** Appendix 1**

**CHILDREN/PREGNANT WOMAN MISSING FROM KNOWN ADDRESS (MKA1)**

This form should be completed when a Health Visitor, Family Nurse, Midwife, School Nurse or other caseload holder providing care to a child/pregnant woman 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 contact a Child Protection Advisor (Health)

Concerns regarding unmet need, vulnerability or protection may necessitate the raising of a Missing Family (MFA1) Risk of Absconding Alert (ROA1): please include your rationale for raising a MFA/ROA within additional comments section

**Child’s Name: AKA:**

**Child’s DOB:**

**E.D.D if Unborn: Child’s sex:**

**Date Child Last Seen:**

**Child’s Last Known Address:**

|  |  |  |
| --- | --- | --- |
| **CHECKS WITHIN THE LOCALITY** | **YES** | **NO** |
| * Contact local Child Health Department to check IT systems
 | **[ ]**  | **[ ]**  |
| * Contact Nursery/School attended (Children Missing Education Guidelines may have been initiated-Scottish Executive 2017)
 | **[ ]**  | **[ ]**  |
| * Check HV/SN/Midwife/GP Practice with whom registered
 | **[ ]**  | **[ ]**  |
| * Check with Housing as appropriate
 | **[ ]**  | **[ ]**  |
| * Check with Social Work as appropriate
 | **[ ]**  | **[ ]**  |
| * Check with family members as appropriate
 | **[ ]**  | **[ ]**  |
| * Check with Police Scotland as appropriate
 | **[ ]**  | **[ ]**  |
|  |  |  |
| **Additional Comments:**  |
| **Discussion with Line Manager and Child Protection Advisor (Health):** |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Designation** |  |
| **Contact details** |  |
| **Date:** |  |

**NB: This form should be filed in the Child/young person/pregnant woman’s record**