Child and Family Engagement Guidance

Principles and guidance for primary health care when a child is not brought or misses an appointment

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

Introduction

The purpose of this document is to outline the responsibilities of ***XXXX*** Surgery when parents/carers disengage from health services and there are concerns about the welfare of their children. It is widely acknowledged that this situation may have potentially serious consequences for some children.

This policy provides guidance and support and is not intended to remove professional judgement. Individual practitioners remain accountable and as such need to be able to justify their decisions at all times.

Disengagement by a family/parent/child may be partial, intermittent, or persistent. It is important to be aware that this may be a signal of increased stress within a family and/or potential abuse or neglect of children and so it is important to identify early signs of disengagement so that any potential risk to the child or children can be assessed.

Examples of disengagement include parental refusal for the child(ren) to be assessed, repeated non-attendance for medical appointments, or failure to attend or be available for pre-arranged appointments. It includes those who discharge their child(ren) against medical advice and those who fail to wait for medical care. It is also important to be aware that over engagement of services can be a cause for concern about a child's welfare, especially if there are medically unexplained symptoms or possible fabrication.

It is important to bear in mind that some parents/carers may be disengaging with healthcare for themselves or their own agenda; this may be a precursor to something more serious happening within the family.

Professionals need to consider **why** families are not engaging and consider the risk in these situations.

Objectives

This policy has been developed to guide doctors/staff by setting out clear processes to follow when:

Health or medical services for children are refused or children are repeatedly not being brought for health appointments by their parents or carers, this includes refusing home visits when a professional has deemed this to be appropriate. It is important to be aware of the impact of missed appointments on the child's health and wellbeing, this includes monitoring of medication they may be taking. It is also important to know who has parental responsibility, Appendix A outlines this clearly.

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. This policy must be read in conjunction with interagency policies and procedures on the safeguarding of children and young people. (Working Together to Safeguard Children 2015; Hampshire Local Safeguarding Children Board Safeguarding Children Procedures)

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 of their children, to ensure they are recipients of these services.

In circumstances where children are denied these services by their parents/carers, health professionals including General Practitioners must consider that it is their professional responsibility and duty 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 a particularly vulnerable groups 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. Professionals should remain child focused even when the refusal or withdrawal relates to the parent's problems particularly when mental health, substance misuse or domestic violence is a feature.

Health professionals must be able to demonstrate that attempts to gain a parent's co-operation have been made. If after encouragement all attempts to work in partnership with parents have failed, consideration must be given to the potential consequences for the child. If the child's development or welfare is likely to be significantly impaired, a referral to Children's Services should be made.

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.

Who's responsibility is it to take action when children are not brought to appointments?

Following a child not brought for an appointment, the responsibility for any assessment of the situation rests with the practitioner to whom the child has been referred, in conjunction with the referrer (Laming 2003, CEMACH 2006)

Certain groups of children are particularly vulnerable and therefore require special consideration. For example, children under 12 years, those known to social care, those on medication, and those involved with child mental health services. Any verbal or written communication with parents the referrer needs to outline the consequence of non-attendance for the child or young person. As well as a letter to the parent consideration should be made to send a letter to the patient themselves depending on their age, level of understanding and any disability.

Refusal or withdrawal from medical interventions or treatment or disguised compliance

It is considered to be neglect when parents of children, refuse or fail to co-operate with prescribed medical or therapeutic treatment that may result in a child suffering harm. In these cases, the clinician should think about the impact of this on the child and a referral considered to children's services. When a referral is made the Inter-Agency Referral Form (IARF) should be used.

Be aware that parents may try to justify their decisions as being in the child's best interests, and may well genuinely believe they are acting in the best interest of their child. Some reasons for this can be related to their religion, cultural expectations or beliefs or a disability of the child, including learning disability, sometimes there is no obvious reason for this. These reasons or convictions may be strongly and genuinely maintained by a parent. However, such information and reasons given by the parent/carer do not change the legal duties of agencies to safeguard the child's best interests.

Non-engagement by parents of children who are subject to a child protection or child in need plan

For children known to be a subject of a child protection plan, any non- engagement should be reported as soon as possible to the family social worker. If the social worker is unavailable and the situation is urgent professionals must speak to the duty social worker or Team Manager. All actions should be documented in the child's records and the children's notes coded as 'was not brought' and concerns brought to multidisciplinary team meetings as appropriate to discuss the welfare and health of the child.

Child and Family Engagement Guidance (Primary care)

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

Level of concern	LOW	MEDIUM	HIGH
Ask: "What is the impact on the child of the missed appointment?"			
Concerns	Missed 1 or 2 appointments, health visitor access visits, or antenatal appointments or no opt in to make appointment	Missed or cancelled 2 or more consecutive appointments or visits	Persistent pattern of non-attendance or non-engagement
	No known safeguarding concerns	On-going medical, or mental health condition	On-going medical, or mental health condition
		Known safeguarding concerns or alerts	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
Action	**Consider** the impact of missed appointment on child's welfare	**Discuss** with lead GP for the surgery and/or named GP for safeguarding children	**Discuss** with lead GP for the surgery and/or named GP for safeguarding children
	Consider whether any escalation is necessary **Contact** the family to confirm contact details, clarify the importance of attending appointments **and arrange book appointment** **Consider** a wider discussion with other professionals involved	**Write** to the family **Book another appointment** **Discuss** with health visitor, school nurse, or other professionals eg midwife, CCN or CAMHS or other acute or community health providers known to be involved	**Phone and write** to the family **Book another appointment** **Discuss** with health visitor, school nurse, or other professionals eg midwife, CCN, CAMHS or other acute or community health providers known to be involved **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 (CPIS)* **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 or CP Plan. **Consider referral in writing using the inter-agency referral form** to children's social care for assessment and notify health visitor or school nurse
Intended Outcome	**Plan communicated with GP, family and other healthcare professionals involved**	**Family receive support to continue engagement with health. Plan communicated to all healthcare professionals and family**	**Multi-agency discussion and support to meet child's needs agreed with family and professionals and communicated out to all health care professionals and family**

Appendix A

Parental Responsibility

Parental responsibility means the rights and responsibilities that parents have in law for their child, including the right to consent to medical treatment for them, up to the age of 18 in England.
Mothers and married fathers have parental responsibility. So do unmarried fathers of children, since 1 December 2003 in England and Wales, as long as the father is named on the child's birth certificate.

Unmarried fathers whose children's births were registered before these dates, or afterwards if they are not named on the child's birth certificate, do not automatically have parental responsibility. They can acquire parental responsibility by way of a Parental Responsibility Agreement with the child's mother or by getting a Parental Responsibility Order from the courts. Married step-parents and registered civil partners can acquire parental responsibility in the same ways. Parents do not lose parental responsibility if they divorce. If a child is taken into local authority care by way of a court order parents share parental responsibility with the local authority. If the child comes into local authority care with parental consent the local authority gains no parental responsibility – this remains fully with those who had parental responsibility prior to the child coming into care. Parents lose parental responsibility if a child is adopted. Parental responsibility can be restricted by court order.

Adoptive parents have parental responsibility, as do those appointed as a child's testamentary guardian, special guardian or those given a Residence Order or Child Arrangement Order. Local authorities have parental responsibility while a child is subject to a care order. You may need to get legal advice when in doubt about who has parental responsibility.

People without parental responsibility, but who have care of a child, may do what is reasonable in all the circumstances of the case to safeguard or promote the child's welfare. This may include step-parents, grandparents and child-minders. You can rely on their consent if they are authorised by the parents. But you should make sure that their decisions are in line with those of the parents, particularly in relation to contentious or important decisions.

Parental Responsibility Agreement [section 4, Children Act 1989]
This is a consensual arrangement made by the mother and the unmarried birth father acting together. It is a legal document and means that the parents have agreed to share parental responsibility. A step-parent married to a birth parent may obtain parental responsibility in this way if all those with parental responsibility give consent to the agreement.

Parental Responsibility Order [section 4, Children Act 1989]
This is a court order that specifies that a named person has parental responsibility for a child. Parental responsibility is then shared between the holder and any birth parent who already has parental responsibility. An unmarried birth father can apply for parental responsibility this way. A married step parent can also apply for parental responsibility this way if it has not been possible to get all parties to consent to a parental responsibility agreement (see above).

Residence Order [section 8, Children Act 1989]
This is a court order that specifies the name of the person or persons with whom a child is to live. The named persons automatically acquire parental responsibility for the child and this is shared with anyone else who has parental responsibility for the child (usually birth parents). The order lasts until the child reaches the age of 16 or 18 depending on the particular arrangement with the court.

Child Arrangements Order [Section 8 Children Act 1989 amended by Children and Families Act 2014]
This replaces the Residence Order and covers the same issues such as where and with whom a child should live and/or have contact with the person with parental responsibility. The local authority would not hold parental responsibility under a Residence Order or a Child Arrangements Order.

Emergency Protection Order [sections 44-45, Children Act 1989]
A local authority may apply to a court for an emergency protection order which lasts a maximum of 8 days if they feel a child is at risk of significant harm. This enables a local authority to share parental responsibility with anyone else who already has parental responsibility.

Special Guardianship Order [section 14, Children Act 1989]
This court order gives the holder a more permanent arrangement but it is not lifelong like an adoption order (see below). A carer secures parental responsibility for the child which enables them to make decisions for the child up to a child's 18th birthday. Birth parents who have parental responsibility retain residual parental responsibility so the family link is maintained. There may be several persons sharing special guardianship status (not necessarily all living in the household of the child).

Care Order [section 31 and section 38, Children Act 1989]
A local authority may apply to a court for a care order if they feel a child is at risk of significant harm. This enables a local authority to share parental responsibility with anyone else who already has parental responsibility. The local authority may make plans to provide accommodation for the child with alternative family carers or foster carers. Under Section 20 of the Children Act 1989 a child can be looked after by the local authority with the consent of the parent, in which case the local authority does not hold parental responsibility.

Placement Order [section 21, Adoption and Children Act 2002]
If a local authority regards that a child needs to be placed permanently with an alternative family, they may apply to the court for a placement order which then gives the local authority permission to place a child for adoption.

Adoption Order [section 46, Adoption and Children Act 2002]
The carer secures a lifelong relationship with a child throughout their lives when a child is adopted. The family line is legally changed so the child belongs to another family. The adopters acquire parental responsibility. Birth parents (and any other person) lose parental responsibility.
Anyone considering the adoption of a specific child who has not been placed with them by an adoption agency for the purposes of adoption (including step-parent adoption), must notify their local authority in writing at least 3 months before they to apply to court: this enables the local authority to commence necessary checks and interviews with the significant family members and ensure the child is being cared for appropriately.

What is a guardian?
A guardian is someone who has been named by a parent as someone who could look after a child in the event of the death of a parent. The named guardian would only have parental responsibly if all other persons with parental responsibility were deceased.

Related polices and guidance

Children Act 2004

CQC Safeguarding Children 2009

GMC Protecting children and young people: the responsibilities of doctors 2012

Hampshire, Isle of Wight, Portsmouth and Southampton Local Safeguarding Children Board Safeguarding Children Procedures www.4lscb.org.uk

HMG Information Sharing - a practitioner's guide 2015

HMG Working Together to Safeguard Children 2015

NICE CG89 When to suspect Child Maltreatment 2009

NSF for Children and Young People 2004

Solent NHS Trust Safeguarding Children and Young People Policy 2009

CEMACH Why Children Die 2006

The Victoria Climbie Inquiry; Lord Laming 2003