**Policy Template for Guidance on Children and Young People Who are not Brought for Healthcare Appointments in Primary Care.**

**Cheshire and Merseyside Integrated Care Board – Pan Cheshire**

**Policy Guidance for Children and Young People Who are not Brought for Healthcare Appointments in Primary Care.**

**Background.**

This guidance has been developed due to the findings from local and national Child Safeguarding Practice Reviews (CSPR) regarding children who have identified health needs who were not brought to essential health appointments over a wide range of services including Primary Care. This guidance aims to ensure that the circumstances and the consequences of any child and/or young person who are not too brought to health appointments are assessed on an individual basis and there is focused consideration for their welfare.

**Introduction.**

Missing appointments for some children and young people may be an indicator that they are at an increased risk of harm, neglect and abuse. There are many reasons why children miss appointments, but numerous studies have shown that missing healthcare appointments is a feature in many safeguarding practice reviews, including those into child deaths.

The CQC review of safeguarding children’s arrangements in the NHS (July 2016), identified that there should be a process in place for following up children who fail to attend appointments.This rasied that children themselves do not actually DNA; rather it is that they are not brought to appointments by their parents or carers which could be a flag for safeguarding concerns. This has led to the proposal that DNA should be reframed as ‘was not brought’ which should trigger the question, why were they not brought.’

The repeated cancellation and rescheduling of appointments should be treated with the same degree of concern as repeated non-attendance, potentially harmful and possibly a feature of non-effective compliance.

Professionals need to be prepared to challenge the reasons for non-attendance and where appropriate carry out relevant safeguarding assessments in order to establish any risk posed to the child.

The RCGP/NSPCC Safeguarding Toolkit for General Practice (2019) makes the recommendations that practices have in place:

* Procedures for identifying and following children who do not attend scheduled appointments within the practice or with other agencies such as therapies, secondary or community care;
* Procedures to identify and follow up children with more than expected unscheduled appointments at the Practice, OOHs, Emergency Departments, Walk-in Centres.

It should be remembered that parents have the right to make decisions in respect of their child’s health. The concept of parental responsibility gives a legal definition to the parents’ rights and responsibilities and allows a parent or carer to accept or decline a health service or treatment on behalf of their child.

**However - if by declining a health service or treatment may be detrimental to the child or young person’s health, growth or development, an assessment should be made of the risk this poses to the child or young person.**

The United Nations Convention on the Rights of the Child (1989) recognises the right of the child to enjoy the highest attainable standard of health including the treatment of illness and rehabilitation of health. It requires that organisations strive to ensure that no child is deprived of his or her right of access to health care services.

It is therefore important that GP Practices have processes in place to effectively identify children and young people who are not brought to appointments. This document details the responsibility of primary care practitioners to recognise and respond to safeguarding concerns if a child or young person is not brought to appointments both in primary / secondary care providers, dentists, or other health professionals that they have referred to.

*Please note that Secondary Care, other health care providers and dentists will have their own embedded Safeguarding WNB / DNA policy / procedures.*

**Roles and Responsibilities.**

It is the responsibility of all staff, whether clinical or non-clinical to safeguard and promote the welfare of children and young people. All children are entitled to receive services to promote their health, wellbeing, and development. Whilst under the age of being able to provide informed consent, it is the responsibility of those with parental responsibility to act on the behalf to ensure they are in receipt of the services they need.

In circumstances where children are denied these services by their parents/carers, health professionals must consider that it is their professional duty and responsibility to act on the child’s behalf.

Professionals must take account of each child’s circumstances and the possible implications of the failure to receive appropriate services. Babies, very young children and children with mental or physical disability are particularly vulnerable as they cannot or may not be able to vocalise their needs.

Health professionals should ensure that parents have understood the significance of withdrawing children from or refusing the service and the impact of this on the child’s welfare. Consideration must be given to the parent’s level of understanding, for example any learning disability, literacy, language, or communication difficulty. Remember to remain aware that parents and carers may have their own physical or mental health needs. Consideration should be given to the needs of the child and a parent’s capacity to meet those needs and the environmental context of the child’s situation. In some scenarios the child may well be a carer for their parent, however health professionals must take appropriate action to secure the child’s welfare, regardless of the child’s role as carer.

During periods of non-engagement all appointments for routine health surveillance, immunisations and screening tests must continue to be sent. The team who are requesting the appointments and those they referring to should consider why the patients are not attending as there may be some very practical solutions to facilitate attendance.

**Guidance.**

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

Missed appointments in primary care can be due to the transient nature of many conditions and do not give rise to concerns about the child or young persons welfare. It is important to have a process in place to enable practitioners to recognise when vulnerable children are not brought or when there may be multiple missed appointments.

Processing of missed appointments:

1. Clinician identifies that the child has missed an appointment with the practice (GP, Practice Nurse etc) and codes the child’s notes:

* ‘child not brought – follow up contact attempted’
* ‘child not brought – follow up not attempted’
* ‘child not brought – action to follow up contact not known’

1. If the reason for the appointment is known, consideration as to whether there are any clinical consequences of not attending, and if any actions are required e.g. clinician may contact parent/carer for follow up plan by telephone or invite the child into practice.
2. Consider informing and/ or liaising with other professionals e.g. Health visitor, school nurse, midwife, paediatrician, Early Help Hub, children’s social services, dentists.
3. If the appointment is following a referral / recommendation from another Healthcare Professionals e.g. health visitor, secondary care, social care, dentists - notify them of the failure to attend.
4. Consider if there are any safeguarding concerns, especially when there are multiple missed appointments in Primary Care or other settings.
5. Take appropriate action if there are any clinical or safeguarding concerns. Consider reviewing the siblings and parent / carer records.
6. Document this process including any subsequent actions taken as a result.

**Guidance.**

**Children Not Attending Appointments with Other Health Professionals.**

Other Health Providers’ WNB/DNA policies should state that when children miss appointments the referring clinician is notified as it is recognised that missing appointments can be an indicator of neglect.

Processing of WNB/DNA notifications received by the practice:

1. Clinician identifies WNB/DNA notifications for children and codes the child’s notes:

* ‘child not brought – follow up contact attempted’
* ‘child not brought – follow up not attempted’
* ‘child not brought – action to follow up contact not known’

1. Clinician to review the reason for referral and assess if any further action is required to manage the clinical problem that prompted the referral.
2. Establish what action has been taken by the relevant health provider following the missed appointment and the proposed plan;
3. Review the child / young person’s medical records and note if there have been any other episodes of missed appointments in any setting. Consider reviewing the siblings and parent / carer records.
4. Consider contacting the family regarding the missed appointment/s especially if there are multiple instances/family concerns either by telephone or invite the child into practice.
5. Consider informing and/ or liaising with other professionals e.g. Health visitor, school nurse, midwife, paediatrician, Early Help Hub, children’s social services, dentists.
6. Consider whether there are any safeguarding concerns - if concerns are identified take any appropriate action.
7. Document this process including any subsequent actions taken as a result.

**Recognising Child Abuse and Neglect**

Include all 4 area local details – how to report a concern

* <https://www.cheshirewestandchester.gov.uk/residents/health-and-social-care/children-and-young-people/report-a-concern-about-a-child/what-is-neglect>
* Refer to NICE Guidance and flowchart ‘When to suspect child maltreatment’
* <http://pathways.nice.org.uk/pathways/when-to-suspect-child-maltreatment>
* <http://www.nice.org.uk/guidance/cg89/chapter/introduction>
* Refer to RCGP Child Safeguarding Toolkit

<https://elearning.rcgp.org.uk/mod/book/view.php?id=12531>

* Refer to practice Safeguarding Children Policy

To Seek Further Information /Share Concerns

* Midwife
* Specialist Public Health /0-19 Practitioner (link as applicable for practice)
* Paediatrician
* Childrens Social Care / Social Worker
* Dentist

Making a child protection referral – Amend for local area

* Clearly document concerns and collate any family information known to you.
* If you are unsure how to proceed, seek advice from one of the following: line manager, Practice Safeguarding Lead, Named GP or Designated Nurse or Children’s Social Care Team; or duty Paediatrician at local hospital.
* If a child protection referral is required, contact Children’s Social Care. Give all details /information regarding your concerns and confirm that you are making a child protection referral (Appendix A)
  + <https://www.cheshirewestscp.co.uk/report/>
  + Cheshire West & Chester Integrated Access and Referral Team (i-ART) Tel: 0300 123 7047 (opt 1)
  + Cheshire West and Chester Emergency Duty Teams [Out of Hours] Tel: 01244 977277
* Follow verbal referral up in writing within 24 hours. Retain a copy of your referral in the patient record. <https://www.cheshirewestandchester.gov.uk/residents/health-and-social-care/children-and-young-people/report-a-concern-about-a-child/making-a-referral>
* Wherever possible, share your intent to refer with parents/carers of child (exceptions outlined in Child Protection Procedures).
* Always follow Child Protection Procedures. If you believe that a child is at risk of immediate harm, call the Police/ Children’s Social Care as an emergency.
* Further information and child protection procedures can be found on the Cheshire West and Chester Safeguarding Children Partnership websites:

References

* Care Quality Commission (July 2016) Not Seen Not Heard: A review of the arrangements for child safeguarding and health care for looked after Children in England - <http://www.cqc.org.uk/sites/default/files/20160707_not_seen_not_heard_report.pdf>
* HM Government (2023) Working Together to Safeguard Children –

<https://assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf>

* NICE guidelines (2009) Child maltreatment: when to suspect maltreatment in under 16s [CG89] - <http://www.nice.org.uk/guidance/cg89/chapter/introduction>
* Research in Practice (2019): Triennial Analysis of Serious Case Reviews - <https://seriouscasereviews.rip.org.uk/wp-content/uploads/2019_triennial_analysis_of_serious_case_reviews_childrens_social_care_Mar2020.pdf>
* Royal College of General Practitioners Safeguarding Children and Young People: The RCGP/NSPCC Safeguarding Children Toolkit for General Practice. - <https://www.rcgp.org.uk/clinical-and-research/safeguarding.aspx>
* The Child Safeguarding Practice Review Panel – Annual report (2024).

<https://assets.publishing.service.gov.uk/media/65bce1df7042820013752116/Child_Safeguarding_Review_Panel_annual_report_2022_to_2023.pdf>

* The United Nations Convention on the Rights of the Child (1989); Article 24

Appendix A

