

PRIMARY CARE GUIDANCE ON CHILDREN WHO ARE NOT BROUGHT TO HEALTHCARE APPOINTMENTS (Was Not Brought or Did Not Attend) AND NON-ENGAGEMENT PROCEDURE SOUTH EAST LONDON CCG

The scope of this guidance document covers children who have missed or were 'Was Not Brought' (WNB) to health appointments as well as suggested processes for practices to follow if they identify untraceable children registered at their practice. The Children Act states that a child is anyone who has not reached their 18th birthday. The fact that a child has reached 16 years of age and may be Fraser competent does not change his or her status as a child, entitlement or protection under the Children Act (2004).

The guidance recognises a child's right to access healthcare services, and professionals' duty to safeguard the welfare of children. The guidance also recognises the need to take into account the wishes and feelings of children, parents and carers to be selective in their choices, as long as this does not put a child at risk of significant harm.

If at any point in the procedure there are clear child protection issues identified then the health professional will activate child protection procedures immediately by referring to Children's Services.

How to use this Guidance

- The guidance starts with an overview on how Primary Care Staff should approach the situation where children are not brought to appointments both in Primary care and with other Health Professionals (community and hospital);
- The guidance then covers what to do when a child is untraceable;
- Following this, there is a non-engagement procedure 'traffic light' table which guides the user into categorising their level of concern (low, medium and high) and then gives suggested action and an intended outcome

GLOSSARY	
GP	General Practitioner
DNA	Did not attend
WNB	Was not brought
CLA (previously LAC)	Child Looked After (previously Looked After Child)
CSC	Children's Social Care
CIN	Child In Need
CPP	Child Protection Plan

GUIDANCE FOR PRIMARY CARE

There are many innocent reasons why children miss health appointments (administration errors, the transient nature of many conditions) which do not give rise to concern, however findings from Serious Case Reviews, Domestic Homicide Reviews, Lessons Learnt and research have shown that missing healthcare appointments (GP, community and hospital) may be an indicator that they are at an increased risk of abuse or neglect.

Within Health there is now a move towards the concept of Was Not Brought (WNB) rather than Did Not Attend (DNA) for children and young people. It is rarely a child's 'fault' that they miss appointments as they may be reliant on their parent or carer to take them to the appointment.

It is important to have a process in place to identify when vulnerable children are not brought or there are multiple missed appointments and to proactively follow those children up (CQC, 2009 and RCGP/NSPCC Safeguarding Children Toolkit for General Practice).

Parental responsibility allows a parent or carer to accept or decline a health service or treatment on behalf of their child. However, if declining a health service or treatment is 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.

NON-ATTENDANCE IN PRIMARY CARE AND/OR WITH OTHER HEALTH PROFESSIONALS

1. Children and Young People Not Attending Appointments in Primary Care

- Identify when children are not brought for appointments;
- If the appointment is known to be as a consequence of a referral/ recommendation of other Healthcare Professionals, notifying them of the failure to attend;
- If the reason for the appointment is known, consideration as to whether there are any clinical consequences and if any actions are required;
- Consideration of any safeguarding concerns, especially when there are multiple episodes of WNB in Primary Care or other settings;
- Appropriate action if there are clinical or safeguarding concerns;
- Consideration of contacting the family about children not being brought for appointments especially if there are multiple instances;
- Ensuring that there is a robust system in place for documenting this process, including any actions taken as a result.

2. Children Not Attending Appointments with Other Health Professionals e.g. Community/Hospital

- Identify WNB/DNA notifications for children, Read Code these and send to relevant clinician
- Review the reason for referral or attendance and assess if any further action is required to manage the clinical problem that prompted the referral or attendance;
Note if there have been any other episodes of missing appointments in any setting including Primary Care;
- Consider whether there are any safeguarding concerns and if there are, take any appropriate action;
- Consider contacting the family about children not being brought for appointments especially if the child has a long-term condition and/or there are multiple instances;
- Document this process including any subsequent actions taken as a result.

WHAT TO DO IF YOU CANNOT TRACE A CHILD

Untraceable Child Guidance

In some instances the health professional may have followed the WNB/DNA, non-engagement procedure in detail and may not have been able to locate or trace the child.

This may occur if:

- The family may have moved out of area and have not notified the GP practice or registered with a new GP
- The family may have left the UK for prolonged leave or to return to their country of origin without notifying the GP practice
- The family is not residing at the address given and all attempts to locate the correct address or contact details have failed
- The family may not wish to engage with health professionals
- The parents/carers may be actively avoiding contact with health professionals

In situations where the GP cannot trace a child they should take the following steps:

- √ Update the child's records to show that all efforts have been made to locate the child and that the child is now deemed untraceable.
 - √ Liaise with the Health Visitor or School Nursing service to establish if they hold relevant information, then if they have no additional information advise that the child is untraceable.
 - √ Notify CHIS who can review the national spine to check if the child has registered elsewhere within the UK. If this check is unsuccessful, an alert will be added to the child's record with an additional note stating "lost contact". Health Intelligence (CHIS Provider SEL) main contact number:
Email: hil.selchis@nhs.net
01322 518 292
- √ If you are suspicious of the circumstances and have reason to believe that a child may be at risk, make a direct referral to children social care.

Consideration must be given to circumstances where a parent might have multiple overlapping appointments which might result in unrealistic compliance or engagements with services.

WAS NOT BROUGHT/DID NOT ATTEND: Non-Engagement Procedure

Level of Concern	LOW	MEDIUM	HIGH
Ask: “What is the impact on the child of the missed appointment?”			
Concerns	Missed 1-2 appointments	Missed or cancelled 2 or more consecutive appointments	Persistent pattern of non-attendance or non-engagement or 3 or more missed appointments
	No significant health concerns No ‘flags’ or ‘alerts’ on electronic health record	Long term condition (physical and/or mental) or other health concern	Long term condition (physical and/or mental) or other health concern
	No known safeguarding concerns No known clinical concerns	Known safeguarding concerns or alerts or under Early Help	Any of the following: Known safeguarding concerns or alerts Known parental mental health concerns, drug or alcohol misuse or domestic abuse Known Child Looked After, Child In Need or on Child Protection Plan
Action	<p>Consider the impact of missed appointment on the child’s health, development and wellbeing</p> <p>In order to assess the reason for non-attendance, perform lateral checks as follows:</p> <ul style="list-style-type: none"> √ Ensure address and contact details are up to date √ Review engagement with other professionals such as Health Visitors, community or secondary care colleagues √ Review previous attendance at the GP practice <p>Following on from lateral checks:</p>	<p>Consider the impact of missed appointment on the child’s health, development and wellbeing</p> <p>Consider contacting the parents/carers depending on the related need or risk and to ensure contact details are up to date</p> <p>Discuss with other team members, Health Visitor if under 5, School Nurse if school age, or other professionals known to be involved e.g. midwife, CAMHS, other community or hospital health providers</p> <p>√ Liaise with Children’s Social Care – is child known to services?</p>	<p>Inform Children’s Social Care/allocated Social Worker of WNB/DNA if Child Looked After or child has CIN or CPP</p> <p>Discuss with Practice Safeguarding Lead and contact, if needed, Named GP for Safeguarding Children for advice</p> <p>Consider contacting the parents/carers depending on the related need or risk and to ensure contact details are up to date (letter, telephone, text)</p> <p>Following on from the above:</p>

	<ul style="list-style-type: none"> √ Send a second appointment letter (or text) or telephone the parent/carer asking them to rearrange the appointment √ Document the information on the child's health record √ Add Read Code for 'Was not Brought' Or DNA √ Add to WNB database to ensure checks in place to follow up if no response 	<ul style="list-style-type: none"> √ Share information with relevant professionals regarding WNB/DNA <p>Following on from the above:</p> <ul style="list-style-type: none"> √ Send a second appointment letter (if not already contacted parents/carers) or third appointment letter if no response to second letter √ Document the information on the child's health record √ Add Read Code for 'Was not Brought' Or DNA √ Add 'flag' or 'alert' to the health record regarding non-attendance √ Add to WNB database to ensure checks in place to follow up if no response 	<ul style="list-style-type: none"> √ Send a further appointment letter √ Document the information on the child's health record √ Add Read Code for 'Was not Brought' Or DNA √ Add 'flag' or 'alert' to the health record regarding non-attendance √ Add to WNB database to ensure checks in place to follow up if no response
Further Action	<p>If the child has not been seen despite the above measures, or misses another appointment:</p> <ul style="list-style-type: none"> √ Contact the family to confirm contact details and establish reason for non-attendance √ Clarify the importance of attending appointment and send another appointment letter <p>Or if the child has been seen by other professionals (e.g. health visitor, extended hours clinician, community or hospital clinician) the GP should exercise professional judgement regarding whether a follow up appointment is required</p>	<p>If the child has not been seen despite the above measures, or misses another appointment:</p> <ul style="list-style-type: none"> √ Discuss with Practice Safeguarding Lead and contact, if needed, Named GP for Safeguarding Children for advice √ Consider making enquiries if any further support is required for the child/family; if so refer for Early Help support <p>If the support offered is not taken up by the family and welfare concerns remain, consider discussion with Children's Social Care</p>	<p>If the child has not been seen despite the above measures:</p> <p>If Child Looked After or child has CIN or CPP, inform Children's Social Care/allocated Social Worker of continued non-attendance</p> <p>If the child is not known to Children's Social Care and welfare concerns remain, with the child at risk of significant harm, refer to Children's Social Care</p>
Intended Outcome	Plan communication to 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