SH CP 105

Children’s Division Child and Family Was Not Brought and Disengagement Guideline

Version: 6

Summary:
This guideline 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 guideline applies to all staff within the Children’s and Family Services Division, employed by Southern Health NHS Foundation Trust. It underpins both process and practice and reflects the diverse needs of children, young people and their families.

Keywords:

Target Audience:
This guideline applies to all staff who work within the Public Health 0-19 Children and Family Service within Southern Health NHS Foundation Trust.

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Children’s Division Quality and Safety Meeting

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Version Control

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Children’s Division Child and Family Was Not Brought and Disengagement Guideline

All staff within Southern Health NHS Foundation Trust (SHFT) are personally responsible for complying with Trust policies, guidelines and professional codes relevant to their qualification and role e.g. Nursing and Midwifery Council: The Code – Professional Standards of Practice and Behaviours for Nurses and Midwives (NMC 2015).

1. Introduction
This guideline must be read in conjunction with the Children’s Community Public Health 0-19 Service Overarching Policy (SH CP 72)

1.1 Continuity of care for patients of Southern Health NHS Foundation Trust (the Trust) services is of paramount importance for the welfare of the patient and to ensure risks are minimised. Clinical staff have a key role in ensuring patients are given every opportunity to continue engagement with services.

1.2 Engagement Principles:
- 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. However if there are safeguarding concerns about a child or young person this needs to be assessed as part of a potential risk to a child or young person.
- 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 Health Visiting, Family Nurse Partnership, School Nursing or Children in Care services.
- Practitioners have a responsibility to try to engage with families.
- There should be a clear purpose to engagement; this may be for a universal Healthy Child Programme review, as part of a Public Health Care Plan or a Universal Partnership Plus intervention.
- There should be partnership working between health practitioner and family.
- Feedback to a 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 2018).
- 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.
- Consideration must be given to the parent’s level of understanding, for example any learning disability, literacy, language or communication difficulty.
- Some families may fail to remain engaged with the Trust’s 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. (See Appendix 9 for risk assessment)

1.3 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 (General Practitioner (GP)/Midwife/Mental health teams) and review any previous records to inform their assessment. To support further decision making staff should access their Clinical Team Lead or Safeguarding Children Single Point of Contact (SPOC).
1.4 It is recognised that non-engagement is a strong feature in domestic abuse, serious neglect and physical abuse in children and families. (Working Together 2018) It is important to identify early signs of disengagement so that any potential risk to the child can be assessed.

1.5 The Trust recognises that providing an appropriate response when patients fail to attend for appointments, clinics or day-care is a key component to ensuring safe and effective care.

1.6 This guideline sets out the standard procedures Trust staff are expected to follow to ensure an appropriate response when patients disengage from Trust services.

2. Scope
This Guideline applies to all members of staff within the Children and Family Business unit in Southern Health NHS Foundation Trust (SHFT) who contribute to the delivery of children’s community public health 0-19 services.

3. Definitions
For the full list of definitions please see Children’s Community Public Health 0-19 Service Overarching Policy (SH CP 72).
For specific definitions pertaining to this guideline please see below:

3.1 Personal Child Health Record (PCHR)
Individualised record of a child’s health from birth, held by parent/carer.

3.2 Electronic Patient Record (EPR) and Family and Child Assessment Form
Practitioners are required to keep clear and accurate records as detailed in the NMC Code (2015):
- Complete all records contemporaneously, at or as soon as possible after an event (ideally within 24 hours)
- Records should clearly identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need
- Complete all records objectively, accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements
- Attribute any entries made in the EPR to the named practitioner, complying with the RiO Smartcard user requirements, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation.

The Family and Child Assessment Form is contained within the EPR as a record of the assessment of health, wellbeing and wider factors that may impact on outcomes for parent/unborn child at the Antenatal Contact. It provides a summary of information gathered, risk analysis and plan for future level of care provided within the 4, 5, 6 health visiting model.

3.3 Electronic Clinical Correspondence (eCC)
Secure form of communication with a clear audit trail, which will enables effective communication between the Health Visiting Team and General Practitioners (GP).

3.4 OpenRiO
Open RiO is the electronic patient record [EPR] system used by children and families.

3.5 Standard Operating Procedure (SOP) and Service Specific Guidance (SSG)
The standard operating procedure for the OpenRiO Electronic Patient Record System defines the processes around which the OpenRiO Electronic Patient Record will be used with the Trust. It is designed to work with current policies and procedures and to be used as the guide for all OpenRiO users within the organisation including seconded and temporary staff. There is service specific guidance for each service within business unit 4.
3.6 **Corporate Safeguarding Children Team**
This team comprises of Specialist Nurses, Professionals and Practitioners working under the guidance of Named Nurses. They provide advice and expertise to those within the Trust who are working with children or adults who have contact with children. They have specific expertise in children’s health and development, child maltreatment and local arrangements for safeguarding and promoting the welfare of children. They represent health in the Multiagency Rapid Response Process.

3.7 **Child Not Brought / Did Not Attend (DNA):**
Did not attend a planned appointment without cancellation or non-return of consent: The term ‘Child Not Brought’ accurately reflects the fact that children and young people rely on their parents/carers to attend appointments.

3.8 **No Access Visits**
Not available at home to be seen for a planned appointment.

3.9 **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 / carers state is away or sleeping thus preventing access.

3.10 **Care and health Information Exchange (CHIE)**
Secure electronic record system which shares health and social care information from GP surgeries, hospitals, community and mental health services.

4. **Duties and responsibilities**
In addition to those identified in the Children’s Community Public Health 0-19 Service Overarching Policy (SH CP 72)

5. **Main Guideline Content**

5.1 As a Public Health service Children’s division have a responsibility to use every opportunity to engage service users to make positive health choices and to influence behaviour change.

5.2 Opportunities for engagement in Health Visiting, School Nursing, Children in Care and Family Nurse Partnership are identified in Appendix 5,6,7,8.

5.3 Clinical Responsibilities:
- Staff have a responsibility to act in the best interests of the child or young person.
- Staff have a responsibility to engage with children, young people and families and should ‘Agenda match’ with clients to meet the family ‘where they are at’.
- Practitioners should aim to have an understanding of the child / young person’s needs within the context of the family’s situation using the Family and Child Assessment form / Child and Young Person’s Assessment form, 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 Healthy Child Programme 0-19, the FNP and Children in Care service in order to ensure a clear purpose to engagement with the family.
- Staff should assess the needs of children / young people who do not access the service using the Family and Child Assessment / Child and Young Person’s assessment form and all available information on the family’s current and past circumstances to determine level of risk and appropriate response.
- However if a practitioner is unable to see a family and therefore unable to fully complete a Family and Child Assessment form they should follow the guidance in Appendix 1 and complete the form with the information they have, discussing in supervision with their CTL or contacting the Safeguarding Children SPOC for advice.
• Practitioners should be particularly aware of the importance of the initial health assessment for families who have never engaged with SHFT services. To support decision making staff should access their Clinical Team Lead or Safeguarding Children Single Point of Contact (SPOC)

• The Hampshire Safeguarding Board Threshold Chart can support decision making in terms of appropriate referral into Children’s Services. [http://www3.hants.gov.uk/thresholds.htm](http://www3.hants.gov.uk/thresholds.htm)

• Practitioners should liaise and work with other professionals involved in a family’s care to avoid extra appointments. For example Midwife, GP, School, Community mental health services, Family Support Service, Children’s Services.

• Staff should encourage discussion between the individual patients and their families / carers regarding their care preferences.

• Staff should work in partnership with children, young people and their families.

• Staff are required to fulfil their legal duty under Section 11 of the Children Act 2004 and Working Together 2018 to safeguard and promote the welfare of children by identifying any risks to children.

**5.4 Disengagement:**
There may be reasons why a family choose to disengage from the service:

• Wanting to opt out of the service.

• Poor past experience of health professionals.

• Fear of authority figures.

• Lack of understanding about the need for health input.

• Cultural differences.

• 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, following guidance in Appendix 1 (health visiting) and seeking supervision when concerned.

If the family want to engage with the service but there has been a breakdown in the relationship with the named healthcare professional, families should be given the opportunity to engage with another member of the team following attempts to explore this with the family and working in the best interests of the child or young person.

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. (see Appendix 9)

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. The Hampshire Safeguarding Children Board Neglect Toolkit will support assessment of neglect and reflects the voice of the child. [http://www.hampshiresafeguardingchildrenboard.org.uk/professionals/neglect/](http://www.hampshiresafeguardingchildrenboard.org.uk/professionals/neglect/)

Considerations of any safeguarding concerns need to be part of any assessment of a child or Young Person. If a child has not been seen for an assessment, review of historical information should inform a practitioners’ action plan.
6. 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. (See Appendix 9 LSCB Flowchart for Children not brought to appointments)

6.1 Following a missed appointment or no reply visit practitioners should make contact by telephone to ascertain the reasons for a missed appointment. Practitioners should work with other professionals to ensure the family's contact details are up to date.

6.2 Practitioners should send a letter with a further 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. Assess if an interpreter is required.

- Health Visiting: Following 2 missed appointments for any of the core health visiting contacts, the named health visitor should be informed so that further assessment can be made using the Family and Child Assessment Form.
- Practitioners should analyse the information available. If practitioners feel insufficient information is available they should liaise with the GP/school and other multi-agency partners to complete the assessment and acknowledge that this is third party information. Follow actions in flow chart (Appendix 1)
- If a practitioner is unable to see a family and therefore unable to fully complete a Family and Child Assessment form they should follow the flow chart in Appendix 1 and complete the form with the information available and discuss in supervision with their CTL or contact safeguarding children SPOC for advice. Action plans should be documented in the electronic patient record as per flow chart.
- If there are 2 missed appointments following a planned episode of care using ‘My Plan’ Practitioners should consider any other information and the impact on the child and whether this is disengagement.

6.3 The responsibility for ensuring that this assessment is completed remains with the practitioner with whom the child/young person had the appointment (this responsibility transfers to the named health visitor once the community nursery nurse has shared this information).

Note: An ‘opt in’ for a health review does not count as an appointment. For specific guidance following non-attendance at 2 year health review please see SH CP 90, 2-2.5 Year health review guideline.

6.4 All contacts as part of the Healthy Child Programme are commissioned requirements and as such practitioners should attempt to engage families in these contacts following the process outlined in Appendix 1.

Due to the commissioning arrangements for the new birth visit (between 10-14 days) to ensure an early assessment after a child’s birth, 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 SHFT Lone Working Procedure (SH NCP 24).

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.
For school nursing: Following a missed appointment with the school nursing team the practitioner should use the appropriate letter (Appendix 4 - SCN 33) and liaise with the referrer following a request for support.

6.5 If a family declines the service entirely the practitioner should check CHIE to assess if any clinical conditions exist, complete an assessment of risk and resilience and then seek supervision from their CTL / line manager to inform analysis and an action plan made. This assessment needs to include liaison with GP, Midwifery or any other agencies as per flow chart. (Appendix 1)

- If following an assessment no apparent risks to the child are identified then the practitioner should discuss with the CTL and agree to send a letter reflecting the family’s decision and should inform the GP using the clinical correspondence letter.

The family should continue to be discussed at HV/GP liaison meetings so that any new risks can be assessed and an action plan made.

6.6 All family / carer situations are different and individual; practitioners need to assess vulnerability according to need using the Family and Child Assessment / Child and Young Person’s assessment form and plan future contact with the family at the first contact for all families. This should be reviewed if disengagement occurs. If however a family is not seen follow guidance as in 6.5.

6.7 Non engagement in the Family Nurse Partnership programme can occur at different times during the programme and for a variety of reasons. There may be intermittent contact by text message with a parent resulting in a child not being seen for a period of time. Family Nurses have the opportunity to discuss individual cases in weekly supervision with their supervisor to explore the reasons for non-engagement, identify possible risks and to make a plan about re-engagement and liaison with other agencies. Family Nurses will use the Family and Child Assessment form to assess known risks and plan future actions.

6.8 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’.

(See Appendix 9)

6.9 If during a postnatal contact the health visitor becomes aware that a mother has missed an appointment with the Perinatal Mental Health Team or Community Mental Health team, the practitioner should contact the mental health team to liaise as per the clinical disengagement/did not attend policy for adult mental health division (SHCP 201) which applies to all service users of mental health services.

Assessment of perinatal mental health at the postnatal contact provides the opportunity to assess any potential risk to a baby or child so non-attendance for a postnatal contact must also be considered in the context of disengagement.

6.10 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 / Child and Young person’s assessment form to identify whether intervention is required to secure the child or young person’s welfare.

6.11 Health Visiting / School Nursing: Following 2 missed appointments practitioners should follow the flow chart in Appendix 1 (health visiting) and if no vulnerabilities are identified after following this flow chart then the attached letter (Appendix 2 – letter 1 HV) (Appendix 4 - SN) should be sent to allow for future contact with the service. The GP should be informed using the clinical correspondence letter.
6.12 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 their safeguarding supervisor or the Safeguarding Children team via Single Point of Contact (SPOC) if necessary.

6.13 If vulnerabilities are identified following completion of the family & child assessment form and following the flow chart (Appendix 1) then send the attached letter (Appendix 3 – letter 2 HV) to allow for future contact with the service and include the Local Safeguarding Children Board leaflet (Appendix 10). The GP should be informed using the clinical correspondence letter.

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

6.15 Practitioners should document all actions and attempts at contact in the child’s electronic patient record and inform their CTL in supervision if disengagement letter is sent.

7 Training Requirements:
See the Training Needs Analysis (TNA) contained within the Children’s Community Public Health 0-19 Service Overarching Policy (SH CP 72).

For this guideline please access the following training:
- All staff will receive training, advice and support from a number of sources.
- Policies and Procedures available on the Trust intranet.
- Line manager / senior clinical staff.
- Training as part of local induction and ongoing mandatory updates.
- Updated on the guidelines at team meetings.
- Record keeping training

8. Monitoring Compliance:
Compliance will be monitored through data collection using appropriate RIO codes and during case supervision.

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9. Guideline review:
This guideline will be reviewed in three years or earlier if necessary

10. Associated Trust Documents:

| SH CP 72 | Children’s Community Public Health 0-19 Service Overarching Policy |
| SH CP 56 | Safeguarding Children Policy |
| SH CP 97 | Clinical Disengagement / Did Not attend Policy |
| SH CP 90 | 2-2.5 Year Health Review Guideline |
| SH CP 78 | Domestic Violence and Abuse Policy |
| SH CP 60 | GP Communication Guideline |
| SH CP 178 | Children’s Services - Standard Operating Procedure |
11. **Supporting References:**

4LSCB Safeguarding Children procedures accessed by: [www.4lscb.org.uk](http://www.4lscb.org.uk)

4LSCB Joint working Protocol – Safeguarding children and young people whose parents/ carers have with mental health, substance misuse, learning disability and emotional or psychological distress.

4LSCB Maternity and Children’s Services Unborn babies safeguarding protocol

Working Together to Safeguard Children (DE, 2015)

The Healthy Child Programme (HCP) (DH March 2009)

[www.unicef.org.uk/ChildsRights](http://www.unicef.org.uk/ChildsRights)

Hampshire and Isle of Wight Neglect Strategy 2016/18 A Partnership Approach

[http://www3.hants.gov.uk/Thresholds.htm](http://www3.hants.gov.uk/Thresholds.htm)

Ages and Stages Questionnaires Third Edition (ASQ-3)


CQC safeguarding Children (2009)


NICE CG89 When to suspect Child maltreatment (2009)

NSF for Children and Young People (2004)

West Hampshire CCG March 2018 – Child and Family Engagement Guidance

principles: when a child is not brought or misses an appointment.
Appendix 1: Flow chart for Disengagement - HV

First contact with the service / Assessment completed using Family and Child Assessment Form reviewing all available information if families do not engage (5.3 above)

Universal

Universal Plus

Universal Partnership Plus

Identification of Need

Attempt to engage
Inform of service offer
HCP 5 contacts (view CHIE, liaise with GP, and Midwife)

Liaise with other agencies, (view CHIE, liaise with GP, Midwife)

Liaise with other agencies

Following missed appointment consider the impact of the missed appointment on the child’s welfare.

Low risk

Attempt to re-engage, offer another appointment
Update Family and Child Assessment Form
Send letter 1 and inform GP via electronic clinical correspondence (ecc)
Action Plan in records. Inform CTL so family can be discussed during supervision

Medium Risk

Attempt to re – engage
Discussion with Safeguarding team [SPOC] or CTL
Update Family and Child Assessment Form
Liaise with other agencies. Send letter 2, including LSCB leaflet. Action plan in records. Inform GP via (ecc) Inform CTL so family can be discussed during supervision

High risk

Attempt to re – engage
Discuss with SPOC – inform Children’s services if subject to CP/CIN plan
Update Family and Child Assessment Form
Risk Assess. Send letter 2, including LSCB leaflet. Action plan in records Inform GP via (ecc) Inform CTL so family can be discussed during supervision

If unable to fully complete a Family and Child Assessment form as the child has not been seen the practitioner follow the guidance above and complete the form with the information they have and document their plan in the child’s progress notes and discuss in supervision.
Appendix 2 – letter 1

Our ref: 
Date: 

Private and Confidential  
To the Parents / Carers of  

Dear: Parent/Carer  
Re: DOB:  

NHS Number:  

We are sorry you have not attended 2 appointments for your child’s (health review/name the contact…) on:  

We would like to offer you an opportunity to re-arrange this appointment at a more convenient time to you  

Please contact us on the above telephone number leaving your name and daytime telephone number to re-arrange your appointment and we will return your call.  

If we do not hear from you we will assume you do not want this appointment for your child. As we work closely with your GP we will share this letter with them.  

Health Visitors deliver the Healthy Child Programme which offers a range of appointments to review your child’s progress and development, including the following contacts: antenatal appointment, new birth home visit, postnatal contact, health reviews at 1 and 2 years of age.  

We aim to work in partnership with parents to help children lead healthy lifestyles, so they stay healthy and grow into healthy happy adults.  

We also offer a secure and confidential text messaging service called ChatHealth which enables parents and carers of Hampshire children aged 0-5 to access a health visitor for general advice and support.  

If you have any concerns at any time about your child’s health and development please contact us on the above telephone number.  

Yours sincerely,  

Health Visiting Team  
CC GP by electronic clinical correspondance
Dear Parent/Carer

Re: DOB:

NHS Number:

Our records show your child has not been brought for 2 appointments (practitioner can add what the appointments were for) on the following dates:

When a child is not brought to their appointment it can be because parents or carers have forgotten or the child has multiple appointments which are difficult to co-ordinate. It may also be because you have not been given enough information about the appointment. When a child misses an appointment professionals must always consider the impact on a child’s overall health and wellbeing. Missed health appointments are sometimes a factor in cases when a child has come to harm, for example in cases where children have suffered from neglect.

Health Visitors work with parents and children from mid pregnancy until school entry to give every child the ‘best start’ in life. We deliver the Healthy Child Programme which offers a range of appointments to review your child’s progress and development, including the following contacts: antenatal appointment, new birth home visit, postnatal contact, health reviews at 1 and 2 years of age.

We aim to work in partnership with parents to help children lead healthy lifestyles, so they stay healthy and grow into healthy happy adults.

If there have been previous missed appointments, and/or we have concerns about the impact on your child’s health and wellbeing or your child has a Social Worker, then we may speak to other professionals regarding your child’s care, including GP and Children’s Services.

We have also enclosed a leaflet explaining the reasons for this letter.

Please contact us on the above telephone number leaving your name and daytime telephone number to re arrange your appointment and we will return your call.

We will continue to offer the health visiting service and will be in contact for the next part of the Healthy Child Programme as outlined above.

We also offer a secure and confidential text messaging service called ChatHealth which enables parents and carers of Hampshire children aged 0-5 to access a health visitor for general advice and support.

The service is available 9:00am-4:30pm Monday to Thursday and 09:00-04:00pm Friday on the following number 07520 615720.

Yours sincerely,

Health Visiting Team
Enclose LSCB disengagement leaflet
Appendix 4 - SCN 33

Dear Parent/Carer

Re: [Child's name]  DOB: 6 Jul 2006  
School: [name of school]  
NHS Number:

I have been trying to contact you by phone to discuss (insert reason) but unfortunately I have not been successful. If you still need support please could you phone the School Nursing Office on the number above.

If I do not hear back from you by ...................(insert date) then I will presume you no longer need my support

OR

I visited you today as arranged but unfortunately you were not in. It is very important that I am able to meet with you and your child in order to ..........................(insert reason).

I would like to offer you a further appointment on .....................(date, time) at ................................(venue)

If you are unable to attend this appointment then please contact the School Nursing Team on the above telephone number to arrange a visit / appointment that is convenient for you.

OR

Please contact us on the above telephone number leaving your name and daytime telephone number to rearrange your appointment and we will return your call.

OR

We are sorry you have missed .......... (Insert number of missed Appointments) appointments for your child's (name the contact .................) on:.....................(Date of Missed Appointment)

We would like to offer you an opportunity to re-arrange this appointment at a date and time that you can attend.

Please contact us on the above telephone number leaving your name and daytime telephone number and we will return your call. If we do not hear from you we will assume you do not want this appointment for your child and will inform your GP.

The School Nursing team works in partnership with children, young people and their families to ensure that the health needs of children are supported within their school and their community. For more information about the School Nursing service and children's health and wellbeing please visit www.southernhealth.nhs.uk/schoolnursing

Yours sincerely,

(insert name)  
School Nursing Team

Copy GP if applicable
## Appendix 5: Engagement Health Visiting

<table>
<thead>
<tr>
<th>Antenatal contact (from 28 weeks in pregnancy)</th>
<th>New Birth Visit (10-14 days)</th>
<th>Post natal review (6-8 weeks)</th>
<th>Health Review 1</th>
<th>Health Review 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Modes of engagement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Antenatal appointment letter</td>
<td>1. Telephone contact by named HV to arrange appointment</td>
<td>1. Appointment arranged by named HV (face to face/telephone/letter as appropriate)</td>
<td>1. Health review appointment letter</td>
<td>1. Health review appointment letter</td>
</tr>
<tr>
<td>2. Healthy Child programme Leaflet</td>
<td>2. Antenatal letter</td>
<td>2. Emotional health and wellbeing leaflet.</td>
<td>2. Follow up by telephone as per policy</td>
<td>2. Follow up by telephone as per policy</td>
</tr>
<tr>
<td>6. Patient experience feedback forms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 6: School Nursing service universal points of engagement:

<table>
<thead>
<tr>
<th>School entry</th>
<th>NCMP at school entry and year 6</th>
<th>Flu – Eligible cohort</th>
<th>Year 6/7 review</th>
<th>HPV, School leaver booster and Men ACWY Year 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to school nursing service and the school entry health review</td>
<td>Year R and Year 6 – engagement with parents, children and with schools</td>
<td>Eligible cohort: engagement with parents and with schools including home educated</td>
<td>engagement with schools and young people</td>
<td>Year 8 and year 9 engagement re immunisation and consent engagement with schools, parents, young people [inc home educated]</td>
</tr>
</tbody>
</table>

### Modes of engagement

|-------------------|-----------------------------------------------|

<table>
<thead>
<tr>
<th>Follow-up action re engagement</th>
<th>Follow-up action re engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parent sent first school entry health review questionnaire through school 2. Liaison with school re 2nd questionnaire/ telephone parent 3. If not returned SCN02 completion of questionnaire letter sent to home address 4. SCN03 editable letter sent to parent and GP if parent does not consent to school entry health review or does not return questionnaire 5. Discussion with parent re referrals to ophthalmic, audiologist or endocrine clinic if referral indicated 6. Non-consent/ absence data collected via HR4 form</td>
<td>1. Parent can opt-out of NCMP by writing letter to head teacher 2. Opt-out/ absence data collected via HR4 and HR5 form 3. Invite to drop-in or health promotion session where high levels of overweight or obesity highlighted 4. Offer 1 to 1 work if indicated or referral to weight management or endocrine clinic 5. Non consent/ No consent received data entered by CHIS into immunisation form 1. Offer 1 to 1 support if indicated from individual response 2. Offer group/class support if indicated from collated responses 3. Offer drop-in 1. SCN18 or SCN27 sent to parent/carer if child is absent, refuses immunisation or the consent form is not returned 2. SCN 28 sent to parent/carer if they refuse consent informing them that they can opt in at a later date 3. Young people can self-consent if they are assessed as Fraser competent</td>
</tr>
</tbody>
</table>

### Introduction to school nursing service and the school entry health review

- Eligible cohort: engagement with parents and with schools including home educated
- Engagement with schools and young people
- Year 8 and year 9 engagement re immunisation and consent engagement with schools, parents, young people [inc home educated]
Appendix 7: Engagement with Children in Care

- When offering appointments where possible the appointment (time, date) is agreed with the child or young person. If not able to speak to them directly discuss details with carers and contact CIC team if not convenient.

- If a young person declines an appointment through their carer try to establish a telephone contact with the young person so that they have the opportunity to discuss the reasons for declining the appointment.

- On occasion (subject to needs assessment) a visit may be carried out by the Specialist Nurse prior to the appointment to reassure the young person.

- If an appointment is cancelled reappoint. An appointment can be reappointed several times but if the reason for the cancellation lies with the carer this would be explored further with the Social Worker for the young person and potentially with the family support social worker for the carer.

- If the young person declines to be seen when nurses arrive for the appointment, refusal accepted but try to discuss the reasons with young person. Young person would not be pressurised into having their appointment if deemed to be Fraser competent. If not deemed to be Fraser competent, appointment to be completed with the carer and reflect in the report that the child/young person was non-compliant.

- If address attended twice by CIC Nurse and unable to gain access for the appointment information will be shared with to the Social Worker as a DNA and await a further request from the SW.
Appendix 8: Engagement with Family Nurse Partnership (FNP)

FNP uses a strength-based approach to support engagement and behaviour change in families using Agenda Matching with clients at each contact. A Family Nurse’s role is to recruit and engage eligible, hard to reach pregnant young women to the FNP programme.

Engagement in Family Nurse Partnership is an ongoing process beginning with enrolment onto the programme and is reviewed at specific times between the Family Nurse and the client as well as in supervision between the Family Nurse and Supervisor.

There are also FNP fidelity goals which the service aims to achieve and cover the following areas:

1. Recruitment: 75% eligible clients who are offered the programme are enrolled.

2. Retention of clients (measured by attrition rates)

3. Amount of programme received (‘dosage’- measured by visits)

Clients are expected to receive the following:

- 80% or more of expected visits during pregnancy.
- 65% or more of expected visits during infancy.
- 60% or more of expected visits during toddlerhood

Further detail available in FNP Management Manual 2014
Appendix 9: Child and Family Engagement Guidance

What to do when a child is not brought or misses an appointment:
Dr Simon Jones with Safeguarding Children Team West Hampshire CCG

<table>
<thead>
<tr>
<th>Level of concern</th>
<th>LOW</th>
<th>MEDIUM</th>
<th>HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask: “What is the impact on the child of the missed appointment?”</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Concerns</strong></td>
<td>Missed 1 or 2 appointments, health visitor access visits, or antenatal appointments or no opt in to make appointment</td>
<td>Missed or cancelled 2 or more consecutive appointments or visits</td>
<td>Persistent pattern of non-attendance or non-engagement</td>
</tr>
<tr>
<td>No known safeguarding concerns</td>
<td>On-going medical, or mental health condition</td>
<td>On-going medical, or mental health condition</td>
<td></td>
</tr>
<tr>
<td>Known safeguarding concerns or alerts</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td>Consider the impact of missed appointment on child’s</td>
<td>Consider discussion with named child safeguarding leads</td>
<td>Discuss with named child safeguarding leads</td>
</tr>
<tr>
<td><strong>Discharge and write</strong></td>
<td>Consider phoning the family</td>
<td>Write to GP and family</td>
<td>Phone the family</td>
</tr>
<tr>
<td>to GP and parents with permission to re-book or Contact the family to confirm contact details, clarify the importance of attending appointments and send another appointment</td>
<td>Send another appointment</td>
<td>Send another appointment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discuss with health visitor, school nurse, or other professionals e.g. midwife, CCN or CAMHS or other acute or community health providers known to be involved</td>
<td></td>
<td>Discuss with health visitor, school nurse, or other professionals (eg midwife, CCN or CAMHS)</td>
</tr>
<tr>
<td></td>
<td>Consider making enquiries of children’s social care and accessing the Child Protection Information System</td>
<td></td>
<td>Inform children’s social care if looked after child or subject to CIN/CP Plan. Consider referral in writing using the inter-agency referral form to children’s social care for assessment and notify GP and health visitor or school nurse</td>
</tr>
<tr>
<td></td>
<td>Refer to children’s social care for Early Help, and copy health visitor or school nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intended Outcome</strong></td>
<td>Plan communicated with GP, family and other professionals involved</td>
<td>Family receive support to continue engagement with health</td>
<td>Multi-agency discussion and support to meet child’s needs agreed with family and professionals</td>
</tr>
</tbody>
</table>
Appendix 10
LSCB Disengagement leaflet

How can I make a comment about the child’s treatment?

We welcome all suggestions for improving our service. If you would like to raise a complaint, compliment or concern about the child’s treatment please contact the customer care team of the health service who provided the care and/or treatment and they will be able to provide you with information and advice.

Further information and support

Hampshire Children’s Services
Tel: 0300 555 1384

Isle of Wight Children’s Services
Tel: 0300 300 0117

Southampton Children’s Services
Tel: 023 8063 3356

Portsmouth Children’s Services
Tel: 0845 671 0271
Tel: 0300 555 1373 (out of hours)

0808 800 5000
www.nspcc.org.uk

Family Rights Group
0808 801 0366 www.frg.org.uk

What happens when a child is not brought to their appointment?

Information for children, parents and carers

For a translation of this document, an interpreter or a version in large print or please contact:
NHS West Hampshire CCG
0800 456 1633

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Designed by NetWise Creative – CM7737
This leaflet explains the Local Safeguarding Children Board’s guidance we follow when a child is not brought to their health appointment.

Why is it a concern when a child is not brought to their appointment?

When a child is not brought to their appointment it can be because parents or carers have forgotten or the child has multiple appointments which are difficult to co-ordinate. It may also be because you have not been given enough information about the appointment.

When a child misses an appointment, professionals must always consider the impact on a child’s overall health and wellbeing.

Missed health appointments are sometimes a factor in cases when a child has come to harm, for example in cases where children have suffered from neglect.

What should I do if I can’t bring the child to their appointment?

Tell us as soon as possible if you are unable to bring the child to their appointment. We can give you another appointment at a more convenient time.

What happens if the child is not brought to their appointment?

We may contact you to ask why the child was not brought to their appointment, and offer another appointment if appropriate.

We may also contact other health professionals involved in the child’s care.

If there have been previous missed appointments, and we have concerns about the impact on your child’s health and wellbeing or the child has a Social Worker, then we may speak to other professionals regarding the child’s care, including Children’s Services.

This may be to either request some additional support for the child/family or to share our concerns about the impact of the missed appointments on the child.