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**Appendix 3 (MFA1)**

**DATE OF ISSUE: DATE OF RE-ISSUE** (if applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| **FAMILY NAME:** |  | **FAMILY AKA:** |  |
| **MOTHER** |  | **DOB/CHI** |  |
| **FATHER** |  | **DOB/CHI** |  |
| **PARTNER** |  | **DOB/CHI** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILDREN’S NAMES** | | **SEX** |  | |
| **Unborn** |  |  | **E.D.D** |  |
| **1st Child** |  |  | **DOB/CHI** |  |
| **2nd Child** |  |  | **DOB/CHI** |  |
| **3rd Child** |  |  | **DOB/CHI** |  |
| **4th Child** |  |  | **DOB/CHI** |  |

|  |  |
| --- | --- |
| **LAST KNOWN ADDRESS** |  |

**RISK FACTORS (IDENTIFY ALL KNOWN RISKS)**

**On Child Protection Register**  **Parenting Concerns  Vulnerability**

**Child Protection Order Pending  Unborn  CSE/CSA/Trafficking**

**Substance Misuse  Previous LAC  Travelling Family**

**Domestic Abuse  Refugee  Paediatric Health**

**Adult Learning Disability  Homeless  Child Mental Health**

**Adult Mental Health Issues  Learning Disability  Physical Disability**

|  |  |
| --- | --- |
| **Further details can be provided by contacting** | **NHS Highland/ HC REFERRER** |
| **NAME:**  **DESIGNATION**  **ADDRESS:**  **TEL:** | **NAME:**  **DESIGNATION**  **ADDRESS:**  **TEL:** |

|  |
| --- |
| **SHOULD YOU LOCATE THIS FAMILY, PLEASE CONTACT THE NAME OF THE REFERRER WITHIN THIS FORM** |

|  |
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| **STAFF RISKS (Detail any relevant factual information)** |

|  |  |
| --- | --- |
| **REFERRED TO POLICE AS MISSING PERSON**  **YES  NO** | **DATE REFERRED:** |

1. NHS staff in areas of identified risk will receive this MFA
2. Staff in receipt of this MFA, should make it available in a confidential area for colleagues to read.
3. NHS Staff, on receipt of the MFA, should check the family details against case files held.
4. If the family are located contact the Referrer named within this form directly – further advice can be provided by a Nurse Advisor Child Protection in your area of work.
5. Destroy the MFA1 after 3 months or Estimated Due Date plus 3 months for unborn babies or upon receipt of “Family Found” information.

|  |  |
| --- | --- |
| **FAMILY NOW FOUND** | |
| **FAMILY FOUND:**  **YES  NO** | **FOUND BY (Please indicate)**  **Police  Social Work  Health**  **Education  SAS  NHS 24**  **Practitioner Services  Other** |