

Guidance for Health Professional Responding to Missing Families & Unborn Babies For Whom There are Concerns

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Scottish Executive Nursing Directors	Scottish Nursing Leadership Child Protection

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This guidance applies to all NHS staff

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1. Background

The Missing Family Alert (MFA) Guidance for Health Professionals NHS Scotland - has been developed in response to the necessity for tracing missing children and families where there is evidence of concerns about their safety and welfare.

Children, young people, and their families may become unseen to health professionals for many reasons. In all cases it is of paramount importance to consider the child/young person's safety. Across Health Boards, where a **health professional** becomes aware that a family, including pregnant women, have gone missing they will investigate in line with their local NHS Board procedures. This should be a collaborative approach, sharing information across services and agencies to trace or re-establish contact with the missing family, when there are concerns that a child/young person may be at risk of significant harm, unmet need, vulnerability, or abuse. When all local procedures have been exhausted, an MFA should be raised.

This process has been extended to support a multi-agency approach where there are concerns that pregnant women whose unborn babies' names have been placed on the Child Protection Register or required to be Looked After by statutory services following delivery, may intend to leave the local area without professionals' knowledge, to deliver in another area. For the purposes of this Guidance this will be referred to as "at Risk of Absconding" (ROA).

2. Aim and Purpose

The aim of this guidance is to provide criteria for raising a national NHS Missing Family/ Pregnancy at Risk of Absconding Alert (MFA/ROA) across NHS Scotland and the subsequent distribution and review of this alert.

The purpose of the Missing Family/ Pregnancy at Risk of Absconding Alert (MFA/ROA) process is to provide a consistent national approach to:

- Locate unborn babies/children/young people whose whereabouts are unknown.
- Alert other areas where there are concerns that a pregnant woman whose unborn baby's name has been placed on the Child Protection Register and/or where there will be a Compulsory Supervision Order at birth, is at risk of absconding to another area before the birth of their child without informing any professional including Social Worker and Midwife.

3. Accountability/Responsibility

The Executive Director of Nursing and the Caldicott Guardian are accountable to ensure that an MFA/ROA information must be shared across relevant services, the Lead Nurse/Nurse Consultant/Chief Nurse for Child/Public Protection or someone delegated has devolved responsibility and will make the final decision as to whether a national MFA/ROA requires to be shared across Scotland's Health Boards. They will do this in collaboration with their NHS Board Caldicott Guardian. Caldicott Guardians are appointed to ensure that personal information is processed legally, ethically, and appropriately in line with General Data Protection Regulation (GDPR).

4. Information Sharing

Staff must carefully consider the need to process personal data fairly and lawfully and should only do so when the following conditions are met.

Conditions include a child protection concern where information can be lawfully shared without the need for consent to be given by the individual(s) to whom the information relates to. Health professionals have a professional duty to share information when a child/young person/unborn may be at risk of significant harm. This will always override a professional or agency requirement

to keep information confidential in line with GDPR. This is further supported through Getting information sharing right for every Child (GIRFEC guidance 2022) – section 13. [Getting it Right for Every Child Practice Guidance 4: Information Sharing \(2022\)](#).

Personal information disseminated by Health Boards/Trusts about missing families should be considered based on the individual case, and subject to scrutiny by the Caldicott Guardian. A local process should be in place to support this.

5. Concerns that an Unborn baby, Child, or Family May be Missing

The [Scottish Government National Missing Person's Framework \(2017\)](#) describes a missing person as anyone whose whereabouts are unknown. You may wish to refer to this document.

Child Protection concerns may relate to risk of harm which may have caused a child to go 'missing', risk of harm while a child is missing, and potential ongoing risks when a child has returned or been returned, or any combination of these dimensions.

In a Child Protection context 'missing' may cover a wide range of circumstances including:

- children and their families with whom services such as health, education or social work have lost contact, and either the family location is not known, or for whatever reasons there has been no response to attempts to see the child
- children who are not known to be at risk and are unseen by universal services
- children under 18 who have gone 'missing' from their home, those who have run away, or have been abducted either within or across borders
- 'missing' may include those who have been forced to leave their home base, or whose whereabouts are unknown

Acting on concerns: If Health Professionals are concerned that an unborn, child/ren, or young person is 'missing' from their last known address and they have no forwarding information, they should ensure that all reasonable efforts have been made to locate the family and ascertain that they are safe. If you have significant concern and remain unable to locate the child/ren, or young person, consideration should be given to issuing an MFA/ROA by the Lead/Chief Nurse or responsible practitioner Child/Public Protection for your Health Board will support you.

If health professionals are concerned that a child may be at risk of harm, police or social work services should be contacted. The health professional raising the concern should remain active in seeking the whereabouts of the unborn baby, child, or family and notify police or social work if they become aware of them being found.

Multi-agency risk assessment and co-ordination is essential for locating the unborn baby/child/ren, consideration of options, and support. This could extend in cases of immediate urgency, up to the issuing of a child rescue alert, or media alerts through the police when there is a reasonable belief that a child is in imminent danger and there is sufficient information available to enable the public to assist the police in locating the child.

If any person or agency suspects that a child/young person or pregnant women has been taken by, or is under the influence of, a third party (which may include parental abduction or 'grooming'), the police must be notified as soon as possible.

6. When an unborn baby, child, or a family for whom there are concerns, is deemed missing, this initiates the following process:

6.1 Information gathering

Once all reasonable measures have been taken to locate a pregnant mum, child, or family with concerns, the staff member must contact the Child/Public Protection Service in their Health Board

to discuss the need to raise and disseminate a Missing Family/ Pregnancy At Risk of Absconding Alert (MFA/ROA). This process should include inquiry by the health professional with:

- All relevant health services and databases including the GP
- Other agencies the unborn baby, child, or family are known to
- Social work and / or police, where appropriate
- Potential contact with any known family members
- Consideration of an Initial Referral Discussion (IRD)
- *This is a non-exhaustive list*

6.2 Notification

Health Professionals with responsibility for the unborn baby / child / young person's wellbeing should be notified of their missing status:

- Those undertaking the function of a named person within Health e.g., Health Visitor or Family Nurse if child preschool age.
- School Nurse if child is school age
- Midwife if a vulnerable pregnant woman is missing
- GP for Child/ren/Parent
- Lead Professional for child, where applicable
- Any other relevant services involved with child or parent
- Education
- Emergency Departments
- Practitioner Services
- NHS 24
- Scottish Ambulance Service (SAS)

6.3 Decision Making

Once all efforts to locate a missing unborn baby, child, or family have been exhausted, the Lead Nurse/Nurse Consultant/Chief Nurse for Child / Public Protection should review actions taken by the referrer to recommend any other actions which may be required and where appropriate, authorise an MFA/ROA. The timing for this decision is dependent on the risk assessment.

The health professional raising the MFA/ROA should inform the General Practitioner (GP) who can support the process by documenting the MFA/ROA on the Key Information Summary (KIS) with the necessary details on who to contact. This will allow NHS 24 Public Protection service to contact the relevant professional who submitted the MFA/ROA with details of the individual/s contacting NHS 24.

6.4 Consideration for raising a Pregnancy at Risk of Absconding Alert

Where an unborn baby has been placed on the Child Protection Register pre-birth and/or there are Child Protection plans in place for a Compulsory Supervision Order / Child Protection Order to be placed at birth and the new-born removed from parental care, a Risk of Absconding Alert (ROA) should be completed if there are concerns that the pregnant woman may abscond to another area without informing professionals, to deliver in another area.

In these circumstances, health professionals as part of any multi agency child protection plan can request a ROA is cascaded to the health board areas where it is considered that the pregnant woman may be. It is expected that the Midwife also links with any other health boards, where it is suspected a pregnant woman may be residing/may be intending to abscond to, to raise awareness of the ROA which will be circulated, they should also contact the parent's GPs to request information is added to KIS.

7 Raising, Disseminating and Tracing a Missing Family/Pregnancy At Risk of Absconding Alert (MFA/ROA)

Once a decision has been taken to raise an MFA/ROA, the Lead Nurse/Nurse Consultant/Chief Nurse for Child /Public Protection is responsible for ensuring it is securely disseminated as per the distribution list in Appendix 1 and in keeping with data protection principles.

NOTE: MFA/ROAs generated by NHS boards in Scotland are only for distribution within Scotland and documented on the KIS by GP/Practice Manager unless a known connection has been established to a location within the UK when it can be passed to the relevant health professional for that specific location.

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 Police.

8 Dissemination of the Missing Family/Pregnancy At Risk of Absconding Alert (MFA/ROA)

It is the responsibility of each of the NHS Boards and NHS service on the distribution list to ensure there is an effective system for communication of the alerts received to relevant services within their board area.

8.1 Tracing a Missing Family

Each Health Board must establish a process where information systems are regularly checked to trace missing families including pregnant mothers subject to MFA/ROA.

8. Family Found

When an unborn baby, child/family subject of an MFA/ROA is found, the NHS Board in which the family are located must immediately notify the person raising the alert and the NHS Child Protection service as detailed on the MFA/ROA.

The health board generating the alert is responsible for distributing a family found notification.

The Health Professional involved in requesting the MFA/ROA should inform the GP Practice to remove the alert from KIS.

9. Child / Family Remains Missing

Until unborn baby/child/family has been located, the responsibility continues to lie with the NHS Board and referrer/caseload holder from where they went missing. The health record should remain with the case holder, who should continue to regularly make checks for example with other professionals involved with the family, the GP and child health service to determine whether a family has now registered in another area.

The caseload holder/referrer should continue to maintain regular contact with the Lead Nurse/Nurse Consultant/Chief Nurse for Child /Public protection to support a continual review any risks. The Lead Nurse/Nurse Consultant/Chief Nurse for Child/ Public Protection will provide advice/support the referrer on any further measures which may be required, such as recommending a missing person referral to Police Scotland, at any time.

If the family remain missing after a 3-month period, the Lead Nurse/Nurse Consultant/Chief Nurse for Child / Public Protection in partnership with the health professional who has raised the MFA, must decide to re-issue the MFA, or close the alert. If the Alert is closed, they must formally notify other health boards and professionals involved in the initial distribution.

10. Agreed local Health Board Arrangements

1. Each NHS Board will establish a step-by-step guide regarding a Missing Family/Pregnancy at Risk of Absconding Alert (MFA/ROA) management system that is regularly monitored, audited, evaluated, and improved to meet the needs of vulnerable children and unborn baby.
2. Each NHS Board should provide a single point of contact for the dissemination of alerts and facilitate timely information sharing between health board areas.

11. References

[National Guidance for Child Protection in Scotland \(2021\).](#)

[Scottish Government National Missing Person's Framework \(2017\)](#)

[UK Caldicott Guardian Council \(2017\) A Manual for Caldicott Guardians](#)

Other references and resources

Data Sharing

[Getting it Right for Every Child Practice Guidance 4: Information Sharing \(2022\).](#)

[Guide to Data Protection- Information Commissioners Officer 2019](#)

[Guide to General Data Protection Regulations 2019](#)

[ICO web page](#)

Education

[Scottish Government: Home Education.](#)

Forced Marriage

[Forced Marriage \(Scotland\) Act 2011](#)

[Forced Marriage Support- web page](#)

[Scottish Governments and COSLA \(2016\) Violence Against Women Partnership Guidance.](#)

[UK Government Forced Marriage Guidance webpage](#)

Child Trafficking/CSE

[CSE the signs- child sexual exploitation](#)

[Child Trafficking Advice Centre \(CTAC\) webpage.](#)

[Child Trafficking in Scotland 2020](#)

[Guidance National Referral Mechanism Guidance: Adult \(Northern Ireland and Scotland\)](#)

[Human Trafficking and Exploitation \(Scotland\) Act 2015](#)

[National Referral Mechanism \(NRM\) toolkit for first responders in Scotland](#)

[Modern Slavery Helpline/UK Serious Violence Strategy \(2018\) National County Lines Coordination centre webpage.](#)

Missing Persons

[National Crime Agency \(NCA\): Child Rescue Alert.](#)

[National Missing Persons Framework for Scotland 2017](#)

[Welch, V, McIver L \(2018\) Just Out having a good time? Evaluation of the pilot National Partnership Agreement for Looked After Children who go missing from Residential and Foster Care Scotland.](#)

www.missingpeople.org.uk (Missing People: Police Scotland works in close partnership with the Missing People Charity which can be called free on 116 000)

Other Scottish Government Web pages

[Child Protection](#)

[Getting it Right For Every Child \(GIRFEC\)](#)

Health Board	Mailbox
Ayrshire and Arran	Clinical_ChildProtection_HealthTeam@aapct.scot.nhs.uk
Borders	Public.Protection@borders.scot.nhs.uk
Dumfries and Galloway	dg.childprotectionteam@nhs.scot
Fife	Fife.initialreferraldiscussion@nhs.scot
Forth Valley	fv.nhsfvchildprotect@nhs.scot
Grampian	Gram.cpinfo@nhs.scot
Greater Glasgow and Clyde	cp.advisor@ggc.scot.nhs.uk gg-uhb.cpadmin@nhs.net
Highland	cpadmin@highland.gov.uk
Lanarkshire	Lan-UHB.ClinicalChildprotection@lanarkshire.scot.nhs.uk
Lothian	lothian.cpteam@nhslothian.scot.nhs.uk
Orkney	michelle.mackie@nhs.scot
NHS 24 Public Protection	nhs24.publicprotection@nhs.scot
Shetland	stellaoldbury@nhs.net
Tayside	TAY.missingfamilyalerts@nhs.scot
Western Isles	wi.childprotection@nhs.scot

Others	Contact Name / Address	Contact Details / Telephone Number / Email
Scottish Ambulance Service	Jane Scaife, Lead Public Protection Scottish Ambulance Service, Raigmore Gardens, Inverness IV2 3UL	Tel: 07881356376 Email: jayne.scaife@nhs.scot
Practitioner Services Division	NHS National Services Scotland Meridian Court 5 Cadogan Street Glasgow G2 6QE	Tel: Mob: 07866077975 Email: paula.walker2@nhs.scot
Children Missing from Education	Kenny Wood Area 2A North Victoria Quay Edinburgh EH6 6QQ	Tel: 0131 244 7477 cmescotland@gov.scot

**CONFIDENTIAL: MISSING FAMILY AND PREGNANCY AT RISK OF ABSCONDING ALERT FORM
(MFA/ROA)**

DATE OF ISSUE:

DATE OF RE-ISSUE (if applicable):

FAMILY NAME:		FAMILY AKA:	
MOTHER		DOB/CHI	
FATHER		DOB/CHI	
PARTNER		DOB/CHI	
Unborn Baby expected date of delivery (ROA)			
CHILDREN'S NAMES		GENDER	DOB/CHI
1st Child			
2nd Child			
3rd Child			
4th Child			
LAST KNOWN ADDRESS			
KNOWN VULNERABILITY FACTORS <i>(tick all boxes which apply)</i>			
Pregnancy: At risk of Absconding	<input type="checkbox"/>	Compulsory Supervision Order/LAC	<input type="checkbox"/>
Name On Child Protection Register	<input type="checkbox"/>	Previous Child/ren removed from parental care/currently Care Experienced	<input type="checkbox"/>
Problem Substance Use	<input type="checkbox"/>	Domestic Abuse	<input type="checkbox"/>
Child/Parental Mental Health impacting on child	<input type="checkbox"/>	Child /Parental Learning Disability	<input type="checkbox"/>
Child /Parental Physical Disability	<input type="checkbox"/>	Parenting Concerns	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	Travelling Family	<input type="checkbox"/>
	<input type="checkbox"/>	Compulsory Supervision Order Pending	<input type="checkbox"/>
	<input type="checkbox"/>	Current Social Work Involvement	<input type="checkbox"/>
	<input type="checkbox"/>	Child Sexual Exploitation, Abuse, and/or trafficking	<input type="checkbox"/>
	<input type="checkbox"/>	Human trafficking	<input type="checkbox"/>
	<input type="checkbox"/>	Asylum Seeker/Refugee Status	<input type="checkbox"/>

Further appropriate summarised information can be recorded below. *(please detail brief factual information for example: any known risks for staff, if interpreter required and any other known risk/vulnerability factors)*

NHS Referrer		Further details can be provided by contacting <i>(if Social Worker include main Duty SW contact details for Out of Hours OOH)</i>	
Name		Name	
Designation		Designation	
NHS Board Area		Telephone	
Telephone		Email	
Email		Contact OOH	
NHS Child Protection Service Generic Mailbox details			

1. NHS staff in areas of identified risk will receive this MFA /ROA and should check their systems/records accordingly
2. Staff in receipt of this MFA/ROA, should ensure GP/GP practice manager is informed to record on KIS
3. **If the family are located contact the NHS Referrer named and NHS Child/Public Protection Service**
4. Destroy the MFA after 3 months or 1 month after Estimated Due Date for unborn babies or upon receipt of "Family Found" information.

FAMILY NOW FOUND

*This section will be completed and sent to original MFA distribution list when family are found:
please destroy MFA and remove from circulation*

Family Found date Circulated

RAISING A MISSING FAMILY ALERT (MFA)/ Risk of Absconding (ROA)

Health Professional raise concerns that a child/unborn is/may be missing and follow local NHS Board MFA/ROA operating Procedure/Guidance

Child/Unborn Baby on CPR or LAAC

YES

NO

Health Professional will notify:

- Allocated Social Worker for Family who will notify the keeper of CPR
- Senior Manager/Team Leader for caseload holder.
- NHS Child/Public Protection Service for advice on further actions which may need to be taken in line with local NHS MFA Operating Procedure.
- Named Person and Lead Professional
- General Practitioner/Practice Manager (include within KIS)

Keeper of CPR will raise Missing Family alert in accordance with National Guidance

Health Professional will undertake:

- Checks and enquiries locally to ascertain risk and likely whereabouts
- Make all reasonable effort to trace
- Follow local NHS MFA Operating Procedure

Child/unborn not located

Health Professional will contact Lead Nurse/Nurse Consultant/Chief Nurse Child/Public Protection and/or designated other for advice. Health Professional will:

- Update appropriate Child Health Record/Maternity Record of all actions taken and any single/multi agency plans agreed.
- Create a Significant Event within Chronology.
- Keep Child Health Record until family is found.
- Continue to make checks and enquiries to ascertain whereabouts.
- Inform NHS Child/Public Protection service if any new risks identified or if family is found during their searches.

Lead Nurse/Nurse Consultant/Chief Nurse for Child Protection will:

- Review circumstances of MFA/ROA and actions already taken.
- Decide if an MFA/ROA requires to be disseminated across NHS Scotland
- Discuss/ seek approval from Caldicott Guardian
- Request the Health Professional/Referrer completes the MFA (Appendix 3)
- Inform GP/Practice Manager (record in KIS) (this should be the health professional involved in requesting the original alert)
- Distribute as per list (Appendix 2)
- In partnership with the referrer, review MFA/ROA every 3 months, making decision to resend after 3 months or close MFA/ROA The re issuing of an alert should be a joint decision
- **When Family Found:**
- Re-circulate MFA/ROA to distribution list (Appendix 2) completing Family Found section.