



Kingston & Richmond LSCB Boards

Version no:	1
Original policy issued:	February 2018
Last revision update:	
New review update:	Spring 2019
Owner: Adviser	Elisabeth Major, LSCB Professional
Target audience:	Strategic Partners
Name of author:	Elisabeth Major
Job title of author:	Elisabeth Major
Contact details:	elisabeth.major@achievingforchildren.org.uk

Related policies & publications

Working Together to Safeguard Children 2015

London Child Protection Procedures 2.6; 21.7; 5

Kingston and Richmond LSCBs

Was Not Brought Guidance

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.

This guidance applies to all practitioners who work in community and acute settings. This is primarily for health practitioners, but it is important that all workers understand the concept of “Was not Brought”. It underpins both process and practice and reflects the diverse needs of children, young people and their families.

This document, along with Local Safeguarding Children Board Procedures, relates to children and young people up to 18 years of age, and their parents and / or carers, and disabled children up to 19 years of age.

Engagement Principles:

- This is for all children accessing health services in community and acute settings, and there should be a clear purpose to engagement. Children and young people have a right to receive appropriate healthcare and it is the responsibility of parents to access this on their behalf.
- Parents / carers / young people have a choice to engage with health professionals.
- 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 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.
- There should be partnership working between the health 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 care plan goals to inform further support needs.

- Engagement is a two way process, considering the needs of the child / young person, the parents' / carers' capacity, the environmental context of the family. (Working Together 2015).
- It is important for health professionals to seek to understand why families do not attend appointments with services or disengage from health or other 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 health 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 to determine any potential risk to the child. Practitioners should seek to obtain information from other professionals involved in the family (GP / Midwife) and review any previous records to inform their assessment. To support further decision making staff should access their Clinical Team Lead or Safeguarding Team.

It is recognised that disengagement is a strong feature in domestic abuse, serious neglect and physical abuse in children and families.

Clinical Responsibilities:

- Practitioners have a responsibility to act in the best interests of the child or young person.
- 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 professional's 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 at Appendix 1 i.e. number of children in the family, use of community resources, attitudes to healthcare. 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, and their child is not brought to appropriate appointments.
- 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 their Clinical Team Lead, Safeguarding Team, the LSCB Neglect Toolkit, and the LSCB Threshold Document here:

<http://kingstonandrichmondscb.org.uk/news-resources/policies-and-procedures-87/multi-agency-threshold-document-144.php>

- Practitioners should liaise and work with other professionals involved in a family's care to care to avoid extra appointments, and ensure coordination of appointments. For example Midwife, GP, Children's Centre, Children's Social Care.
- Practitioners should encourage discussion between the individual patients and their families / carers regarding their care preferences.
- Practitioners should work in partnership with children, young people and their families.

Practitioners are required to fulfil their legal duty under Section 11 of the Children Act 2004, and Working Together 2015 to safeguard and promote the welfare of children.

Disengagement:

There may be reasons why a family may disengage from the service:

- Wanting to opt out of the service.
- Poor past experience of health professionals.

Chaotic lifestyles.

Lack of money to travel.

Having too many appointments.

Services are not easily accessible – eg around school pick up times.

- Fear of authority figures.
- Lack of understanding about need for health input.
- 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.
- Lack of understanding about a health issue or concern.
- Act of omission, i.e. not seeking medical attention or taking a child to an appointment.

Practitioners should be persistent in their approach to engaging with families without being intrusive, and seeking supervision when concerned.

By declining health services or treatment there may be a detrimental effect on the child or young person's health, growth or development, 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 health 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.

Definitions

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

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

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 be a child that the parent / carer states is away 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.

Procedure

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 reasons. 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.

If a child leaves an appointment without it being completed.

If a parent or carer is evasive in giving information in an appointment.

Following two missed appointments, records should be reviewed, cases should be discussed with the manager or Safeguarding Lead as appropriate to consider any safeguarding risks. The referrer should be informed for further assessment of need. The referrer and the health provider should liaise.

PLEASE CONSIDER A SPECIFIC WNB GUIDANCE FOR YOUR SERVICE

All family / carer situations are different and individual; practitioners need to assess vulnerability according to need, to plan future contact with the family at first contact for all families, and again if disengagement occurs.

Due to the commissioning arrangements for the new birth visit (between 10-14 days) 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 the Lone 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 neglected, always considering 'what is the impact of the child of this missed appointment'.

Practitioners should analyse the information available. If practitioners feel insufficient information is available they should liaise with the GP and other multi-agency partners to complete the assessment.

Practitioners should access support as required if they have concerns about the actions to take and complete an assessment using the Family and Child Assessment form 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 allow for future contact with the service and GP should be informed at monthly liaison meetings.

Professional judgement, informed by an assessment based on a child's development, 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 Safeguarding Children Procedures and seek advice and support from the Safeguarding Children team via SPA (Single Point of Access) if necessary.

Practitioners have a responsibility to inform others involved in a child's care if they are concerned about disengagement.

Document all actions and attempts at contact in the child's records.

**What is the impact of the child is not brought or misses an appointment?
Dr Simon Jones West Hampshire CCG**

Level of concern	Low	Medium	High
Concerns	Missed 1 or 2 appointments, health visitor access visits, or antenatal appointments or no opt in to make appointment	Missed or cancelled 2 or more consecutive appointments or visits	Persistent pattern of non- attendance or non-engagement
	No known safeguarding concerns	On-going medical, or mental health condition	On-going medical, or mental health condition
		Known safeguarding concerns or alerts	Known parental mental ill health, drug or alcohol misuse or domestic abuse or known looked after child or subject to child in need (CIN) or child protection (CP) plan
Actions	Consider the impact of missed appointment on child's welfare	Consider the impact of missed appointment on child's welfare	Consider the impact of missed appointment on child's welfare
	Discharge and write to GP and parents with permission to re-book or	Consider phoning the family Write to GP and family	Phone the family Write to GP and family Send another appointment

	Contact the family to confirm contact details, Clarify the important of attending appointments and send another appointment	Send another appointment Discuss with health visitor, school nurse, or CAMHS or other acute or CCN or CAMHS) or community health providers known to be involved	Discuss with health visitor, school nurse, or CAMHS or other acute or CCN or CAMHS) or community health providers known to be involved Consider whether a home visit is appropriate to help engage the family
		Consider making enquiries of children's social care and accessing the Child Protection Information System Refer to children's social care for Early Help, and copy health visitor or school nurse	Inform CSC immediately, if a looked after child or subject to CIN/CP Plan. Make referral using the SPA referral form to children's social care for assessment and notify GP and health visitor or school nurse
Intended outcome	Plan communicated with GP, family and other professionals involved	Family receive support to continue engagement with health	Multi-agency discussion and support to meet child's needs agreed with family and professionals

References:

Southern Health NHS UK
North Tees and Hartlepool NHS Foundation Trust
Working Together 2015

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working Together to Safeguard Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)

Was Not Brought Film <https://youtu.be/dAdNL6d4lpk>
London Child Protection Procedures www.londoncp.co.uk
(see 2.6, 9.2, 21.7., 5. Appendix 8)

LSCB Neglect Toolkit <http://kingstonandrichmondscb.org.uk/news-resources/policies-and-procedures-87/child-neglect-toolkit-181.php>

LSCB Threshold Document <http://kingstonandrichmondscb.org.uk/news-resources/policies-and-procedures-87/multi-agency-threshold-document-144.php>

Appendix 1

Flowchart for Disengagement

