Sandwell Children's Safeguarding Partnership

WAS NOT BROUGHT GUIDANCE

2022

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Contents Page

Page 3 – Introduction

Page 3 – Scope

Page 4 – Purpose

Page 4 – Definitions of Terms

Page 4 – Supporting Principles

Page 5 – Duties and Responsibilities

Page 6 – Disengagement

Page 7 – Procedure for missed health appointments

Page 8 - What is the impact of the child is not brought or misses an appointment or home visit/does not attend school?

Page 11 – Appendix 1: Flowchart for Disengagement

Page 12 – Supporting References

1. Introduction

When children/young people (YP) are not brought/do not attend appointments or professionals are unable to access them in the home for a planned home visit (including video or telephone appointments), known as a non-access visit, this can be an indicator for safeguarding concerns or child protection concerns. This also applies when children do not attend school when they are of statutory school age, and can also apply to other situations e.g. non-engagement with voluntary support e.g. Early Help/family support or non-attendance at nursery when the child is known to be vulnerable despite there being no statutory remit for attendance prior to the age of 5 years.

It is important to bear in mind that children do not fail to attend appointments/school but that their parents or carers may not bring them. This can occur for various reasons; however, parents and carers have a responsibility to ensure all children and YP receive their health care and education entitlement.

A missed appointment/school non-attendance for a child or young person on its own may be of no concern or it may be very significant. Each non-attendance or non-access visit should be reviewed on an individual basis and the need for further action based after assessing the risk.

All staff have a duty to safeguard children by recognising abuse and referring onwards as required (Working Together 2018) and have key responsibilities as set out in in the West Midlands Regional Safeguarding Children Procedures to act on all concerns. Additionally, and specifically relating to all health disciplines, the Care Quality Commission (CQC) have reiterated the need for there to be robust processes in place to follow up children who fail to present for health appointments. (CQC Safeguarding Children 2009). Schools and educational settings also have their own guidance/thresholds for escalating poor school attendance within the local authority and are required to follow these internal processes.

The lack of formal processes in following up children's non-attendance at appointments and visits has been highlighted as an important factor for safeguarding in the report 'Why Children Die (Confidential Enquiry into Maternal and Child Health, 2008).'

Retrospective analysis of former Serious Case Reviews (SCRs) and current Child Safeguarding Practice Reviews (CSPRs) have repeatedly identified parental non-engagement, dis-engagement or refusal to engage with professionals as a factor which places children at increased risk.

It is widely recognised that disengagement from universal services is a strong feature in domestic abuse, serious neglect and physical abuse in children and families

At a local level, non-attendance at appointments (in particularly health related) has also been highlighted in a number of local CSPRs and multi-agency reviews in Sandwell.

2. Scope

This guidance is designed to promote engagement with children and families and to support the early identification of non-engagement when there may be safeguarding concerns.
It applies to practitioners **in all services** working with children and young people in Sandwell under the age of 18 years. It should be followed by all staff including those supporting on a temporary, voluntary or agency basis.

The policy also applies to those children who are not seen at pre-arranged visits at home or elsewhere in the community (no-access (NA) visits) and children of statutory school age for whom there are concerns regarding their school attendance.
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Within this policy an appointment will include all clinic, video, home and telephone appointments.

3. Purpose

The purpose of this document is to ensure that there is a consistent approach and procedure across all partner agencies in Sandwell in response to children/young people who are not brought and who do not attend appointments, who are not attending statutory educational settings or are unable to be seen at prearranged visits at home/in the community. It sets out the expected follow up and communication following all missed sessions.
It is for the attention and knowledge of **all practitioners** who work in the community (including children centres) and acute settings. Children missing health appointments relates primarily to health practitioners, as with poor school attendance relating primarily to Education, but it is **important that all workers understand the concept of "Was Not Brought"** and the role of all practitioners to recognise their role in highlighting a potential safeguarding concern for a child. It underpins both process and practice and reflects the diverse needs of children, young people and their families.

4. Definitions of Terms

Was Not Brought (WNB) / **Did Not Attend** (DNA): Did not attend a planned appointment without cancellation, non-return of consent, or refuse/retracting consent. The term 'Was Not Brought' accurately reflects the fact that children and young people rely on their parents/carers to attend appointments, school and other sessions. Please consider disguised compliance, which could present as a parent cancelling an appointment/not taking their child to school for a valid reason.

No Access Visits (NAV): Not available at home to be seen for a planned appointment by a practitioner.

Unseen Child: Any practitioner should consider a child unseen if they become aware that Primary Health Care is not being delivered to that child either in the home or community setting. This could include the parent/carer stating the child is not at home or sleeping, thus preventing access.

Leaves appointment without full treatment / discussion: sometimes patients can leave appointments, for example in A&E, without full treatment or discussion taking place. In the case of children and young people, the decision to leave without treatment rests with their parent/carer as the primary caregiver.

5. Supporting Principles

It is important to bear in mind that children do not fail to attend appointments or school but that their parents or carers may not bring them; with this consideration must be given to:

- A clear purpose to engagement for all children accessing health and other services in community and acute settings.

- Parents / carers / young people have a choice to engage with professionals in the voluntary sector.
- The most effective way to establish what is happening to a child / young person is to engage with parents / carers and the child / young person to reach a shared understanding of their health and developmental needs, their right to access health and education, their goals, what may need to change or what support may be needed from the community, private, or acute health settings, including GPs, Dentists, Opticians etc.
- Practitioners have a responsibility to try to engage with families.
- The importance of partnership working between the practitioner and the family.
- Feedback to the family following a completed episode of care is an important part of the engagement process; this should include a review of goals to inform further support needs.
- Engagement being a two-way process, considering the needs of the child / young person, the parents' / carers' capacity and the environmental context of the family. (Working Together 2018).
- It is important for professionals to seek to understand why parents/carers do not take their child to appointments, do not ensure their child attends school or disengage from services. Any identified themes should be addressed within teams to ensure services are accessible to local needs.
- Some families may fail to remain engaged with services. The aim is to minimise and manage any potential risk to children. It is recognised that, for some children, there could be a safeguarding risk if they Do Not Attend (DNA) or are not brought for scheduled appointments.
- Families who do not engage or dis-engage from services will need to be reviewed on an individual basis as part of a holistic assessment, such as Early Help, to determine any potential risk to the child. Practitioners should seek to obtain information from other professionals involved in the family and review any previous records to inform their assessment.

6. Duties & Responsibilities

- Practitioners have a responsibility to act in the best interests of the child or young person.
- Practitioners are required to fulfil their legal duty under Section 11 of the Children Act 2004 and Working Together 2018 to safeguard and promote the welfare of children.
- Each practitioner is accountable for the decisions they make and the consequences of those decisions.
- Practitioners have a responsibility to engage with children, young people and families and should ensure the family is fully involved, their needs are central, and that the family and professionals' agendas match.
- Practitioners should aim to have an understanding of the child / young person's needs within the context of the family's situation using the flow chart in Appendix 1 i.e. number of children in the family, use of community resources, attitudes to services.
- Practitioners have a responsibility to provide families and other professionals with information on the services they provide and the impact there will be if they do not engage/their child is not seen as expected at appointments/school/visits.
- Practitioners should assess the needs of children / young people who do not access the service using the flow chart, Appendix 1 and all available information on the family's current and past circumstances to determine level of risk and appropriate response.
- Practitioners should be particularly aware of the importance of the initial health assessment for families who have never engaged with services. To support decision

making staff should access advice and support from their Safeguarding Team/Lead, and the SCSP Threshold Document here: https://www.sandwellcsp.org.uk/wp-content/uploads/2021/04/SCSP-Multi-agency-Thresholds-Document-April-2021.pdf

- Practitioners should liaise and work with other professionals involved in a family's care to ensure coordination of appointments and avoid additional pressures being placed on the family.
- Practitioners should encourage discussion between the child and their families / carers regarding their care preferences where appropriate/possible to do so.

7. Disengagement

There may be various reasons why a family may disengage from services, however parents and carers have a responsibility to ensure that their children receive their statutory education, receive appropriate care including health care, and consider reasons why they may not be accessing relevant services, including:

- Wanting to opt out of the service.
- Poor past experience of health/education.
- Chaotic lifestyles.
- Lack of money to travel
- Having too many appointments with different professionals.
- Services are not easily accessible – e.g. around school pick up times.
- Fear of authority figures.
- Lack of understanding about need for health input/education
- Cultural differences – including language, disability, learning disability.
- Fear of being judged.
- Family wanting to maintain their privacy (but consider the UN Convention child's rights v right to a private family life).
- Trying to hide something.
- Parents may not have the capacity to facilitate/accompany children to appointments.
- Lack of understanding about a health issue or concern.
- Act of omission

Practitioners should be persistent in their approach to engaging with families without being intrusive and seeking supervision/advice when concerned. At all stages, practitioners have a responsibility to follow internal guidelines within their agency to escalate concerns and make decisions on when to refer to other services.

By not taking the child to health appointments or school, or attending appointments with other services, there may be a detrimental effect on the child or young person's health/growth, development, social emotional and mental health and educational attainment: an assessment should be made of the risk this may pose to the child or young person.

Non-attendance or apparent non-engagement can be an indicator of neglect as well as a specific instance when a child's needs are not being met.

Considerations of any safeguarding concerns need to be part of any assessment of an unborn baby, child or young person.

8. Procedure for missed health appointments

As stated within the 'Purpose' section, the lead responsibility for identifying, assessing and responding to children not being brought to health appointments rests with practitioners in the health economy, however **all practitioners should be alert** to instances where they are aware children have not been attending health appointments. The following procedure outlines steps to be taken when children are not brought to health appointments however the principles can also be adapted to other situations e.g. non engagement with family support/when concerns arise regarding school attendance.

- Practitioners should determine follow up requirements on an individual basis. The welfare of the child or young person is the most important consideration when making decisions about follow up following disengagement.
- Following a missed appointment or no reply visit practitioners should make contact by telephone to ascertain the reason. A card should be left with contact details, if appropriate, informing of the attempted visit and with contact details. Practitioners should work with other professionals to ensure the family's contact details are up to date.
- Offer another appointment and send a letter with an appointment date and time. Practitioners should consider whether the family require additional support with literacy or if English is not the family's first language.
- Following two missed appointments, records should be reviewed and discussed with the manager or Safeguarding Lead as appropriate to consider any safeguarding risks. If applicable the referrer should be informed for further assessment of need. The referrer and the health provider should liaise.
- Document all actions and attempts at contact in the child's records.
- All family / carer situations are different and individual; practitioners need to assess vulnerability according to need, to plan future contact with the family and again if disengagement occurs.
- For new birth visits (between 10-14 days post birth) practitioners should attempt to arrange a home visit by telephone, however if there is no response or they are unable to contact the family, the practitioner should undertake an opportunistic home visit in accordance with internal working policies. If there is no reply to this first contact a card / letter should be left with details of a second appointment. If there is no response to this second attempt, then the guidance contained within this document and summarised in the flowchart in Appendix 1 should be followed.
- If a child has failed or continues to fail to attend an appointment the responsible practitioner should consider the importance of the appointment and whether a child's health needs are being compromised/neglected. Always consider 'what is the impact on the child of this missed appointment?'
- Practitioners should analyse the information available. If practitioners feel insufficient information is available, they should liaise with other multi-agency partners to complete an assessment.
- Practitioners should access support as required if they have concerns about the actions to take and complete an assessment to identify whether intervention is required to secure the child or young person's welfare.
- If following assessment no vulnerabilities are identified a letter should be sent to the family informing them of how they can engage with the service again in future should the need arise.
- Professional judgement, informed by an assessment based on a child's health/development, education and current family situation must be made in order to

consider whether further action should be taken. If safeguarding concerns are identified, then practitioners should follow their agency's internal safeguarding procedure to agree next steps.

- Practitioners have a responsibility to inform others involved in a child's care if they are concerned about disengagement.
- NB – practitioners should also give consideration on steps to take if a child leaves an appointment without it being completed, or if a parent or carer is evasive in giving information in an appointment, which could also trigger the procedure outlined above.

9. What to do when a child is not brought or misses an appointment or home visit/does not attend school?

The matrix below sets out a framework for assessing risk to the child when they are not brought to an appointment, are not present at a planned home visit or do not attend school as expected. This aligns to the Multi Agency Threshold Document. Please always seek advice via your internal agency safeguarding lead as well as consulting the matrix below to inform decisions about a child you are working with. Always think carefully about what you know about the child and the relative context – one missed appointment for one child may not be of concern, whereas for another a missed attendance could be of significant concern.

Level of concern	**Low – no safeguarding concerns**	**Medium – 2 or more unmet safeguarding needs requiring a multi agency response**	**High – evidence of safeguarding concerns placing children at risk of significant harm**
Support may look like:	*Universal Services/ Single Agency support. Family identified as having one additional need*	*EHA in place. TAF (led by agency or Targeted Early Help dependent on need)*	*Requires social work led statutory assessment. S17 (Child in Need), S47 (Child Protection), Looked After Child*
Concerns	Missed 1 or 2 appointments/home visits or no opt in to make appointment. School attendance decreasing change in school attendance.	Missed or cancelled 2 or more consecutive appointments or visit. Change in school attendance, falling below expected threshold.	Persistent pattern of non- attendance or non-engagement. School attendance consistently below expected threshold, at risk of prosecution for poor attendance.
Child's needs	No known safeguarding concerns	On-going medical, or mental health condition which requires input. In receipt of single agency intervention or has an EHA open	Has multiple needs requiring on-going medical or mental health support. Child/YP is subject of statutory/CSC intervention, including; CiN/CPP/LAC/CDW/YJT etc.
ASK: What is the impact on the child as a result of the missed/cancelled appointment? **Always:** Consider the impact of missed appointment/visit on child's welfare			

Level of Concern	Low – no safeguarding concerns	Medium – 2 or more unmet safeguarding needs requiring a multi agency response	High – evidence of safeguarding concerns placing children at risk of significant harm
Actions	Notify the referrer. Discharge and write to parents with opportunity to re-book. Clarify the importance of attending appointments/visits and send another appointment. School liaison via appropriate member of staff e.g. attendance officer, pastoral lead to offer support Document and add to the child's file all actions taken.	Notify the referrer. Consider phoning/writing to the family Send another appointment Liaise with the Lead Professional where an EHA is active Discuss with the health visitor, children centre, family support worker, school nurse, or CAMHS or other community providers known to be involved. If not already in place, consider whether an Early Help assessment would aid in support for a child/family and include other known services' views i.e. health visitor, school nurse etc. Where this is the case, do note that child/parental consent is required to undertake an EHA. Document and add to the child's file all actions taken. Consider making enquiries of SCT (children's social care) and access the Child Protection Information System	Contact the social worker to agree an effective plan to engage with the child/family. If a child is not known to CSC, always apply the practice as outlined in the consult the Multi Agency Threshold document and seek advice from your agency's designated safeguarding lead about a concern. Notify and discuss with your agency's designated safeguarding lead and/or colleagues, i.e. health visitor, school nurse, etc. or community providers known to be involved for guidance and support Consider whether a home visit is appropriate to help engage the family or phone/write to the family Send another appointment Document and add to the child's file all actions taken.

Intended outcome	Plan communicated with family and other professionals involved	Family receive support to continue engagement with services.	Multi-agency discussion and support to meet child's needs agreed with family and professionals

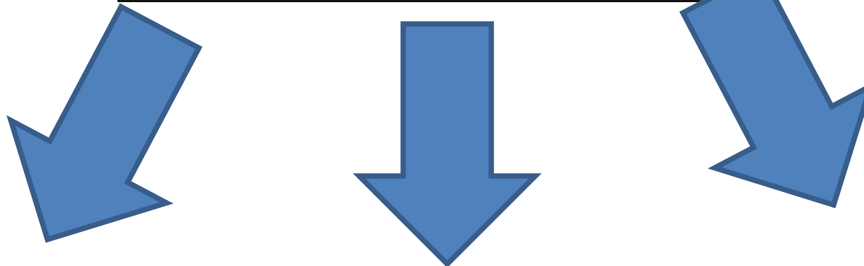
Appendix 1

Flowchart for Managing Disengagement

First contact with the service

Reviewing all available information if families do not engage

Discuss with line manager/internal agency safeguarding lead



Universal
Attempt to engage
Inform of service offer

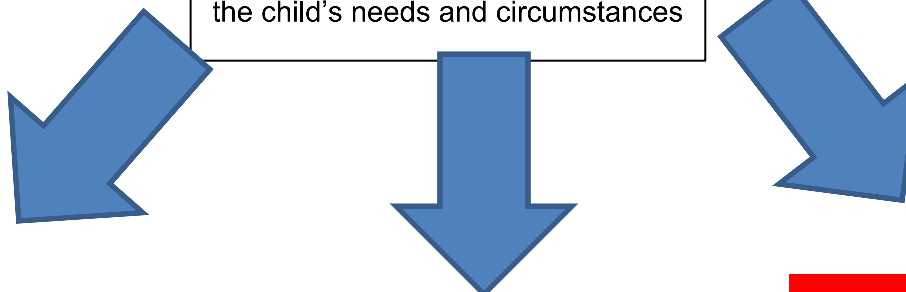
Early Help
Liaise with Lead Professional and other agencies e.g. GP, Midwife, Children's Centre – potential for support to engage/joint visit?

Statutory Support

Liaise with social worker immediately

Update core group members

Following missed appointment/non attendance - consider the impact of the missed session on the child's welfare based on what you know of the child's needs and circumstances



Low risk

Attempt to re-engage, offer another appointment
Send letter.

Action Plan in records

Give consideration of GCP2 domains/ assessment. Consider if there any other worries in regard to the care the child receives?

Medium risk

Attempt to re-engage
Discussion with Safeguarding Lead/TAF Lead Professional

Consider Early Help/GCP2 Assessments if not in place.

Liaise with other agencies to support with engaging
Action Plan in records

High risk

Always discuss concerns with your agency's designated safeguarding lead and inform the social worker/lead professional immediately

Complete risk assessment

Consider areas of GCP2 for the child. Can this be used with family or to evidence risk?

Action Plan in records

10. Supporting References / Evidence Base

- The children Act 1989 and 2004
- Confidential Enquiry into Maternal and Child Health, 2008
- CQC Safeguarding Children 2009
- Working Together to Safeguard Children 2018
- West Midlands Regional Safeguarding Policies and Procedures
- NICE clinical guideline 89 When to suspect child maltreatment
- http://www.nice.org.uk/nicemedia/pdf/CG89NICEGuideline.pdf
- Was Not Brought Film **https://youtu.be/dAdNL6d4lpk**
  SCSP Threshold Document: https://www.sandwellcsp.org.uk/wp-content/uploads/2021/04/SCSP-Multi-agency-Thresholds-Document-April-2021.pdf