

ADOPTING A FAMILY APPROACH

Short Guide Series

Was Not Brought / Non-Attendance at Appointments

Working Together to Safeguard Children, recognises that non-engagement with practitioners is a strong feature in domestic abuse, neglect and physical abuse of children and family members. Identification of early signs is essential so that risk can be assessed.

Non-attendance at or repeated cancellations of appointments for a child and/or the lack of access to a child on home visits are indicators that should raise concern about the child's welfare.

When should I be concerned?

There are many simple reasons why a child was not brought to their appointment, or a lack of access to a child on visits - for example, parents or carers may have simply forgotten or they are juggling multiple appointments which are difficult to coordinate. However, when an appointment or visit is missed, professionals must always consider:

1. **the impact** on the child's overall health and wellbeing, and
2. whether there are any other concerns within the family.

Certain groups are particularly vulnerable and therefore require special consideration including children known to social care, those on medication, those involved with mental health services and those under the age of twelve.

Professionals need to be professionally curious and give thought to why families are not engaging and consider the risk in these situations.

Disguised compliance

Disguised compliance relates to how parents/carers distract and defuse professional attempts to engage and address issues with the family, for example stating that they will attend appointments then failing to do so or allowing a child to be seen but from a distance,

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for example, through a window etc. Published case reviews highlight that professionals sometimes delay or avoid interventions due to parental/carer disguised compliance. **Always consider** disguised compliance, which could present as a parent or carer cancelling an appointment for an 'apparently' good reason.

Refusal or withdrawal from medical interventions or treatment

It is considered to be neglect when parents or carers, refuse or fail to co-operate with prescribed medical or therapeutic treatment that may result in a child suffering harm. In these cases, the impact of this on the child should be considered and a referral to social care made.

Some parents or carers may try to justify their decisions to refuse or withdraw treatment, as being in the best interest of the child – and they may well genuinely believe this. This may be related to their religion, cultural expectations or beliefs, or a disability of the child, including learning disability. However, such information and reasons given by the parent/carer does not change the legal duties of agencies to safeguard the child's best interests.

Was Not Brought

It is good practice to have a procedure or policy relating to children not being brought to appointments. All NHS providers should have policies for the management of children not brought to health care appointments. Missing healthcare appointments, is a feature in many case reviews, including those into child deaths (DfE 2016).

Children who are not brought to appointments should be coded 'Was Not Brought' rather than 'Did Not Attend'. This accurately reflects the fact that children rely on parents and carers to attend appointments.

When a child is not brought to their appointment, or there is a lack of access to a child on visits, a decision must be made about the likely impact on the child's physical, mental or emotional health and wellbeing, whilst also taking into account the wider family situation.

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Professional responsibilities

- Professionals should be aware of who holds parental responsibility to act on the behalf of a child, to ensure they receive the appropriate services to promote their health, wellbeing and development.
- Referrers should ensure their records of the family's contact details are up to date.
- Following a child not brought for an appointment the responsibility for any assessment of the situation rests with the professional with whom the child had the appointment, in conjunction with the referrer (Laming 2003, Pearson 2008).
- If a child has missed or continues to miss a scheduled appointment the responsible professional should consider the importance of the appointment and if the child's health needs are being neglected. This also applies to health visitor no access visits and missed antenatal appointments. Professionals should always ask 'what is the impact on the child of this missed appointment?'
- Attempts should be made to contact the family to confirm up to date contact details, ascertain why the appointment was missed, and reschedule an appointment if needed. Practitioners should be mindful of the literacy of parents and carers, and whether or not English is their first language.
- If there is any doubt concerning action to take or any other difficulties, seek advice from the designated safeguarding lead in your organisation.
- Professional judgement informed by an assessment based on the child's development, welfare and current family situation, must be made in order to establish whether a referral to children's social care is required. Referrals should be made as soon as possible. [Contact details are available here.](#)

Further information

Children

- [3.1 Children who are Neglected | Hampshire, Isle of Wight, Portsmouth and Southampton \(HIPS Procedures\):](#)
 - [Child and Family Engagement Guidance: Principles and guidance for secondary and tertiary health care when a child is not brought or misses an appointment](#)

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- [Child and Family Engagement Guidance: Principles and guidance for primary health care when a child is not brought or misses an appointment](#)
- [What happens when a child is not brought to their appointment? Information for children, parents and carers](#)
- [Learning from case reviews: disguised compliance \(NSPCC\)](#)
- [Practitioner Guide: Disguised Compliance \(HSCP\)](#)
- [Working with Resistant Families \(SSCP\)](#)

References

Department for Education (2016) [Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014.](#)

Laming, W. H. (2003). [The Victoria Climbié inquiry: Report of an inquiry by Lord Laming](#) (Cm. 5730). The Stationery Office.

Pearson, G A (Ed) [Why Children Die: A Pilot Study 2006](#); England (South West, North East and West Midlands), Wales and Northern Ireland. London: CEMACH. 2008.