

Procedure for the Tracking of Missing Families/Children (Health)

Responsibility for monitoring, review and update Child Protection Unit	Current Version February 2010	Review date Under Review – with due date March 14
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1. Introduction

It is clearly identified in the Children's Charter and the Framework for Standards issued by the Scottish Executive in 2004, that all children have the right to be cared for and protected from harm and that those working with children and their families have an essential duty of care towards them.

The purpose of the Missing Family Alert (MFA) process is to locate children who have disappeared from view and for whom there may be concerns of significant harm¹ in respect of unmet need, vulnerability or abuse.

Within the NHS, an alerting system currently exists to circulate information about such children and their families. To enhance the existing systems, a national NHS Scotland protocol has been developed to provide standardised criteria for raising a missing family alert within the NHS and the subsequent distribution of that alert. Similarly, a national project (Children Missing from Education (Scotland) is underway to track and trace children missing from education (Safe and Well 2005).

The purpose of this procedure is to detail the responsibilities of services across NHS G&C for the implementation of the national Missing Family Alert protocol. This procedure shall be reviewed following the review of the national protocol in 2013

2. Rationale and References

"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."

*Protecting Children: A Shared Responsibility. Guidance for Health Professionals.
Scottish Executive (2000)*

"If there is concern that a child may be at risk of significant harm this will **always** override a professional or agency requirement to keep information confidential....This includes sharing information prior to the birth of a child to ensure protective plans are in place from the moment of birth."

*Sharing Information about Children at Risk: A Brief Guide to Good Practice.
Scottish Executive (2004)*

"Duties to protect children are enshrined in law for some agencies, particularly the police and social work. However everyone involved in working with children has a fundamental duty of care towards them. Agencies such as health and education as well as the police and social work services must recognise the risks children face."

*Framework for Standards.
Scottish Executive (2004)*

"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)

¹ Significant harm will be determined by professional judgement based on an assessment of risk.

3. Definition of Missing Family

For the purposes of this procedure, a missing family can be defined as a family who has disappeared from a known location within a health board area, and for whom there may be *concerns of significant harm* for the children in respect of unmet need, vulnerability or abuse. This includes risks to the unborn child.

4. Responsibilities

The management of releasing confidential patient information within the NHS is the responsibility of the Caldicott Guardians. 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. The raising of a MFA will ultimately be the responsibility of the Caldicott Guardian within a health board.

The national protocol suggests that the Caldicott Guardian may devolve responsibility to the Nurse Consultant for Child Protection (or equivalent) for raising a MFA. Within NHSGG&C, the Child Protection Unit will be responsible for implementing the MFA process, and the duty child protection advisor will be responsible for deciding the appropriateness of raising an alert.

It is the responsibility of the Keeper of the Register, in the Local Authority, to trace "missing" children whose names are on the Child Protection Register. However if information about such children comes to the attention of health professionals in the first instance, contact with other agencies, such as social work or police should be made promptly.

5. Procedure for Practitioners and Managers

5.1 Concerns that a Family May Be Missing

Where NHS personnel (caseload holders) have concerns that a child/unborn baby may be at risk of significant harm, and the child/unborn baby is missing from their last known address and they have no forwarding information, they should:

5.11 Discuss with the duty Child Protection Advisor at the Child Protection Unit (0141 201 9225)

5.12 Ensure that all reasonable and practical efforts are undertaken to locate the family. It is critical to speak any extended family and neighbours and other significant community members of which only the team around the child or young person are likely to be aware to this should include discussion with other health professionals and interrogation of IT systems such as Community Health Index (CHI), Standard Immunisation Recall (SIRS) and Patient Administrative System (PAS). Contacts in other statutory agencies may also be able to assist, e.g. housing, social work, police and education.

5.13 Complete the NHS Scotland Children Missing from Known Address Form (MKA1), which documents the preparatory work undertaken within the health board area to locate the family. The MKA1 form should be filed within the child's record (or in the mother's record in the case of an unborn baby).

5.14 If following a discussion with the duty Child Protection Advisor a Missing Family Alert (MFA1) is raised, a copy of this will be sent to the practitioner raising the concerns. This should also be placed in the child health records (or in the mother's record in the case of an unborn baby) held by the caseload holder, and an entry made on the chronology sheet/record.

- 5.15 NHS personnel raising the alert should remain vigilant in seeking to ascertain the whereabouts of the child.

5.2 *Receipt of a Missing Family Alert (MFA1) or Children Missing from Education (CME1) form*

Managers who receive Missing Family Alerts or Children Missing from Education forms from the Child Protection Unit must ensure that local arrangements are in place for the distribution of the alert to relevant staff within their service. The MFA1/CME form will contain pertinent but minimal clinical social identifying information. Risk factors will be stipulated on the form to aid appropriate distribution.

MFA1/CME1 should be made available in confidential staff areas for NHS personnel to read; local arrangements should be agreed.

On receipt of a Missing Family Alert (MFA1) or Children Missing from Education (CME1), practitioners should:

- 5.21 Check the details against case files held;
- 5.22 Check details against local health systems eg GP practice list;
- 5.23 Destroy MFA1/CME1 after 3 months of date of issue, or in the case of unborn children, expected date of delivery (EDD) plus 3 months;
- 5.24 Should a child/family previously identified as missing be located in your area, practitioners should:
 - ◆ Notify the duty Child Protection Advisor at the Child Protection Unit;
 - ◆ Contact the named person in the Health Board raising the Alert to advise that the child/family have been located, to access additional information and request health records;
 - ◆ Ensure appropriate health services are initiated and provided. Single agency assessment (health) should be completed and appropriate referrals made to ensure that appropriate planning and actions can be taken to support the child and family.
- 5.25 On receipt of a notification that a missing family has been located, the original alert should be destroyed by shredding.

6 Procedure for Child Protection Unit

6.1 *Raising a Missing Family Alert²*

Following a request by NHS personnel for the issue of a Missing Family Alert, the duty Child Protection Advisor should:

- 6.11 Ascertain the concerns and complete a CPA Advice Line form.
- 6.12 Once a professional decision has been taken to raise an alert, complete the NHS Scotland Missing Family Alert Template (MFA1). In recognition of the Data Protection Act (1998) and the general principles of the Caldicott Committee, minimal but pertinent information should be transcribed onto the MFA1.

² See Appendix 2

6.13 File the detailed information about the family (recorded in the Advice Line Form) together with a copy of the Alert in the child's CPU record. Ensure that the distribution list is completed. Ensure information entered onto CPU Missing Family database.

6.14 Circulate the MFA1 to the following:

- ◆ All NHSGG&C Child Protection Advisors;
- ◆ All A&E Departments and Out of Hours Services;
- ◆ Lead/Senior Nurse or equivalent in relevant acute and community sectors;
- ◆ Homelessness Families Service, Glasgow;
- ◆ Other appropriate NHSGG&C services (depending on identified risk factors);
- ◆ All health boards within Scotland*;
- ◆ NHS 24;
- ◆ Scottish Ambulance Service;
- ◆ Practitioner Services, Aberdeen.

* in some circumstances, it may be appropriate to limit the distribution to specific Health Board areas only. 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 Community Nursing. A copy of this is held in the CPU.

6.15 Consider if appropriate to alert the Police (if not already done so).

6.16 Where there are concerns about the protection of children believed to have left the UK, the Police should be notified.

6.17 Retain clinical and social information/records until the MFA1 has date-expired or the missing family has been found.

6.2 *Receipt of a Missing Family Alert (MFA1) from outwith NHSGG&C, or a Child Missing from Education (CME1) form*

Where a MFA1 or a CME1 form is received, the duty Child Protection Advisor should:

6.21 Review the information received. Check health databases e.g. CHI.

6.22 Detailed clinical and social information should be condensed and transferred onto the MFA1 form if this has not previously been done. All original information should be kept on file. Complete distribution list.

6.23 Circulate the MFA1/CME1 to the following:

- ◆ All NHSGG&C Child Protection Advisors;
- ◆ All A&E Departments and Out of Hours Services;
- ◆ Lead/Senior Nurse or equivalent in relevant acute and community sectors
- ◆ Homelessness Families Service;
- ◆ Other appropriate NHSGG&C services (depending on identified risk factors);

6.24 Retain a copy of the MFA1/CME1, original information issued and distribution list. Ensure information entered onto CPU database.

6.3 *Notification of Family Located*

Where a Missing Family Alert has been raised from within NHSGG&C and the family is subsequently located, the Child Protection Unit should:

- 6.31 Advise all areas and services on the original distribution list that the family has now been found. This should be done by completing the appropriate section on the original MFA1 and re-circulating it.
- 6.32 Where a child missing from education is subsequently located in the NHSGG&C area, inform CME (Scotland) and the relevant CME named person in the local authority in which the child has been located. The CME named person should be advised of the child's name, date of birth, address and any other relevant details.
- 6.33 Ensure that where a missing child/family are located within the NHSGG&C area, that appropriate health services are initiated and provided.

6.4 Family not Found

Where a Missing Family Alert has been raised in the NHSGG&C area and the family have not been located at the end of the 3-month alert period, the Child Protection Unit 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 Revenue details.

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

In respect of a CME1, CME (Scotland) will review all further actions that can reasonably be undertaken.

7. Security of patient identifiable information

The Child Protection Unit will disseminate by email, Missing Family Alerts and Children Missing from Education Alerts to designated individuals within the relevant services. All alerts will be emailed using a system of password protection. Designated individuals who receive the alerts should contact the Child Protection Unit for further information about passwords.

8. National Audit of MFA1 and CME1

The purpose of the MFA1 and CMA1 is to locate missing families where children are at risk of significant harm due to unmet need, vulnerability or abuse. To audit the effectiveness of the system, the Child Protection Unit should, at the expiry date of the MFA1 or CMA1, send a copy of the MFA1 or CMA1, stating if the family have been located and by whom or have not been located, in their Health Board area to:

Sandie Young
Lead Child Protection Advisor
NHS Highland
Morven House
Raigmore Hospital
Inverness
IV2 3UJ

Appendix 1- Responsibilities of other Agencies

NHS 24

On receipt of a MFA1 or CME1 (see Children Missing From Education at point 11) will undertake retrospective checks, against calls handled. If a family subject to an alert has contacted, NHS 24 will advise the nurse consultant in the health board area in which the family have been located.

Scottish Ambulance Service (SAS)

The SAS hold contact information on emergency, urgent and planned contacts. On receipt of a MFA1 or CME1, the named manager at EMDC North West 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 nurse consultant 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".

Practitioners Services

Practitioners services, in Aberdeen will, on receipt of a MFA1 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 nurse consultant in the health board area in which the family have been located.

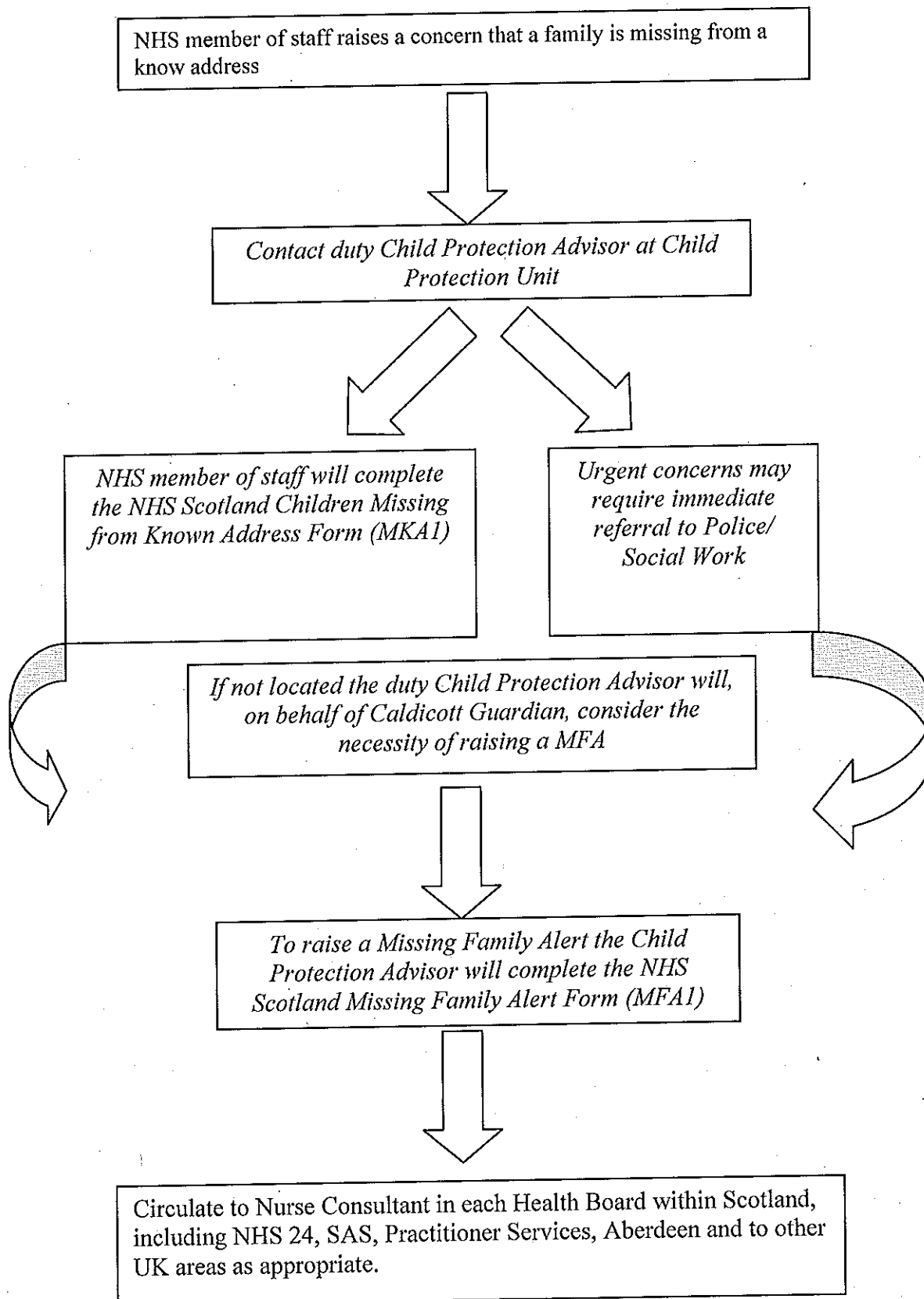
Police

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.

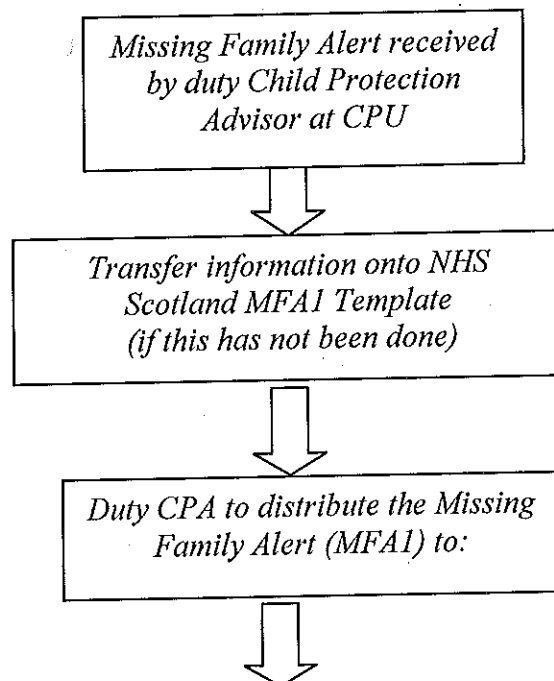
The Police prefer to receive missing person reports as soon as is practically possible. Occasionally a professional individual may have immediate cause for concern which cannot be evidenced. In these cases the Police would recommend that early contact be made to ensure the missing person enquiry commences immediately. "Too soon is better than too late".

Appendix 2
RAISING A MISSING FAMILY ALERT (MFA1)



Appendix 3

DISTRIBUTION FOLLOWING RECEIPT OF A MFA



- All Senior, Specialist or Designated Nurses for Child Protection. ☐
- All A&E Departments and Out of Hours Services ☐
- Homelessness Health Service ☐
- To Lead Nurse or equivalent working in areas of specified risk in both acute and community sectors (please note for future reference)

Adult Mental Health	<input type="checkbox"/>	Maternity Services	<input type="checkbox"/>	Travelling Families	<input type="checkbox"/>	LAAC	<input type="checkbox"/>
Children's Wards	<input type="checkbox"/>	Forensic Health Services	<input type="checkbox"/>	Refugees	<input type="checkbox"/>	School Nursing	<input type="checkbox"/>
Adult Substance Misuse	<input type="checkbox"/>	Domestic Abuse	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>
Health Visiting	<input type="checkbox"/>	Child Psychiatry	<input type="checkbox"/>	Child Health Dept(s)	<input type="checkbox"/>	Adult Learning Disability	<input type="checkbox"/>

Other (Specify):

Appendix 4 – Children Missing from Known Address Form

CHILDREN MISSING FROM KNOWN ADDRESS (MKA 1)

CONFIDENTIAL

This form should be completed when a Health Visitor, Midwife, School Nurse or other caseload holder providing care to a child, becomes aware that a child/unborn child, is missing from a known address and they have no forwarding information.

All reasonable and practical effort should be undertaken to locate the family. If at the end of local checks you still have no forwarding information, please discuss the situation with the duty Child Protection Advisor at the Child Protection Unit.

Concerns regarding unmet need, vulnerability or protection may necessitate the raising of a Missing Family Alert (MFA 1)

Child's Name:

AKA:

Child's DoB/EDD:

Date Child Last Seen:

Child's Last Known Address:

CHECKS WITHIN THE LOCAL AREA	YES	NO
Contact local Child Health Department to check IT systems.(PAS, CHI, SIRS)	<input type="checkbox"/>	<input type="checkbox"/>
Contact Nursery/School attended. (Children Missing from Education Guidelines may have been initiated).	<input type="checkbox"/>	<input type="checkbox"/>
Check HV/SN/GP Practice with whom registered	<input type="checkbox"/>	<input type="checkbox"/>
Check with Housing as appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Check with Social Work Departments as appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Check with family members as appropriate	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Discussed with duty Child Protection Advisor:

Signed:

Date:

NB. This form should be filed with the child's records and an entry made in the chronology of events form.

Appendix 5 – Missing Family Alert Form



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:
UNBORN		EDD	

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 baby	<input type="checkbox"/>	Prostitution	<input type="checkbox"/>
Adult Substance Misuse	<input type="checkbox"/>	Previous LAAC	<input type="checkbox"/>	Travelling family	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	Asylum Seeker/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:

SHOULD YOU LOCATE THIS FAMILY, PLEASE CONTACT THE CHILD PROTECTION NURSE CONSULTANT OR EQUIVALENT IN YOUR HEALTH BOARD AREA, WHO WILL INFORM THE NURSE CONSULTANT OR EQUIVALENT IN THE HEALTH BOARD AREA RAISING THE ALERT

STAFF RISKS:
(Detail any relevant factual information)

REFERRED TO POLICE AS MISSING PERSON YES ☐ NO ☐ **DATE REFERRED:**

- 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 Child Protection Nurse Consultant 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"/>		

Appendix 6 – Children Missing from Education Form



DATE OF ISSUE:

CONFIDENTIAL – CHILDREN MISSING EDUCATION FORM (CME1)

Children Missing from Education (Scotland) is a national co-ordinating body to track and trace children who disappear from view from education services. In situations where children have not been located after the usual checks have been made and where there are concerns in respect of unmet need, vulnerability or abuse, CME (Scotland) will inform the Scottish Executive and the children will be included in the national NHS Missing Family Alert System.

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

CHILDREN'S NAMES					
1 ST CHILD		D.O.B.		CHI:	
2 ND CHILD		D.O.B.		CHI:	
3 RD CHILD		D.O.B.		CHI:	
4 TH 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"/>	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 LAAC	<input type="checkbox"/>	Travelling family	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	Asylum Seeker/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"/>

STAFF RISKS: (Detail any relevant factual information)	
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1. NHS staff in areas of identified risk will receive this CME 1
2. Staff in receipt of this CME1 should make it available in a confidential area for colleagues to read.
3. NHS staff, on receipt of the CME1, should check the family details against case files held.
4. If the family are located contact the Child Protection Nurse Consultant or equivalent in the Health Board Area in which the family have been located.
5. On notification that the child/ren have been located, the Child Protection Nurse Consultant will contact CME (Scotland).
6. CME (Scotland) will advise the nurse consultant of the CME named person in their locality who should be informed and who will follow up the child/ren's education requirements.
7. The Nurse Consultant in the area in which the child is located will ensure appropriate NHS services are provided.
8. The CME1 should be destroyed after 3 months.

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