



**GUIDANCE FOR HEALTH
PROFESSIONALS
MISSING FAMILY ALERT
INCLUDING
PREGNANT WOMAN AT RISK OF
ABSCONDING**

February 2014

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Section 1

MISSING FAMILY ALERT- PROTOCOL

1. Background

The Missing Family Alert (MFA) Guidance for Health Professionals NHS Scotland 2006 (updated in 2007) was developed in response to need for tracing missing children and families where concerns were evident with regard to their safety and welfare. This process has been extended to include pregnant women at Risk of Absconding (ROA) as unborn babies can now be placed on Child Protection Registers in Scotland. National Child Protection Guidelines 2010 have now been published, and it is felt timely to also refresh these guidelines to reflect current practice and research.

2. Purpose

The purpose of the Missing Family Alert (MFA) and pregnant women at Risk of Absconding (ROA) process is to provide a consistent national approach to locating children or unborns who have disappeared from view and for whom there may be concerns of significant harm¹ in respect of unmet need, vulnerability or abuse, when local procedures have been exhausted or significant risk merits a national response.

The aim of this protocol is to provide standardised criteria for raising a Missing Family Alert (MFA) and pregnant women at Risk of Absconding (ROA) process and the subsequent distribution, monitoring and evaluation of that alert.

3. Responsibility

To raise an MFA/ROA information must be shared. Management for releasing confidential patient information within the NHS is ultimately the responsibility of the Caldicott Guardian. Compliance with the general principles: "justification of release of information... use of minimal information... restricted access on a need-to-know basis... cognisance of the law and professional responsibility" as laid down by the Caldicott Committee is essential (<http://www.knowledge.scot.nhs.uk/caldicottguardians.aspx>). Raising an MFA/ROA is the responsibility of the Caldicott Guardian within a health board. The most senior nurse for child protection within each health board leads the MFA/ROA process. The Caldicott Guardian may devolve responsibility to this senior nurse for raising a MFA/ROA.

4. Information Sharing

"Staff must consider carefully the need to process personal data fairly and lawfully and should not do so until various conditions are met, such as compliance with a legal obligation or for the administration of justice for the exercise of functions conferred by any statute, for the exercise of functions of a Government Department or for the exercise of any other function of a public nature exercised in the public interest Schedule 2." Data Protection Act (1998).

"Personal information disseminated by Health Boards/Trusts about missing families should be clearly justified on the basis of the individual case, and subject to scrutiny by the Guardian; a mechanism should be in place to ensure this."

National Guidance for Child Protection Guidance For Health Professionals in Scotland, The Scottish Government, 2012

'Healthcare staff have a duty to share information when a child or young person may be at risk of significant harm¹. This will always override a professional or agency requirement to keep information confidential.'

Sharing Information about Children at Risk: A Brief Guide to Good Practice. Scottish Executive (2004) <http://www.scotland.gov.uk/Publications/2004/04/18512/28931>

'Where a practitioner believes, in their professional opinion, that there is risk to a child or young person that may lead to harm, proportionate sharing of information is unlikely to constitute a breach of the Act in such circumstance' **Information Commissioner March 2013**

¹ Significant harm will be determined by professional judgement based on an assessment of risk.
MFA Protocol V5 February 2014

5. Responding to Concerns

When concerns are raised that a child/family/pregnant woman could be missing it is important to respond promptly, so there needs to be a local procedure in each authority area to manage this risk. A staged process is necessary. These guidelines indicate what needs to be included in local procedures as well as outlining the national procedure. The information gleaned at the earliest notification of a concern from within the community where the family were residing, by the professionals working with or known to the family is likely to lead to a successful conclusion at the earliest stage. Information gathered at this stage is critical to informing decisions at the next stage and working with partner agencies to locate them.

The '**Missing From Home Address**' (MKA1, Appendix 3)² is the first stage of the process for locating suspected missing children and families, described at 7.

Note: It is the responsibility of the Keeper of the Register, in the Local Authority, to trace "missing" children or unborn babies whose names are on the Child Protection Register. They need to be informed if the missing children are on the Child Protection Register. In addition they must be advised if the child is a looked after child (LAC). Council authorities have specific responsibilities for children who are 'Looked After' when they go missing.

6. Definition of Missing Family

This is a family who has disappeared from a known location within a health board area for whom there may be concerns of significant harm for the children in respect of unmet need, vulnerability or abuse. This includes risks to unborn children.

7. Concerns that a Family May Be Missing

Stage 1 Follow '**Missing From Known Address**'² protocol and complete the documentation (MKA1, Appendix 3).

It is critical to speak to any extended family and neighbours, playgroups, and other significant community members that only the team around the child are likely to be aware of. It is important to communicate with the named person or lead professional where this exists. Should the child be on the Child Protection Register or is a 'Looked After Child' the Keeper of the Register in the authority area should be notified immediately. When this process has been followed and the family have not been located this then needs to progress to stage 2.

Stage 2 NHS personnel with evidence that a family is missing or concerns a pregnant woman may abscond should contact the child protection nurse with responsibility for their locality/area of work. All reasonable and practical efforts should continue to be undertaken to locate the family. This now needs to include discussion with other health professionals and partner agencies; and interrogation of IT systems such as Community Health Index (CHI), Standard Immunisation Recall (SIRS) and Patient Administrative System (PAS). Partner agencies may be able to assist, e.g. housing, social work, and education. Police have a specific role to trace missing persons and they have access to numerous databases, which can assist in gathering information or intelligence, which will assist in tracing missing children and families.

Stage 3

Progress to raising a '**Missing Family Alert**' is reached when a child or family have not been located and there are concerns of significant harm. The speed in reaching this stage is determined by the risk assessment. For example, when abduction or child trafficking is suspected no time should be lost go direct to stage 3.

This now needs to be discussed with the senior nurse for child protection within the health board. The Lead Nurse will collaborate with the Caldicott Guardian as required and agree the appropriateness of raising a NHS Scotland Missing Family Alert Form (MFA1, Appendix 4)³.

² Appendix 3--MKA1

³ Appendix 4 – MFA1

8. Raising a Missing Family Alert⁴

Once a professional decision has been taken to raise a MFA1⁴ or ROA1⁴, the senior nurse raising the MFA1 or ROA1 should circulate it to each health board in Scotland, including NHS 24, the Scottish Ambulance Service (SAS) and to Practitioner Services in Aberdeen (Appendix 2)⁵. Additional circulation to other United Kingdom countries⁶ will be based on knowledge of the family. There is no system to include countries out with the UK. Concerns about the protection of children believed to have left the UK should be discussed with the police.

***Note** NHS Scotland MFA1 and ROA1s are only for distribution within Scotland; unless a known connection has been established to a location within the UK when it can be passed to the lead nurse for child protection for that specific location.

In recognition of the Data Protection Act (1998) and the general principles of the Caldicott Committee, minimal but pertinent information will be transcribed onto the MFA1/ROA1. The lead nurse for child protection and caseload holder for the family will retain the detailed information to further advise colleagues should the family be located.

The following checklist may be helpful:

- The lead nurse raising the MFA1/ROA1 should ascertain the concerns and complete the NHS Scotland Missing Family Alert Template (MFA1) or Risk of Absconding (ROA1) template.
- The lead nurse and named contact on the MFA1/ROA1, from the health board raising the alert, should retain the detailed clinical and social information/records until the MFA1/ROA1 has date-expired or the missing family have been found.
- A copy of the MFA1 should be placed in the child health records; ROA1 on maternity records, held by the caseload holder, e.g. Health Visitor/School Nurse/Midwife and an entry made on the chronology sheet/record. Health records/GP electronic systems should be flagged as missing/at risk of absconding where possible.
- The MFA1/ROA1 should be circulated to all health boards within Scotland; this must include NHS 24, SAS and also Practitioner Services, Aberdeen.
- Based on information available, distribution may be necessary to other UK destinations. Contact details for child protection nurses for specific UK destinations can be located in the current Directory of Child Health Offices in the UK⁶.

9. Family Located

It is the responsibility of the lead nurse who raised the MFA1/ROA1 to advise all health boards, NHS 24, SAS, Practitioner Services and others on the original circulation list when the family have been located. This should be done by completing the appropriate section⁷ on the original MFA1/ROA1 and re-circulating it.

10. Distribution following receipt of a Missing Family Alert⁸ or Risk of Absconding⁹ from within Scotland

10.1 On receipt of a MFA1/ROA1 lead nurses within Scotland will distribute the alert to appropriate disciplines within their health board. Staff disciplines will be identified by the known risks to the child/ren as detailed on the MFA1. However, distribution should always include all accident and emergency departments and all senior, specialist or designated nurses for child protection, and midwifery units/personnel as appropriate.

10.2 The lead nurse should ensure that staff disciplines receiving a MFA1/ROA1 are aware of their responsibilities in trying to locate such families.

⁴ Appendix 5 - Flow Chart 1

⁵ Appendix 2--A detailed list of nominated senior nurses, their addresses and the address of Practitioner Services, NHS 24 and SAS will be distributed with this protocol

⁶ Contact details can be found in the current Directory of Child Health Offices in the UK

⁷ Family found details can be entered in the appropriate box on the bottom left hand corner of the MFA1

⁸ Appendix 6 Flowchart 2

⁹ Appendix 9 Flowchart 3

10.3 Should the family be located the NHS personnel must be made aware of their responsibility to advise the lead nurse in their own health board in addition to informing/contacting the named person in the health board raising the alert to ascertain additional information and to request health records.

10.4 The lead nurse must retain a copy of the MFA1/ROA1 and Distribution (Flow Chart 2) as a file/audit copy; this will serve as both an audit trail and an aide memoir should the family be located.

10.5 NHS staff disciplines having received an alert must be notified if the family is found within the 3 months alert period; they will then destroy their copy of the MFA1/ROA1.

11. Distribution following receipt of a Missing Family Alert from out with Scotland

When MFAs/ROAs are received from out with Scotland it is important these are managed in a consistent manner in each health board area of Scotland.

Each health board area should establish a database for the recording of these alerts. This means any family moving into your area where concerns are raised can be checked against the MFA/ROA database.

The Lead Nurse for Child Protection needs to assess each alert on the following criteria to decide on distribution, if any:

- a) when the alert is regarding a person with connections already established in your respective area i.e. extended family/new or previous partner/close friends live there
or
- b) when the likelihood of the person arriving in your area i.e. having a previous address within your area; stayed with relatives/friends previously in your area
or
- c) when it is indicated on the alert their intention to locate to your area

When the MFA1/ROA1 is to be circulated follow procedure per section 10.

If not to be circulated, store on database for 3 months.

Any families of concern moving into your area can then be checked against this database. This list is not exhaustive and professional judgement needs to apply.

Any found follow procedure per section 9 and to the health board from its origin.

Any not found follow section 21.

12. Children Missing from Education (Scotland) Service (CME(S))

The Children Missing from Education (Scotland) Service (CME(S)) is available to provide guidance on all aspects of children missing from education, and to facilitate agreements between local authorities, national agencies and partners to allow the effective exchange of information to locate a missing child.

Education authorities and schools should follow local procedures to re-establish contact with children missing from education. This should be a collaborative approach sharing information with other services where appropriate (for example Education, Housing, Social Work) and agencies (for example Health and Police) in line with [Child Protection](#) policy and based on the [Getting it right for every child](#) approach. The Named Person could provide valuable input in to establishing the level of risk and making decisions about the nature of the action to be taken. Where there are significant concerns about wellbeing, the Police should always be involved in establishing the child's whereabouts.

After local searches, and based on the information gathered, the designated officer for children missing from education within the education authority may co-ordinate a wider search.

The circumstances and evidence surrounding an individual case will inform the correct course of action. The designated CME officer can directly contact CME co-ordinators of relevant local authorities to start a search within their authority. CME(S) are always available to support effective practice and provide guidance.

When a child has been located in their health board area, the lead nurse will inform their [CME co-ordinator](#) that the child has been found. The CME co-ordinator in their locality should be advised of the child's name, date of birth, address and any other relevant details. The CME co-ordinator will proactively follow up on the child's educational requirements.

The lead nurse will ensure that the child/family are in receipt of NHS services and that appropriate and relevant risk assessment and referrals are made in accordance with professional practice, information sharing protocols and child protection guidelines so that appropriate planning and actions can be taken to support the child and family.

Further information can be found at: www.cmescotland.net

To allow CME co-ordinators to provide the best service within their local authority, the forms they use may be bespoke. An alert form, such as the example CME1 in annex 9, can be used to capture the relevant details for a child who is missing from education. Please discuss the best working practices with your CME co-ordinator to ensure effective partnership working.

13. NHS 24

On receipt of a MFA1, ROA1 or CME1 (or equivalent as agreed with the CME co-ordinator in your area) NHS 24 will undertake retrospective checks, against calls handled. If a family subject to an alert has contacted NHS 24 they will advise the lead nurse for child protection in the health board area in which the family have been located.

14. Scottish Ambulance Service (SAS)

The SAS hold contact information on emergency, urgent and planned contacts. On receipt of a MFA1, ROA1 or CME1, the named manager at Ambulance Control Centres (ACC) North will advise the remaining two control centres and a named National HQ manager. The SAS will undertake a retrospective check against calls handled. If a family subject to an alert is identified, the SAS will contact the lead nurse child protection in the health board area in which the family have been located. The Service will undertake up to three checks per person and "tag" details where sufficient information is provided.

15. Practitioners Services

Practitioners' services, in Aberdeen will, on receipt of a MFA1, ROA1 or CME1, advise partner centres in Glasgow and Edinburgh and together will undertake a national weekly check against CHI, of families registering with a GP practice. If a family are located, Practitioner Services will inform the lead nurse in the health board area in which the family have been located.

16. Police

On receipt of a report of a missing person the Police will carry out an initial risk assessment based on all the known circumstances at the time. The level of risk will determine the resources dedicated to the enquiry. In all cases the Police have a duty to enquire into a report of a missing person until such time as that person is found.

The Police have access to numerous databases, which can assist in gathering information or intelligence, which will assist in tracing missing persons.

The Police prefer to receive missing person reports as soon as is practically possible. Occasionally a professional individual may have immediate cause for concern which cannot be evidenced. In these

cases the Police would recommend that early contact be made to ensure the missing person enquiry commences immediately. "Too soon is better than too late".

17. Actions and distribution following receipt of a MFA1, ROA1 should include:

On receipt of a MFA1/ROA1 the lead nurse should review information received

- Detailed clinical and social information should **not** be condensed/ transferred onto the MFA1/ROA1 when received from another agency or from out with Scotland, these should be forwarded in the manner received and distributed following assessment per section 10.
- Use professional judgement in respect of the distribution of the MFA1/ROA1 to the lead nurse or equivalent in appropriate disciplines, according to identified risk. This will include all accident and emergency departments and all senior, specialist or designated nurses for child protection. For ROA1 include all maternity units and community midwife teams.
- Retain a copy of the MFA1/ROA1 and specific distribution (Flow Chart 2) as a file/audit copy.
- Ensure those personnel receiving a MFA1/ROA1 are aware of their responsibilities in respect of the alert.
- Ensure any located families are notified by the finding personnel to the lead nurse of the health board area.
- And to inform/contact the named person in the health board who raised the alert to access additional information and request health records.
- The lead nurse in the area in which the family have been located should ensure that appropriate NHS services are provided.

18. Actions and distribution following receipt of a CME1 should include:

The lead nurse will

- Use professional judgement in respect of the distribution of the CME1 to the lead nurse or equivalent in appropriate disciplines, according to identified risk. This will include all accident and emergency departments and all senior, specialist or designated nurses for child protection.
- Retain a copy of the CME1 and specific distribution (Flow Chart 2) as a file/audit copy.
- Ensure those personnel receiving a CME1 are aware of their responsibilities in respect of the alert.
- Ensure personnel inform the lead nurse in their health board area should the family be located,
- Additionally, should the child/family be located in the receiving health board area, there is a responsibility to inform the CME co-ordinator for their local authority
- The lead nurse in the area in which the family have been located should ensure that appropriate NHS services are provided.

19. Missing Family Alert Form (MFA1), Pregnant Woman at Risk of Absconding (ROA1) and Children Missing Education Form (CME1)

- The MFA1, ROA1 and CME1 should be made available in confidential staff areas for NHS personnel to read as appropriate; local arrangements should be agreed.
- The MFA1, ROA1 and CME 1 will contain pertinent but minimal clinical and social identifying information.
- The MFA1, ROA1 and CME1 will stipulate risk factors to facilitate appropriate distribution.
- The MFA1, ROA1 and CME1 should be destroyed after 3 months, or in the case of unborn children, Expected Date of Delivery (EDD) plus 3 months.

20. Individual NHS Practitioners in Receipt of a MFA1, ROA1 or CME1

- On receipt of a MFA1, ROA1 or CME1, NHS practitioners should check the details against their case files.
- Where locally agreed protocols exist to flag or retrospectively check records or IT systems, this should be done.
- Should the family be located, the local lead child protection nurse should be informed.
- Should the family be located there is an additional responsibility to inform/contact the named person in the health board who raised the alert to access additional information and request health records.

21. Family Not Found

If the family have not been located at the end of the 3-month alert period, the senior child protection nurse in the health board raising the MFA1/ROA1 must review all the circumstances relating to the family.

Professional judgement should be used to consider any additional actions that can reasonably be undertaken and this should include referral to the Keeper of the Register who has authorisation to check Inland Revenue¹⁰ details.

Referral to the police must be initiated if this has not already been done.

Action could also include re-issue of a MFA1/ROA1. Local health board arrangements for continuing IT searches, and the processing and storing of unclaimed records should be instigated at the end of 3 months if the family have not been located.

In respect of a CME1, please keep in contact with your CME co-ordinator who can review all further actions that can reasonably be undertaken.

22. Special Circumstances

Many families come to the UK or travel in the UK for a variety of reasons such as university, work, lengthy stays with extended families to care for each other, and travelling families. These are normal circumstances and should cause no concerns when children or pregnant women will be receiving health care and other services as appropriate.

Travelling Families: It is helpful for each health board area to have a contact person identified linking with travelling families where inquiries can be made before a concern is raised. Often this contact person can advise on the mobility, forwarding location and welfare of concerned children and families.

There are **others** who come to the UK or who travel within the UK when additional factors could place children, pregnant women and unborn babies at risk. These families may need to be considered under the MFA process should circumstances raise concerns of significant and/or immediate harm. These circumstances could include **trafficked women and children, forced marriage**, homelessness, domestic violence etc.

23. Pregnant Women at Risk of Absconding

There may be occasions when serious concerns arise regarding the safety and welfare for pregnant women who are not located at their home address, for example cases of serious domestic violence. An MKA1 followed by an MFA1 form should be completed as required and procedures followed for these.

Where the welfare of the mother or unborn is at risk of serious harm, for example unstable substance misuse accompanied by other high risk factors such as homelessness, serious mental health issues, or sexual offence concerns of a parent, and where the mother has been evading maternity and health services, and there is a fear the woman may abscond prior to delivery, the Risk of Absconding process should be followed.

On these rare occasions there may be a need to alert other health services should the woman require medical attention and attend where she may not be known. The ROA1 form Appendix 8 may be completed and distributed following the procedure. Items 3 and 4 always apply. Should the family go missing the ROA1 should be recalled and an MFA1 issued and followed as per guidance.

¹⁰ See page 19 Accessing information from Inland Revenue to assist with enquiries about a child's safety and welfare
MFA Protocol V5 February 2014

24. National Audit of MFA1 ROA1 and CME1

The purpose of the MFA1, ROA1 and CME1 is to locate missing families where children or unborns are at risk of significant harm due to unmet need, vulnerability or abuse.

It important to be able to evidence the system for NHS Scotland works and any modifications are made in a systematic way and within an ethos of continuous improvement. Audit therefore needs to be integral to the process including governance reporting and this section determines how this process will be undertaken to support the NHS Scotland MFA protocol.

This is a 3 step process:

Step 1 Lead Nurses for Child Protection populates/oversees the population of the agreed database for their Health Authority area.

Step 2 Lead Nurses for Child Protection complete the Annual Report Templates for their Health Authority area by 30th June each year (*to include the period 1st of April to 30th of March from preceding year*) and forward to Lead Nurse Child Protection from Highland.

Template 1¹¹ Complete data regarding MFAs/ROAs raised from within your area only.

Template 2¹² Complete for data regarding MFAs/ROAs received from out with your area.

On completion of these two templates, forward to Lead Nurse Child Protection Highland, before 30th June for that year.

Step 3. Lead Nurse Child Protection from Highland will provide an annual report with action plan to Lead Nurse Child Protection Forum by 30th September each year for approval and onward transmission to Nursing Officer for Children, Vulnerable Families and Early Years, Scottish Government by 30th November each year.

¹¹ Appendix 10 Audit Template 10

¹² Appendix 11 Audit Template 11
MFA Protocol V5 February 2014

Section 2

CHILDREN MISSING FROM EDUCATION (SCOTLAND) AND NHS LINKS

The Children Missing from Education (Scotland) (CME(S)) Service is available to provide guidance on all aspects of children missing from education, and to facilitate agreements between local authorities, national agencies and partners to allow the effective exchange of information to locate a missing child.

NHS Scotland have introduced a missing family alert process to locate children who have disappeared and for whom there may be concerns of significant harm in respect of unmet need, vulnerability or abuse.

Information sharing and collaborative working are required in successfully locating and reintegrating children and families with services. This paper sets out protocol and procedures to be followed for health and education professionals to work together in this work.

Children Missing from Education

Children Missing from Education are children and young people of compulsory school age who are not on a school roll and are not being educated otherwise (at home, privately or in an alternative provision). They have usually not attended school for a substantial period of time (usually agreed as 4 weeks or considerably less for vulnerable children).

Schools have in place absence policies and procedures to record attendance and to provide guidance on relevant actions to be taken in cases of absence. Whilst parents / carers are requested to inform the school if their child is to be absent, when there is no information given, the class teacher (primary) or guidance teacher (secondary) will endeavour to find out the reason and circumstances of the absence. Such actions include: contacting home by phone or letter, asking other children in the class, contacting emergency contacts or requesting a home visit from home link staff. Further information will be gathered from other services or agencies involved with the child or family.

Each local authority has a named Children Missing from Education co-ordinator who can instigate a wider local search which involves searching databases for education, housing and social work, and ensures the usual checks have been made with friends, relatives and any other services for children and families.

The CME co-ordinator should be your key contact when locating a child missing from education as they are best placed to co-ordinate a search. Useful resources including details of the CME co-ordinator within your local authority can be found on the CME Scotland website: www.cmescotland.net

Requesting a Search from NHS

If there are concerns regarding the child it may be appropriate to for the CME co-ordinator to request a search from the NHS in line with the missing family alert protocol.

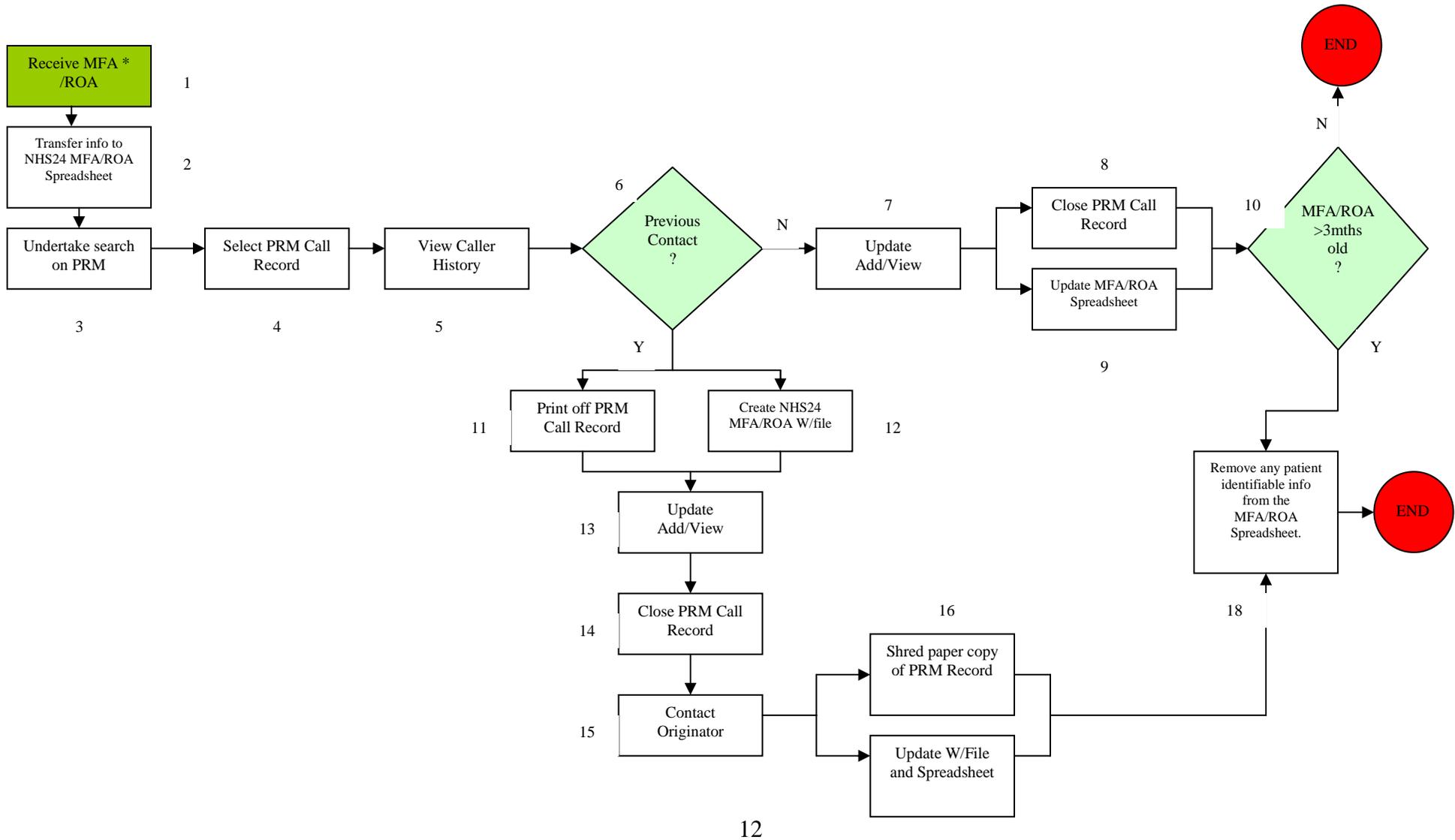
It is important that services can work together when searching for a child. The CME co-ordinator within your local authority should be aware of who to contact when requesting a search and what the procedure should involve. Please do make regular contact with your CME co-ordinator.

When a child has been located in their health board area, the lead nurse will inform their [CME co-ordinator](#) that the child has been found. The CME co-ordinator in their locality should be advised of the child's name, date of birth, address and any other relevant details. The CME co-ordinator will pro-actively follow up on the child's educational requirements.

The senior child protection nurse will ensure that the child/family are in receipt of NHS services and that appropriate and relevant risk assessment and referrals are made in accordance with professional practice, information sharing protocols and child protection guidelines so that appropriate planning and actions can be taken to support the child and family.

NHS 24 MISSING FAMILY ALERTS

This process is for the NHS 24 Public Protection Administrator to undertake on a regular basis, (i.e. weekly or similar).



Process Steps

- 1) The Nurse Consultant Safeguarding Children and Young People will receive the Missing Family Alerts (MFA)/pregnant woman at Risk of Absconding alert (ROA) from either a Scottish or English Health Board via the area Child Protection Nurse Consultant or Advisor, who will forward these to the NHS 24 Public Protection Administrator.
- 2) The key information from the MFA/ROA (Forename, Surname, DOB and Originator) will be populated into the NHS 24 MFA Spreadsheet. This spreadsheet documents all received MFA's/ROAs and gives an overall summary view of the work/investigations undertaken on each. It is maintained by the NHS 24 Public Protection Administrator.
- 3) On a regular basis (weekly), the NHS 24 Public Protection Administrator will undertake a search of all the MFA/ROA entries on the Spreadsheet, to ascertain if any member of the missing family has contacted the NHS 24 for information/assistance.

A search will be undertaken on the PRM System, as per the Demographics Process (Clinical Process # 3).

- 4) The relevant PRM Call Record should be selected accordingly.
- 5) The Caller History of the PRM Call Record should be viewed to establish if any contacts have been made over the relevant period (i.e. since the last review).
- 6) Has any member of the Missing Family made contact with NHS 24 recently?

NO:

- 7) In order to ensure a clear audit trail, a statement should be entered in the "Add/View Comments", as follows: *"Missing Family Alert/Pregnant woman At Risk of Absconding alert Received. Call Record opened by the NHS 24 Public Protection Administrator to ascertain if recent contact made to NHS 24. No further Action Required."*
- 8) Close the PRM Call Record Accordingly
- 9) Update the NHS 24 MFA Spreadsheet to document that a search was undertaken and no contacts found.
- 10) If the MFA is more than 3 months old (or the individual concerned is 3 months past her EDD) and no contacts have been made to NHS 24, the MFA entry can be anonymised. This will retain the entry but will remove all patient identifiable information, so that it can still be used for statistical purposes.

YES:

- 11) Print of PRM Call Record for reference
- 12) Create an NHS 24 MFA/ROA Workfile, which will document all action undertaken the NHS 24 Public Protection Administrator.
- 13) In order to ensure a clear audit trail, a statement should be entered in the "Add/View Comments", as follows: *"Missing Family Alert/pregnant woman At Risk Of Absconding alert Received. Call Record opened by the NHS 24 Public Protection Administrator. to ascertain if recent contact made to NHS 24. No further Action Required."*
- 14) Close the PRM Call Record Accordingly.
- 15) Contact the MFA/ROA Originator, i.e., whoever generated the alert. Provide them with all the key information from the call.
- 16) Following contact and providing there is no further action required, destroy the paper copy of the PRM Call Record, as there is no further requirement to retain.
- 17) For record keeping purposes and clear audit trail, ensure that both the MFA/ROA Workfile and Spreadsheet are clearly updated to reflect the work undertaken during the search and investigation.
- 18) As the individuals/family have been located, the MFA/ROA entry on the spreadsheet can be anonymised, i.e. remove all patient identifiable information. The remaining information can be used for statistical purposes only.

SCOTTISH AMBULANCE SERVICE

Process for managing Confidential MFA1, CME1 or ROA1 requests in Ambulance Control Centres (ACCs)

The Service is committed to protecting vulnerable children and adults through inter agency joint working and data sharing. The following flowchart describes the simple process required by the Service in an attempt to identify missing children who have “disappeared” and where there is significant welfare or protection concerns (including an unborn child).

These official requests will come from **NHS Scotland** “Missing Family Alerts” (MFA1 forms) or “Children Missing from Education” (CME1 forms) or Pregnant Women at Risk Of Absconding (ROA) forms which is a national project operating under **Scottish Executive** guidance 2005.

The Ambulance Control Centre North (based in Inverness) will receive all such alerts and ensure that the other two Scottish ACCs are informed. It is also important to notify Named Contact Person so that the National Children’s Services Steering Group can keep the system under review. Requests from elsewhere in the United Kingdom will be handled similarly.

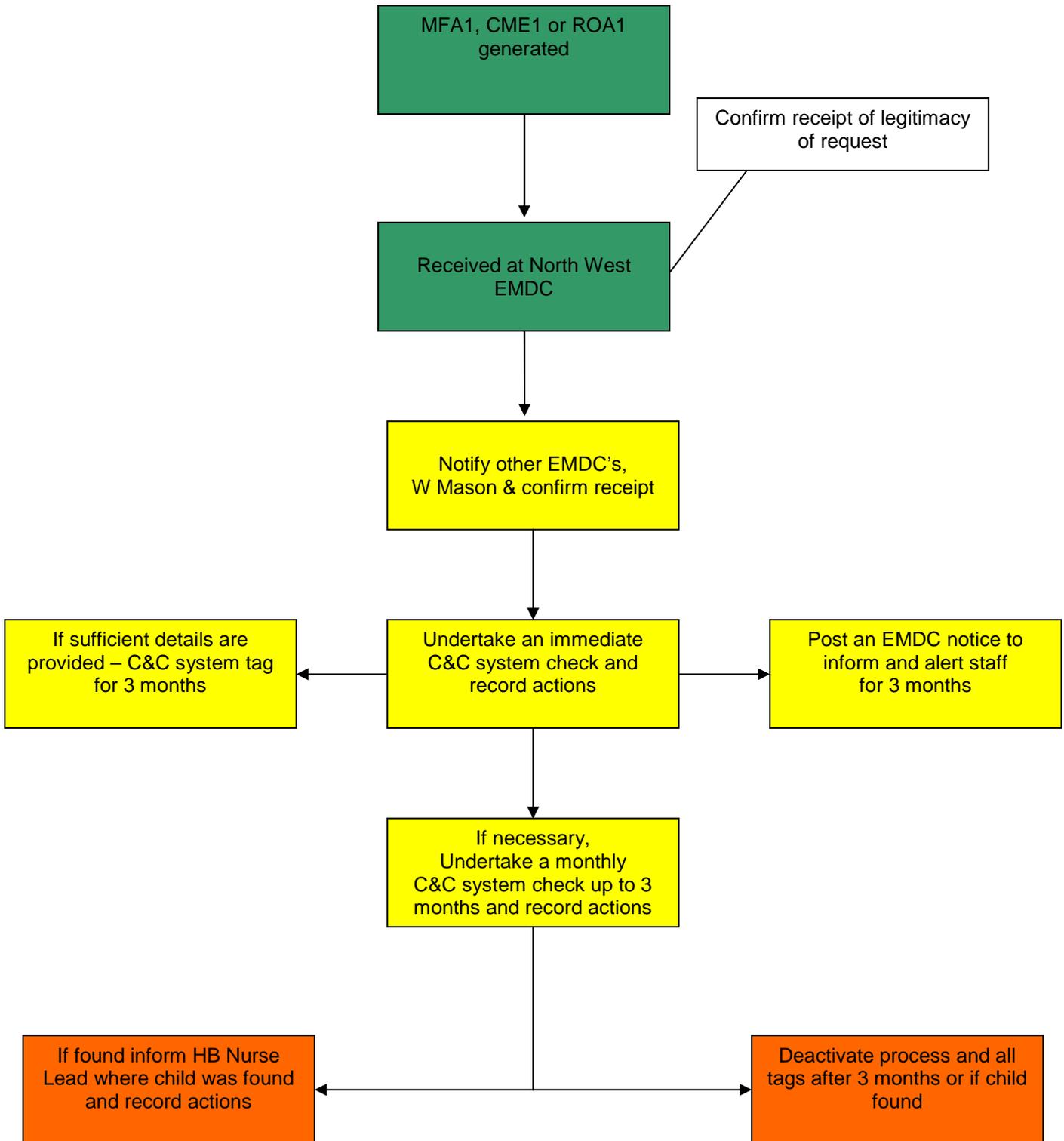
On receipt of a request, all ACCs will undertake a database search on the details provided. If the child or woman is found, then the nurse lead (a directory will be provided) of the Health Board area where the child or woman is found will be notified, including any pertinent information. If the child or woman is not immediately identified, then an internal ACC notice alerting the ACC management teams.. At the same time and if possible with the information provided, the details should be tagged. A further two, monthly databases searches will be undertaken to ensure that the case has not been registered.

The complete process is time limited to 3 months and at this time the case will be deactivated.

Important points to emphasise:

1. The process is confidential to the participating agencies/ people
2. The process is part of wider protection arrangements for vulnerable people and it is essential that information is shared with legitimate organisations/ people for that purpose
3. If a child is found when the Service are in attendance, it is important not to reveal this to the child or any adult present – this may create a situation where the child “disappears” again.
4. The NHS scheme is currently coordinated and will liaise closely with our NW lead on any difficulties that may arise.
5. Case numbers are likely to remain small, as the system has been created to identify only those children at significant risk.

SCOTTISH AMBULANCE SERVICE ACC FLOWCHART



PRACTITIONER SERVICES

PSD PROCEDURE FOLLOWING RECEIPT OF A MISSING FAMILY ALERT FOR (MFA1) or CHILD MISSING FROM EDUCATION FORM (CME1) or RISK OF ABSCONDING FORM (ROA)

Practitioner Services, which is part of National Services Scotland, is responsible for making payments to all Family Health Service (FHS) Contractors in Scotland, Doctors, Dentists, Pharmacists and Opticians, and also for maintaining indices of patients registered with doctors and dentists and community pharmacists. These functions are performed on behalf of all NHS Boards in Scotland. The Division also supports the Scottish Government in implementing changes in legislation and contractual arrangements for FHS contractor groups.

The three Regional Medical Offices within Practitioner Services provide a range of support in relation to General Medical Services (GMS). The teams register patients with family doctors on the population database, the Community Health Index (CHI), maintain the integrity of the index, transfer the medical records of register patients and make payments under the terms of the new General Medical Contract. The teams also monitor and review the payments made, which include verification with patients that the service has been provided.

More information can be provided on:

www.show.scot.nhs.uk/psd

- On receipt of MFA1 or CME1, or ROA1, PSD Aberdeen will send a copy to PSD Edinburgh & PSD Glasgow .
- All 3 offices will check CHI for missing family.
- If traced, PSD will contact the nominated senior nurse for child protection (*list to be distributed with Protocol*) in the Health Board area in which the family has been found.
- If family not traced, the Form should be filed in pending folder & a check made on CHI for family on a weekly basis. (Follow above procedure if traced).
- *NB. If a family is found, the senior nurse for child protection who first raised the MFA1, CME1 or ROA1 Form will advise PSD by re-circulating the original MFA1*
- MFA1 CME1 or ROA1 form should be destroyed 3 months after first received or on receipt of "Family Found" information.

POLICE RESPONSE TO A REFERRAL FROM NHS

On receipt of a report of a missing person the police will carry out an initial risk assessment based on all the known circumstances at that time.

Missing person will be classed as either:

- Low Risk
- Medium Risk
- High Risk

The risk assessment will determine the resources dedicated to the enquiry. In all cases the report will remain live until the person is traced.

Without exception a “missing person marker” will be placed on the Police National Computer (PNC). Consideration will be given to notification and liaison taking place with the Police National Missing Persons Bureau (PNMPB) and the National Missing Persons Helpline (NMPH).

PNMPB complements rather than replaces the current missing person notification to PNC. It serves the United Kingdom Police Forces and overseas agencies. It is able to offer advice in relation to Government and non-Government agencies, which may be of assistance.

NMPH is another organisation, which is dedicated to helping missing persons, their families and those who care for them.

The police have access to numerous databases, which can assist in gathering information on a person reported missing. Not all will be used in every case and the assessment of risk may determine which are used. In most cases the following will be checked to obtain all information available including potential addresses and associations.

- Scottish Criminal Record office (SCRO)
- The Police National Computer (PNC).
- Internal police databases such as Command and Control (names differ as different suppliers to forces)
- Scottish Criminal Intelligence Database (SID)

Other databases and sources, which may be interrogated, are: -

- Historic intelligence database
- Voters roll
- Health
- Social Work
- Education
- Housing
- Department of Work and Pensions (DWP)
- Financial databases and institutions
- Driver and Vehicle Licensing Agency (DVLA)
- Prison

INLAND REVENUE

ACCESSING INFORMATION FROM INLAND REVENUE TO ASSIST WITH ENQUIRIES ABOUT A CHILD'S SAFETY AND WELFARE

When the Child Benefit Office was part of the Department of Work and Pensions (DWP), it had the legal authority to share information in the public interest, including for the purposes of assisting with child protection enquiries. Following its transfer from DWP to the Inland Revenue, the Child Benefit Office was legally prohibited from sharing information for such purposes. This is because of the strict confidentiality laws which exist to protect the privacy of data provided by the Inland Revenue's customers.

Section 63 of the Children Act 2004 amends Schedule 5 of the Tax Credit Act, meaning that the Inland Revenue now has lawful authority to provide local authorities with the limited amount of information relating to children, i.e. names and address(es). The new Paragraph 10A of the Tax Credit Act at subparagraph (2)(b) allows for information to be supplied to any local authority in Scotland for use for the purpose of any enquiry or investigation under Chapter 3 of Part 2 of the Children (Scotland) Act 1995 relating to the welfare of the child.

This information can only be requested where it is needed in order for the local authority to fulfil their statutory responsibilities to safeguard and promote the welfare of children.

Full details of the provision at s63 of the Children Act 2004 can be found at <http://www.legislation.gov.uk/ukpga/2004/31/contents>

Section 63 mirrors the other information-sharing gateways in Schedule 5 of the Tax Credit Act 2002, all of which contain provisions to ensure that the information is used only for the purposes for which it is provided. It is intended that local authorities should only access information from the Inland Revenue in a very small number of cases, i.e. where there are urgent concerns about a child or family who is missing and all other possible sources of information, e.g. schools, health services, etc have been exhausted. This is because, in many cases, the information held by the Inland Revenue may be inaccurate or out of date.

Health staff, especially those doing Child Protection work are asked to familiarise themselves with the provisions of s63 of the Children Act 2004 and, in particular note the following: information should only be sought from the Inland Revenue where there are urgent concerns about a child or family that is missing and all more immediate sources of information have been exhausted. Separate work is also under way to improve the NHS response to finding Missing Families.

Information obtained from the Inland Revenue under s63 should only be passed on to other agencies for the purposes for which it was obtained (i.e. enquiries about a child's safety or welfare) It is an offence to disclose this information for any other purpose and, if a person is found guilty, they can be liable to a fine or imprisonment.

The *route to access cannot come direct from NHS Senior Child Protection Nurses*, but needs to go through the local keeper of the Record of the Child Protection register. This is because the Scottish Government have provided the Inland Revenue with a list of contacts and addresses of Scottish Keepers. The process for accessing requires the Child Protection keeper / nominated person ie coordinator to make the request. Inland Revenue will then return the call to ensure the information is being disclosed to the appropriate person.

So from their view access is limited to those people and it also means that there is some scrutiny to ensure any request meets the criteria as set out in the legislation.

This is the same in Scotland as for England

Section 3

APPENDIX 1

Useful References and Links

Data Sharing: Legal Guidance For The Scottish Public Sector Scottish Executive, 2004)
<http://www.scotland.gov.uk/Publications/2004/10/20158/45768>

Upholding Information Rights

Information Commissioner's Office
Assistant Commissioner Scotland & Northern Ireland
45 Melville Street Edinburgh EH3 7HL
Tel 0131 244 9001 Fax 0131 244 9046
www.ico.gov.uk

Sharing Information about Children at Risk: A Brief Guide to Good Practice.
Scottish Executive (2004) <http://www.scotland.gov.uk/Publications/2004/04/18512/28931>

Education

<https://www.scotxed.net/default.aspx>

Home Education

<http://www.scotland.gov.uk/Resource/Doc/207380/0055026.pdf>

Children Missing from Education

<http://www.cmescotland.net>

School exclusions

Part 1

<http://www.scotland.gov.uk/Resource/Doc/205963/0054747.pdf>

Part 2

<http://scotland.gov.uk/Resource/Doc/345984/0115162.pdf>

Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011

<http://www.legislation.gov.uk/asp/2011/15/contents/enacted>

Handling cases of forced marriage

<http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf>

http://www.cps.gov.uk/legal/h_to_k/honour_based_violence_and_forced_marriage/

Forced marriage: A wrong not a right. <http://www.scotland.gov.uk/Publications/2005/09/e1152342/link>

Child Trafficking

<http://www.scotland.gov.uk/Topics/Justice/crimes/humantraffick/childtrafficking>

Child Trafficking Referral Form. <http://www.homeoffice.gov.uk/publications/crime/referral-forms-human-trafficking/>

Referral Form Guidance.

<http://www.homeoffice.gov.uk/publications/crime/referral-forms-human-trafficking/guidance-notes-child-referral?view=Htm>

NSPCC National Child Trafficking Advice and Information Line (CTAIL) http://www.nspcc.org.uk/help-and-advice/for-organisations-and-professionals/information-services/child-trafficking/child-trafficking-advice_wda78098.html

Runaways

Malloch, M. *Evaluation of the ROC Refuge*, Aberlour Child Care Trust, 2006.

Malloch, M. and Burgess, C. *A scoping study of services for young runaways*, Stirling University, 2007

<http://www.socialenterprise.stir.ac.uk/research/running-%E2%80%93-other-choices-roc-refuge-evaluation-%E2%80%93-margaret-malloch/>

Scottish Executive *Vulnerable Children and Young People: Runaways*,
Scottish Executive, 2004

<http://www.aberlour.org.uk/rocrefugeevaluation.aspx>

Rees, G. and Lee, J. *Still Running II*, The Children's Society, 2005

<http://www.scotland.gov.uk/Resource/Doc/1141/0034405.pdf>

Wade, J. *Missing Out. Young Runaways in Scotland*, Aberlour Child Care
Trust, 2006.

http://www.sccjr.ac.uk/documents/files/aberlour_malloch.pdf

Others

Children (Scotland) Act 1995.

<http://www.legislation.gov.uk/ukpga/1995/36/contents>

CEOP

<https://www.ceop.police.uk/>

ECPAT UK (End Child Prostitution, Pornography and the Trafficking of Children)

<http://www.ecpat.org.uk/>

[Asylum and Immigration \(Treatment of Claimants etc\) Act 2004](#)

Extensive reference listing Scottish government

<http://www.scotland.gov.uk/Publications/2011/01/28091200/11>

Getting it Right for Every Child

<http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright>

National Guidance for Child Protection Scotland 2010

<http://www.scotland.gov.uk/Resource/Doc/334290/0109279.pdf>

[National Guidance for Child Protection in Scotland 2010](#)

APPENDIX 2

NHS MISSING FAMILY ALERT DISTRIBUTION & CONTACT LIST – As of February 2014
 This list is regularly updated- Please contact your own CP Dept for the most recent copy.

HEALTH BOARD	NAME	ADDRESS/PHONE	E-MAIL
AYRSHIRE & ARRAN	Maureen Bell	NHS Ayrshire & Arran Child Protection Office Room 49, 1 st Floor Horseshoe Building Ayrshire Centre Hospital KA12 8SS Tel: 01294 323431	AA.UHB.ClinicalVulnerableChildrensHealthTeam@nhs.net
BORDERS	Eleanor Kerr	Child Protection Unit Langlees Marigold Drive Galashiels TD1 2LP Tel: 01896 664580 Mob: 07789 618537	eleanor.kerr@borders.scot.nhs.uk
DUMFRIES & GALLOWAY	Elaine Smith	Child Protection Department Ground Floor, Crichton Hall Dumfries DG1 4TG Tel: 01387 244300	dumf.uhb.ChildProtectionTeam@nhs.net
FIFE	Fiona Lornie	Greenfield Clinic Whytemans Brae Kirkcaldy Fife, KY1 2LF Tel: 01592 648114 Ext: 21236 Mob: 07805 750201	fiona.lornie@nhs.net

FORTH VALLEY	Maureen Berry	Child Protection Department Ground Floor Administration Building Stirling Community Hospital Livilands Stirling FK8 2AU Tel: 01786 477420 Mob: 07770 954900	maureen.berry@nhs.net
GRAMPIAN	Phyllis Smart	Royal Aberdeen Children's Hospital Westburn Road Aberdeen Tel: 01224 559529	nhsg.cpinfo@nhs.net
GREATER GLASGOW & CLYDE	Dorothy Ramsay	Child Protection Unit 2nd Floor, Medical Records Building RHSC Yorkhill Dalnair Street Glasgow G3 8SJ Tel: 0141 201 9225	dorothy.ramsay@ggc.scot.nhs.uk
HIGHLAND (including Argyll & Bute)	Kathleen Clarke	Health & Social Care Children's Services Room 50, Kinmylies Building Leachkin Road, Inverness, IV3 8NN Tel: 01463 703427 Mob: 07790 776805	cpadmin@highland.gsx.gov.uk

LANARKSHIRE	Wendy Mitchell	Child Protection Team Regent House 9 High Patrick Street Hamilton, ML 3 7ES Tel: 01698 452858	Lan-UHB.ClinicalChildprotection@nhs.net
LOTHIAN	Anne Neilson	Vega Building Clock Tower Estate South Gyle Crescent Edinburgh, EH12 9LB Tel: 0131 316 6670 Mob: 07867 905885	anne.neilson@nhslothian.scot.nhs.uk
ORKNEY	Maureen Swannie	Children's Services Manager Garden House New Scapa Road Kirkwall, KW15 1BQ Tel: 01856 888077	maureen.swannie@nhs.net
SHETLAND	Dr Sarah Taylor	Brevick House South Road, Lerwick Shetland, ZE1 0RB Tel: 01595 743072 Mob: 07795 317339	shet-hb.PublicHealthShetland@nhs.net
TAYSIDE	Debbie Balshaw	NHS Tayside Child Protection & FNP Service Wallacetown Health Centre Lyon Street, Dundee, DD4 6RB Tel: 01382 443514 Mob: 07990 912 448	Tay-UHB.missingfamilyalerts@nhs.net
WESTERN ISLES	Alison MacVie	Balivanich Clinic Benbecula Western Isles, H57 5LA Tel: 01870 602266 Mob: 07769 932168	amacvie@nhs.net

NHS24	Jill Liddle	Norseman House 2 Ferrymuir South Queensferry Tel: 0131 300 4358 Mob: 07881 511410	jill.liddle@nhs24.scot.nhs.uk
Scottish Ambulance Service	Jackie Noble	Raigmore Gardens Inverness, IV2 3UL Tel: 01463 667762 Mob: 07881 356385	j.noble@nhs.net
Practitioner Services Department	Gemma Sell	PSD Bridge View 1 North Esplanade West Aberdeen AB11 5QF Tel: 01224 358400	gemma.sell@nhs.net

CME Missing Family Alert Contact

Children Missing from Education	Denise Johnston	Children Missing from Education Scotland Area 1B South Victoria Quay Edinburgh, EH6 6QQ Tel: 0131 244 1510	cmescotland@scotland.gsi.gov.uk
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APPENDIX 4

DATE OF ISSUE:

DATE OF RE-ISSUE (If applicable):

CONFIDENTIAL – MISSING FAMILY ALERT FORM (MFA1)

FAMILY NAME:		FAMILY AKA:	
MOTHER		D.O.B.	CHI:
FATHER		D.O.B.	CHI:
PARTNER		D.O.B.	CHI:

CHILDREN'S NAMES			
1ST CHILD		D.O.B.	CHI:
2ND CHILD		D.O.B.	CHI:
3RD CHILD		D.O.B.	CHI:
4TH CHILD		D.O.B.	CHI:

ADDRESS (LAST KNOWN):

Risk Factors (Identify all known risks)

On Child Protection Register	<input type="checkbox"/>	Parenting Concerns	<input type="checkbox"/>	Vulnerability	<input type="checkbox"/>
Child Protection Order Pending	<input type="checkbox"/>	Unborn	<input type="checkbox"/>	Prostitution	<input type="checkbox"/>
Adult Substance Misuse	<input type="checkbox"/>	Previous LAC	<input type="checkbox"/>	Travelling family	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	Refugee	<input type="checkbox"/>	Paediatric Health	<input type="checkbox"/>
Adult Learning Disability	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Child Psychiatry	<input type="checkbox"/>
Adult Mental Health Issues	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>

FURTHER DETAILS AND CLINICAL INFORMATION HELD ON FILE FROM:	NAME: ADDRESS: TEL: HEALTH BOARD:
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SHOULD YOU LOCATE THIS FAMILY, PLEASE CONTACT THE SENIOR NURSE FOR CHILD PROTECTION IN YOUR AREA WHO WILL INFORM THE NURSE EQUIVALENT IN THE HEALTH BOARD AREA RAISING THE ALERT

STAFF RISKS: (Detail any relevant factual information)	
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REFERRED TO POLICE AS MISSING PERSON YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE REFERRED:
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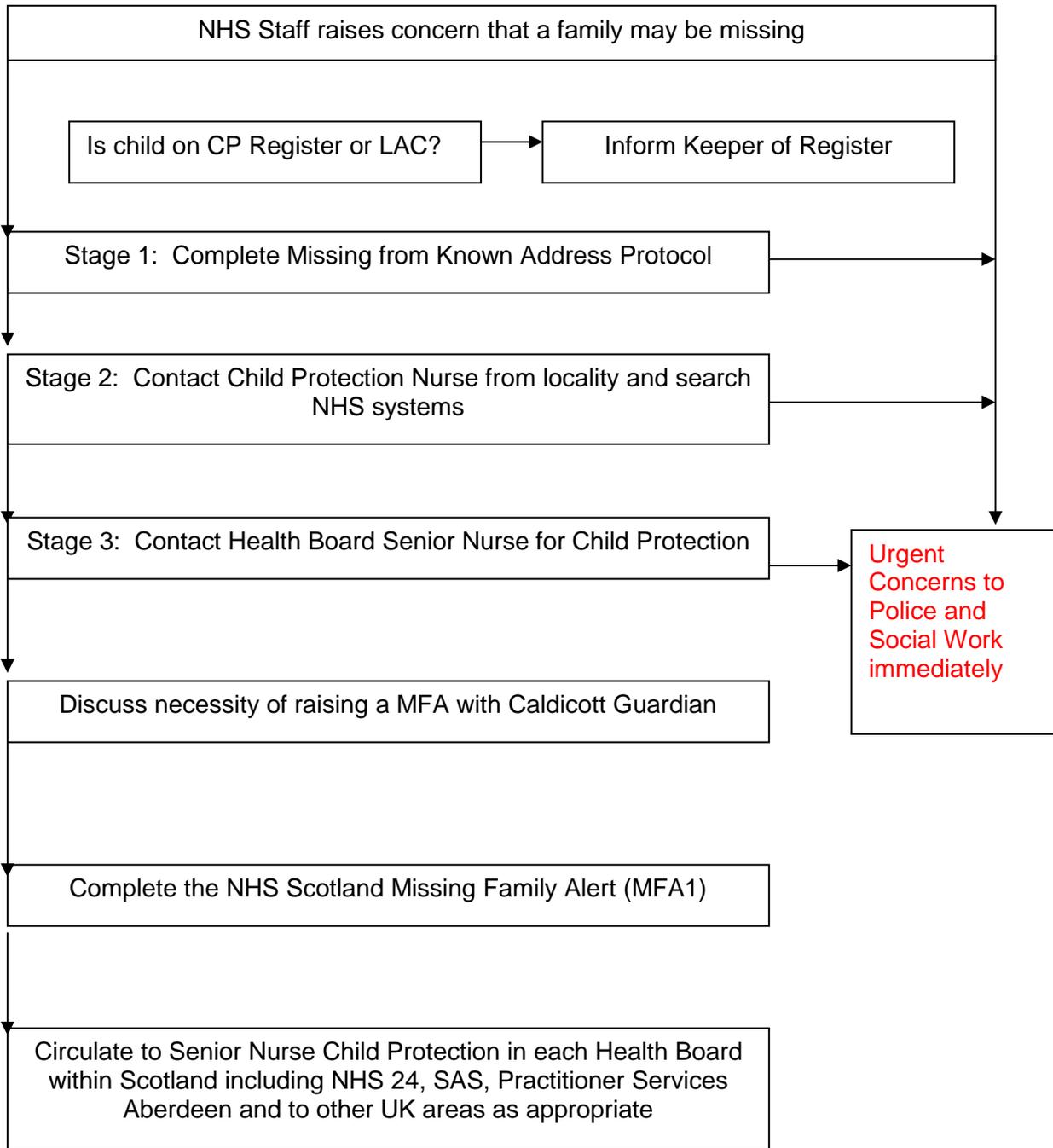
- NHS staff in areas of identified risk will receive this MFA1
- Staff in receipt of this MFA 1 should make it available in a confidential area for colleagues to read.
- NHS staff, on receipt of the MFA1, should check the family details against case files held.
- If the family are located contact the Senior Nurse for Child Protection or equivalent in your Health Board Area and the named person on the MFA1 for further details and health records.
- Destroy the MFA1 after 3 months or EDD plus 3 months for unborns or on receipt of 'Family Found' information.

FAMILY FOUND: YES <input type="checkbox"/> NO <input type="checkbox"/>	FOUND BY (Please indicate)			
DATE FOUND:	Police <input type="checkbox"/>	Social Work <input type="checkbox"/>	Health <input type="checkbox"/>	Education <input type="checkbox"/>
	SAS <input type="checkbox"/>	NHS 24 <input type="checkbox"/>	Practitioner Services <input type="checkbox"/>	
	Other <input type="checkbox"/>			

NATIONAL AUDIT/ADMINISTRATION
Senior Nurse for Child Protection in each Health Board will complete templates (Appendix 10) in June of each year and forward to Senior Nurse for Child Protection Highland

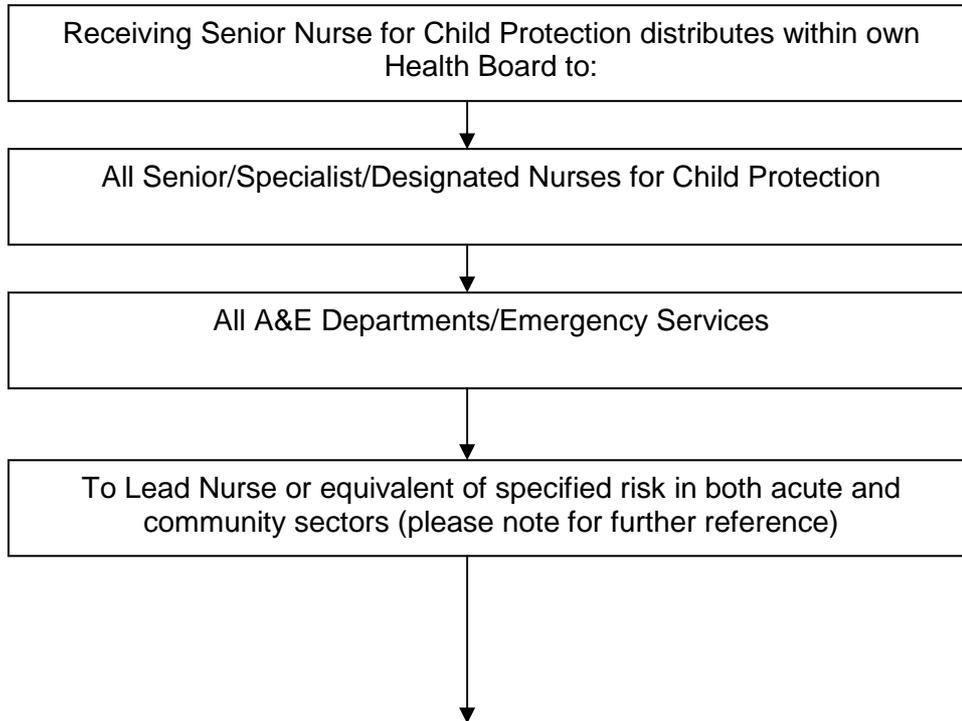
**APPENDIX 5
FLOWCHART 1**

RAISING A MISSING FAMILY ALERT (MFA)



**APPENDIX 6
FLOWCHART 2**

MFA/ROA DISTRIBUTION



Adult Mental Health		Midwifery		Travelling Families		LAC	
Children's Ward		Homeless		Refugees		School Nursing	
Adult Substance Misuse		Domestic Abuse		Learning Disability		Physical Disability	
Health Visiting		Child Psychiatry		Child Health Depts		Adult Learning Disability	

The Senior Nurse for Child Protection distributing the MFA1/ROA1 should retain this form as an aide memoir and for audit

APPENDIX 7

DATE OF ISSUE:

CONFIDENTIAL – CHILDREN MISSING EDUCATION FORM (CME1)

This form, or one similar, will be issued by the CME co-ordinator from your local authority. Please make contact with your CME co-ordinator if you have any questions surrounding this. Further information, including contact details can be found at: www.cmescotland.net

FAMILY NAME:		FAMILY AKA:		
MOTHER		D.O.B.		CHI:
FATHER		D.O.B.		CHI:
PARTNER		D.O.B.		CHI:

CHILDREN'S NAMES				
1ST CHILD		D.O.B.		CHI:
2ND CHILD		D.O.B.		CHI:
3RD CHILD		D.O.B.		CHI:
4TH CHILD		D.O.B.		CHI:
ADDRESS OF PREVIOUS SCHOOL:				

Risk Factors (Identify all known risks)			
On Child Protection Register	<input type="checkbox"/>	Parenting Concerns	<input type="checkbox"/>
Child Protection Order Pending	<input type="checkbox"/>	Unborn	<input type="checkbox"/>
Adult Substance Misuse	<input type="checkbox"/>	Previous LAC	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	Refugee	<input type="checkbox"/>
Adult Learning Disability	<input type="checkbox"/>	Homeless	<input type="checkbox"/>
Adult Mental Health Issues	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
		Vulnerability	<input type="checkbox"/>
		Prostitution	<input type="checkbox"/>
		Travelling family	<input type="checkbox"/>
		Paediatric Health	<input type="checkbox"/>
		Child Psychiatry	<input type="checkbox"/>
		Physical Disability	<input type="checkbox"/>

STAFF RISKS: (Detail any relevant factual information)	
---	--

- NHS staff in areas of identified risk will receive this CME 1
- Staff in receipt of this CME1 should make it available in a confidential area for colleagues to read.
- NHS staff, on receipt of the CME1, should check the family details against case files held.
- If the family are located contact the Senior Nurse for Child Protection or equivalent in the Health Board Area in which the family have been located.
- On notification that the child/ren have been located, the Senior Nurse for Child Protection will contact Named Contact Person at CME (Scotland).
- CME (Scotland) will advise the Senior Nurse for Child Protection of the CME named person in their locality who should be informed and who will follow up the child/ren's education requirements.
- The Senior Nurse for Child Protection in the area in which the child is located will ensure appropriate NHS services are provided.
- The CME1 should be destroyed after 3 months.

FAMILY FOUND: YES <input type="checkbox"/> NO <input type="checkbox"/>	FOUND BY (Please indicate)
DATE FOUND:	Police <input type="checkbox"/> Social Work <input type="checkbox"/> Health <input type="checkbox"/>
	Education <input type="checkbox"/> CME <input type="checkbox"/> SAS <input type="checkbox"/> NHS 24 <input type="checkbox"/>
	Practitioner Services <input type="checkbox"/> Other <input type="checkbox"/>

NATIONAL AUDIT/ADMINISTRATION
Senior Nurse for Child Protection in each Health Board will complete templates (Appendix 10) in June of each year and forward to Senior Nurse for Child Protection Highland

APPENDIX 8

CONFIDENTIAL MATERNITY ALERT

DATE OF ISSUE:

DATE OF RE-ISSUE (if applicable):

AT RISK OF ABSCONDING 1

FAMILY NAME:		FAMILY AKA:	
MOTHER		D.O.B.	CHI:
FATHER		D.O.B.	CHI:
PARTNER		D.O.B.	CHI:

CHILDREN'S NAMES			
1ST CHILD		D.O.B.	CHI:
2ND CHILD		D.O.B.	CHI:
3RD CHILD		D.O.B.	CHI:
4TH CHILD		D.O.B.	CHI:

UNBORN BABY		EDD	
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LAST KNOWN ADDRESS:

RISK FACTORS (identify all known risks)

- | | | | | | |
|--------------------------------|--------------------------|---------------------------|--------------------------|-----------------------------|--------------------------|
| On Child Protection Register | <input type="checkbox"/> | Parenting Concerns | <input type="checkbox"/> | Child Prostitution | <input type="checkbox"/> |
| Child Protection Order Pending | <input type="checkbox"/> | Unborn | <input type="checkbox"/> | Adult Prostitution | <input type="checkbox"/> |
| Adult Substance Misuse | <input type="checkbox"/> | Vulnerability | <input type="checkbox"/> | Paediatric Health | <input type="checkbox"/> |
| Domestic Abuse | <input type="checkbox"/> | Refugee | <input type="checkbox"/> | Child Physical Disability | <input type="checkbox"/> |
| Travelling Family | <input type="checkbox"/> | Homeless | <input type="checkbox"/> | Child Previous LAC | <input type="checkbox"/> |
| Adult Mental Health Issues | <input type="checkbox"/> | Child Learning Disability | <input type="checkbox"/> | Adult Previous LAC | <input type="checkbox"/> |
| Adult Physical Disability | <input type="checkbox"/> | Adult Learning Disability | <input type="checkbox"/> | Child Mental Health (CAMHS) | <input type="checkbox"/> |

STAFF RISKS:
(Detail any relevant factual information)

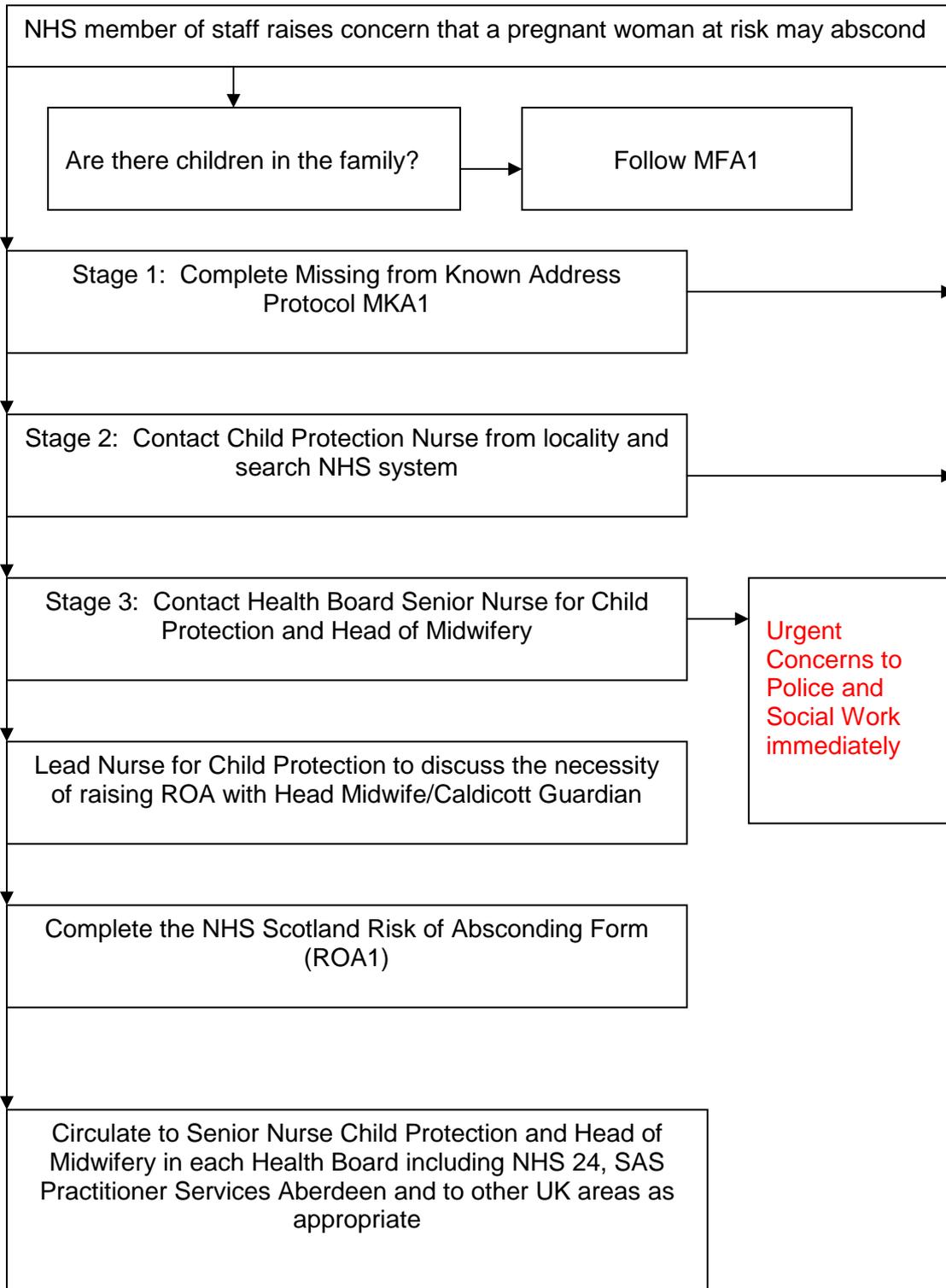
<p>FURTHER DETAILS AND CLINICAL INFORMATION HELD ON FILE FROM:</p> <p>Child Protection Case Conference scheduled for _____ but given non engagement with all services concern around move out of area.</p> <p>Please contact: Children and Families Social Worker</p> <p>Clinical information can be obtained from Labour Ward/Community Midwife:</p>	<p>NAME:</p> <p>ADDRESS:</p> <p>TEL:</p> <p>HEALTH BOARD:</p> <p>HEAD OF MIDWIFERY:</p>
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NATIONAL AUDIT/ADMINISTRATION

Senior Nurse for Child Protection in each Health Board will complete templates (Appendix 10) in June of each year and forward to Senior Nurse for Child Protection Highland

**APPENDIX 9
FLOWCHART 3**

ROA FLOWCHART



CME										
Social Work – Scotland										

NHS England										
CME										
Social Work – England										
Social Work – Scotland										