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Responding to missing children in residential care: Care home staff perspectives regarding challenges and solutions

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Abstract

Children going missing from local authority care present significant safeguarding challenges, yet little is known about how care home staff perceive and respond to these incidents. This study explores perspectives and experiences of care home staff and managers (CHS/Ms) regarding factors facilitating or hindering the prevention of, and response to, children who go missing from care. Thematic analysis of fourteen interviews highlighted five key themes: (1) multi-agency communication and collaboration, (2) child-centred responses, (3) relationships with children, families, and communities, (4) professional skills and organizational support, and (5) timely and effective Return Home Interviews (RHIs). Findings emphasize the centrality of trauma-informed, relational, and child-centred approaches, alongside well-supported staff and coordinated multi-agency practice, in preventing missing episodes and ensuring safe returns. Barriers included inconsistent communication, resource constraints, procedural variation, and challenges in building trust with children and partner agencies. Findings provide actionable

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recommendations for practitioners and policymakers, highlighting the importance of consistent staffing, flexible frameworks, relational practice, structured training, and robust systems for information-sharing and RHIs. Insights contribute to the evidence base on safeguarding looked-after children and underscore the need for integrated, practice-informed strategies to reduce risk and improve outcomes for children who go missing from care.

Keywords: looked after children; missing children; missing from care; safeguarding; multi-agency working.

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Introduction

In the UK, a person is defined as missing when their '*whereabouts cannot be established*' and they are '*considered missing until located and their well-being or otherwise confirmed*' (College of Policing [CoP] 2021). Children account for 63 percent of the 319,000+ annual missing reports made to UK police, with 75 percent involving repeat episodes (National Crime Agency [NCA] 2023). Responding to these incidents represents one of the largest single demands on policing resources (Greenhalgh and Shalev-Greene 2021), with the most recent economic work highlighting an estimated annual cost of between £394 million and £509 million (Babuta and Sidebottom 2020). Beyond operational pressures, the consequences for children who go missing are profound. Episodes expose children to heightened risk of harm, including substance misuse, and sexual and criminal exploitation (Sidebottom et al. 2020; Boulton et al. 2023). Repeat missing episodes are of particular concern because they often reflect deeper emotional, relational, and systemic challenges (Bennett et al. 2024), and are linked to a range of adverse long-term outcomes, including homelessness, substance misuse, vulnerability to victimization, mental health issues, and disruption to education and employment (Sidebottom et al. 2020).

Children in the care of local authorities are disproportionately represented in these statistics, with those between the ages of thirteen and seventeen most likely to be reported missing (Bezeczky and Wilkins 2022). Although care-experienced children comprise approximately 1 percent of the child population, they account for more than one-third of all missing incidents (NCA 2023). They are approximately twenty times more likely to be reported missing than children living in family homes and are more likely to experience repeat missing episodes (Missing People 2022), leading to recurrent police contact that can contribute to stigmatization and criminalization (Bezeczky and Wilkins 2022). For example, disproportionate police responses can result in behaviours that would typically be managed by parents in home settings being criminalized and resulting in cautions

or convictions, such as minor property damage or emotional outbursts. In some cases, children who go missing are treated as perpetrators rather than victims. Repeated punitive police contact may also foster distrust and reduce engagement with services, increasing vulnerability to criminal exploitation (Children's Commissioner 2025).

Many looked-after children have also experienced trauma, neglect, and instability prior to entering care, adding complexity to the reasons underpinning missing episodes (Mitchell 2018). Children typically enter local authority care when they cannot safely remain with their families, often due to neglect, abuse, family breakdown, parental substance misuse, domestic abuse, mental health issues, or unmet and complex needs (NSPCC 2024). For some children, missing episodes may represent attempts to escape distress, reconnect with family, or assert autonomy (Sidebottom et al. 2020). These patterns reflect both the complex and often trauma-related needs of care-experienced children and the systemic challenges of delivering consistent, trauma-informed care across diverse residential settings (Brown et al. 2019). Public services are expected to operate within national protocols applicable to all children missing under the age of eighteen (Department for Education [DfE] 2014; NPCC 2023), alongside local protocols and guidance that typically emphasize the importance of considering age and individual circumstances, including vulnerability and developmental factors (NPCC 2024).

Residential care homes, ranging from small therapeutic units to larger generalist or secure settings, play a critical role in safeguarding (Kendrick 2007). Care home staff and managers (CHS/Ms) are typically the first to identify when a child is missing and, through their daily contact, develop detailed knowledge of individual children and potential 'triggers' for missing episodes. Despite this frontline role, CHS/M perspectives remain underrepresented in the literature, which has tended to focus on police views and procedural challenges (Waring et al. 2023a). Existing research suggests that although agencies adopt a shared formal definition of 'missing' in line with the CoP (2021) as '*anyone whose whereabouts cannot be established*', interpretations differ in practice. Police have been found to place weight on behaviour being '*out of character*', despite this no longer forming part of the national definition, whereas CHS/Ms and other partner agencies emphasize '*whereabouts unknown*' as the primary threshold for reporting a child missing (Waring et al. 2023a). These different interpretations can create barriers to effective inter-agency working, producing inconsistencies in expectations and tensions.

Understanding CHS/Ms' experiences is therefore essential to strengthening inter-agency practice and informing safeguarding policy. The following study addresses this gap by drawing on interviews with CHS/Ms to examine the factors that facilitate and hinder responses to children who go missing from care settings.

Policy context and multi-agency frameworks

Multiple agencies, including the police, residential care providers, local authorities, social services, and educational institutions, have a responsibility to respond when children go missing from care. Effective inter-agency collaboration is essential to reducing missing episodes and improving outcomes (HM Government 2018). In England and Wales, policy frameworks highlight multi-agency working as central for prevention and protection and include the *Runaway and Missing from Care Protocol* (DfE 2014) and the *Children Who Go Missing from Care Framework* (NPCC 2023). The latter provides tiered guidance for intervention, encouraging proportionate, risk-based responses, and distinguishes between three levels: (1) waiting or monitoring where no immediate risk is identified, (2) proactive carer and social worker involvement, and (3) formal police intervention (NPCC 2023). This structure aims to ensure consistency, avoid unnecessary criminalization, and enable agencies to share responsibility based on assessed risk.

Despite these intentions, implementation remains inconsistent, with recurring issues such as inadequate communication and disproportionate police involvement (Waring et al. 2023b). Conflicting definitions of 'missing' and 'absent', alongside varied interpretations of risk, contribute to fragmented practice (Allsop et al. 2020). Police often feel responding falls disproportionately on them, frequently noting frustration driven by perceptions that many cases are reported unnecessarily without CHS/Ms having taken necessary steps to try to locate the child first (Greenhalgh and Shalev-Greene 2021). Conversely, CHS/Ms worry under-reporting could leave them vulnerable to blame if a child comes to harm (Waring et al. 2023b). This echoes the so-called 'Baby P effect' (Murphy 2022), in which fear of scrutiny can drive risk-averse behaviour and overreporting. The resulting over-policing of care-experienced children, often reported missing for not being home before curfews, damages trust, reinforces stigma, and increases the likelihood of criminalization (Hayden 2010). Accordingly, evidence suggests issues with implementation of policies such as *Runaway and Missing from Care Protocol* (DfE 2014) and the *Children Who Go Missing from Care Framework* (NPCC 2023) in practice.

Within psychological literature, research has begun to identify mechanisms that support effective multi-agency collaboration in preventing and responding to cases of missing children. These include shared information systems, regular inter-agency meetings, designated points of contact, cross-agency training, and clearly defined roles (Waring et al. 2023a; Monaghan et al. 2024). Nevertheless, existing research tends to emphasize barriers, such as workload pressures, limited data sharing and unclear accountability, while giving comparatively less attention to facilitators of good practice (HMICFRS 2019; Braithwaite and Ivec 2022). Understanding what enables

effective collaboration is crucial for replicating success and building resilience across agencies.

In addition, literature has centred on police views and procedural challenges to prevention and response (Waring et al. 2023a), with CHS/Ms remaining significantly underrepresented (Monaghan et al. 2024). This is despite the central role that CHS/Ms have given that they are often the first to identify a missing episode and engage with the child on their return (Monaghan et al. 2024). Their proximity also places them in the unique position to recognize behavioural triggers, assess risk, and provide emotional support (NPCC 2023; Monaghan et al. 2024). The lack of research focus directed to CHS/M perspectives means understanding is limited regarding how they experience and manage missing incidents, barriers they face in inter-agency working, and the conditions enabling effective practice. This gap is problematic as interventions developed without CHS/M involvement risk reinforcing systemic challenges they intend to address.

Residential care contexts themselves also vary considerably in purpose, staffing models, and the needs of the children they support. These differences shape patterns of reporting children missing to the police. For example, larger homes and those accommodating mixed levels of need tend to report more missing episodes. This is partly attributed to lower staff-to-child ratios, which limit opportunities to provide tailored support addressing the underlying reasons children go missing and reduce staff capacity to attempt to locate children before contacting police (Bennett et al. 2024). These contextual differences highlight the importance of examining both organizational conditions and interpersonal dynamics in shaping staff responses to missing incidents. As CHS/Ms are required to exercise professional judgement, assess risk, liaise with multiple agencies, and provide emotional containment for vulnerable and distressed young people, their perspectives are essential. Integrating their insights into policy and practice offers the potential to develop safeguarding responses that are not only realistic and workable but also genuinely child centred.

Current study

Considering these challenges, the current study explores perspectives of CHS/Ms on missing child incidents, identifying the mechanisms facilitating and hindering effective prevention and responses. By centring the voices of residential care practitioners, this research contributes to a more balanced understanding of how safeguarding responsibilities are enacted on the ground. Findings are important for informing social work policy and practice by promoting preventative, collaborative, and trauma-informed responses to better safeguard care-experienced children.

Method

Given the limited research exploring how CHS/Ms respond to missing child incidents, a qualitative design was adopted to enable in-depth examinations of perspectives and experiences. Semi-structured interviews allowed flexibility in exploring emerging issues while maintaining consistency across participants (Adeoye-Olatunde and Olenik 2021). An inductive analysis approach provided a consistent methodological fit (Edmondson and McManus 2007), with meaning being derived from the data. Ethical approval for this study was granted by the University of Liverpool Ethics Committee. Participants gave informed consent.

Participants

A purposive recruitment sampling approach was used. Eligibility criteria included working in a care home in England and having experience of responding to a child going missing from this setting. This criterion was designed to ensure participants had the relevant knowledge and experience for addressing the research question, which is important for enhancing rigour and trustworthiness of findings (Campbell et al. 2020). Recruitment occurred between May and August 2025 through: (1) a study advert distributed via LinkedIn, and (2) targeted outreach across professional networks. Individuals interested in participating contacted the researchers directly to arrange a suitable date for interview. Interviews were transcribed and analysed throughout the recruitment period, with additional interviews scheduled until data saturation was reached with no new themes emerging (Boddy 2016). Saturation was achieved within eight interviews, with six additional interviews conducted to confirm themes and seek feedback from both CHS/Ms.

Of the fourteen participants (eight female, six male), ten were care home managers and four were care workers. Professional experience in the sector ranged from two to thirty years ($M = 10.21$, $SD = 8.04$). Participants were based in care homes across several regions in England, including the North-West ($n = 8$), North-East ($n = 1$), West Midlands ($n = 1$), East Midlands ($n = 2$), South-West ($n = 1$), and South-East ($n = 1$). Most participants worked in privately operated homes ($n = 12$), with one from a charity-funded home and one from a local authority home. Eleven homes primarily supported children with emotional and behavioural difficulties, two were therapeutic homes, and one was a transitional home.

Materials and procedure

The interview schedule was developed by S.W. and S.G., who both have research expertise in responding to missing children, and qualitative

research. Questions were also informed by prior research on missing incidents (e.g. Waring et al. 2023a,b; Monaghan et al. 2024). In addition, questions were reviewed by practitioners and individuals with lived experience of looking after children in care settings to ensure relevance and appropriateness of wording (Kallio et al. 2016).

In line with an inductive approach, open-ended questions were used to elicit in-depth responses (Ponto 2015). See Table 1 in the Supplementary Material for details of topics covered and examples of questions asked. Steps were taken during interviews to improve the trustworthiness of data, including use of prompts to encourage more detailed responses, paraphrasing to check researcher interpretation aligned with participant meaning, and asking for concrete examples to sense check (Varpio et al. 2017). Interviews were conducted online via Microsoft Teams to facilitate participation from across England. Interviews lasted between thirty and sixty minutes ($M = 50.4$, $SD = 15.1$) and were recorded, transcribed verbatim, anonymized, and then recordings were deleted.

Data analysis

Data were analysed using a data-driven, inductive thematic analysis approach to identify patterns across the dataset based on content rather than counting frequency, allowing flexible interpretation independent of theory (Harper and Thompson 2011). Codes were grouped into broader categories that captured key issues discussed by participants, and these categories were iteratively refined into themes that summarized important aspects of the data relevant to the research question.

Data analysis followed a six-stage process for inductive thematic analysis, beginning with transcription and data familiarization (Braun and Clarke 2006). Interviews were transcribed using Microsoft Teams' AI transcription tool and then manually checked for accuracy. Identifiable information was removed to ensure confidentiality. Transcripts were then open-coded phrase-by-phrase to capture participants' own views in their own voices. As more data were gathered, initial semantic codes addressing explicit meanings (e.g. '*matching children*') evolved into latent codes reflecting underlying assumptions (e.g. '*matching children to care homes that are able to meet their unique needs is important for being able to manage and minimise risks*'). Codes were iteratively refined to identify relevant themes, excluding unrelated data such as participant background, to improve rigour and validity (Castleberry and Nolen 2018). Initial codes were then compiled into similar groups to develop themes.

Initial coding was conducted by A.S. and E.A., with S.W. reviewing the coherence and validity of themes. Although use of inter-coder reliability is debated in qualitative research, it was employed here to check the consistency with which the agreed coding framework, developed through

inductive coding, could be applied. An independent coder assessed 10 percent of the dataset using the final coding framework, and Cohen's kappa ($k = 0.83$, $P = .001$) indicated excellent agreement (Altman 1991).

Findings

Thematic analysis of interviews highlighted five key factors facilitating and hindering the response to children who go missing from care settings: (1) multi-agency communication and collaboration; (2) child-centred response; (3) relationships with children, families, and communities; (4) professional skills and organizational support; and (5) timely and effective Return Home Interviews.

Multi-agency communication and collaboration

All participants emphasized that effective multi-agency working is essential to both prevent and respond to missing child incidents. Key partners typically included police, residential care providers, local authorities, social services, and education. Timely information sharing was viewed as critical for developing shared understanding, consistent risk assessment, and coordinated action. However, multi-agency working was also described as one of the most significant challenges. Participants reported either excessive or poorly coordinated involvement from multiple agencies or insufficient support when urgently required.

> I think my first ever missing from home I expected everybody to be rallying around, and I was like wow, I feel like I'm solo. [P1]

> Too many agencies, or not enough, and that's stupid, but that's what it was. [P6]

Strong, longstanding inter-agency relationships were identified by all participants as central to effective collaboration. Consistent role holders enabled trust, streamlined communication, and improved shared understanding of children's risks and triggers. Where such relationships existed, participants reported being able to exchange information efficiently, seek advice without fear of judgement, and coordinate responses effectively. Conversely, high staff turnover disrupted these relationships and limited information sharing.

> When external people start talking, and they've got that relationship with you, when you've got your social workers, you've got the police who you've got a good relationship with … that's when you get a bigger change to reduce missing. [P9]

Resource pressures and inefficient communication processes further impeded collaboration. High caseloads reduced meeting attendance and left

key professionals '*out of the loop*'. The absence of single points of contact (SPOCs) and streamlined reporting systems was frequently noted as being problematic, requiring participants to repeatedly share the same information across agencies, delaying responses and reducing situational awareness. Variations in procedures across agencies and regions, particularly where children were placed outside their home area, also generated delays, misunderstandings, and resulted in inconsistent expectations.

> You'd have to ring one agency, then ring another, then ring the police, then ring the other police station, then ring another police station. It was almost like you passing all this information on between each other. [P12]

> They're saying that they are expecting 'XYZ' from the police force, but they're like, 'we don't do it that way'. The local authority will be saying 'in social care we expect this to be achieved', and we're like, 'that's not achievable because that's not how it's done here at this region'. It will be passed over to another authority because the child has been confirmed in a different county, that again, we'll be expecting 'XYZ' to be achieved by them, and again, they'll have that push back of 'well actually, that's not how we do things here'. [P3]

Participants frequently described dismissive attitudes, particularly from police, towards children who repeatedly go missing. Repeat incidents were perceived to reduce responsiveness, contributing to delayed action and inter-agency tension. Some participants also felt blamed by partner agencies for recurrent missing episodes, undermining confidence and exacerbating stress. Additionally, expectations that care staff undertake potentially unsafe searches or enter high-risk situations were reported as a significant concern.

> Some children could be repeatedly missing, so they get flagged on the police system. Then the response from the police will be less because they know it's all the time. So that response isn't as fast, and there could always be that chance that maybe they have gone missing for other reasons before, but this one could be something serious. [P2]

> For the regularly missings, I feel a little bit like over the years, the finger is pointed at the home, the staff, are you doing enough? [P1]

> The staff are consistently putting themselves at risk as well because they don't know what they are putting themselves into. But they've got a duty of care to protect that child. [P6]

All participants identified several mechanisms to strengthen multi-agency working. These included having consistent designated SPOCs, regular multi-agency meetings, and joint training to build familiarity, trust, clarify roles and responsibilities, and promote trauma-informed understanding of missing behaviour. All participants emphasized the importance of shifting perceptions away from viewing repeated missing incidents as a '*nuisance*' towards recognizing children's vulnerability. Clear, jargon-free

communication was also highlighted as essential to allow information to be easily understood.

> We need to have standardised training that you would deliver to care workers, police, teachers. Have all those people in the room doing the training at the same time, specifically around missing from home. You'd have a multi-agency approach right from the start. You have to understand trauma to understand them going missing and if you don't understand that, then you're just going to see them as a nuisance. [P10]

Standardized recording systems, particularly the Philomena Protocol, were viewed positively by most participants for improving the consistency and speed of information sharing. Participants valued its capacity to provide accessible, relevant information during missing incidents but noted that recorded information was not always acted upon. The appointment of a dedicated liaison officer to ensure effective use of shared information was recommended.

> That has just changed over to the Philomena Protocol, which most local authorities are using. So, when we do get new children now, they'll go onto the Philomena Protocol … It just makes the whole process quicker. [P11]

> Something to go between the police and the home, and then actually use the Philomena document, and not just have a thing and go, yeah, we've created something, but we're just not going to use it. [P10]

Overall, effective multi-agency collaboration was seen to depend on timely communication, stable professional relationships, consistent procedures, and meaningful use of shared tools like the Philomena Protocol. Where these elements were absent, delays, miscommunication, and inefficiencies compromised safeguarding and the safe return of missing children.

Child-centred response

All participants interviewed stressed that children in care often have complex emotional needs shaping why they go missing. These episodes were frequently understood as trauma responses or coping strategies triggered by overwhelming situations, anxiety, or the need to test boundaries and seek reassurance, and were rooted in past experiences of rejection.

> … such trauma, you know, their response is always going to be to run away from it. If there is any sort of anxiety, or any situation is arising, they're going to run away. [P11]

> I do think a lot of her missing incidents are to test us around how far can I push you until you break, because everybody else did. [P3]

Recognizing and responding to individual need was seen as central to both supporting safe returns and preventing repeated incidents. As children go missing for diverse reasons, staff emphasized the ineffectiveness of a standardized approach. Instead, responses require rapid information gathering, tailored interventions, early support for emotional regulation, and reflective practice to identify patterns and triggers so that steps can be put in place to prevent repeat episodes.

> ... missing is not one size fits all. [P11]

> ... helping them reflect on how they were feeling leading up to that. Tying that in a multidisciplinary approach, in terms of whether there might be something in individual therapy ... or early warning strategies for a time out. Things that can help divert. [P14]

Flexible policies and protocols were viewed by many participants as essential to demonstrate child-centred practice. CHS/Ms stressed flexibly is paramount to account for individual vulnerabilities. Individual care plans help operationalize this flexibility, but their impact depends on staff understanding and consistently applying them. Managers were noted to play a key role in supporting staff to interpret policy and exercise professional judgement.

> There are different protocols sometimes for different children based on their abilities, their needs, things like that. What you do with one child won't work with another. It's very different for each young person in all aspects of what you're trying to teach them. Some of these kids have been through the most horrific things as children ... That's incorporated into any sort of plans you do for young people when they come in about what their plan is going to be for them when they go missing. [P11]

Placement and matching decisions were also critical to adopting a child-centred approach. Many participants noted, matching children to homes that meet their needs and ensuring compatibility with existing residents is important for preventing missing episodes by ensuring that appropriate levels of tailored support can be put in place to address individual needs and triggers for going missing. For example, taking steps to reduce restrictions where possible for children who are struggling with these, or supporting children to receive alternative education provision or activities that they enjoy, to encourage meaningful engagement.

> We had lots of missing because the kids couldn't hack how restrictive it was ... usually you find kids who go missed a lot don't know education, so it's building up the full picture of getting them in an education provision that gets them, that gives them some meaningful engagement ... building an activity planner that they want to do and you've got their views and wishes ... like the pull of the home is stronger ... we're keeping them busy and we're trying to prevent the missing rather than leaving them in a position where we know they're going to go missing. [P9]

However, several participants noted that it is often difficult to match children to homes that can meet their needs due to limited information, trauma complexity, and time pressures. Nevertheless, poor matching can intensify distress and increase missing incidents.

> Matching is hard. Matching is hard no matter what you do. [P10]

> ... all the trauma from the years they've probably suffered ... sometimes we say they're re-traumatised, because we might have to put other kids in that re-traumatise them. [P8]

Placement location also influenced risk patterns. Feedback from several participants highlighted that in-borough placements sometimes led to more frequent but lower-risk incidents, whereas out-of-borough placements often prompted more serious missing episodes as children attempted to return home or maintain relationships. Staff also cautioned how out-of-area placements could heighten isolation and undermine a child-centred approach. The type and purpose of the home were similarly influential, underscoring the importance of clarifying what types of children a care home can support to prevent missing episodes.

> The children lived within the area ... quite a lot of their missing incidents were because, you know, they're within the area ... whereas when they're out of county, sometimes the missing incidents do reduce, but generally the missing incidents are then to get back to where they're from. [P3]

> Are we matching children's needs to the types of homes that are available for them to live in? Because I think if we were doing that better, you would have less volume of going missing. [P14]

Overall, this theme highlights how the complex emotional needs of children and systemic placement challenges interact to influence missing incidents, emphasizing the need for trauma-informed, child-centred responses, careful matching, and reflective practice to support effective safeguarding.

Relationships with children, families, and communities

All participants emphasized that relationships with children, families, and the wider community strongly influence both missing behaviours, the effectiveness of responses, and ability to prevent repeated incidents. Within homes, nurturing, relationship-based practice, characterized by active listening, positive reinforcement, and making children feel valued, was viewed as fundamental to reducing missing incidents. Strong relationships helped staff recognize early triggers and take steps to address these so that children were less likely to go missing again, de-escalate situations, and persuade children to return safely. For example, if a key trigger was that children had an earlier curfew than their friends, care homes and social workers could discuss the feasibility of extending the curfew. Creating

these relationships also served as a protective factor minimizing the likelihood of children going repeatedly missing by creating a warm and welcoming environment to encourage the child to want to stay.

> It's building the relationships with the young people, getting to know them. That's ultimately the big one because you're more likely to get them to answer the phone if they've gone missing, they are more likely to get back into the car, get them to open up when they get home, reasoning with them. So, the relationships you have with the young people is vital. [P7]

> We want to look at meeting that need before it arises and meet that need within the home and meet the need within the community before the curfew times so they don't feel like they need to go missing … You build a relationship with a kid … like it's a pull, push factor and like is the pull of the home greater than the pull of the community? [P8]

In contrast, feedback from several participants highlighted that inconsistent or disengaged staff responses often contributed to missing incidents. Children quickly identified when staff were less attentive and were more likely to leave the home when such staff were on shift.

> That was a pattern too, depending on what staff are on. It they knew certain staff are on, they didn't want to be there because they knew that they weren't going to be interested in them. [P6]

Peer dynamics were similarly influential. Participants described how some children encouraged others to go missing, while the disruption created by one child's absence could trigger group patterns of missing behaviour. Limited staffing often reduced the capacity for early intervention, allowing these dynamics to escalate.

> We've had children that were actively encouraging the other children to go missing. They were all going together. [P8]

Stable relationships with children and external professionals were also noted as critical by all participants. Consistency, familiarity, and trauma-informed practice encouraged children to open up, share risks, and engage with support. However, high turnover among external agencies disrupted continuity and reduced children's willingness to engage.

> He went through a phase where he changed about three different times to three different social workers, and then they didn't come in … So, then you're breaking down that relationship, then they don't want to speak because they don't know who you are or what you are like, what you're there for. [P13]

Feedback also highlighted the importance of developing trusting relationships with families for collaborative planning, timely information sharing, and accurate risk assessments. When relationships were strained, safeguarding efforts were undermined, with some families withholding

information or even encouraging missing behaviour. Accordingly, building and maintaining positive relationships with families was noted as important for helping to reduce missing episodes by reducing the likelihood that families would encourage children to leave care homes without permission.

> The more relationships you can build, the more information gathering you can get. [P1]

> That young person's mum and dad used to actively encourage them to go missing … relationships with families is a big thing. [P2]

CHS/Ms also frequently recognized the importance of the wider environment and placement quality in shaping children's experiences and outcomes. Homes offering meaningful activities, opportunities for community integration, and a warm, family-like atmosphere created a sense of belonging, reducing the desire to go missing. Proactive strategies, such as structured routines, stigma-free environments, and investing in community relationships, were seen as central to preventing incidents.

> One of the best homes that I've worked in with regard to support with the children had the best support locally, like from people, neighbours, who are willing and also care for those children … the whole community love these kids, you know. But that's because the home put in the work for that local kind of relationship. [P4]

Overall, participants stressed how relationships are pivotal in shaping children's experiences, influencing missing behaviour, and determining the effectiveness of staff responses. Strengthening these relational networks across children, families, and community contexts remains essential for timely interventions, improved information sharing, and reducing the frequency and risks associated with missing incidents.

Professional skills and organizational support

Participants consistently emphasized that effective management of missing episodes relies on a combination of training, experience, and organizational support. Trauma-informed practice was viewed as essential for preventing missing episodes but required sufficient training to translate theory into practice and build confidence. Participants also reported feeling overwhelmed when managing multiple crises simultaneously, often with limited staffing. This pressure was intensified by limited training and experience, particularly among newer staff, leaving them uncertain about how to respond.

> You could have one child being violent and dealing with that situation, and then you've got a child who is missing, and you can only really act with the staff you have. [P2]

> If you've not had experience and you're in this role, and you don't know what you do … you think, oh my god, a child has gone missing, what am I going to do? You panic. [P13]

Personal and professional attributes such as patience, persistence, and genuine care were also described as vital for building relationships and meeting the emotional needs of children. Participants consistently noted the importance of this for creating 'pull factors' to encourage children to want to remain in the care home rather than going missing. Participants highlighted that without this ethos, safeguarding responses were weakened.

> Some people get into this job and it's a job and it's money and whatever. But I think in this kind of job, you need that care. These are kids at the end of the day. They've not asked to be here. They've not asked to have the issues that they've had. So, you're here to care for them and look after them. Really, we are a family. [P13]

In addition, managerial support and staff well-being were frequently identified as central to effective practice. Visible leadership, positive reinforcement, and opportunities for reflective discussion helped boost staff confidence and strengthen professional judgement. Emotional support, through therapy, debriefs, and reflective practice, was seen as crucial for preventing burnout and maintaining the consistency, vigilance, and trusting relationships with children required to reduce missing behaviour. However, some staff in private settings felt less supported, citing financial priorities overshadowing staff welfare.

> If you've had good management, you felt safer and you felt more likely to want to get to the bottom of things and to get a resolution for these kids. Whereas if you had a manager that didn't really or couldn't because they were limited in their experience and knowledge, it was just difficult. It's really important that you make sure you're getting some emotional support and therapy because it comes back to haunt you. [P6]

> I've been fortunate with the companies that I've worked with, but I know there are companies out there that probably don't have the resources that we do … I think a lot of it comes down to the company and what their reason behind opening a children's home is and the manager's reasons to being a manager, and the staff's reasons and they are either fully invested or not fully invested as to whether they do things the way they should be done. [P7]

Overall, the findings indicate how well-trained, experienced, and supported staff are central to effective safeguarding, prevention, and responding to missing incidents. Training, professional judgement, and strong managerial backing are crucial for enabling staff to act confidently, make informed decisions, and maintain resilience under pressure.

Timely and effective Return Home Interviews

Most participants interviewed described persistent challenges in delivering RHIs. These are typically conducted by a social worker, police officer, or charity worker and are intended to explore why a child went missing, identify any harm experienced, assess risk, and prevent future incidents (Rhees-Cooper 2023). However, participants reported how these interviews are often frequently delayed, difficult to organize, and inconsistently completed.

> It's very rare that these are ever done on time … the kids rarely engage with them, and you tend to be chasing them to come and do the return interviews, and to actually get hold of the return interviews is honestly, it's a task on its own. [P12]

When RHIs did take place, participants felt they were often superficial and easily abandoned when children showed reluctance to engage. This lack of persistence was seen as reinforcing children's mistrust of external professionals, signalling they did not care, and closing off opportunities for disclosure.

> If the child says they don't want to engage, that's it. That's closed off. And I think it's that they don't want to engage in that moment, but, you know, they know that you've just given up, that you're not going to come back and try and talk to them about it. [P3]

Participants frequently emphasized that RHIs need to be consistent, relational, and genuinely child centred. While views differed on who should conduct them, there was agreement that interviews should be delivered by someone able to build trust over time. Persistence and continuity were viewed as key to developing rapport and enabling meaningful conversations to identify what had occurred during the missing episode and triggers that led to the incident.

> They should be turning up, knocking on their bedroom door, saying 'I know you went missing last night. I'm going to be here for an hour, and I'm going to keep coming up until you'll speak to me' and try and get a relationship. Have a nominated person within whatever cluster of homes that you're in; someone who's got a proven track record of connecting with children and has like an allocated role of an independent return home for that cluster of homes … If that person consistently turns up, it shows the child that, yeah, alright, we do care if you care. [P10]

Overall, feedback highlighted how delays, disengaged practice, and lack of continuity undermine the intended safeguarding purpose of RHIs. Participants advocated for a coherent, relationship-focused model, prioritizing trust-building and ensuring interviews contribute to understanding, protecting, and supporting children who go missing.

Discussion

This study explored CHS/Ms' perspectives on factors shaping the prevention and response to missing episodes in residential care. By centring their experiences, the findings illuminate the interplay between child-centred practice, relational dynamics, professional skills, organizational support, multi-agency collaboration, and systemic constraints. In doing so, the study extends literature that has largely prioritized police perspectives, procedural analyses, or population-level data (Waring et al. 2023a; Monaghan et al. 2024).

Consistent with prior research, participants described missing episodes as complex responses to emotional distress, trauma, disrupted attachment, and unmet needs for autonomy and connection (Mitchell 2018; Sidebottom et al. 2020; Bennett et al. 2024). These accounts reinforce the limitations of standardized responses and highlight the need for flexible, individualized interventions. While frameworks such as the *Children Who Go Missing from Care Framework* (NPCC 2023) provide structured guidance, CHS/Ms emphasized that effective practice depends on professional judgement to adapt procedures to individual vulnerabilities. The findings therefore contribute to understanding how policy frameworks are operationalized in practice, cautioning against rigid proceduralism.

Relationships emerged as central to both prevention and safe return. Strong, trusting connections with children, families, peers, and communities were viewed as protective, supporting engagement and risk reduction. Extending relational safeguarding literature (Waring et al. 2023a), the findings demonstrate how relational dynamics can also operate as risk mechanisms. Peer influences and adversarial family relationships were described as shaping patterns of missing behaviour. This underscores the importance of situating safeguarding within children's broader social ecology.

Stable inter-professional relationships were similarly highlighted as critical for effective safeguarding. High turnover among social workers and police officers disrupted continuity, weakened trust, and required children to repeatedly recount traumatic experiences. While fragmented multi-agency engagement has been identified previously (Fyfe et al. 2014), the present findings emphasize that relational continuity is as important as procedural compliance. Consistent liaison roles and trust-building within multi-agency structures may therefore enhance safeguarding effectiveness.

Multi-agency collaboration was viewed as both essential and problematic. CHS/Ms echoed existing evidence regarding poor communication, and disproportionate or stigmatizing police responses (Hayden 2010; Allsop et al. 2020; Waring et al. 2023b). However, the study advanced the literature by identifying practical enablers, including shared recording systems such as the Philomena Protocol, clear SPOCs, and regular inter-agency meetings. These mechanisms were perceived to clarify roles, reduce duplication and improve timeliness, shifting focus from barriers to

actionable system-level improvements (HMICFRS 2019; Braithwaite and Ivec 2022).

The study further highlights the importance of professional skills and organizational support. Trauma-informed practice, reflective supervision, and accessible training were described as essential for managing complexity and crisis. Extending prior research (HMICFRS 2019; Monaghan et al. 2024), participants linked workforce well-being, managerial support, and organizational culture directly to safeguarding capacity. Emotional support, recognition, and professional development were viewed as integral, not peripheral, to child-centred practice, highlighting the importance of workforce sustainability alongside procedural compliance.

RHIs emerged as a critical yet inconsistently implemented safeguarding tool. Participants reported delays, limited persistence, and overreliance on procedural completion, echoing concerns within the grey and academic literature (Boulton et al. 2023; Rhees-Cooper 2023). The findings extend this literature by emphasizing that RHI effectiveness is fundamentally relational. Meaningful disclosure was considered unlikely within a single, transactional encounter. Strengthening RHIs therefore requires structural and cultural reform, including allocating interviews to practitioners already known to the child wherever possible, conceptualizing RHIs as an ongoing process with follow-up, and embedding relational quality rather than timeliness alone within performance metrics. Embedding these relational principles within statutory guidance and local protocols may enhance the protective potential of RHIs and reduce their drift into procedural compliance exercises.

The study also offers insight into contextual and organizational factors influencing missing episodes. Participants noted that larger or mixed-need homes and lower staff-to-child ratios were associated with greater challenges, echoing concerns about structural pressures and profit-care tensions (Bennett et al. 2024). In contrast, homes with clear placement profiles, consistent staffing, and meaningful engagement opportunities reported fewer incidents. These findings reinforce the need to integrate organizational design with relational and child-centred safeguarding approaches.

Implications for policy and practice

The findings suggest five key implications for policy and practice. First, safeguarding frameworks should embed flexibility and professional judgement to support individualized responses. Policies such as the *Children Who Go Missing from Care Framework* (NPCC 2023) should explicitly emphasize professional judgement, reflective practice, and the use of individual care plans to guide flexible responses. Second, relational safeguarding must be prioritized, including attending to peer and family dynamics.

Third, multi-agency working can be strengthened through shared recording systems, designated liaison officers, and regular inter-agency meetings to clarify roles, improve communication, and ensure proportionate, timely responses. Fourth, sustained investment in staff training, supervision, and well-being is essential to maintain resilience and trauma-informed practice. Finally, RHIs should be reframed as relational and persistent interventions delivered by consistent, trusted professionals.

Strengths and limitations

By foregrounding CHS/M perspectives, this study addresses a notable gap in the literature and provides a nuanced account of relational and systemic influences on missing episodes. However, participants were drawn from specific residential contexts, limiting generalizability of findings, for example, to smaller care homes. Findings rely on self-report and may be influenced by recall bias or social desirability. Similarly, as participation was self-selecting, it is possible that findings disproportionately reflect the perspectives of individuals with particularly strong views or experiences. Future research could extend these findings through incorporating observational and multi-agency case analysis, comparative studies across care contexts, and examination of barriers to implementing recommended practices.

The findings also generate testable hypotheses. First, participants described peer dynamics within and beyond residential settings as influencing missing episodes. Future research could test this association quantitatively, for example, by examining whether the presence or density of peers with recent missing episodes predicts individual-level missing risk, controlling for prior history and vulnerability factors. Second, the data indicated that organizational characteristics of care homes such as staff-to-child ratios, staff turnover, and placement mix may shape patterns of missing. Multilevel analysis examining whether structural features of residential settings are independently associated with rates of missing above and beyond individual child characteristics would strengthen the evidence base by moving from practitioner-reported associations to systematically evaluated explanatory models.

Conclusion

This study focuses on CHS/M perspectives, offering unique insights into the mechanisms facilitating or hindering the prevention and response to missing episodes in residential care. By highlighting the interplay of child-centred practice, relational dynamics, professional skills, organizational support, and multi-agency collaboration, findings provide both theoretical

and practical contributions. Integrating these insights into policy and practice can enhance safeguarding, reduce repeated missing episodes, and promote outcomes that reflect the complex needs and rights of care-experienced children. Policies and organizational strategies should emphasize relational safeguarding, flexibility, multi-agency collaboration, and workforce support to ensure that care-experienced children are protected in ways that are realistic, effective, and trauma-informed.

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Supplementary data

Supplementary data are available at *British Journal of Social Work* online.

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