

CHILD PROTECTION	
Missing Unborn, Child and Young Person Alert	
Standard Operating Procedure (SOP)	
Ref No: 2090	
Version: 1	
Prepared by: Jane Wilkinson Named Nurse Safeguarding Children	
Presented to: Care and Clinical Policy Group	Date: 19.10.2016
Ratified by: Care and clinical Policy Group Jane Viner, Chief Nurse Dr R Dyer, Medical Director	Date: 19.10.2016 15.11.16 11.11.16
Review date: 24 November 2018	
Relating to policies: Child Protection	

1. Purpose of this document:

This document has been written to provide practitioners with a clear process to follow for children and young people who have gone missing from health services and cannot be contacted.

2. Scope of this SOP:

This SOP refers to all Torbay and South Devon NHS Foundation Trust staff who are in contact with children, young people and their families and includes unborn babies.

3. Competencies required:

All staff employed by Torbay and South Devon Health NHS Foundation Trust will have been trained to the appropriate level of Child Protection for their role.

Torbay and South Devon Health NHS Foundation Trust staff will be aware of the Trust Child Protection Policy and South West Child Protection Procedures – <http://www.proceduresonline.com/swcpp/devon/> (accessed 19.10.16)
<http://www.proceduresonline.com/swcpp/torbay/index.html> (accessed 19.10.16)

Torbay and South Devon NHS Foundation Trust staff will know how to access support and Supervision from the Safeguarding Children Team.
http://nww.sdhct.nhs.uk/misc/safeguarding/safeguarding_children/Pages/default.aspx (accessed 19.10.16)

4. Procedure / Steps:

4.1 Where a practitioner suspects a child/young person is missing:

- 4.1.0 Practitioner notifies Named Nurse Safeguarding Children, Named Midwife or safeguarding team using Template (Appendix A).
- 4.1.2 The Named Nurse Safeguarding Children verifies that the Practitioner has checked with any other agencies/professionals known to be involved with the child as appropriate, e.g. GP, Child Health Department, Nursery/School or Children's Services.
- 4.1.3 Named Professional will assess and notify the Designated Nurse in the CCG Clinical Commissioning Group for Devon or Torbay or named Nurse in the receiving area if this is known.
- 4.1.4 If there are Child Protection concerns the professional who knows the child or young person should inform children services Torbay or Devon MASH.
<http://www.devonsafeguardingchildren.org/workers-volunteers/safeguarding-hub-the-mash/> (last accessed 19.10.16)
- 4.1.5 If child/family is located –practitioner will documented in records and inform the Named Nurse and all other health partners that the child is no longer missing. The Named Nurse will inform all out of area contacts and the Designated Nurse that the Child / Young person has been located.

4.2 Missing child/young person from out of area

- 4.2.1 All missing unborn, child and /or young person alerts for out of area are sent to the Named Nurse/ Midwife for Safeguarding Children by the Designated Nurse for Safeguarding Children.
- 4.2.2 The Named Nurse Safeguarding Children will distribute the missing child/young person alert to the Child Protection Supervisors, the Health Visitor, School Nursing Team leaders, Emergency Department, Minor Injury Units and the Trust Security Manager by secure email.
- 4.2.3 Missing child/young person alerts will be disseminated to practitioners by their Team Leaders.
- 4.2.4 If the child/young person is identified by a practitioner, the Named Nurse Safeguarding Children must be contacted immediately. It should be agreed who will notify relevant authority.
- 4.2.5 If the child/person is not identified, the missing child/young person alert should be destroyed immediately by the practitioner.
- 4.2.6 Missing child/young person alerts will be stored securely by the Named Nurse Safeguarding Children and can be contacted for updates/advice as necessary.
- 4.2.7 Once a child/young person has been located or a period of 3 months has expired, the alert will be destroyed by the Named Nurse Safeguarding
- 4.2.8 Unborn baby alerts will be stored securely on the obstetric gynaecology maternity shared drive by the Safeguarding Children Midwife / Named Midwife. These can be accessed in the event that a pregnant woman presenting to the service from out of area.
- 4.2.9 Unborn baby alerts will be destroyed by the Safeguarding Children Midwife / Named Midwife as soon as unborn located or one month after the estimated date of delivery.

5. Monitoring tool:

Standards:

Item	%	Exceptions
<p>Equality Statement. The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy</p>		

Appendix: *i.e. Flowchart, diagrams etc.*

Appendix A – Missing Unborn, Child, Young Person Alert

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	24 November 2016	New	Care & Clinical Policies Group Jane Viner, Chief Nurse Dr R Dyer, Medical Director

Appendix A

MISSING UNBORN, CHILD, YOUNG PERSON ALERT			
Child/ren's Name(s)			
DOB. or EDD		Female	Male

Details of any family members also missing

Adult's name:	
Relationship to child	
Dates of Birth	
Address:	
Adult's name:	
Relationship to child	
Date of Birth:	
Address:	

Last known address of child:		
Date went missing:		
Nationality:		
Language:		
Disability:		
Is Child Subject to CPP or CIN Plan?		Category:
Is Child Looked After?		

Any Other relevant information: (include any areas of the country they are likely to visit, details of any contacts.	
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Name of practitioner completing form Tel. No.	
Discipline	
Named Nurse Safeguarding Children Tel. No.	

Please send to:

For Children Young People
Email:- safeguardingchildren.tct@nhs.net

For Unborn Baby
Email:- safeguardingmidwife@nhs.net

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

<i>Please select</i>				
Who may be affected by this document?	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input checked="" type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others (<i>please state</i>):			

Does this document require a service redesign, or substantial amendments to an existing process?	<input checked="" type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		
<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? <i>Note - It may not be sufficient to just speak to other health & social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input checked="" type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input checked="" type="checkbox"/>
	Details (<i>please state</i>):	Torbay Council		

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	G2090 – Missing Unborn, Child and Young Person Alert		Version and Date	V1 November 2016	
Policy Author	Jane Wilkinson,				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
To ensure children and young people are safeguarded from harm					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Named Doctors, CCG , Named Midwife, Associate Director of Child Health and Maternity					
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Jane Wilkinson		Signature		
Validated by (line manager)	Heather Parker		Signature		

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.