe place where it can be easily located if the person it refers to goes missing. You may want to make several copies which can be kept safe by neighbours or relatives. If you are concerned about the whereabouts of your friend / relative, then you **must** contact the police on 999. Please tell the call handler you have an Autistic Missing Person Protocol Form.

This form is designed to be completed by a family member / care giver / friend or neighbour but if the person it refers to is able, they should assist in filling out the form.

### General Information

<b>Full name</b> (of person at risk)			
<b>Known as / preferred name</b>			
<b>Date of birth</b>		<b>Age</b>	
<b>Place of birth</b>			
<b>Current full address</b> (including postcode)			
<b>Identified gender</b>			
<b>Lives alone?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>If you / they live with others, provide details</b>			
<b>Lives / stays at any other address(es)?</b> (if yes, provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

<b>Current contact details</b>	Home phone	
	Mobile	
	Network provider	
	Email address	

<b>General Description</b>		
<b>Height, weight and build</b>		
<b>Hair colour and length</b>		
<b>Eye colour</b>		
<b>Wears glasses?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Facial hair?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Any other distinguishing marks</b> (e.g. scars, moles, tattoos, piercings, etc.)		
<b>Race / ethnicity</b>		

<b>Medical Information</b>		
<b>Medical conditions, current medication, medical needs and times of medication can be added here if you feel this would be relevant if the person is missing. Please be aware of Data Protection requirements and confidentiality of medical data.</b>		
<b>If applicable, date of diagnosis</b>		
<b>Any mental health conditions?</b> (if yes, provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Any other conditions?</b> (e.g. learning disability)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>How does this impact everyday functioning</b>		
<b>Any other health issues / medical conditions?</b> (if yes, provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Able to manage these without support?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Any sensory needs?</b> (e.g. hyper / hypo sensitive to noise / sound / sight, visual impairment, hearing impairment etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>How are these affected by stress / distress?</b>		
<b>Takes medication?</b> (specify any medication taken)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Carries medication at all times?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Remembers to take medication without prompting?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Any risks if medication not taken?</b> (if yes, provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>GP contact details</b>		

<b>Communication</b>		
<b>Uses spoken language to communicate with others?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, preferred language</b>		
<b>Primary language spoken at home</b>		
<b>Uses other means to communicate?</b> (e.g. sign language, written words, PECs, Makaton etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, what aids (if any) used?</b>		
<b>Preferred communication when stressed or anxious</b>		
<b>Describe behaviour when in crisis or distressed</b>		

<b>Best way to provide support when this occurs</b>			
<b>Who matters to me? Who can you talk to me about to comfort me?</b>			
<b>Anything specific required to calm or relax when distressed</b>			
<b>Likely to harm yourself / themselves or others when highly stressed?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Will you / they speak if stopped by police?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>If not, how will you / they react?</b>			
<b>Likely to hide from first responders?</b> (please provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Able to understand the information received from the Police?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>If not, what additional support is needed?</b>			
<b>If found by police what is the best action to take?</b>	Observe until a family member / friend arrives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Officers approach and try to communicate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If you / they have been missing before, where have you / they been found?</b>			

<b>Additional Information</b>			
<b>Do you / they carry any identification or an Autism Alert Card?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>If yes, who is the contact name on the card?</b>			
<b>Which organisation issued the card?</b>			

If no card, who should the police contact for information especially if becoming non-verbal when stressed or speaking to strangers?	Name	
	Address	
	Contact No.	
Tracking technology device worn / carried?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what type?		
How can the information be accessed?		

<b>Responses / Reactions</b>	
Response to being touched	
Response to being injured or in pain	
Response to name being called	
Reaction to people in uniform	
Reaction to flashlights / torch light	
Reaction to sirens	
Reaction to helicopters	
Reaction to shouting	
Reaction to blue lights	
Reaction to search dogs	

<b>Attracted to water?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, which ones / where?</b>		
<b>Able to swim?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Attracted to road ways?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, which ones?</b>		
<b>Attracted to trains?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Attracted to heavy equipment?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Attracted to airplanes?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Attracted to fire trucks?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Attracted to fire?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Attracted to any other vehicles?</b> (if yes, provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Fears, dislikes or any other behavioural responses / reactions</b>		
<b>Have an understanding of being in danger / what danger is?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Personal Circumstances</b>	
<b>Favourite places</b>	

<b>Locations / places of importance</b>	
<b>Regular patterns / places visited / routes taken</b>	
<b>Any significant events / anniversaries that may have contributed to going missing</b>	

<b>Travel</b>		
<b>Travel by bus?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, what routes and bus numbers?</b>		
<b>Have a bus pass?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Travel by train?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Travel by taxi?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Access to a motor vehicle?</b> (if yes, provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Financial</b>		
<b>Have access and understand money?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, able to use without supervision?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Carry any cash?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>If yes, how much?</b>	
<b>Have a bank card?</b> (if yes, provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Card details			
	Account no. / sort code			
	Bank branch			

<b>Family / Friends / Contacts</b>			
<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone number</b>

<b>Details of the Person Completing this Form</b>	
<b>Name</b>	
<b>Relationship to person</b>	
<b>Contact number</b>	
<b>Date</b>	

<b>Media Release Consent</b>		
<b>1. As the individual named on this form have you had the conversation with your family or care giver and given prior consent to a media release in the eventuality you should be reported as a missing person?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>2. Does the individual who is legal proxy (Power of Attorney or Guardian) for the individual named on this form give consent for a media release in the event that they are reported missing?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Name of legal proxy</b>		
<b>Signature of legal proxy</b>		
<b>Signature of individual</b> (if appropriate)		
<b>Date</b>		



**Additional Useful Information**

**Include any other information you may feel is relevant to the police**

## **Thank you for filling out this form.**

Please keep this form as up to date as possible and review the content on a regular basis.

Please keep the form somewhere safe where it can be located quickly if the person concerned goes missing.

If you are concerned about the whereabouts of the person named on this form and you believe them to be missing then you **must** contact the police on **999**.

## **Information Regarding the Autistic Missing Person Protocol Form**

The autistic missing person protocol should be completed by the individual or the person who knows them best and has the consent of the person concerned or or power of attorney to do so.

The Autistic Missing Person Protocol has been designed to allow you to complete the form in your own time or with the support of care professionals and should be updated as necessary on a regular basis, so that the information is as current as possible. A recent photo should also be kept with the form.

### **Why should I consider providing this information?**

The information provided by you will assist the Police enquiries in the event the person concerned goes missing, so they can be traced safe and well, as quickly as possible.

It is not a medical document, but will provide relevant information about the person at the time the document is completed. We understand how stressful it can be answering questions from the Police when a relative or someone you care for has been reported missing so it covers the questions an officer would be required to ask if an autistic person was reported missing.

Often autistic people who go missing are found heading towards places which have a particular significance to them and it is important that any such places are highlighted on the form.

Don't worry if you can't complete the whole form. The more information you can provide, the better.

### **What will happen with this information?**

You should be aware that the information from this form will be recorded and assessed by officers on police systems in relation to enquiries carried out to trace the person concerned. The form will only be used for this enquiry and can be handed back to you or destroyed whichever you prefer. Any photographs will be returned.

However it is important to highlight that sometimes, we must by law, share information with statutory agencies and we will share information in relation to this incident with those agencies who have support, welfare or health responsibility such as:

- Local Authority Health and Social care which includes Social Work services;
- NHS Scotland; and
- Scottish Fire and Rescue service (SFRS)

Officers will seek our views on this after we have traced the person who you have reported missing.

### **How does this comply with data protection law?**

Police Scotland do not control the data on this form. When it becomes a Police incident (i.e. the person is reported missing), we will record this on to the relevant police systems. The information you provide will be processed on the basis of our public task and of substantial public interest in safeguarding, in accordance with the General Data Protection Regulations (GDPR) and the Data Protection Act 2018.

More information on how we handle personal data for these purposes is given in our [Protection and Wellbeing Privacy Notice](#), available on our website <https://www.scotland.police.uk/access-to-information/data-protection/privacy-notice/>

### **Contacts / Further Information**

Police Scotland [www.scotland.police.uk](http://www.scotland.police.uk)

Autism Alert Card [www.scottishautism.org/autism-alert-card](http://www.scottishautism.org/autism-alert-card). The Autism Alert Card can be obtained as a physical card or as a digital card held on your smartphone.

Health and Social Care Scotland [www.hscscotland.scot](http://www.hscscotland.scot)

**Photographs can be copied and pasted into the box below:**