

**CONFIDENTIAL**

**NORTHAMPSHIRE CHILDREN’S TRUST**

**SENIOR LEADERSHIP ALERT FORM FOR MISSING CHILDREN**

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| **To:** |  | Northamptonshire Children’s Trust Chief Executive  Northamptonshire Children’s Trust Director of Children Social Care | |
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| **Cc:** | | Director of Finance and Resources |  | |
|  | | Assistant Director for Safeguarding |  | |
|  | | Assistant Director for Corporate Parenting |  | |
|  | | Assistant Director for Quality and Resources |  | |
|  | | Assistant Director for Early Help |  | |
|  | | Strategic Manager Safeguarding and Quality Assurance Service |  | |
|  | | [NCTCommunications@nctrust.co.uk](mailto:NCTCommunications@nctrust.co.uk) |  | |
|  | | [N2KNotifications@nctrust.co.uk](mailto:N2KNotifications@nctrust.co.uk) |  | |
|  | |  |  | |
| **By agreement** | | Head of HR and Organisational Development (if the matter relates to staff member/s or there are HR implications) |  | |
|  | | Other (specify e.g. Independent Scrutineer / LLR Chair etc.) |  | |

**Please note that this form will be returned if it has not been completed correctly and as detailed in the Senior Leadership Alert procedure**

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| **1st Update** |  |
| **2nd Update** |  |
| **3rd Update** |  |
| **Further Update** |  |
| **Final Update/NFA** |  |

**PLEASE NOTE THAT THIS FORM IS FOR INFORMATION ONLY**

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| **Author**  **(Name and job title)** |  |
| **Contact Details** |  |
| **Date of Senior Leadership Alert** |  |

**Subject of Senior Leadership Alert:**

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| **Full name:**  **Alias: n/a**  **Carefirst ID No:**  **Service/Team opened to:**  **Date of Birth:**  **Legal Status:**  **Ethnicity/Nationality:**  **Current address:** |

**Summary:**

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| **Date and locality of incident:** |  |
| **Incident outline (include rationale for the alert):** |  |
| **Actions taken / planned (inc. dates & responsibility):** |  |

**Background:** *[Include for example the nature of the department’s involvement, names and roles of staff involved, legal status of the child, place/type of residence, child protection plan status, name and address of parents/guardians, siblings’ names and details as above, name of educational provision etc.]*

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**Current situation:** *[Include for example: current situation of the child, when and where did the child go missing from? Has the child been missing for over 72 hours previously? Outline the number of missing episodes over the last 90 days]*

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**Assessment of Risk:** *(Does this child or young person require a bespoke 7 missing in 90-day Risk Management Meeting? Does this child have a particular vulnerability? Details from the Strategy Discussion if already held? Does this child or young person being missing put the public in danger?)*

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**Further action required:** *(Include, for example: consider mapping to other young people, mobile phone triangulation, markers placed on property, National Review Mechanism, can current placement keep the child/young person safe. Consideration of DOL’s Order, additional MDT’s, other service involvement, photo and social media alert, Home Return Interview)*

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**Strategic Manager comment:** *[Include Risk Assessment and actions to mitigate the risk; statutory, corporate and departmental procedures being followed etc. Manager to indicate if Statutory notification is required and managerial overview. Note if any link to complex abuse investigations or linked to other cases in NCC)*

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| Signature |

**Lines to take:** *[Suggest a statement for elected members or lines to take in relation to media interest - please contact the NCT Communications Team who will be able to provide guidance for this* [*nctcommunications@nctrust.co.uk*](mailto:nctcommunications@nctrust.co.uk)*]*

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**Future action:** *[For example, action to be taken when missing child returns, business continuity plans in relation to premises issues etc.]*

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**Next update:** *[When is this expected and for what reason.]*

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**1st Update:**

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| --- | --- |
| **From:**  **(Name and job title)** |  |
| **Location** |  |
| **Contact Details** |  |
| **Date 1st Update completed** |  |

**Developments:** *[Include all changes since the initial Senior Leadership Alert’ previous update, including manager comment, lines to take and future action as appropriate]*

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| Strategic Manager |

**2nd Update:** *[date if appropriate]*

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| --- | --- |
| **From:**  **(Name and job title)** |  |
| **Location** |  |
| **Contact Details** |  |
| **Date 2nd Update completed** |  |

**Developments:** *[Include all changes since the initial Senior Leadership Alert previous update, including manager comment, lines to take and future action as appropriate.]*

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**3rd Update:**

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| **From:**  **(Name and job title)** |  |
| **Location** |  |
| **Contact Details** |  |
| **Date 3rd Update completed** |  |

**Developments:** *[Include all changes since the initial Senior Leadership Alert previous update, including manager comment, lines to take and future action as appropriate.]*

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**Further Update:** *[Date and name of person updating the Senior Leadership Alert]*

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| **From:**  **(Name and job title)** |  |
| **Location** |  |
| **Contact Details** |  |
| **Date Update completed:** |  |

**Developments:** *[Include all changes since the initial Senior Leadership Alert previous update, including manager comment, lines to take and future action as appropriate.]*

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| **Signed By:** |  |
| **Designation:** |  |
| **Date:** |  |

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| **Manager Signature:** |  |

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| **Designation:** |  |

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| **Date:** |  |

**Final Update:** *[Date and name of person updating the Senior Leadership Alert]*

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| --- | --- |
| **From:**  **(Name and job title)** |  |
| **Location:** |  |
| **Contact Details** |  |
| **Date Final Update Completed** |  |

**Developments:** *[Include all changes since the initial Senior Leadership Alert or previous update, including manager comment, lines to take and future action as appropriate.]*

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| **Signed By:** |  |

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| **Designation:** |  |

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| **Date:** |  |

**This Senior Leadership Alert Form must be authorised by a Strategic Manager. If the relevant Strategic Manager is unavailable this form must be authorised by another Strategic Manager.**