Was Not Brought Guidance for Children and Young People

Minimum Standards for all Health Services for Children and Young People (age 0-18 years)

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1. Purpose

This guidance is designed to promote the rights of children and young people, support engagement with children and families regarding their health and ensure children and young people attain the highest standard of health.

It is intended to set out the minimum standards and expectations for all children and young people who are not brought to health appointments. This includes face to face appointments, virtual and telephone appointments, arranged home visits by any service and all appointments where a child or young person needs support to attend.

It will support the early identification of non-engagement and where there may be safeguarding or child protection concerns.

2. Introduction and Background

- This guidance observes the principles within the *Getting It Right for Every Child* (GIRFEC) approach that seeks to ensure that children have access to coordinated healthcare and support when they need it. It is intended to identify vulnerable children who miss planned appointments and ensure a consistent approach to managing and reducing risk from these missed appointments.

- This guidance relates to all children and young people up to the age of 18 yrs. (National Guidance for Child Protection 2021)[1]

- Patients and parents/carers who need to access our services may have multiple pressures and demands, including communication issues such as literacy, language and learning disabilities, as well as mobility issues, poverty (including technology poverty), discrimination and social exclusion. It is important that our services are accessible, relevant, child centred, engaging, and respectful. Therefore, when arranging appointments, services are expected to consider all necessary steps to prevent or reduce the potential for non-attendance wherever possible. This will include offering choice and flexibility in relation to appointment times and location; offering clear, unambiguous, user friendly information in accessible formatting and in translations appropriate to local communities; employing the use of interpreters as necessary.

- This guidance applies to all health professionals who work in community and acute settings. It is primarily for health professionals, but it is important that other partner agencies understand the concept of “Was not brought” (WNB).

- Many Child Protection case reviews including Significant Case Reviews (SCRs) identify that not being taken to medical and dental appointments is a common theme and often a precursor to significant harm.

1 https://scotgov.theapsgroup.scot/national-guidance-for-child-protection-in-scotland/

- Parents or carers with parental responsibilities are required to promote their children's health, development and welfare. Parental responsibility allows a parent or carer to accept or decline a health service or treatment on behalf of their child. However, if by declining a health service or treatment this is considered to potentially detrimental to the child or young person's health, growth or development, an assessment should be made of the risk this poses to the child or young person and further action taken.

3. Definitions

Was not brought (WNB) Applies to children and young people (who require the presence or support of a parent or carer to attend appointments) who did not attend a planned appointment and had not cancelled the appointment. It is recommended that this term replaces the use of 'did not attend' (DNA) and more accurately reflects the fact that children and young people rely on their parents/carers to attend appointments. It allows professionals to consider the impact of the WNB on the child and plan what support they may need, including consideration of child protection processes.

Did not attend (DNA) Following an assessment of the non-attendance and thus exploring vulnerabilities and any factors impacting on attendance, can be applied to adolescents & young people, (who are old enough to attend appointments without a parent or carer) or to the parents/carers of children who did not attend a planned appointment and had not cancelled the appointment.

No access visits (NAV) Applies to families who are not available at home to be seen for a planned appointment.

Unable to attend (UTA) Applies to children and young people and/or their parents/carers who cancel appointments. Repeated cancelled and rescheduled appointments should also be treated with some curiosity and may occasionally indicate potential harm. Professionals are required to recognise this and challenge non-compliance/disguised compliance.

Disguised Compliance – involves a parent or carer giving the appearance of engagement, they may cancel appointments frequently at the last minute, or after a period of non-engagement may attend appointments to reduce professionals' concerns.

4. Medical Neglect

- Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.
- Medical neglect- This involves carers minimising or ignoring children's illness or health (including oral health) needs, failing to seek medical attention or not administrating medication and treatments.
- This is equally relevant to expectant mothers who fail to prepare appropriately for the child's birth, fail to seek ante-natal care, and/or engage in behaviours that place the baby at risk through, for example harmful substance use.
- Parents/carers may also fail to bring children to essential follow-up appointments, child health promotion or surveillance programmes.

5. Clinical Responsibilities and Key Principles

- All health professionals have a responsibility to act in the best interest of a child or young person.

- All health staff have a duty to identify children experiencing or at risk of significant harm and be familiar with NHSGGC Child Protection processes for raising concerns.

- Professionals should aim to have an understanding of the child / young person's needs within the context of the family and those referring children to services should ensure adequate information is available to allow robust assessments should children not be brought to appointments. Practitioners have a responsibility to provide families and other professionals with information on the services they provide, and the impact on the child if their child is not brought to or supported to attend appointments.

- Professionals must liaise and work with other professionals or services involved in a family's care to avoid extra or unnecessary appointments, and where possible, ensure coordination of appointments.

- Professionals must encourage discussion between the individual patients and their families / carers regarding their care preferences and should work in partnership with children, young people and their families

6. Process to Manage Was Not Brought

The following should be considered for all children and young people who are not brought (WNB) to appointments.

1.1 Administration: -

- If a child or young person WNB for their appointment, admin staff should check family address and contact details and that they correspond with referrer's details.
- A system should exist to routinely check contact details at all appointments and update as required.
- Contact details of GP, HV, Family Nurse (FN), SW (if appropriate) and lead health professional (LHP) (if appropriate) should be noted in the record plus school contact details for older children.

1.2 Risk assessment: -

- Following a WNB episode, the responsibility for this and the assessment of risk remains with the professional to whom the child or young person has been referred to and in certain cases, in conjunction with the referrer.
- A missed health appointment 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. Each practitioner is accountable for the decisions they make and the consequences

of those decisions.

- The professional should decide on the need to re-appoint based on clinical need and wider social and environmental issues or risks. Consider if the appointment or medical condition that has been identified is left untreated or unmonitored would this lead to impairment of a child's growth and development or cause pain or harm.
- The WNB episode should be documented as a significant event in the child or young person's chronology.
- Staff requiring additional information to inform risk assessments when children are not brought can access additional information on EMIS Web or Portal (which includes a summary of information held on EMIS Web) or contact the referrer directly. They may also wish to contact other key professionals involved.
- Points and risks to consider include, though are not exclusive and professional judgement required-

Have there been previous WBNs? If so, how many and is this significant? Is there a pattern of non-engagement or cancelled appointments (disguised compliance)? Is child know to SW and/or on the Child Protection Register? Does child or young person have a disability? Is child or young person LAC/care experienced? Are there any parental risk factors or vulnerabilities that impact on parent's ability to support child attending an appointment -including lack of transport, poverty, language barrier or needs of other children within the family.

1.3 What professionals should do: -

- Remember that WNB or disengagement may be a risk factor and may be an indication that something harmful is happening.
- Be mindful that parental issues such as mental health or substance use may impact on parent/carer's ability to bring their child to a health appointment and consider the impact this behaviour is having on the child or young person.
- Decide on a reasonable and safe timescale in which the child should be seen.
- Consider the professional relationship with family and whether they could be avoiding something or even a certain member of staff/service.
- Does the parent/carer fully understand the requirement for the appointment and consequences of not attending.
- Identify whether further action is required to secure child's health and wellbeing including information sharing with key identified professionals or taking advice from the Child Protection Service to support decision making.
- Work in collaboration with the family, other health professionals and partner agencies within the GIRFEC principles to promote their health and wellbeing.

1.4 Communication and record keeping: -

- As per local arrangements, a letter must be sent to the parent/carer and/or young person including outcome of WNB assessment. If urgent a telephone call might be appropriate.
- Letters should include information on further appointments or offers, clear reasons as to why the child needs to be seen, potential impact on child if not seen and any further information sharing relating to the WNB episode.
- A letter must be sent to GP and HV/FNP and where appropriate the allocated SW, the LHP and any other key professionals identified.
- Where there are child protection concerns a notification of concern should be raised with SW following normal process and recorded in the child's chronology and record.
- Risk assessment and decision to re-appointment or not should be documented fully in the child's record.
- Any discussion with parents/carers regrading WNB should be recorded in the child's record.
- Any discussion with any other professional regrading WNB should be recorded in the child's record.
- All WNB and cancelled appointments should be recorded in child's health chronology as a significant event.

Appendix 1- Paediatric Clinic WNB Pathway

7. Information on referral letters and identification of vulnerability

Where possible all vulnerable children or those subject to child protection processes including being on the CPR should be clearly visible and identified when referrals are made about their health needs. Where known referrals should include contact details for the child/young persons named person (HV/FN) or lead professionals such as named social worker or lead health professional. Robust initial information sharing will support risk assessments and decisions if a child is not brought to an appointment.

In particular, all vulnerable children should be flagged through appropriate use of READ codes and free text on GP IT systems and SCI gateway referrals. This will ensure visibility of identified vulnerability on referrals. If known, recoding of current HPI would be helpful.

8. No access visits

It is important to acknowledge that health professionals DO NOT have a legal right of entry into a house. If, however, a practitioner discovers that a child appears to be unsupervised and/or alone in the house or is concerned for the immediate welfare of a child/young person, they should contact the police (dial 999) for advice and ensure the child does not remain alone whilst waiting for the police to arrive.

If a child is not available to be seen at home for a pre-arranged visit, contact should be made with the family and a further appointment made. If there are identified vulnerabilities (clinical or social concerns or active social work involvement) the relevant GP, HV/FN/School Nurse, LHP and SW should also be informed of the no access visit. (Appendix 2- sample letter)

If the child is not available to be seen at a second pre-arranged home visit consider a wider assessment of the child, consider discussing in supervision and/or consideration of further multi-agency action (CP referral).

All no access visits should be appropriately recorded within the child's record as a significant event.

9. Advice and support

All health staff can get advice and support from the Child Protection Service (CPS) regarding WNB or any other child protection concern. The CPS can be contacted on-

- Mon – Fri – 09:00 -17:00 – 0141 451 6605
- Out of Hours Contact the Child Protection Consultant on call via RHC Switchboard 0141 201 0000

10. Involvement of Lead Health Professional for children with complex health needs

Children with complex health needs **SHOULD NOT** be discharged from a service for WNB without discussion with the lead health professional and a risk assessment undertaken. If appropriate this information should also be shared with the allocated social worker.

For children with complex health needs and a requirement to attend multiple appointments consideration should be given to co-ordination of appointments and ensure effective communication across specialities. Barriers to attending appointments should be explored including parental risk factors or vulnerabilities, transport and financial challenges.

If child protection concerns are subsequently identified due to WNB staff should follow normal child protection procedures by submitting a notification of concern. This information should also be shared with the health LP and allocated SW if already involved.

11. Young People Aged 16-18 years old

The principles in this document also apply to young people between the ages of 16-18yrs (or older if care experienced or with complex health needs) who are attending our services.

Like adults, most young people above the age of 16 are presumed to have capacity to consent to referrals and treatment. They can however require parental or carer support to attend appointments- this can include financial and emotional support.

When a young person does not engage with an appointment it is important to understand any wider vulnerabilities or concerns before recording a 'DNA' where in fact the principles of WNB apply.

12. Care Experienced Children and Young People

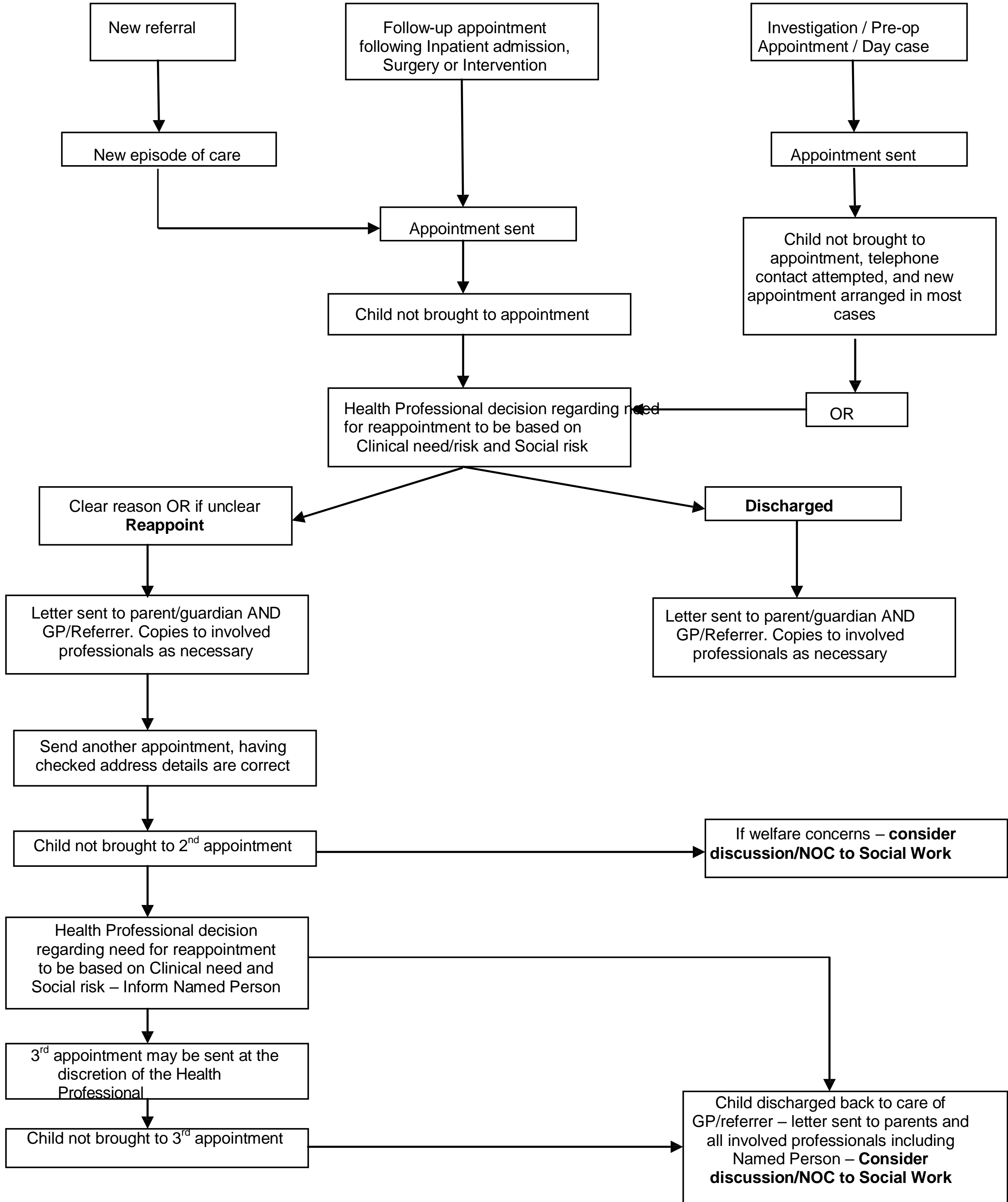
It is well recognised that care experienced children and young people often have unmet or partially met health needs and can or have experienced difficulties accessing health services. This should be considered when risk assessing a WNB episode.

They can frequently move address and occasionally into other health boards. Staff need to ensure contact details are accurate and forward appointments to appropriate SW and foster carer (if known).

Care should be taken to ensure the child or young person's details are not shared inappropriately.

Appendix 1

Paediatric Clinic WNB Pathway



Appendix 2

IN CONFIDENCE

Date
Your Ref
Our Ref

Enquiries to
Extension
Direct Line
Email

Dear

I have recently been unable to make contact with you in order to

…………………………………………………………………………………………..

I now rearrange the visit for

…………………………………………………………………………………………..

If this time does not suit you then please contact me to rearrange, my details are as follows

…………………………………………………………………………………………

…………………………………………………………………………………………

Yours sincerely

Health Visitor/Family Nurse /School Nurse

For further no access visits, consider asking parent to contact you as soon as possible to make a further appointment, the impact of not being available for the visit and if no further contact made you may be required to share concerns with other professionals.