 

**PROCEDURE FOR CHILD NOT BROUGHT TO APPOINTMENTS (NBA)**

**NO ACCESS (NA) at Planned Home Visit**

**and THE UNSEEN CHILD (TUC)**

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| **Child Protection Action Group** |

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| **Distribution**   * Directorate Managers * GP Practice Managers * GP Subgroup * Paediatricians * Allied Health Professionals * Dental Leads * Lead Nurses * Professional Leads for Children and Families including Child Protection and Looked After Children * CPCG (Child Protection Co-ordinators Group) | | | * Public Health Practitioners/Health Visitors/Public Health Nurses (Schools)/Community Health Nurses/Family Health Nurses/Team Leaders/FNP * Children’s Specialist Services * Nursing, Midwifery & AHP Committees * Child Health Surveillance (Morven House) * Raigmore Appointments Office * A&B CPAG | |
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For the Attention of all NHS and Highland Council Health personnel who work with/for children, including those who make appointments for children

**RELAUNCH OF PROCEDURE for Child Not Brought to Appointments/No Access/ or Unseen Child**

**Replacement of Procedure for Child Failure to Attend Appointments/No Access at Planned Home Visit**

**REF:1169**

The attached procedure has been operational since April 2010 for NHS Highland. It is intended to identify and reduce risk to vulnerable children who miss planned appointments and/or when no access is granted to a planned home visit or when the child is not seen on a planned home visit and to promote a consistent approach in all areas within NHS Highland and Highland Council in managing and reducing that risk.

It is crucial that each included person, ward, department, clinic, service etc:

1. Check compliance of their local procedures/protocols with this procedure
2. Bring to the attention of the Principal Child Protection Advisor-Health (PCPA) where any conflicting issues are apparent
3. Identify any benefits to children as a result of the implementation of this procedure within your area and pass these onto the PCPA

An audit is planned later this year to check compliance.

A Public Health Nurse Base Directory is now available on the intranet <http://intranet.nhsh.scot.nhs.uk/Org/DHS/ChildrensServices/Pages/Default.aspx>. This will support this procedure through identifying the team base for the Health Visitor/School Nurse for notification of non attendance by a child in their area.

Thank you for your co-operation in implementing this procedure.

**Kathleen Clarke**

Principal Child Protection Advisor



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**1.1 BACKGROUND**

**A child not brought to attend for any health appointment must be taken seriously by all health professionals.**

As children are under the care of adults, the responsibility for attendance at appointments rests with the carer. Non-attendance at appointments may be an indicator of child welfare concerns; therefore a child not brought to appointments should receive special consideration. This includes cancelled appointments (CNA) and non-attended appointments (DNA).This procedure has been developed regarding formal notification to Primary care professionals of **child not brought to attend** at Secondary Care appointments; for Primary care professionals to respond when a child fails to attend a primary care appointment; when primary care professionals **do not get access**, from a previously arranged appointment; and for managing cases where a **child is unseen** at an planned home visit or any other place.

In agreement with the Child Protection Co-ordinators Group this guidance has been developed to ensure that notifications of all children not brought to appointments, no access visits and unseen child episodes are handled in a uniform manner. It is anticipated a standard process will reduce risk to the most vulnerable children.

***Sharing information is a critical component in safeguarding children.***

**1.2 REFERENCES**

1. *Watson M, Forshaw M. BMJ 2002; 324: 739 Child Outpatient non-attendance may indicate welfare concerns*
2. *Lord Laming 2003 (following the inquiry into the death of Victoria Climbie)*
3. *The Lord Laming The protection of Children in England: A Progress Report March 2009*
4. *Highland Children’s Services Practice Guidelines August 2010*
5. *Child Protection Inter-agency Guidance 2011 Highland Child Protection Committee*
6. *Scottish Executive, Protecting Children: a Shared Responsibility January 2000*
7. *Scottish Executive, Sharing Information about Children at Risk: A guide to good practice 2003*
8. *Scottish Executive, Protecting children and young people: Framework for Standards 2004*
9. *Significant Case Review Declan Hainey Renfrewshire Council*
10. *National Guidance for Child protection in Scotland: Guidance for Health Professionals in Scotland Scottish Government*

[*http://www.scotland.gov.uk/Publications/2012/12/9727/downloads*](http://www.scotland.gov.uk/Publications/2012/12/9727/downloads)

 

2.1 CHILD NOT BROUGHT TO SECONDARY CARE APPOINTMENTS

Procedure for

# Referring Practitioners, General Practitioners, Health Visitors and Public Health Nurses (Schools), Allied Health Professionals and Dental Professionals.

## “A child is a person under the age of sixteen years”

# Non Attendance at appointments may be an indicator of child welfare concerns1

* Upon receipt of the “Not Brought To Appointment” letter (Appendix 2), the Referring Practitioner should initiate discussion with the other health professionals/named person/lead professional informed of the non-attendance and agree the action to be taken and by whom. Contact with the family is recommended.
* A summary of the discussion will be documented in the child’s notes by the Referring/General Practitioner/Community Paediatrician and in the Public Health Nursing Child and Family Health Record by the HV or SN so that this discussion becomes part of the child’s permanent record.2
* If the Health Visitor for the surgery is different from the Named Health Visitor, the Health Visitor for the surgery will forward the information to the Named Health Visitor.
* The Referring Practitioner should re-refer should another appointment be required.
* If further appointments are to be offered, they will be copied to the General Practitioner/Community Paediatrician, the HV or SN and the Practice Manager.
* At every stage of the process consideration must be given to communication issues such as literacy, language, understanding ability and retention, mental health issues, hearing or visual impairment; in compliance with the Disability Discrimination Act and with NHS Highland.

**If there are child protection concerns the Highland (or respectively Argyll and Bute) Child Protection Policy Guidelines must be followed**.

## Child protection guidelines can apply to Looked After Children until they reach the age of 18 years

 

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| 2.2 CHILD NOT BROUGHT TO SECONDARY CARE APPOINTMENTS  Action for Secondary Care Professionals  Where there are concerns that a child may be at immediate risk follow Highland Child Protection Committee Guidelines (HCPC), or Argyll and Bute Guidelines |

**Child Not Brought to a Second Appointment**

# Requires Further Appointment?

# 

**No**

**Yes**

* Confirm details with referring practice
* Consider any communication difficulties
* Send/telephone/text further appointment
* Record in patients notes

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**No Concerns**

**Fails Again to Attend**

**Concerns**

**(Health or Welfare)**

* Consider further appointment
* Send ‘Not Brought to Appointment’ letter Appendix 2 to family with either a new appointment or state no further appointment will be sent
* Copy letter to Referring Practitioner, GP, Health Visitor or School Nurse, Named Person\* (where appropriate), Practice Manager and Community Paediatrician if involved.
* Send ‘Not Brought to Appointment’ letter Appendix 2 and new appointment to family, stating necessity of attendance
* Copy letter and new appointment to Referring Practitioner, GP, Health Visitor or School Nurse, Practice Manager and Community Paediatrician if involved
* Consider discussion with Community colleagues
* Referring Practitioner: on receipt of contact see page 3

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\*Named Person – Midwife, Health Visitor for under school age. School Nurse and School (when appropriate) for school aged

* For services which invite the family to arrange an appointment, and where no appointment has been made after **two** invitation letters have been sent, correspondence should be copied to the same professionals above.

**Contact Child Protection Advisor to discuss any concerns at any stage.**

**RECORD ALL ACTIONS**

 

**Appendix 1**

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| **3.1 Guidance for Community Practitioners**  **When prior arrangements have been made and there is ‘No Access’**  **(Where there is concern that a child may be at immediate risk, follow**  **Highland Child Protection Committee (HCPC) Guidelines), or Argyll and Bute Guidelines** |

**‘Consider any communication difficulties’**

**No Concerns Concerns**

Leave a further appointment for within four weeks/and contact details

C

* Clarify Address/Contact details including with Child Health on return
* Inform Named Person and/or

Lead Professional

* If known to social work inform social worker or consider referral

Clarify Address/Contact details including with

Child Health

**Assess risk** and plan further visit

ie within day/week following risk assessment

|  |
| --- |
| Send letter Appendix 2 with new planned visit/contact details |

**Child not located** and/or Not at Known Address

1. **Re-assess risk**
2. Discuss with Child Protection Advisor (CPA)
3. Share concerns/refer to social work
4. Complete ‘Missing From Known Address Protocol’
5. Discuss Missing Family Alert with CPA
6. Inform Health Colleagues/including Team Leader
7. Inform Named Person and/or Lead Professional
8. Inform other Agency colleagues involved
9. Consider referral to police

**No Access** at next visit

* Risk Assess
* Inform and discuss with Health Colleagues/Named Person and/or Lead Professional
* Discuss with Team Leader
* Continue with agreed service level

**Should circumstances change, or concerns arise at any stage follow concerns pathway**

**RECORD ALL ACTIONS INCLUDING CHRONOLOGY**

Continue with service level agreement as per HALL 4

**Appendix 2**

**3.2 SAMPLE CHILD ‘NOT BROUGHT TO APPOINTMENT’**

**LETTER 1**

**Consider communication difficulties ie reading ability, literacy, visual impairment**

|  |  |  |
| --- | --- | --- |
| *If you require this document in an alternative format please contact the clinic directly* | **[Insert department here]**  **[Insert address here]**  **[Insert address here]**  Telephone **[Insert number here]**  Fax **[Insert number here]**  www.show.scot.nhs.uk/nhshhighland/ | HI_blk |
|  | Date  Your Ref  Our Ref  CHI  Enquiries  Direct Line  Email [firstname] [surname]@nhs.net | |

Dear Mr and Mrs Bloggs

**CHILD’S NAME, DOB, ADDRESS**

It appears from our records that ‘Joe Bloggs’ was not brought to a second appointment for:

* *Insert additional information if desired*

Our NHS Highland policy regarding non-attendance at hospital appointments is that correspondence regarding non-attendance is sent to the family, General Practitioner, Health Visitor or School Nurse, Named Person or Lead Professional (not A&B) co-ordinating planned care, and Community Paediatrician if involved. This non-attendance may require follow up in the community.

**and/or**

A further appointment has been made for: *(add details)*

Should you have any difficulties attending this appointment it is important you contact: *(add details)*

Yours sincerely

Name

Title

cc General Practitioner

Health Visitor/ Public Health Nurse (Schools)

|  |  |
| --- | --- |
|  | Chairman: Mr Gary Coutts  Chief Executive: Elaine Mead  NHS Highland, Assynt House, Beechwood Park, INVERNESS IV2 3HG  Highland NHS Board is the common name of Highland Health Board |

**Appendix 3**

**3.3 SAMPLE CHILD ‘FAILURE TO RESPOND TO INVITE’**

**LETTER 1**

**Consider communication difficulties ie reading ability, literacy, visual impairment**

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| --- | --- | --- |
| *If you require this document in an alternative format please contact the clinic directly* | **[Insert department here]**  **[Insert address here]**  **[Insert address here]**  Telephone **[Insert number here]**  Fax **[Insert number here]**  www.show.scot.nhs.uk/nhshhighland/ | HI_blk |
|  | Date  Your Ref  Our Ref  CHI  Enquiries  Direct Line  Email [firstname] [surname]@nhs.net | |

Dear Mr and Mrs Bloggs

**CHILD’S NAME, DOB, ADDRESS**

It appears from our records that you have not responded to an invite asking you to make contact for Joe to attend an appointment with:

* *Insert additional information if desired*

Our Highland policy regarding failure to respond to an invite letter is that correspondence is sent to the family, General Practitioner, Health Visitor or School Nurse, Named Person or Lead Professional co-ordinating planned care, and Community Paediatrician if involved. This non compliance may require follow up in the community.

**and/or**

A further appointment has been made for: *(add details)*

Should you have any difficulties attending this appointment it is important you contact: *(add details)*

Yours sincerely

Name

Title

cc General Practitioner

Health Visitor/ Public Health Nurse (Schools)

|  |  |
| --- | --- |
|  | Chairman: Mr Gary Coutts  Chief Executive: Elaine Mead  NHS Highland, Assynt House, Beechwood Park, INVERNESS IV2 3HG  Highland NHS Board is the common name of Highland Health Board |

 

**3.4 THE UNSEEN CHILD**

Under normal conditions a child may be unseen at home visits for genuine reasons such as being unwell, sleeping, occupied in another room, or out at time of visit. When arrangements have been made to see a child at home or in another place and they are not seen an assessment is required to ascertain whether the child’s wellbeing is affected by not been seen, whether this is a child in need, or is at risk of any harm including neglect.

**What may constitute an ‘unseen child’?**

* Address or location unknown.
* Has not been brought to appointment(s).
* Visits where worker not admitted, including those where door is answered.
* Visits where worker admitted but child not seen, reasons may be given.
* No access at previously arranged visit.
* The child is not being seen by any other professional.

The issue may be that the family refuse to engage by either cancelling or not attending appointments; the family may engage but obstruct access to the child either by refusal to allow professionals to see the child or by giving plausible explanations for this. Whatever the reason, the outcome is that the child is not actually seen.

**Consideration should be given to**:

* What is known about the family
* When the child was last seen
* The type of intervention that is being undertaken
* Whether the child is being seen by other services
* Whether a child plan is in place, a child is on the Child Protection Register or is a Looked After child.
* The parent’s rights not to engage with health services
* Any family members stopping engagement taking place
* Any issues of domestic violence or substance misuse of parent
* And consider whether another practitioner would be able to gain access to the child

 

**Process for Management**

* Make named person and/or lead professional aware of any unseen incident
* Assess whether the child being unseen is an indicator that the child may be a child in need or ‘at risk of significant harm’.
* Make ‘seeing’ the child a priority at next visit and notify this to other professionals who may be involved
* Good record keeping
* Update chronology at every ‘unseen’ episode

**When** to share your concern and who with

* Speak to named person and lead professional if allocated, followed by
* Sharing concerns with completion of a child concern form to the team around the child
* Discussion with team lead and/or child protection advisor

 

* 1. **THE UNSEEN CHILD FLOWCHART**
  2. Arrange **1st visit** with parent/carer to see child

If child not available or you are prevented from seeing child for whatever reason

* 1. Arrange revisit within 5 to 10 working days dependent on known information or concerns (note through door with appointment to revisit)

**2nd Visit** – child unseen at this visit

* 1. Inform named person and/or lead professional verbally and via secure email or letter. Inquire whether other professionals may have seen child.
  2. Check with GP and any other health, nursery, or education professionals who may be involved with the child or family.
  3. Assess findings in light of known history and information obtained – record and discuss with team leader with a view to possibly sharing concerns with other agencies.
  4. Inform line manager and/or Child Protection Advisor.
  5. Re-assess using records and chronology and refer to social work as being potentially at risk.
* Remember to update chronology at all stages.

**At any stage when there are concerns a child may be at risk of significant harm Child Protection Procedures apply.**

**Police should be contacted to attend when a joint visit is required for personal safety or to gain access. Police will undertake a joint visit where there may be concerns of violence.**

[**http://forhighlandschildren.org/2-childprotection/**](http://forhighlandschildren.org/2-childprotection/)