

Spotlight on...

Child and Family Engagement Guidance



Hampshire
Safeguarding
Children
Board



The Hampshire Safeguarding Children Board dataset highlights that children across Hampshire are not brought to 1 in 10 scheduled appointments. This data is from across eight health providers, and this is a consistent picture quarter on quarter.

The Hampshire Safeguarding Children Board guidance entitled 'Child and Family Engagement Guidance' was developed following a Serious Case Review and has two versions; [one for primary health care](#) and one for [secondary health care services](#), with both asking the practitioner who was expecting to see the child '**what impact will the missed appointment have on the child?**'

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 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 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.

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

Practice Example:

A Child who was on a care order but resident with her mother was referred to CAMHS by the GP whilst she was living in a short term foster placement due to low mood and multiple self-harm scars.

A couple of appointments were missed and a 'was not brought letter' was sent. Contact was made with Children's Services and the practitioner advised them of the missed appointments. It was agreed that if the next appointment was not attended a formal referral for neglect of health needs would be made. The appointment was not attended; therefore, a formal Children's Services referral was made.

Outcome: Child's case was allocated for assessment. Police attended the home – it was described as being in a filthy, neglected state. Mum was in crisis with her own mental ill health. The child was often not staying at the home address. There were concerns that the child was at risk of sexual exploitation. Children's Services and the police both remain involved. CAMHS remained updated as the child still had not been seen for her mental health issues.

The 4LSCB also has a leaflet entitled: [What happens when a child is not brought to their appointment?](#) The leaflet is intended for parents and carers and explains the Child and Family Engagement Guidance in a succinct and simple way. It is intended to support parents by both explaining why it concerns professionals when a child is not brought to their appointment and also what they can do if they can't bring a child to their appointment or they need additional help and support.

[The leaflet is available here.](#) We would suggest that the leaflet should be made available to parents and carers in waiting rooms, made available on Trust webpages, where appropriate, and used to support correspondence where practitioners are finding engagement with the child/family difficult.