

Safeguarding Alerts Policy and Procedure



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Description	This policy identifies the purpose of the Safeguarding Alerts process to ensure that the health system is able to raise concerns about individuals / families and act on information received from the health system or other agencies, (e.g. police or social care), in identifying those children or adults about whom there is an identified risk so that appropriate safeguarding action can be taken.	
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1 Introduction

- 1.1 It is clearly identified within the Children Act 1989/2004, Working Together to Safeguard Children (DfE 2015) and The Care Act (DH 2014) that all children and adults at risk of harm or abuse should be safeguarded and have their welfare promoted.
- 1.2 The purpose of the safeguarding alerts process is to ensure that the health system is able to raise concerns about individuals / families and act on information received from the health system or other agencies, (e.g. police or social care), in identifying those children or adults about whom there is an identified risk and take appropriate safeguarding action.

2 NHS England Commitments and Values

- 2.1 The NHS Constitution establishes the principles and values of the NHS in England and rights that patients, public and staff are entitled to. It sets out the pledges that the NHS is committed to achieve, together with responsibilities, that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.
- 2.2 As a publicly funded NHS body, NHS England expects high standards from all of its employees and, in line with the key principles of the constitution, NHS England aspires to the highest standards of excellence and professionalism in the people it employs, the education, training and development they receive and in the leadership and management of the organisation.
- 2.3 NHS England as with all other NHS bodies has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, to protect adults at risk from harm or abuse.

3 Application and Scope

- 3.1 This policy applies to all employees and workers of NHS England, including secondees into and out of the organisation, volunteers, students, honorary appointees, trainees, contractors, and temporary workers, including locum doctors and those working on a bank or agency contract. Performers registered on the National Performers List are also included in this policy.
- 3.2 For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as “staff” in this document.

4 Definition and Categories of Safeguarding Alert

4.1 The types of a safeguarding alert are potentially numerous and not necessarily easy to categorise. For the purposes of this policy a safeguarding alert is defined as information which indicates a risk to an individual or group. This policy is intended to address the following safeguarding alerts, but the principles and processes can be adapted to facilitate effective management of other types of alert;

- Child / children / adult at risk / a family who has disappeared from a known address with no forwarding address and for whom there are child welfare concerns in respect of unmet need, vulnerability, abuse or neglect.
- Risks to unborn children.
- Persons with behaviours / expressed intentions to cause harm to themselves or others.

5 Management of Alerts

5.1 As a general principle, to maintain confidentiality as far as possible and to ensure the system of alerts is relevant and effective there should be clear, documented evidence to suggest that the alert needs to be disseminated outside of the particular location and certainly beyond regional level.

5.2 Health staff who have concerns that an individual / family is missing, at risk or posing a risk to others, should contact the Designated Professional for safeguarding children, or the safeguarding adult lead within their location, in the first instance for advice and guidance.

5.3 When raising a concern out of the normal office hours e.g. evenings and weekends, these should be directed through the local council offices out of hours on call team, or the local police if the situation was deemed urgent.

5.4 To facilitate the management of alerts in the system, the regional teams have identified safeguarding leads to support them, who will be responsible for the implementation and maintenance of the alert system, with the Designated Professionals for safeguarding children and adults in CCGs. For alerts that require regional dissemination the regional lead will be responsible.

5.5 The individual raising the alert should discuss the detail of the case with the relevant Designated Professional within their location who will advise further action. The Designated Professional will at this stage ensure the alert is entered into any relevant local health recording system and alert the local health providers including GPs. In some NHS England teams an alert system is established across their CCGs, other areas may consider a similar centralised approach.

- 5.6 The Designated Professional will exercise professional discretion as to the extent of the dissemination required, document the reasoning for any action taken. If it is considered necessary to disseminate outside the local area, the Designated Professional will contact the safeguarding lead at the regional level.
- 5.7 The alert will then be circulated to each CCG Designated Professional within that region, who will then disseminate the information through their established networks. Any alerts sent via email must be sent out in accordance with information governance procedures.
- 5.8 All health providers will be required to develop local arrangements for the in house circulation and monitoring of the process.
- 5.9 There are a number of systems that support identifying children and adults at risk of harm or abuse, for example. the [Child Protection Information Sharing \(CP-IS\)](#) system, which provides key data from local authorities, to unscheduled care providers in health on children and unborn children who are subject to child protection plans, and Looked After Children. The use of such systems is crucial to ensure that important information is disseminated as widely as possible.

6 Alert resolved

- 6.1 It is the responsibility of the relevant Designated Professional who will advise the regional lead and others on the original circulation list when the alert is resolved.
- 6.2 If the alert is not resolved within 1 month, the Designated Professional should review all the circumstances relating to the individuals concerned and exercise their professional judgement to consider any additional actions that can reasonably be undertaken, including re-issuing of the alert or referral to the Police Missing Persons Register.
- 6.3 All communication and decision making should be documented. If a decision is made to close the alert, the region should put in place arrangements for continuing IT searches, and the processing and storing of unclaimed records, if the family have not been located as appropriate.
- 6.4 In selected cases, the regional safeguarding lead will be responsible for the resolution process.

7 Alerts regarding missing families and individuals

- 7.1 As in 6.1 all reasonable and practical efforts should be undertaken to locate the individual or family. This should include discussion with other health professionals, family members, neighbours and the interrogation of any available IT systems. Contacts with other local statutory agencies should also be undertaken, such as housing, social work, police and education. All contacts and actions taken, and the reasons for doing this, must be recorded promptly in the appropriate health records.
- 7.2 If issues are not resolved the processes above will be followed using the flowchart and forms in appendix 1, 2 and 3.

8 Alerts relating to the unborn baby:

- 8.1 As in 6.1 all reasonable and practical efforts should be undertaken to locate the individual / family, if issues are not resolved the processes above will be followed using the flowchart and forms in appendices 1, 2 and 3.
- 8.2 There is a duty of care to the baby and to the mother, neither of these should be compromised, with this in mind, only relevant information which is pertinent to the immediate care and safety of the mother and baby should be disclosed.
- 8.3 Information regarding the partner should only be shared where it is essential, information should be shared in a manner consistent and in line with [“Information: To share or not to share” \(DH Sept 2013\)](#) and the related human rights legislation.
- 8.4 The criteria for a maternity alert are as follows:
- Pregnant women who go missing.
 - Pregnant women who staff believe will seek to evade child protection processes.
 - Pregnant women who have not accessed antenatal care and remain ‘unbooked’.
 - Either parent poses a severe risk to staff or others.
 - Serious medical concerns/treatment needed at birth for mother and/or baby.
- 8.5 The possibility of the existence of a maternity alert should be considered by maternity services, when women attend for delivery but are not ‘booked’ or where they fail to attend with their notes, or where they are unknown to the maternity staff.

- 8.6 When an alert is raised by a provider trust or another agency and is received within NHS England, the processes above must be followed with the addition that wherever possible advice is sought from an appropriate maternity professional. This review will ensure that maternity alerts sent out provide only the relevant information required for the care of the labouring woman and her baby, as set out in the core details below.
- 8.7 In order to promote consistency of information, the template at appendix 3 should be utilised. The details to be included in the alert are as follows;
- Name and known address of woman.
 - Any known aliases.
 - Date of Birth.
 - Expected date of Delivery.
 - Name of emergency contact.
 - Name of social worker.
 - Brief details of pertinent issues that are relevant to immediate intra and post-partum care.
 - Short summary of child protection actions that need to be taken.
- 8.8 Alerts should only be distributed to those areas where it is believed that there is a possibility of the mother attending a unit, on the basis of, where they have known links with the area within another region for example family links, previous attendances or sightings. National distribution should only occur where there is a significant concern that the mother may travel anywhere within the UK.

9 Persons posing an Imminent Risk to themselves or others

- 9.1 In normal working hours the above processes should be followed with the addition of a strategy discussion with the police and where indicated (such as where the subject of the alert is a vulnerable child or adult) the relevant social care department. In circumstances out of hours the police and social care should be contacted and a strategy discussion held, contact made with the relevant regional team safeguarding lead at the first opportunity thereafter.

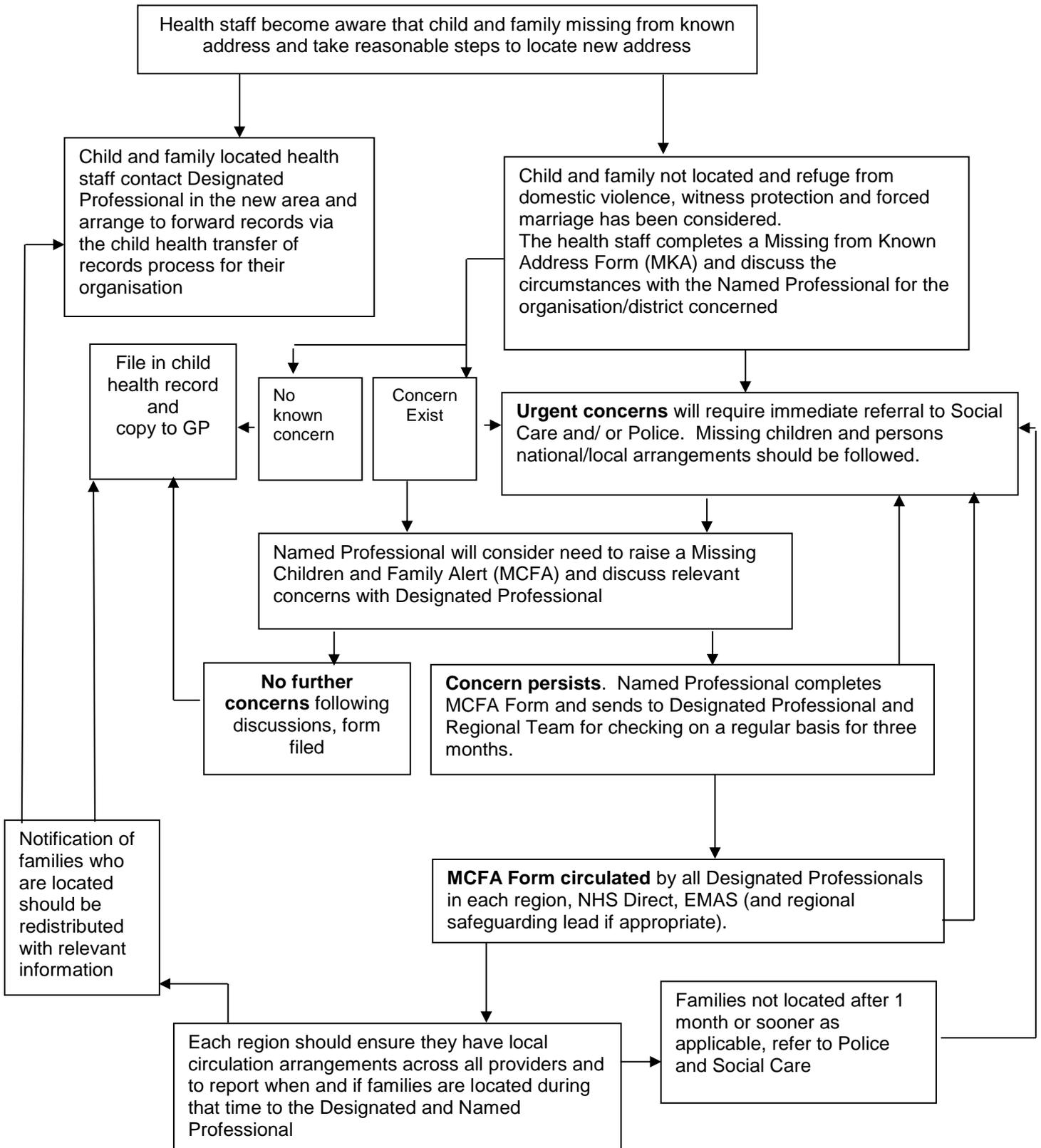
10 Monitoring

- 10.1 The National Safeguarding Steering Group will monitor compliance of this policy.
- 10.2 The Head of Safeguarding is responsible for the monitoring, revision and updating of this policy. The Head of Safeguarding will act on behalf of the Chief Nursing Officer (CNO) in this respect, and will update the CNO on its implementation.
- 10.3 This policy will be monitored with regard to the implications of equality and diversity on a regular basis.

11 Equality and Health Inequalities Analysis

- 11.1 Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:
- 11.2 Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- 11.3 Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.

12 Appendix 1 – Missing Children and Family Alert System



13 Appendix 2 – Children / Family missing from known address (MKA)

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/ren 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 Named Professional within your organisation/district.

Concerns regarding unmet need, vulnerability or protection may necessitate the raising of a Missing Children Family Alert Form (MCFA)

Childs Name.....AKA.....Mothers Name.....

Child's DOB Fathers Name.....

Childs Name.....AKA.....

Child's DOB

Childs Name.....AKA.....

Child's DOB

Date Children Last Seen:.....

Child's Last Known Address.....

Child's NHS Numbers (if known).....

CHECKS WITHIN LOCALITY	YES	NO
• Contact local Child Health Department to check IT systems (PAS, CHI, SIRS)		
• Contact local Acute Trusts		
• Contact Nursery /School attended.		
• Check HV/SN/MW/GP Practice with whom registered		
• Check with Housing as appropriate		
• Check with Children Social Care as appropriate		
• Check with local Children Centre		
• Check with family members/neighbours as appropriate		

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Ethnicity.....Language.....Disability.....

Additional information

Date discussed:.....Name of Named Professional.....

Action plan

SignedDate of completion.....

If this child/family is found please contact

Name.....Contact number.....

N.B. This form should be filed in the child health record and a copy sent to Named and Designated Professional and GP.

14 Appendix 3 – Confidential – Missing Children / Family Alert form (MCFA)

Date of Issue:

Date of Re-Issue (if applicable)

Date sent to Designated Professional:

Family name:		Family AKA:	NHS Number (if known)
Mother		DOB	
Father		DOB	
Partner		DOB	
1 st Child		DOB	
2 nd Child		DOB	
3 rd Child		DOB	
4 th Child		DOB	

Risk factors - List all known risks (detail any relevant factual information)

<p>Family risks</p>	
<p>Risks to staff</p>	
<p>Additional relevant information</p>	
<p>Referred to Police as missing person</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Date referred:</p>

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<p>1. Staff in receipt of this MCFA should make it available as per Information Governance guidelines.</p>	
<p>2. NHS staff, on receipt of the MCFA, should check the family details against case files held.</p>	
<p>3. If the family are located contact the Designated Professional for their area</p>	
<p>4. File the MCFA in the appropriate health record after 1 month or on receipt of 'Family Found information.'</p>	
<p>Family Found: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date Found:</p>	<p>Found by (Please indicate)</p> <p>Police <input type="checkbox"/> Social Work <input type="checkbox"/> Health <input type="checkbox"/></p> <p>Education <input type="checkbox"/> EMAS <input type="checkbox"/> NHS Direct <input type="checkbox"/></p> <p>Practitioner Services <input type="checkbox"/> Other <input type="checkbox"/></p>
<p>New Address</p>	<p>Professional to contact/details</p>
<p>At the end of 1 month the Designated Professional will send a copy of the MCFA detailing if family are not found/found and by whom in their area. A copy will be sent to the Named professional and GP.</p>	