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**Herbert Protocol**

**Information Regarding the Herbert Protocol Form**

The Herbert Protocol form should be completed by the individual(s) who know(s) the person named on the form best, who has the consent of the person concerned or power of attorney to do so.

The Herbert 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 Police enquiries in the event that the person concerned goes missing, so that 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 that 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 a person with dementia was reported missing.

Often people with dementia 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 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 thereafter or destroyed, whichever you prefer. Any photographs will be returned.

However, it is also 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 responsibilities 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 your views on this after we have traced the person who you have reported missing.

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

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 and the Data Protection Act 2018. More information on how we handle personal data for these purposes is given in our Risk and Concern Privacy Notice, available on our website.

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**Herbert Protocol**

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| **The Herbert Protocol** is an information gathering tool to assist the Police to find a person living with dementia who has gone missing, as quickly as possible. **If you are concerned about a person living with dementia and believe they are missing, this is an emergency and you must dial '999'.**  This form is designed to be completed by a family member / friend / neighbour / carer, with copies of the form being held by all relevant people. It is a good idea to fill this form in after diagnosis so you are prepared. Keep it as up-to-date as possible. If you have answered 'Yes' to any of the questions, please give details. |

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| **Photographs** | | |
| **Ideally provide facial close up and a full length picture.**  **Please cross this box if you consent to having this picture / these pictures put on social media in the event of the person going missing.** | |  |
| Picture 1 | Picture 2 | |

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| **Personal Details** | | | |
| **Full Name** |  | | |
| **Known as / Preferred Name** |  | | |
| **Current Address** |  | | |
| **Current Telephone Number** |  | | |
| **Date of Birth and Age** |  | | |
| **Race / Ethnicity** |  | | |
| **Is English their first language?** (if no, confirm language spoken) | Yes | No |  |

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| **General Description** | | | |
| **Height and Weight, Build** |  | | |
| **Hair Colour** |  | | |
| **Wig / Hair Piece?** | Yes | No |  |
| **Wears Glasses?** | Yes | No |  |
| **Facial Hair?** | Yes | No |  |
| **Any Other Identifying Features** (e.g. tattoos, scars, etc.) |  | | |

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| **Medical Information** | | | |
| **Has a dementia diagnosis or has memory problems?** | Yes | No |  |
| **Any know risks?** (e.g. aggression, suicidal, depressed, alcohol) | Yes | No |  |
| **Any mental health issues?**  (e.g. anxiety, depression) | Yes | No |  |
| **Other health issues?**  (e.g. diabetes, etc.) | Yes | No |  |
| **Takes medication?**  (if yes, please specify) | Yes | No |  |
| **Are they at any risks without it?** | Yes | No |  |
| **Is there a visual, hearing, communication or speech impairment?**  (if yes, please specify) | Yes | No |  |
| **Any mobility issues?**  (e.g. uses a stick, falls, breathlessness) | Yes | No |  |

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| **GP Contact Details** |  |

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| **Personal Circumstances** | | | | | |
| **Lives alone?** | | | Yes | No |  |
| **Lives with others?**  (if yes, please state who) | | | Yes | No |  |
| **Name of Next of Kin / Carer** | | |  | | |
| **Previous Addresses**  (indicate if childhood address) | | **1.** |  | | |
| **2.** |  | | |
| **3.** |  | | |
| **Name and Place of Schools Attended** | | |  | | |
| **Most Significant Job** | | |  | | |
| **Phone** | **Uses a mobile phone?** | | Yes | No |  |
| **Mobile Phone Number** | |  | | |
| **Network Provider** | |  | | |

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| **Any phobias that may affect them?** |  |
| **How might they react if worried / frightened?** |  |
| **Anything that might relax or calm them if they are distressed?** |  |

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| **Access to money?** | Yes | No |  |
| **Carrying cash?** | Yes | No |  |
| **Bank Card?** | Yes | No |  |
| **Which bank and branch are visited?** |  | | |

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| **Places of Work**  (please include addresses) | **1.** |  |
| **2.** |  |
| **3.** |  |

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| **Favourite Places** | **1.** |  |
| **2.** |  |
| **3.** |  |

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| **Hobbies**  (e.g. fishing, parks visited, etc) | **1.** |  |
| **2.** |  |
| **3.** |  |

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| **Regular Patterns / Places Visited** (e.g. appointments, chemists, shops, pub, church, clubs, etc) |  |
| **Regular or Favourite Holiday Spots** |  |

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| **Travel Patterns, Past and Present** | | | |
| **Buses?** | Yes | No |  |
| **What routes and bus numbers?** |  | | |
| **Have they got a bus pass?** | Yes | No |  |
| **Trains?** | Yes | No |  |
| **What stations and routes?** |  | | |
| **Access to a vehicle?** | Yes | No |  |
| **Car / Motor Bike / Mobility Scooter?** |  | | |
| **Vehicle Registration and Description** |  | | |

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| **Contact Details of Family / Friend / Carer / Support Worker** | | |
| **Name** | **Relationship**  (e.g. wife, son, carer, etc.) | **Contact Telephone No.** |
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| **Additional Useful Information** |
| **Include when and where last seen, a description of clothing or any other information you feel may be relevant to assist Police** |
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