Child and Family Was Not Brought and Disengagement Guideline

Version: 5

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: Engagement, Disengagement, Families, Children, Young people, Child not brought.

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.

Next Review Date: June 2019

Approved & Ratified by: Children’s Division Quality and Safety Meeting

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Director: Liz Taylor (Associate Director of Nursing and Allied Health Professionals, Children and Family Services).
Version Control

Change Record

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Reviewers / contributors

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<td>Fiona Butt / Jane Levers / Julia Baker</td>
<td>FNP, Professional lead for School Nursing, members of the Children’s Division Policy Group</td>
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1. Introduction

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 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 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 (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 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 2015)

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 policy 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**

3.1 **Healthy Child Programme 0-19 (HCP) (Department of Health (DH) 2009)**

This provides a framework to support the delivery of cost effective early intervention and preventative public health services to improve outcomes for children aged 0-19 years. The HCP is a universal service for all children and families delivered by Health Visiting and School Nursing teams within Southern Health NHS Foundation Trust.

3.2 **Health Visiting and School Nursing teams:**

A team of practitioners who work with a defined population to deliver services that promote the health and well-being of children, young people and their families.

Team members will include all or some of the following practitioners:

- Health visitor (HV)
- School nurse (SN)
- Special school nurse (SSN)
- Community staff nurse (CSN)
- Community nursery nurse (CNN)
- Health care support worker / School nurse assistant (HCSW / SNA)
- Clerical support worker
- Student health visitor
- Student school nurse

3.3 **Children in Care team:**

A team of practitioners, managed by SHFT corporate safeguarding, who work with those children and young people (0-19) who are in the care of the local authority (looked after children), their carers and families. The service promotes the health and wellbeing of these children and young people. The team identifies individual health needs of this vulnerable group by undertaking statutory health assessments and supports all aspects of health interventions required.

The team members include:

- Children in Care team leader
- Specialist Nurses for Children in Care
- Administrators

3.4 **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.

3.5 **Family Nurse Partnership team:**

The Family Nurse Partnership (FNP) is a national, evidence based programme. The aim of the programme is to improve the antenatal health, child health and development and parents’ economic self - sufficiency in disadvantaged young families.

The FNP team comprises of a supervisor, a team of family nurses and a Quality Support Officer.
Supervisors and Family Nurses are responsible for delivering the FNP intensive, preventative home visiting programme to vulnerable, hard to reach young women under the age of 20 who are expecting their first baby in a defined geographical area.

3.6 Child Health Information Services (CHIS):
Child Health Information Services are a commissioned service that plays a key role in the scheduling, recording, and monitoring of Public Health programmes including immunisations, Newborn Infant physical Examination (NIPE), newborn hearing screening, newborn bloodspot screening and the National Child Measurement Programme (NCMP).

The CHIS team are responsible for the start of creating the electronic patient record (EPR) and will maintain this record until age 19. CHIS work in partnership with staff from across the children’s division to maintain the trust website pages which support the Healthy Child Programme 0-19, detailing information about each service and offering health information and advice to service users and stakeholders.

3.7 Standard Operating Procedure (SOP):
The SOP for the RiO Electronic Patient Record System defines the business rules around which the RiO Electronic Patient Record will be used within the Trust. It is designed to work with current policies and procedures and to be used as the guide for all RiO users within the organisation including seconded and temporary staff.

3.8 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.

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

3.10 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.

4 Duties and responsibilities

4.1 Southern Health NHS Foundation Trust Board:
Southern Health NHS Foundation Trust Board (Southern Health) has the responsibility to ensure that the health contributions to Children’s Services are discharged across Southern Health through commissioning and provider processes.

4.2 Director of Integrated Services:
The Director for the ISD has the overall strategic and operational accountability for delivery of the Children’s 0-19 Public Health Service within Business Unit 4.

4.3 Senior Management team:
The Senior Management team is responsible for operational management of the Health Visiting and School Nursing Service and are required to ensure that all staff in the Children’s and Families Division receive appropriate training and supervision in the use of this guideline.

4.4 Area Manager:
The Area Manager has the strategic and clinical lead in all aspects of the Health Visiting and School Nursing Services and will ensure there is adherence to relevant clinical policies (Children and Adult).
4.5 **Clinical Team Leads (CTL):**
Clinical team leads have the daily operational management of the 0-19 service and are required to ensure all staff are suitably trained and competent to deliver this role and that relevant policies are adhered to. Compliance to the guideline will be audited annually and exceptions to service delivery will be raised to the senior management team.

4.6 **Professional Accountability:**
All staff must follow Trust policies and professional codes and guidelines 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).

5. **Main Policy 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 contact 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 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 2015 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/

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

6.1 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.

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

6.3 Practitioners should 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. Use of interpreters should be considered.

- Health Visiting: Following 2 missed appointments the named health visitor should be informed for further assessment using the Family and Child Assessment Form.
- 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 discussed in supervision with their CTL or contact SPOC for advice and document their plan in the progress notes, discuss in supervision with their CTL or contact SPOC for advice.

6.4 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.

6.5 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.

6.6 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 to plan future contact with the family at first contact for all families, and again if disengagement occurs. If however a family is not seen see 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 child not being seen for a period of time. Family Nurses have the opportunity in weekly supervision to discuss individual cases with their supervisor to explore reasons for non engagement and 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 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.

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 and if no vulnerabilities are identified following liaison with other professionals and completion of the family and child assessment form/child and young person assessment form, the attached letter (Appendix 3 HV) (Appendix 4 SN) should be sent to allow for future contact with the service and GP should be copied in or informed at monthly HV liaison meetings.

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

6.14 Practitioners should document all actions and attempts at contact in the child’s records.

7 Training Requirements:

- 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. Policy review:

This guideline was reviewed in association with the SHFT Clinical Disengagement / Did Not Attend Policy SH CP 97. This policy will be reviewed in 3 years.

10. Associated Trust Documents:

SH CP 72 Children’s Community Public Health 0-19 Service Overarching Policy
SH CP 56 Safeguarding Children Policy (SHFT 2016)
SH CP 97 Clinical Disengagement / Did Not attend Policy (SHFT 2015)
SH CP 90 2-2.5 Year Health Review Guideline (SHFT 2015)
SH CP 78 Domestic Violence and Abuse Policy (SHFT 2016)
11. Supporting References:

4LSCB Safeguarding Children procedures accessed by: www.4lscb.org.uk
4LSCB Bruising protocol
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
Hampshire and Isle Of Wight Neglect Strategy 2016/18 A Partnership Approach
http://www3.hants.gov.uk/thresholds.htm
Ages and Stages Questionnaires Third Edition (ASQ-3)
http://agesandstages.com/
CQC safeguarding Children (2009)
NICE CG89 When to suspect Child maltreatment (2009)
NSF for Children and Young People (2004)
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
- Attempt to engage
- Inform of service offer
- HCP 5 contacts

Universal Plus
- Liaise with other agencies, GP Midwife, Children’s Centre

Universal Partnership Plus
- Liaise with other agencies
- Identification of Need

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

Low risk
- Attempt to re-engage, offer another appointment
- Family and Child Assessment Form
- Send letter: discuss GP Action Plan in records

Medium Risk
- Attempt to re – engage
- Discussion with Safeguarding team [SPOC]
- Family and Child Assessment Form
- Liaise other agencies, inform GP.
- Action plan in records

High risk
- Attempt to re – engage
- Discuss SPOC – inform Children’s services if subject to CP/CIN plan
- Family and Child Assessment Form
- Risk Assess
- Action plan in records

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 with their CTL or contact SPOC for advice.
Appendix 2: Training Needs Analysis

If there are any training implications for your policy please contact the Learning, Education and Development department (LEaD) on 02380874091 before the policy is approved.

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Dear Parent/Carer

Re: DOB:

NHS Number:

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.
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 are sorry you have missed 2 appointments for your child’s (health review/name the contact…) on: Could we offer you an opportunity to re-arrange this appointment at a time that suits 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 to ensure we have the correct information for you.

The Health Visitor helpline is available for future access to the service. We have enclosed details of local Child health Clinics for your information and will be in contact for the next contact as part of the Healthy Child Programme.

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
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 children's health needs 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
### Antenatal contact (from 28 weeks in pregnancy)

<table>
<thead>
<tr>
<th>Event</th>
<th>Modes of engagement</th>
</tr>
</thead>
</table>
| New Birth Visit (10-14 days)  | 1. Antenatal appointment letter  
2. Healthy Child programme Leaflet  
3. Website  
4. HV/ Midwifery liaison       |
| Post natal review (6-8 weeks) | 1. Telephone contact by named HV to arrange appointment  
2. Antenatal letter  
3. Healthy Child Programme leaflet  
5. Website  
6. Patient experience feedback forms |
| Health Review 1               | 1. Appointment arranged by named HV (face to face/telephone/letter as appropriate)  
2. Emotional health and wellbeing leaflet.  
3. Website  
4. Patient experience feedback forms |
| Health Review 2               | 1. Health review appointment letter  
2. Follow up by telephone as per policy  
3. Website  
4. Patient experience feedback forms |
## 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 – from sept 2016 years 1, 2 and 3</th>
<th>Year 6/7 review</th>
<th>HPV, School leaver booster and Men ACWY Years 8 and 10</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>Year 1 2 and 3 engagement with parents and with schools including home educated</td>
<td>engagement with schools and young people</td>
<td>Year 8 and year 10 engagement re immunisation and consent engagement with schools, parents, young people [inc home educated]</td>
</tr>
</tbody>
</table>

### Modes of engagement

1. New parent talks  
2. School entry questionnaire  
3. Leaflet  
4. Website  
5. Parent drop-in  
6. Schools/ SHAP meetings  
7. Education Inclusion Service

1. New parent talks  
2. NCMP letter/leaflet  
3. Website + video  
4. NCMP information session for children  
5. Post NCMP feedback letters  
6. Parent drop-in  
7. Schools/ SHAP meetings

1. New parent talks  
2. Flu letter  
3. Flu Leaflet and consent form  
4. Website + video  
5. Post immunisation resources  
6. Parent drop-in  
7. Schools/ SHAP meetings  
8. Education Inclusion Service

1. Year 6/7 assembly  
2. Year 6/7 leaflet  
3. Website  
4. Drop-in  
5. Schools/ SHAP meetings

1. Immunisation assembly  
2. HPV, Men ACWY and school leaver booster leaflet, information letter and consent form  
3. Website  
4. Drop-in  
5. Schools/ SHAP meetings  
6. Education Inclusion Service

### Follow-up action re engagement

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 ophthalmist/ optician, audiologist or endocrine clinic if referral indicated  
6. Non-consent/ absence data collected via HR4 form

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

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
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
### What to do when a child is not brought or misses an appointment:

**Dr Simon Jones with Safeguarding Children Team West Hampshire CCG**

#### Level of concern

<table>
<thead>
<tr>
<th>Concern</th>
<th>LOW</th>
<th>MEDIUM</th>
<th>HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed or cancelled 2 or more</td>
<td>Persistent pattern of non-attendance or non-engagement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>appointments or visits</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Persistent pattern of non-attendance or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>non-engagement</td>
<td></td>
<td></td>
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<tr>
<td>On-going medical, or mental health</td>
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<td></td>
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<tr>
<td>condition</td>
<td></td>
<td></td>
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<tr>
<td>Known safeguarding concerns or alerts</td>
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<tr>
<td>Known safeguarding concerns or alerts</td>
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<td></td>
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<tr>
<td>Known parental mental ill health, drug</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>alcohol misuse or domestic abuse or</td>
<td></td>
<td></td>
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<tr>
<td>known looked after child or subject to</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>child in need (CIN) or child protection</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>plan</td>
<td></td>
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</tbody>
</table>

#### Action

**Consider** the impact of missed appointment on child’s

| Discharge and write 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 | Consider phoning the family Write to GP and family Send another appointment 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 | Phone the family Write to GP and family Send another appointment Discuss with health visitor, school nurse, or other professionals (eg midwife, CCN or CAMHS) | 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 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 |

#### 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 |  |