



## TEA-BREAK GUIDE



### “Was Not Brought”

This guide has been written to help both health and social care practitioners to consider the implications/long term effects on children’s health, when they are not brought to health appointments in outpatient clinics, GP appointments or when they are not present for planned home visits by health professionals.

***“Was not brought” was previously known and recorded as DNA (Did not attend). It is important to bear in mind that children do not fail to attend appointments but that their parents or carers may not bring them to an appointment. This can occur for various reasons; however parents and carers have a responsibility to ensure all children and Young People (CYP) receive health care.”***

There may be many reasons why a child is not brought to an appointment or be available at a planned home visit, not all of these reasons will be a safeguarding concern/risk. A missed health appointment for a child or young person on its own, may be of no concern, or, it may be very significant. Missing appointments, for some children, may be an indicator that they are at an increased risk of abuse, and not attending health appointments could have a significant effect upon their long term health. There are also many innocent reasons why children miss appointments, but numerous studies have shown that missing healthcare appointments is a feature in many serious case reviews, including those into child deaths. Each non-attendance or non-access visit should be reviewed on an individual basis, and the need for further action based after assessing the risk.

Lack of a formal process in following up children’s non-attendance was highlighted as an important factor in safeguarding in the report “Why Children Die” ,Confidential Enquiry into Maternal and Child Health, 2008 ( CEMACH). Retrospective analysis of Serious Case Reviews (SCR’s) has repeatedly identified parental non-engagement or disengagement with professionals as a factor which places children at increased risk. Non-attendance at health appointments has also been highlighted in local SCR’s and in children who have been abused.

When a child or young person doesn’t attend an appointment with any health service, they should be contacted and the appointment should be rearranged. Health partners all have robust processes in place to follow up these missed and cases will be reviewed on an individual basis. However, where this follow up does not result in contact with a child, and it is felt by clinicians that the risk to the child is significant, a referral into MASH will be made.

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 rights and responsibilities of a person with parental responsibility. Parental responsibility 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 this 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.

## What to Consider – Risks to the Child

- Severity – the actual or estimated potential harm as well as the degree of harm involved.
- Likelihood of harm - both the potential medical and psychological ramifications should be considered.
- Frequency – measuring the frequency or chronicity of a problem.

## Non Health Professionals May...

- not fully understand the extent and complexity of the health issues
- feel more equipped to focus on other issues, rather than addressing medical conditions
- feel reassured that specialist medical staff are involved with the child, rather than seeing this as an indication of the severity of the medical condition

## What Prevents Effective Response

- Empathy with the parent allows them to overlook risks to the child
- Focus on parental/ family issues rather than impact on child
- Over-reliance on parents self-reporting

## How can we Respond Effectively?

- Use clear and explicit language in relation to risks associated with complex medical conditions.
- Seek expert advice if you are not sure of the potential risks to the child.
- Ensure assessments are very clear about needs arising from medical conditions, and the risks associated with any failure by the parent to engage or comply with treatment. Signs of safety is a good tool for identifying the level of risk and communicating this to other non-medical practitioners and parents.
- Use medical chronologies and medication reviews where appropriate to support referrals to Children's Social Care and within assessments to provide clarity to all involved of the extent, pattern and severity of concern.
- Consider discharge planning meetings for children with complex medical conditions where there is a pattern of admissions to hospital.
- Think differently about the established term 'Did Not Attend' and consider it within a framework of; 'Was Not Brought.' Consider the impact of not being brought on the child's treatment and potential safeguarding risks.
- The voice of the child and their lived experience needs to be evident in assessments, inform planning and be present in meetings.
- Be concerned if a parent places age-inappropriate expectations on the child to look after their own medical needs.
- Maintain professional curiosity and do not allow the empathy you feel for the parent to cloud your understanding of what impact their behaviour has on the child.
- Consider the need for a multi-agency meeting to develop a better shared understanding of the level of risk.