

REGIONAL GUIDANCE

This guidance provides overarching pathways for the management of cases where families refuse to engage and/or decline universal health visiting and school nursing services and for the management of the “unseen child”

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Definitions

CHILD/YOUNG PERSON

For the purpose of this guidance, a child/young person is any individual who has not yet reached their 18th birthday (Children (NI) Order 1995).

WAS NOT BROUGHT (WNB)

Children and young people who require the presence of a parent/carer to attend appointments, and who did not cancel or attend a planned appointment. This also includes non-response by a parent/carer to a letter requesting them to make contact with the public health nursing service to arrange a date and time to be seen.

DID NOT ATTEND (DNA)

Adolescents and young people (who are old enough to attend appointments without a parent/carer) or the parents/carers of children who did not attend a planned appointment and had not cancelled the appointment.

CANNOT ATTEND (CNA)

When a parent/carer/child or young person notifies the public health nursing service to cancel a scheduled appointment.

NO ACCESS VISITS (NAV)

Clients are not available at home to be seen for a planned appointment.

FAILURE TO CONSENT (FTC)

Parents/carers who refuse consent or fail to return consent forms for school nursing services.

1.0 Summary of Guidance

The regional guidance has been developed by a working group of the Regional Nursing, Midwifery and AHP Safeguarding Children Forum in response to a CMR Recommendation (Leyton CMR 2019).

The guidance aims to establish overarching pathways for the management of:

- Non-attendance of children and young people at health and developmental assessments and other appointments within Specialist Community Public Health Nursing Services (SCPHN);
- Families who refuse to engage and/or decline SCPHN services;
- The “unseen child”;
- Notifications of children being discharged from other health related services due to non-attendance at appointments;
- Difficult to engage families.

2.0 Guidance statement

Many Case Management Reviews/Child Death Reviews, both nationally and regionally, have featured non-attendance (DNA/WNB) and failed access visits (NAV) as a precursor to neglect, serious child abuse and child death. This guidance document is intended to support specialist community public health nursing staff to assess the risk to children and young people when health appointments are missed. Any refusal or non-attendance of service requires a risk based approach including consulting other members of the multi-disciplinary team involved with the child/young person.

Key Principles for Practice:

- Children have the right to access and receive health care and health and developmental assessments;
- Parents/carers with parental responsibility are responsible for ensuring the child is brought to health and other appointments.

3.0 Introduction

Healthy Child Healthy Future (2019) is the regional child health promotion programme which sets out the number of universal contacts to be offered to all children. The majority of these contacts are home based. It is important to work in partnership with families and, whilst the universal health promotion programme is based on parental consent, children's rights to appropriate health care and to having their health needs assessed must be considered.

It is the responsibility of parents/carers to ensure that children receive appropriate health care. Parents/carers do have the choice not to engage with health professionals however, there are times when failure to see a child or young person will raise concerns with health professionals. In these situations, a further assessment is required.

Where the parent/carer has failed to bring a child to an appointment, the term "**Was Not Brought**" should be used in all documentation and correspondence.

In adolescence, the young person may choose not to attend. If this is the case, consideration should be given to whether the individual is putting themselves at risk of significant harm by failing to attend. Consideration should also be given to the young person's ability to make an informed decision. Their level of maturity must be taken into account in addition to their knowledge and understanding of the implications of their decision. Is the young person Gillick competent according to Frazer guidelines?

SCPHN services should ensure that service provision is accessible to clients. The timing of clinic appointments or home visits should be considered to optimise the opportunities for children and families to attend. Where a young person is competent to consent to treatment and care, SCPHN services should ensure that there is

provision for them to access care on their own (without their parent or legal guardian) if they wish to do so.

SCPHN Professionals should:

- Remember that disengagement is a key **risk** factor for children and families and may be a precursor to more serious issues;
- Consider the potential negative impact and risk to the health and wellbeing of the child if the parent/carer fails to bring the child for health appointments;
- Maintain knowledge, local guidelines and policies relating to safeguarding children.

4.0 Non-Attendance for scheduled appointments (DNA/WNB/NAV/CNA)

It is the responsibility of parents/carers to ensure that children receive appropriate health care. Parents/carers have the choice not to engage with health professionals. However, there are times when failure to see a child or young person will raise concerns with health professionals and this will require a further assessment. Management and subsequent actions will depend on the reason for planned intervention and professional assessment of the situation. SCPHN services should be aware of the potential reasons why children may not attend or be brought to appointments. Any refusal or non-attendance of universal services requires a risk based approach.

5.0 Appointment letters

All appointment letters should clearly state the reason for the appointment, along with the date, time and location. Details of who to contact if the appointment is unsuitable should be included.

School Nursing offers routine health appraisals for children and young people in years 1 and 8. A consent form is sent home with the child for parents/carers,

providing details of when the school nurse will be undertaking the appraisals. Parents/carers are asked to complete the form and indicate their consent or decision to decline. This same process is used for all the routine school immunisation programmes. If the consent form is not returned, a second consent form is sent. If the second form is not returned, a letter is posted to the parent/carer and a copy placed in the child's records and forwarded to GP (see appendix 3).

6.0 SCPHN action in the event of a Was Not Brought (WNB) to an arranged appointment or no access for an arranged home visit (NAV)

In such cases, the practitioner should contact the parent/carer to confirm whether or not they will attend a new appointment. A date for the new appointment should then be agreed if appropriate. If this appointment is not kept, or the parent/carer fails to respond to the offer of a re-arranged appointment within a specified timeframe, the SCPHN will review and analyse all available information. Consideration should be given to the impact/potential impact of the WNB/NAV on the wellbeing and safety of the child or young person. The SCPHN should also consider if the failure to attend the appointment is indicative of neglect (see associated Flow Charts Appendix 4 and 5).

7.0 Assessment of risk when a child/young person WNB/NAV/DNA for an appointment

If a child has not attended for two consecutive appointments, a risk assessment should be completed. The needs of the child/young person and the capacity of parents/carers to meet those needs must be considered within the environmental context of the child or young person's situation. The following list provides examples of factors to consider. Please note this is not an exhaustive list and professional judgement should be used at all times.

- Is the address correct? Have the parents/carers moved out of the area?
- Is English the client/family's first language?
- Are there issues with the parents/carers understanding of the written word?

- Are the family involved with social services e.g. LAC, Child Protection, Family Support?
- Is there a previous history or current concerns relating to child abuse or neglect (confirmed or suspected)?
- Is there a history of domestic abuse within the home?
- Does parent/carer have a history of mental health problems?
- Is this a family where alcohol/drug misuse is known or suspected?
- Is this a very young or vulnerable baby e.g. pre-term, poor weight gain?
- Is there a history of repeated attendance at A&E?
- Is there a pattern of child not attending appointments across a number of services e.g. Speech & Language Therapy, CAMHS, Community Paediatrics?
- Does child/children have a physical and/or learning disability?
- Is this a young parent with limited or poor support?
- Is any urgent action required?
- Is advice from the Safeguarding Children Nurse Specialist Team/line manager required in order to support decision making and future care planning?

7.1 Actions

Where the SCPHN has identified potential concerns that do not meet the threshold for significant harm, they should seek advice and support from their line manager or relevant Safeguarding Children Nurse Specialist (SCNS).

If the practitioner identifies that the child/young person could be at risk of significant harm, a UNOCINI referral must be made to Children's Social Services Gateway via Single Point of Entry (SPOE).

Where there are known child protection concerns, the allocated social worker must be informed in writing.

If there are no identified concerns/risks then the SCPHN will send a letter advising the client that due to their failure to attend two appointments, they will not be offered another appointment until their next routine core contact as per HCHF, stating when this is to be expected, unless they make contact with the service to rearrange the

appointment. The client will be made aware that a copy of this letter will be forwarded to their GP (see Appendix 1).

Where there are repeated WNB/DNA/NAV raising safeguarding concerns, these cases should be brought to the attention of the SCNS and line manager to agree the best course of action.

The content of any discussions with the family, young person or other professionals relating to WNB/DNA/NAV should be clearly documented along with any actions and outcomes in the child's health record.

8.0 Action in the event cannot attend (CNA)

The failed appointment should be recorded in the client notes and on the appropriate IT system as a CNA or late cancellation i.e. within 24 hours of the appointment.

A second appointment should be offered. In the event of the parent/carer cancelling the second appointment without good reason, the professional will review all available information and consider action to be taken as per section 7.

9.0 SCPHN response to notifications of a child not being brought to other health related appointments

Trust services such as Speech and Language Therapy, Orthoptics, CAMHS or Continence Service can usually discharge following two failed appointments. It is however their responsibility to be satisfied there are no safeguarding concerns and to share any concerns they have with social services. If the child is currently involved with social services, the named social worker for the child should be informed of any decision to discharge them from any health related service. This is important so that any necessary follow up arrangements can be agreed. They also have a responsibility to inform the child's GP, HV/SN/FN and referral agent of the decision to discharge from their service due to non-attendance. Following notification of discharge from another service, the SCPHN or member of the SCPHN team will:

- Record non-attendance and discharge on the chronology of significant events;

- Review the child's record in order to make an assessment as to whether further action is required.

If no concerns are identified:

Notification of non-attendance at appointment and discharge from service should be filed in the child health records and should be discussed at next scheduled contact.

If SCPHN was the referral agent and concerns are identified e.g. significant pattern of non-attendance, child in need, LAC/CP:

- Contact parent/carer by telephone to discuss non-attendance and record on child/young person's contact sheet;
- If unable to contact parent/carer, undertake an unscheduled home visit to discuss non-attendance and review the Family Health Assessment;
- If attempted home visit is unsuccessful – discuss case with line manager or team leader and/or SCNS regarding an agreed plan of action.

10.0 The Unseen Child

The unseen child is a child, who may fall into the following categories:

- New address unknown;
- Access is not possible because parent/carer continually fails to keep appointments at home or in clinic settings;
- Access to child is specifically denied by parent/carer;
- Parent/carer provides persistent explanations for child's absence, e.g. asleep, with a relative;
- Family are thought to be missing.

Management and subsequent actions will depend on the reason for planned intervention and professional assessment of the situation. The timeframe for action will depend on the assessed risk.

The SCPHN should review all relevant information relating to the family, for example:

- The status of the young person/child i.e. safeguarding concerns/looked after children (LAC)/child in need;
- History of previous contacts, if available e.g. missed appointments, frequent house moves;
- Current factors influencing the family, if known;
- Family Health Assessment, if available;
- SCPHN should confirm current address with Child Health System (CHS) or GP registration; and
- Consider the appropriateness of contacting other sources without consent, e.g. Housing Executive or school.

Action:

Where there are no identified risk indicators (Core Universal Family):

- Leave or send a contact card with name, discipline, date, time and contact details providing reason and date for another appointment (within 2 weeks);
- If there is no access/non-attendance to second arranged appointment, leave or send a contact card advising parent to contact practitioner;
- If after two weeks there is no contact from the family and no concerns have been identified, send a letter (see Appendix 1) to the parent/guardian advising them that no further contact will be made until the next routine contact and state when to expect this;
- Document all attempts to contact child/family and the action taken in the client/professional records;
- File copy of the letter in the child's records and send a copy to the child's GP.

Where there is no clear assessment, for example, an antenatal mother or a family transferred into the area:

- Leave or send a contact card with name, discipline, date, time and contact details providing reason and date for another appointment (within 10 working days) taking into consideration potential language/literacy issues;
- Following a second failed contact, liaise with previous health visitor/school nurse/GP/consultant/other practitioners involved with the child/family. If family have moved in from another jurisdiction i.e. ROI, the SCPHN should attempt to make contact with community nursing in that jurisdiction;
- Discuss the individual case with the clinical lead/line manager/team leader/SCNS if required, regarding further action;
- Document all attempts to contact child/family and the action taken in the client/professional records;
- File a copy of the letter in the child's records and send a copy to the child's GP.

Where there is a potential risk or assessment of vulnerability (Targeted Family/previous statutory involvement):

- Leave or send a contact card with name, discipline, date, time and contact details providing reason and date for another appointment (within five working days);
- Following a second failed contact, liaise with GP/consultant/other practitioners involved with the child/family regarding the current situation with the family;
- Discuss the individual case with line manager/team leader/SCNS if required and agree action;
- If no contact on the second occasion, the family should be notified in writing that social services shall be informed and a referral made if deemed appropriate;

- Document all attempts to contact child/family and the action taken in the client/professional records;
- File a copy of the letter in the child's records and send a copy to the child's GP.

Where the child is subject to child protection/LAC procedures:

- Liaise with other health professionals regarding the current situation with the family;
- Advise the case co-ordinator/senior social worker within 24 hours of concern and detail action taken;
- Offer a further appointment as soon as possible and within five working days
- Continue to attempt to contact the child/family;
- Update all relevant professionals;
- Contact the clinical line manager/team leader/SCNS to discuss assessed risk and agree action plan with timescales;
- Document all attempts to contact child/family and the action taken in the client/professional records.

11.0 Refusal of Universal Public Health Services

It is recognised that parents/carers have a right to refuse universal public health services. This can be for a number of reasons and, whilst it is important to respect the parents/carers views and wishes, it is important that health professionals explore the reasons why families have chosen to disengage with the service. Total refusal of engagement with universal public health services is rare and usually a compromise can be made.

In all instances where the parent/carer refuses the service, the practitioner should try to ascertain why this decision was taken. Discussion with the parent/carer is required either by telephone or face to face contact.

Document the reasons given for service refusal, date of refusal and action taken, including the reason for that action.

Any refusal of service requires a risk based approach including consulting with other members of the multi-disciplinary team involved with the child/young person. The practitioner should make a professional judgment as to whether this refusal of service may have an adverse effect on the health and development of the child/children and, as such becomes an issue of neglect. In such instances, this should be discussed with the Safeguarding Children Nurse Specialist (SCNS) and agree whether this needs to be escalated as a potential child protection issue.

Health Visiting:

When a client declines to engage with the health visiting service, the health visiting records will be retained by the health visitor for a period of six months to allow the client to reconsider. After six months, if there has been no further contact from the family, the records should then be forwarded to the appropriate CHS officer for retention until the child becomes compulsory school age.

If there are any subsequent children born following initial refusal to engage with the health visiting service, the named health visitor will re-offer the delivery of the Healthy Futures programme to the family.

School Nursing:

School nursing services are offered to all school aged children. Again it is recognised that parents/carers have a right to refuse school nursing services. However, school aged children will continue to be offered the opportunity to avail of the school nursing core contacts and school aged immunisations bearing in mind the child/young person's capacity to give consent for their own care and treatment (Fraser Guidelines). Advice should be sought from line manager/SCNS if needed. In the case of refusal of school nursing services, records will be returned to the school nursing department for storage in the child's records.

Family Nurse Partnership:

When a client refuses to engage, this information should be shared with the appropriate health visitor to facilitate a partnership approach and to ensure that universal services are aware that the client is not in current receipt of FNP programme.

When disengagement occurs while the client is antenatal, information should be shared with midwife, GP and health visitor to ensure universal services have the opportunity to provide universal and, if appropriate, additional targeted support.

The following should take place:

- The clients and child's records, with an FNP summary of progress, should be transferred to the appropriate health visitor and a handover meeting arranged;
- Other professionals should be informed that the family are no longer receiving the FNP programme. An update of any relevant information should be provided;
- A letter should be sent to the client notifying them of the transfer of records and inviting them to re-engage with FNP at a future date;
- The client will be classified as inactive on the FNP data system after 6 months;
- CHS should be notified of record/case transfer.

The GP must be notified in writing if a family has declined services from health visiting/school nursing/ family nursing services.

Appendix 1

Type the name of your
Department here

Recipient's Name
Recipient's Address 1
Recipient's Address 2
Recipient's Address 3
Recipient's Address 4
Recipient's Postcode

Insert Date	Our Ref:	Our Reference	Your Ref:	Your Reference
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Dear Recipient

I am sorry you were unable to attend appointments offered to you on **(Insert dates and times)**. The purpose of this appointment was to *(give reason for contact)*. I realise there may have been circumstances that prevented you from attending at these times, if you would like the opportunity to meet with a health visitor/school nurse please contact this service at the above number.

No further appointment will be scheduled at this time unless you contact us. If we do not hear from you during the next four weeks we will not be in contact again until next routine contact at **(insert next routine contact)**.

Yours Sincerely

Signature/Designation

Copy

Appendix 2

Type the name of your
Department here

Recipient's Name
Recipient's Address 1
Recipient's Address 2
Recipient's Address 3
Recipient's Address 4
Recipient's Postcode

Insert Date **Our Ref:** Our Reference **Your Ref:** Your Reference

Dear Recipient

Re: Decline of offer by Health Visiting & School Nursing Service

Following our recent discussion regarding the provision of services by the Health Visiting and School Nursing Service, I am writing to you to confirm; as requested by you, that you will not be routinely contacted regarding any appointments for health reviews for your child as part of the Regional Universal Child Health Promotion Programme.

However, there may be occasions in the future when it will be necessary for the Health Visiting /School Nursing to make contact with you regarding your child's health, development and wellbeing e.g. following attendance at Accident & Emergency Department, etc.

I have informed my line manager who may be in contact with you to discuss your decision in more detail.

If at any time you wish to avail of the Health Visiting or School Nursing services, please do not hesitate to contact this Department (details below)

**Signatory
Designation**

Enclosures/Attachments

Copy to

Appendix 3

Type the name of your Department here

Recall appointment P1/Year 8 Health Review/Absent on day of review

Recipient's Name
Recipient's Address 1
Recipient's Address 2

Insert Date

Dear Recipient

RE: Name of Child, DOB

Recently your child received a consent form with an appointment for the school nursing service to complete your child's *Primary 1 / & *Year 8 Health Appraisal (*delete as appropriate).

As your child was absent on the day *we offered another appointment on _____ / *can offer further appointment (*delete as appropriate)

**A further appointment has been made for you on:

Date: _____
Time: _____
Venue: _____

I do not plan to offer any further appointments at this time. However please feel free to contact me on [insert contact details] and I can rearrange this appointment. A copy of this letter will be sent to your GP / consultant. (delete as appropriate)

I look forward to hearing from you.

Yours sincerely

**Signatory
Designation**

Copy to: File
GP

Appendix 4

WNB/NAV/DNA appointment or Unseen Child **And there are wellbeing / child protection concerns**

(Relevant for Health Visiting, Targeted School Nursing and Family Nursing)

1st visit missed / cancelled / child unseen – record in child health record/family record
Attempt to contact client by telephone to make arrangements for a further visit or leave a card with details of a further visit (within 5 working days)



Review record and consider risks
If risk assessment suggests concerns are more urgent further visit must take place sooner.
Record in child health record/family record



2nd missed / cancelled / child unseen visit, discuss with line manager , SCNS and agree actions
Advise and consult with GP and other agencies/professionals involved with child of the concerns.
Request GP to put an alert on their system



If child known to social services: Update named social worker
If child not currently known to social services consider need for referral via Gateway Single Point of Entry (SPOE)
SS will decide if a Missing Family Alert is required



Update Chronology of Significant Events and ensure good record keeping in respect of all attempts and actions taken

Appendix 5

WNB/NAV/DNA appointment or Unseen Child

And there are NO wellbeing / child protection concerns

(Relevant for Health Visiting, Targeted School Nursing and Family Nursing)

1st visit missed / cancelled / child unseen visit/ appointment– record in child health record,
Attempt to contact client by telephone to make arrangements for a further visit or leave a card with details of a further visit (within 2 weeks)



2nd Missed / cancelled / child unseen appointment /visit record in child health record,
Attempt to contact client by telephone



Check with GP and other services / professionals involved to ascertain if there are any new concerns.
Review child health record and assess if any new risk factors



No concerns identified
Discuss with line manager
Send letter advising child will be offered appointment for next routine contact (Form NAV1)
Record discussion in child health records.



Concerns or Potential concerns raised

Discuss with line manager / SCNS and agree actions
If child known to social services: Update named social worker
If child not currently known to social services consider need for referral via Gateway Single Point of Entry (SPOE)
SS will decide if a Missing Family Alert is required
Request GP to place an alert on their system
Liaise with other agencies/disciplines involved with child

Update Chronology of Significant Events and ensure good record keeping in respect of all attempts

and actions taken