



## **Section 1**

### Summary

**Title: Dementia GPS Safeguarding Scheme;** Utilising GPS technology to protect members of our community who are living with Dementia and at-risk of become a future missing person.

### **Scanning**

The number of people living with Dementia and outside of a care home setting is increasing yearly across Britain. Due to the Dementia condition, it is not unusual for people living with the disease to become disorientated, sometimes wandering from their place of safety or become confused whilst away from their home. This can often result in the police launching a missing person search.

### **Analysis**

Nationally across the UK Dementia is becoming one of the most significant conditions that affect the older population. This is predicted to continue with an estimated diagnosis by 2025 to over 1 million people.

Episodes of people living with Dementia going missing can have an impact on multiple agencies and others such as;

- Police
- Fire and Rescue
- NHS Health care
- Social Services
- Local GP Doctors

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- Family carers

Due to the risk of the person living with Dementia becoming a missing person, it can lead to risk adverse actions being taken. This can result in the person living with Dementia becoming more isolated.

### **Response**

A problem solving approach was implemented and has been evolving since the programme was launched.

Through police referrals, if a person living with Dementia is found as a missing person or at significant or becoming a future missing person, a GPS enabled device is allocated and a bespoke information record made for the person at risk of going missing.

The key principles that have been a constant have been;

- To protect those people living with Dementia who are at-risk of becoming a missing person.
- The programme is not seen or used as a replacement for good care.
- Our findings will be used to influence other bodies who should share the problem.

### **Assessment**

Assessment of the scheme has been on-going and can be measured in two ways.

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- Statistically- core figures on repeat reporting of missing occurrences.
- Emotional- the freedom and reassurance that it can provide to wearers and the Next of Kin/relatives.

### **Section 2: Description:**

#### **SCANNING:**

#### **The Problem:**

Nationally across the UK Dementia is becoming one of the most significant conditions that affects the older population, this is predicted to continue with an estimated diagnosis by 2025 to over 1 million people and over 2 million by 2051 (1). Due to varying factors outside of policing, many people living with Dementia remain living at home under the care of a relative or non-permanent external carer.

Often as a result of Dementia, people can become disorientated when away from familiar surroundings. This can escalate to the individual becoming reported as a missing person and being placed at significant risk of harm, as the time of being away from a carer increases.

When this scenario is presented to the police it often demands an escalated response in searching for a high-risk missing person to return them to safety, in a time-critical manner.

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PC Stuart King was working as a long-standing Neighbourhood police officer in inner city Bristol, UK. Following an input about Dementia and the risks that can present, coupled with personal experience, PC King recognised the benefit that GPS enabled pendants could bring in protecting those people at risk of becoming a missing person.

The UK police have a long history of being more than a law enforcement agency; we are a “Police Service” and protecting the most vulnerable people in our community from harm is a key part of our work. Therefore, developing a programme that can help prevent a missing person occurrence, or assist the police in locating a missing person can only be a positive step to take.

Within Avon and Somerset Constabulary the cost for a single high-risk missing person search is estimated at £2500. Aside from the cost to the police service, and most importantly the risk of harm and stress to the person living with Dementia, there are also the demands placed on other agencies when the person is located.

Such agencies include;

- Police
- Fire and Rescue
- NHS Health care
- Social Services
- Local GP Doctors
- Family carers

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(1) [Dementia UK report | Alzheimer's Society](https://www.alzheimers.org.uk/about-us/policy-and-influencing/dementia-uk-report)

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### **Analysis:**

Implementing a new programme that utilises GPS locating technology to assist policing in locating members of the public who were not suspected of any involvement of a crime, did present a number of risks. These risks were both to the user of any such GPS device and their family, right through to the wider reputation risks to the police force.

The risks included:

- Issuing a device that could provide a false sense of security to both the user and next of kin.
- Reputational risks to the force and scheme that could attract national criticism.

There were multiple objectives to achieve prior to even moving on to considering the procurement process.

The first hurdle to overcome was ensuring that the introduction of a scheme that utilised GPS tracking technology for policing non-crime purposes, was supported by Dementia charities and other stakeholders.

Research that I carried out nationally had evidenced that when police had attempted to trial a similar scheme on a much localised basis (often with just a few GPS devices), this attracted national negative media interest. To negate this risk I met with charities and stakeholders across the Avon and Somerset (South West of England) region to share my vision.

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This personable approach allowed me to share my vision whilst building meaningful relationships with many different people from across a region spanning 4,800km<sup>2</sup> and a population of almost 1.6 million people (1).

Through my initial research I found that I had identified many superb members of the community that were all doing very similar areas of work. I identified that as a collective group they could be even more effective. As a result I established the Avon and Somerset Dementia Forum.

This group brings credibility to the GPS scheme whilst being a very effective sounding board to the ethical assessment of whether it is suitable for the police to utilise such technology in these circumstances. It also provided a clear representation of the scale of the numbers of people that are living with Dementia across Avon and Somerset and the many carers and family members that are impacted by the condition.

Through the Avon and Somerset Dementia forum I was able to share my proposal of allocating GPS enabled pendants to “at-risk” members of our community living with Dementia. This allowed me to better understand the key stakeholder’s opinions and what risks introducing such technology may be presented.

The key issues that I identified were

1. Funding issues
2. Longevity of the scheme
3. Ethical dilemma.

(1) [https://en.wikipedia.org/wiki/Avon\\_and\\_Somerset\\_Constabulary](https://en.wikipedia.org/wiki/Avon_and_Somerset_Constabulary)

Nationally across the UK Dementia is becoming one of the most significant conditions that affects the older population, this is predicted to continue with an estimated diagnosis by 2025 to over 1 million people and over 2 million by 2051 (1).

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Coupled with declining police numbers and greater reliance on care in the community the number of people living with dementia and who are at risk of becoming a missing person, my analysis is that this is set to increase significantly.

My approach as a “ground-level” officer was to take a very practical approach to analysis. I considered academic studies but having weighed up the ever-presenting risk of vulnerable people becoming missing in the meantime; I opted for direct consultation with active officers on the ground.

I also consulted with our designated missing person specialists in an attempt to gauge a clear view of the number of people that were being reported as missing to provide a clearer view of future demand. This research did actually identify that as a force we were not specifically recording if a missing person had dementia. Whilst this information was often established at the time of a report, it did present difficulties when searching databases to establish how many missing people had dementia.

This specific is now being address with the recommendation of a bespoke search feature that identifies is a missing person also has Dementia.

### **Response**

The project has run through two separate stages;

**Stage 1 (2015-16):** This stage involved the trial of up to 15 devices force-wide for 12 months. In keeping with my approach of working and consulting directly with the key partners, funding for the scheme and devices was provided by the Bristol Dementia Action Alliance charity. I facilitated the assessment of the referrals and enlisted the help and support of the charity who volunteered to deliver each device. Aside from working on a search criteria for Dementia,

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I established a bespoke e-mail address and inbox and devised a question set (2) along with internal publicity. Within days what I had assessed was an issue became evidenced through the sheer volume of referrals made by officers which numbered in the hundreds.

The GPS pendants were monitored by a NHS call centre who would independently respond to any activations through the pressing of a button on the device OR a report of the wearer going missing.

Following a year's use, analysis showed that 13 users had not been reported missing whilst two people had. Of those two, one was located sat on a moving bus through tracking of the GPS pendant. The other missing person had not worn the pendant so was untraceable.

**Stage 2 (2017-18):** This stage focussed on finding an alternative device and supplier and increasing the number of available devices force-wide to 30. Funding was provided through the Avon and Somerset Dementia forum for purchase of 30 devices. Through analysis of the stage 1 scheme, I identified that the scheme was too dependent of a call centre to first receive the missing report and then activate tracking.

This meant that a carer or relative would invariably wait until they were sure that their relative was missing before reporting this to the police or call centre; thus increasing the risk of serious harm through injury or ill health.

I therefore identified a GPS pendant that allowed relatives to access the GPS location on-line and therefore reducing the time for harm to occur to the wearer. The introduction of this feature also reduced demand on the police call centre.

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This is supported by strict data protection and authority agreements which are signed and supported by the family/NOK and user of the device.

Finally, the alternative device allows “Geo’ Safe zones” to be activated by the wearer and Next of Kin. In practice this allows an area of a map to be highlighted as safe/unsafe zones so if the wearer walks near to a pre-decided danger such as a fast road or river, an immediate alert would be sent to the next of kin and call centre.

A person allocated with a GPS pendant will have an information record created on our database along with a photo of them. This ensures if they are reported missing by someone who was not aware of their GPS allocation, the police can ascertain this information and a recent photo ASAP.

I also introduced the force three missing person officers to receive and assess the nominations from officers across the police force. This drew upon their expertise and assessment skills, putting the right people at the heart of the scheme.

- Increased safeguarding

To increase awareness and maximise the impact that the scheme has on protecting our communities that we police, I produced internal promotional films. These films were placed on the intranet and were distributed to the Neighbourhood specific officers to make them aware of a referral in their policing area. I requested that they visit the person who is to be issued with a GPS pendant as this provided a great follow-up service, whilst also allowing an opportunity to provide further crime prevention advice.

**Stage 3: 2018 to present.** As a result of the demand on devices and limited resources to assess and allocate the GPS pendants (three

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members of staff), future assessments will be made by Neighbourhood officers who cover the geographical area of the nomination.

This builds upon the progress made in stage 2 and will allow a greater management of demand.

- Long term funding issues

Long term funding of the scheme has been a particular issue. I have presented to Health boards as I believe that this is a shared responsibility. However, I have unfortunately been unsuccessful in attracting any additional external funding streams to provide GPS enabled pendants/devices. This I feel is reflective of the budget restraints across the public sector.

### **Future collaboration**

Through presentations about the scheme at various forums I have identified one local authority, within our force area, which is allocating GPS enabled pendants as part of a care plan for people living with Dementia.

I am now working on a joint approach with North Somerset Council to establish a data sharing scheme. This will assist in identifying those people who are at high risk of becoming a missing person AND willing to share their details for an alert marker to notify the police that they have a GPS enabled pendant, should they become a future missing person.

### **Assessment**

The objective of safeguarding and preventing those people allocated GPS pendant of becoming a missing person, was 100% successful in

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year 2. However, the trial was relatively small in comparison to the wider issue.

As mentioned within response, staffing the allocation and assessment process was a particular issue. This was additional work for the missing person staff and with increased promotions of the scheme, nominations exceeded their working capacity.

However, the solution of utilising local officers to make the home visit and carry out the assessment is proving effective from multiple angles. The key benefits are that not only will the allocation assessment be carried out in a much quicker manner; it will also have the result of the local police officer getting to know some of their vulnerable members of their community who may be at-risk of other crimes.

One overriding point that I always find essential to make is that this scheme is NOT a substitute for good care and will not be a catch all solution.

The Dementia Safeguarding scheme is a practical response to protecting a vulnerable element of our communities from become a high-risk missing person. The use of a GPS pendant is only suitable for some people living with Dementia, this is why a robust assessment is carried out prior to allocation.

A further measure of the success and high regard of the scheme is that the Avon and Somerset Dementia forum that I established is still thriving. I have taken a step-back from this forum as I felt that it's future success required self-ownership by the various groups that make up the forum.

One significant and adverse response to the scheme has been from the relatives of those people allocated a GPS pendant. Relatives have been

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keen to express their gratitude and reassurance that the scheme provides. Many have said that it has given both their relative and them a degree of their old life back. One such example was the wife of man who had been allocated a GPS pendant. It allowed him to have the freedom of being out of the home whilst providing reassurance to his wife. She expressed her gratitude directly to the Police and Crime Commissioner through a very lovely and complementing letter.

I have also been contacted by a number of other police forces across the UK as they wish to replicate my scheme. One recent enquiry came from the Metropolitan police in London.

### **3 Agency and Officer Information**

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**(2) Extract from Avon and Somerset Constabulary force intranet**

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## Dementia GPS Safeguarding Scheme

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### *Protecting some of the most vulnerable people using technology*



As part of Dementia Awareness Week I wanted to share my reflections on how we can all encourage people to find out more about dementia, recognise it in their loved ones and find out where to get the help and support they need.

Dementia has been part of my working life since 2015, when I began focusing on how we could help some of the most vulnerable people across our force – those living with Dementia. Some of you may recall the trial that I ran in 2015/2016 that utilised GPS technology to allow those people living with Dementia and at risk of becoming a missing person, to live the most un-restricted life as possible.

Please don't be under the illusion that this GPS scheme is going to change the world for those living with Dementia. Like many of you, my own family has been touched by Dementia. It is so sad to see a person's personality and memories from a lifetime disappear in front of you. However, there are so many positive initiatives that people are involved with across the country and this is just one that can help people to live a more fulfilling life.

The GPS technology used in this scheme means that those wearing the GPS pendant can enjoy the freedoms of independence whilst offering the reassurance and safety net for their family, should they need it. It is not a substitute for good and proper care, but it does allow those people living with Dementia to enjoy the freedoms that we often take for granted.

During the trial many of the relatives commented how the devices had given them (as wives, husbands, carers) back some reassurance and freedom that they had not previously had.

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### The go anywhere, anytime personal emergency response service

Help is always there at the touch of a button. If you press the alert buttons for help or if you have a fall, our 24hr monitoring service can find information about your location, talk to you through your buddi to establish the kind of assistance you require, and notify your emergency contacts.



Superintendent Kelvey mentioned earlier this month about the number of MISPERs who have Dementia or Alzheimer's and this technology can help reduce demand whilst protecting the vulnerable.

One such case that comes to mind was that of a recently retired man that had relatively early Dementia. After being out for the day he failed to return home and his wife reported him as missing in the east of the city. Our normal response would have been to focus our resources around the top half of the east of the city whilst expecting the chap to be walking. However, by utilising the GPS device he was located in the city centre on a bus which was subsequently stopped and the man safely returned home. I have numerous similar stories to this and I hope that the technology can continue to assist.

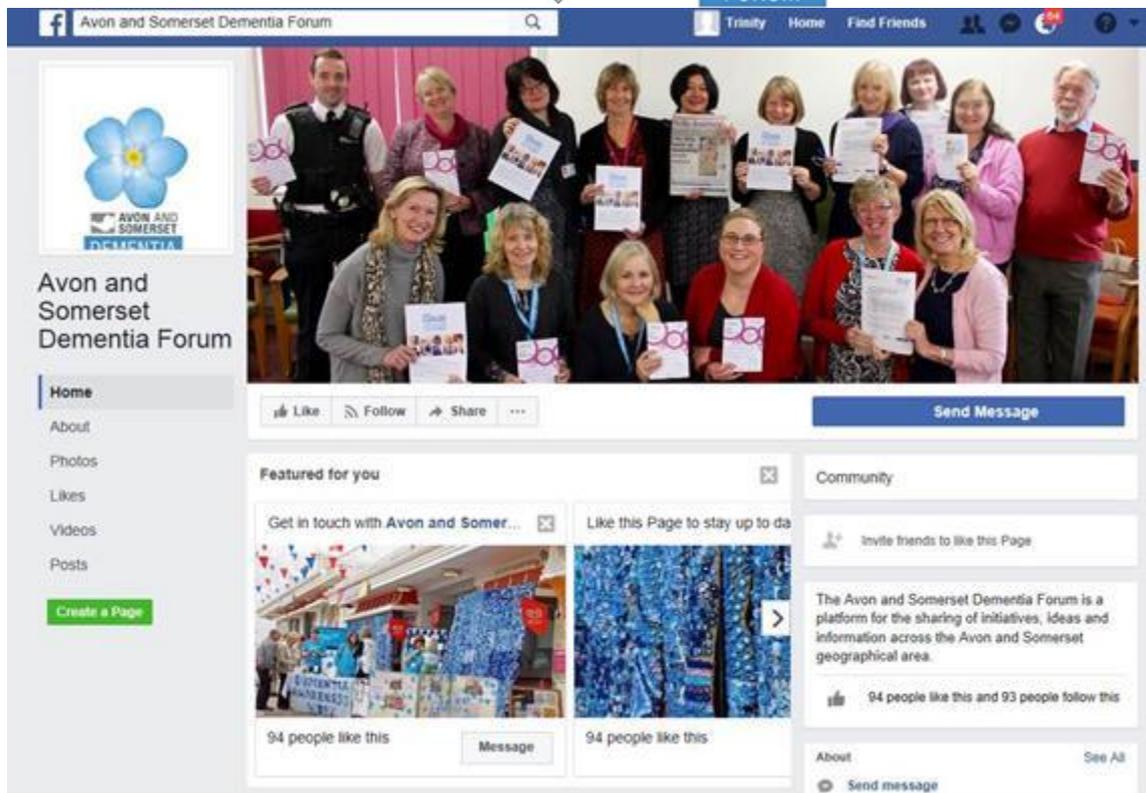
The GPS Safeguarding scheme is relaunching this year with double the number of pendants available force wide. This will take us to 30 in total thanks to the PCC donation to the forum of £5000.

Unfortunately we won't have enough GPS devices for everyone who might want one. There is also another scheme that we launched last week called Safe Places, which will provide a lifeline to Dementia sufferers. Individuals register for Safe Places and will then have access to a 24/7 dedicated phone number to call if they are lost, need help or are in a crisis. The call goes straight through to the control room and call handlers will have access to key contact details and any communication needs they have, which means we can help them quickly. You can find out more on Pocketbook.

Through my work I have found myself with contacts across our force and further afield that we are all doing a tremendous job at providing support, sharing ideas and best practice for people living with Dementia. Due to the commitment and support of these people I formed the Avon and Somerset Dementia Forum. This group is a platform that brings together all of the various charities and self-help groups across our force area.

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The group is now self-running and this is testament to the people that make up the forum. We have a Facebook page (Avon and Somerset Dementia Forum) and the meetings are held on a regular bi-monthly basis around our force area.

You can nominate someone for a GPS pendant by emailing [#Dementia](#) GPS Referral Service

We want to keep the scheme as simple as possible without unnecessary paperwork, but there are some basic details that we will require with your referral as detailed below;

- Name of nomination
- DOB
- Address
- Contact Number
- Have they been diagnosed with Dementia; Yes/No
- Brief summary for the reason for nomination
- Name of Next of Kin
- NOK Contact number
- Their response to using a GPS device

~END~