

## Policy for Children and Young People Not Brought to Appointments

**This policy applies to all health appointments within:**

- **Highland Council**
- **NHS Highland**
- **Argyll and Bute**

**Warning – Document uncontrolled when printed**

<b>Policy Reference:</b>	<b>Date of Issue: June 2021</b>
<b>Prepared by: Gillian Pincock: Acting principal officer (nursing)</b> <b>Rory Grierson: Paediatrician</b> <b>Nancy Healy: Acting Lead Nurse child protection</b>	<b>Date of Review June 2024</b>
<b>Lead Reviewer: Nancy Healy</b>	<b>Version: 1</b>
<b>Authorised by: Infants, Children’s and Young People’s Clinical Governance Group</b>	<b>Date: 17.06.21</b>
<b>Planning For Fairness: Yes/No (Formerly EQIA)</b>	<b>Date:</b> <a href="http://intranet.nhsh.scot.nhs.uk/Staff/EqualityAndDiversity/EqualityImpactAssessment/Pages/Default.aspx">http://intranet.nhsh.scot.nhs.uk/Staff/EqualityAndDiversity/EqualityImpactAssessment/Pages/Default.aspx</a>
<b>Distribution: NHSH Nurse Director</b> <b>H/C Head of Health</b> <b>Principal Officer (nursing)</b> <b>Principal Officer (AHP’s)</b> <b>Paediatricians</b> <b>NMAHP Leadership Group</b> <b>Practice Leads (early years) H/C</b>	<b>Child health managers (A&amp;B)</b> <b>Dental Leads ANVG (A&amp;B)</b> <b>Children’s specialist services</b> <b>GP subgroup</b> <b>Primary Mental Health Workers</b> <b>Associate Lead Nurses H/C</b> <b>CPA’s (health) H/C</b>

<b>Child Health Managers (A&amp;B)</b>	<b>CAMH's Leads</b>
<b>Method</b>	<b>NHSH Chief Officers</b>
Email paper intranet	Deputy directors of AHP's, Nursing, Midwifery. Deputy medical directors.

### Data Protection Statement

NHS Highland is committed to ensuring all current data protection legislation is complied with when processing data that is classified within the legislation as personal data or special category personal data.

Good data protection practice is embedded in the culture of NHS Highland with all staff required to complete mandatory data protection training in order to understand their data protection responsibilities. All staff are expected to follow the NHS policies, processes and guidelines which have been designed to ensure the confidentiality, integrity and availability of data is assured whenever personal data is handled or processed.

The NHS Highland fair processing notice contains full detail of how and why we process personal data and can be found by clicking on the following link to the 'Your Rights' section of the NHS Highland internet site.

<http://www.nhshighland.scot.nhs.uk/Pages/YourRights.aspx>

**The following articles from the United Nations Convention on the Rights of the Child apply:**

**Article 2 (non-discrimination)**

The Convention applies to every child without discrimination, whatever their ethnicity, sex, religion, language, abilities or any other status, whatever they think or say, whatever their family background.

**Article 3 (best interests of the child)**

The best interests of the child must be a top priority in all decisions and actions that affect children.

**Article 6 (life, survival and development)**

Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.

**Article 24 (health and health services)**

Every child has the right to the best possible health.

**Article 19 (protection from violence, abuse and neglect)**

Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.

Contents:

Introduction and Background:	p4-5
Definitions of not brought to appointment and unseen child:	p6
Procedure for “not brought to appointment”:	p7
Procedure for “no access” at planned home visit:	p8
Flowchart for secondary care professional (appendix 1):	p9
Flowchart for referring professional (appendix2):	p10
Flowchart for “no access” to child (appendix 3):	p11
Letter to referrer when child not brought (appendix 4):	p12
Letter to parents/carers for failure to attend routine screening/health services (appendix 5)	p13

This policy is intended for all those in NHS or Highland Council Commissioned health Services who work with children including those who refer children to other services.

### **Relaunch of procedure for child not brought to appointment/no access or the unseen child.**

Abbreviations used in this document:

**NBA-** not brought to appointment. A child who is not taken to an appointment should not be recorded as DNA (did not attend) as it is the responsibility of the parent or carer to ensure a child accesses health and other appointments.

**TUC:** The unseen child. This refers to a child who has not visibly been seen by those attempting to provide a service to them.

**NA:** No Access, this occurs when a practitioner does not gain access either to the home during home visits or to the child during a home visit or some other agreed place of contact.

**PL:** Practice Lead either early years (Health Visiting lead) or Care & Protection (Social Work)

**NP:** Named Person (this will be the HV or FN for pre-school children and Head Teacher/Guidance Teacher for school age children)

It is anticipated that this policy will provide a guide to practitioners when they encounter the above situations, providing a clear process to follow including when and how to escalate where there are concerns around the child's wellbeing or risks have been identified.

There is an important distinction to be made between **screening** services and **treatment**. Parents/carers have the **right to chose not to accept child health or screening services**. This does not constitute NBA. However, where a parent has accepted screening services and a health need is identified and appointment for treatment offered, failure to take the child to that appointment would constitute NBA e.g. child smile identifies a need for dental treatment or pre-school orthoptics screening identifies a vision concern. If a subsequent appointment is missed, then the NBA process should be followed.

This policy has been updated with input from primary and secondary professionals and covers:

- Children and young people not taken to appointments with primary/secondary care practitioners.
- When a child or young person is not seen at a planned home visit or planned contact in another place.

## Background

There is evidence that some parents/carers will deliberately evade practitioners attempts at providing interventions to protect a child. this can be a clear and deliberate strategy by one or more parents/carers in many cases of child abuse and neglect (National Guidance for Child protection 2014).

The terms “non-engagement/ “non-compliance” and “disguised compliance” are used to describe a range of deliberate behaviours and attitudes:

- Failure to attend pre-arranged appointments
- Not being at home despite a planned home visit to see the child.
- Not allowing access to the home for the professional to see the child.
- Frequently re-arranging planned appointments often with vague reasons.
- Cutting short planned home visit due to some other “pressing appointment”
- Appearing to engage with the planned care/ appointment but not following through with it (disguised compliance) or sporadic or partial compliance with professionals
- Threats of intimidation or violence towards practitioners.

### BOX 1

**Consider all of the following issues if a child is unseen or not brought to appointments**

Are the address and phone number you have correct?

Are there language/literacy issues which may prevent families understanding written correspondence?

Are there associated costs/travelling that cause difficulty in taking a child to an appointment?

Is there the possibility that one partner may be “silencing” the other such as in domestic abuse cases?

Could the parent/carer be frightened to answer the door?

Do the family understand the need for treatment/home visits and the consequences of not allowing the child to receive care/treatment?

Are you aware of any negative experiences a parent or carer has had with services which may make it difficult for them to trust professionals?

Does the parent/carer have mobility issues, mental health issues or a learning disability that may make them distrustful, anxious or unable to attend appointments?

## **Not Brought to Appointment (NBA)**

- Children have a **right** to access medical care and treatment. Those who are not old enough or developmentally able to make decisions about their own health care are therefore reliant on a parent or carer to take them to appointments.
- Where several professionals are involved, partial engagement may be encountered. This requires analysis of the impact on the child as they may not be having their health needs met. Sharing this information with the named person where appropriate ensures all information is available for analysis.
- Not being brought to appointments may be part of a wider picture of abuse or neglect and this should always be considered as a possibility by the professional attempting to provide care (including the referrer). Where appropriate, these concerns should be shared with the named person.
- Adolescents may choose not to attend health appointments if they are competent to make such decisions. Every effort must be made to ensure the young person and their parent/carer fully comprehends the impact of not receiving care/treatment and to understand what may be behind their reluctance to attend medical appointments.
- Some young people who are competent may wish to access healthcare on their own without the presence of a parent and health services should make every effort to facilitate this.

**Disengagement/ non engagement is a key risk factor in child abuse and neglect and must be taken seriously by all those who provide services to children and young people.**

## **The Unseen Child (TUC)**

- The unseen child can refer to those children previously discussed who were not brought to appointments.
- Children whose parent/carer refuses either to answer the door or answers the door but does not allow access to the home.
- The parent / carer allows practitioner into the home, but the child is not there despite knowing there was a planned home visit due.
- Those families who move house without informing health or education services of their whereabouts.

## PROCEDURES

### Child not brought to secondary care appointment

#### **Procedure for secondary care professional:** (appendix 1)

##### Child not brought to appointment

- Check demographic details are correct and send further appointment
- If child not brought to second appointment or no response to second invite from patient booking service, inform referrer by sending a “child not brought” letter to the referrer (appendix 4)
- Where the appointment is for routine screening then the named person should be informed that the child has not been brought to the appointment offered.
- Following 2 missed appointments for **routine screening**, letter to be sent to parent/carer (appendix 5)

#### **Procedure for referrer upon receipt of a “child not brought” letter:** (appendix 2)

- If there is a wellbeing concern, upon receipt of the letter, the **referrer** should discuss case with named person and consider using Highland Practice Model guidance.
- If the child is on the child protection register or is a care experienced child, the case should be discussed with the Lead Professional and the Named Person.
- Discussion should be attempted with parent/carer to establish reasons for non attendance. Be aware of the possibility of disguised compliance.
- Referring practitioner should ensure all communication with the family and other professionals is accurately documented in the child’s case record.

**If at any time there are child protection concerns, the Highland Child Protection Guidance should be followed. A discussion should be had with the practice lead for care and protection or duty worker. This should be followed up with a child concern form (CCF) if appropriate\* and shared with relevant professionals. Advice can be sought from Child Protection Advisors (health).**

**\*This guidance does not replace professional judgement, where a CCF is required this should be completed by the professional known best to the family. Each case will be individual, and practitioners should consider all possible reasons (see box 1) for non attendance/engagement.**

## Procedure for No Access at planned home visit

### Flowchart for community practitioners where prior appointment has been made and there is no access is found in appendix 3

#### Where there are no concerns:

- check demographic details and offer further appointment via most appropriate means-text/letter/phone call and record in child's record.

#### No access at second visit:

- Risk assess
- Discuss with other health professionals known to the family/Named Person.
- Check if child or **any siblings** have been seen by other healthcare staff... GP, dentist.
- Try to establish contact with family via phone or text to establish reason for no access and offer further appointment.
- Consider a discussion of the case with Practice Lead/CPA (health) and record agreed actions
- If family appear to have vacated the home, consider the Missing from Known Address (MKA) form.
- Record all actions in child health record and update chronology.

#### Where there are concerns: increased vulnerability, child on CP register or child "looked after".

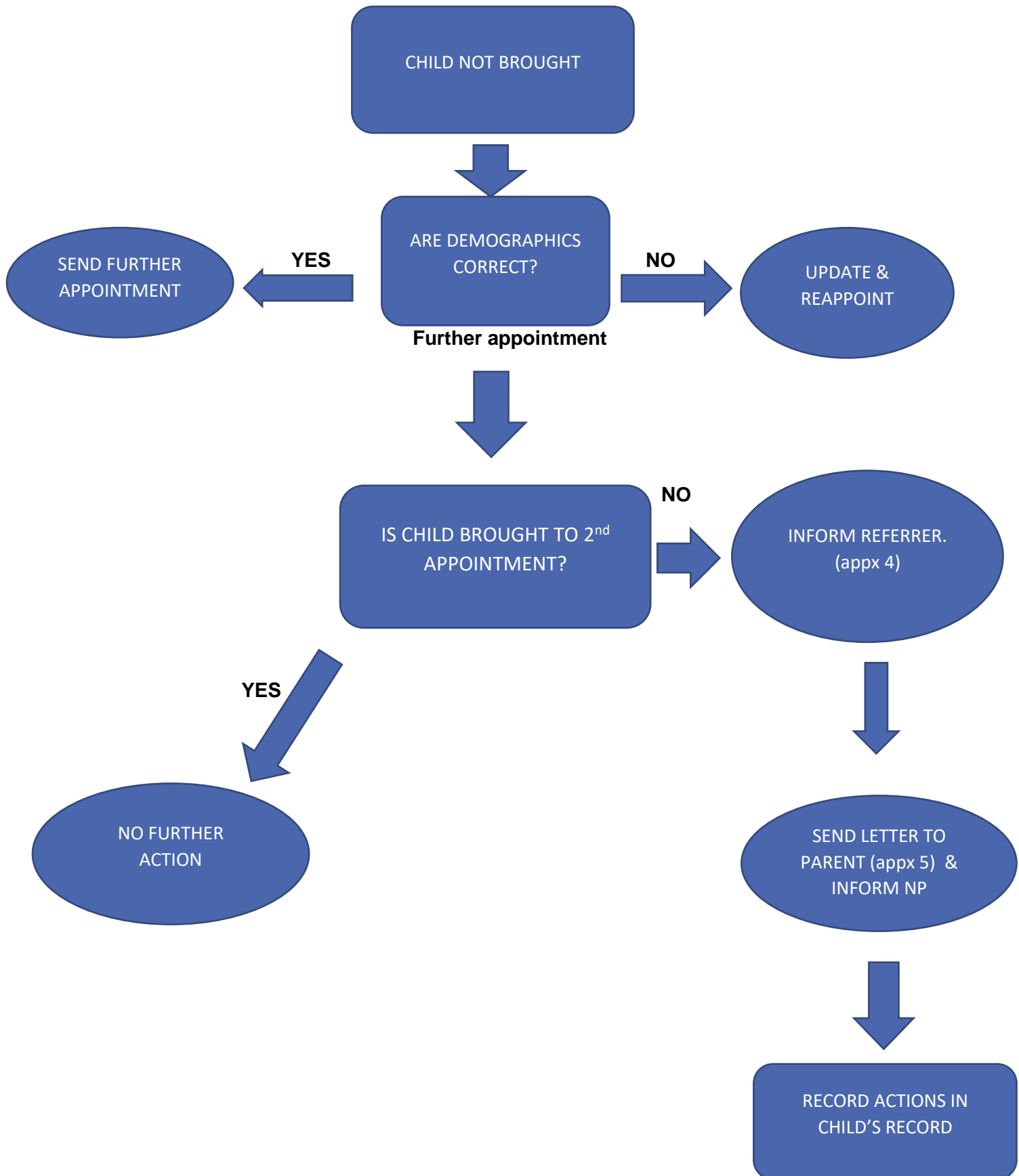
- Check demographic details.
- Assess risk, try to establish contact with family via most appropriate means and offer further appointment for home visit.

#### If still no access at 2<sup>nd</sup> visit and child not located:

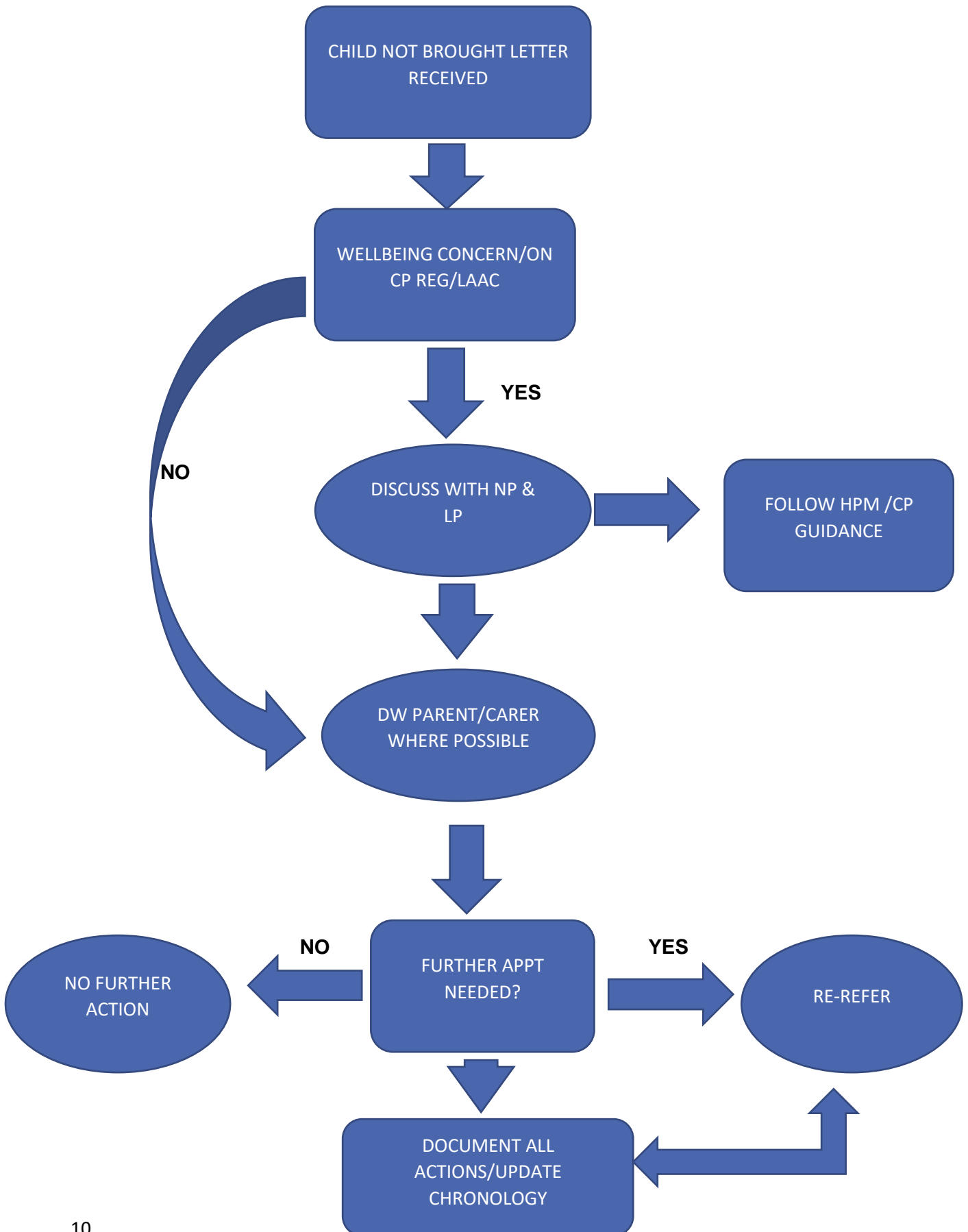
- Share information with partner agencies and reassess risk
- Discuss with Practice Lead/Lead Professional/NP and/or CPA
- Complete missing from known address (MKA) protocol if home appears vacant
- Consider reporting to police following risk assessment.
- Discuss need for missing family alert (MFA) with Lead nurse CP/Practice Lead/CPA/keeper of register (NB: if child on CP register or care experienced the MFA should be completed by SW)
- Discuss with partner agencies e.g. education if appropriate and inform of actions and decisions.
- Update the child's health record and chronology



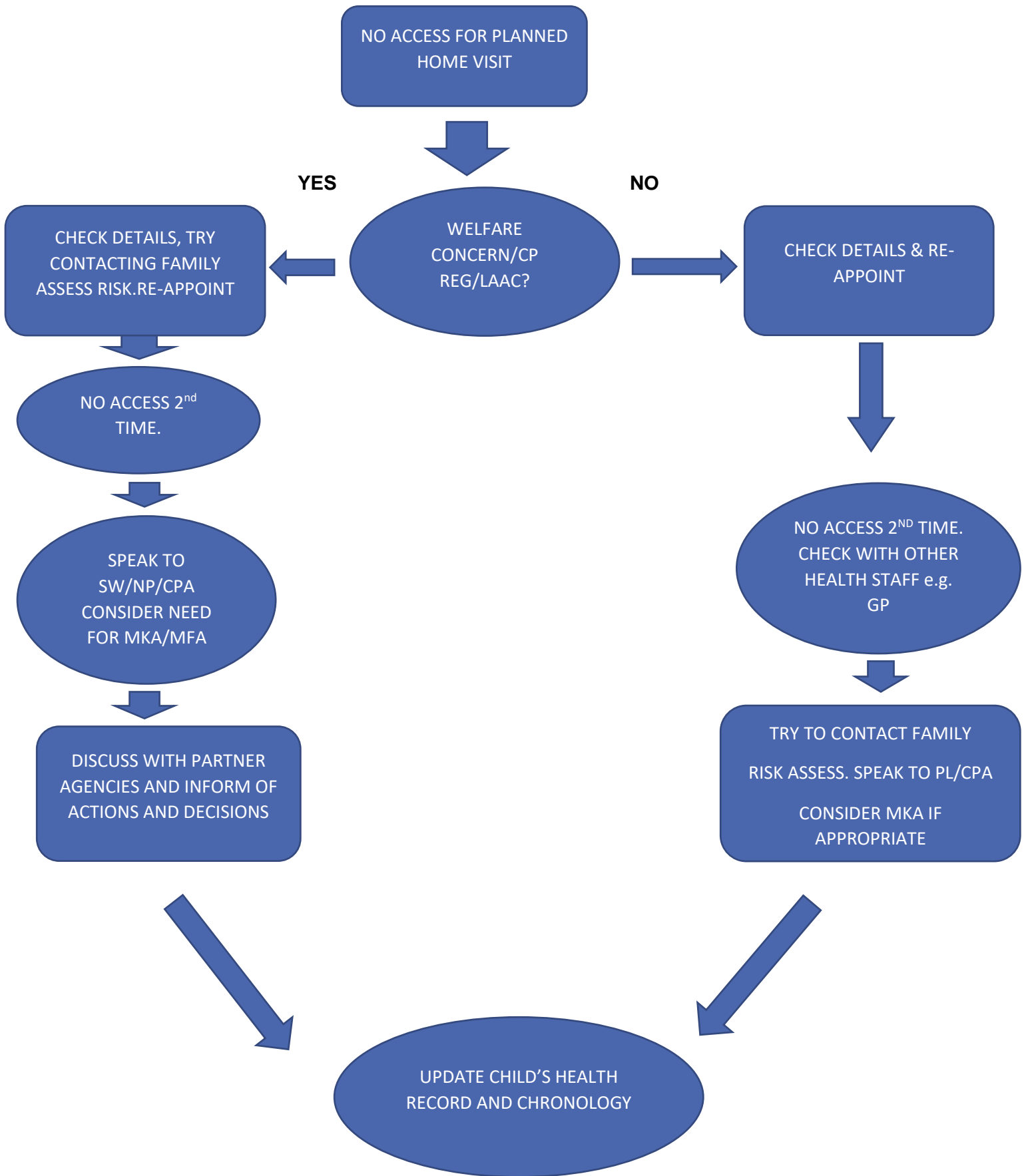
**Child Not Brought: Procedure for Secondary Care professional (appendix1)**



**PROCEDURE FOR REFERRING PROFESSIONAL ON RECEIPT OF “NOT BROUGHT” LETTER (appendix 2)**



**PROCEDURE WHEN NO ACCESS TO CHILD (appendix 3)**



**Appendix 4 (letter to referrer when child not brought to appointment)**

Childs name:

DOB/CHI:

Address:

Dear .....

The above child that you referred for .... **(insert specialism/reason for referral)** was not brought to the second appointment/ no response to invite (delete as appropriate) offered on (insert date).

No further appointments will be offered at this stage. Should the child's demographic details have changed since the referral please contact the department to update and a new appointment will be offered.

Regards.....

**(Appendix 5)** letter to parents/carer for failure to attend routine screening/health services

Name:

Contact tel:

Email

Date:

Dear Parent/Carer

We note that ..... (insert child's details) was not brought for routine screening appointments on 2 occasions with **Health visitor, Orthoptics, dentistry, other** (delete as appropriate) on .....

I realise there may have been many reasons for this. These appointments are offered to all children as part of universal health services in order that any concerns with your child's health or development can be identified early and treatment or additional services offered if required.

It is policy within NHS Highland and The Highland Council that we do not send out any further appointments at this time. However I would like to reiterate that this service remains open to your child and should you wish to arrange for your child to be seen, please contact me at the number above.

Kind regards.....

Copy to: HV

GP

Other (please specify)