Oxfordshire NHS
Community Health Oxfordshire

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Oxfordshire NHS
Community Health Oxfordshire

260 GUIDELINES FOR CHILDRENS SERVICES REGARDING FAMILIES WITH CHILDREN WHO DO NOT ENGAGE WITH HEALTH SERVICES

1. Introduction & Purpose

Community Health Oxfordshire is required to promote the welfare of children and protect them from harm.

All children are entitled to receive services to promote their health, wellbeing and development. It is the responsibility of those with parental responsibility (see Appendix 1) to act on the behalf of their children, to ensure they are recipients of these services.

The purpose of these guidelines is to:

- Outline the responsibilities of staff when parents / carers disengage from health services and there are concerns about the welfare of their children
- To provide guidance and support for staff when parents / carers disengage from health services

Disengagement with health services by parents and carers can be partial, selective, intermittent and persistent in nature. It may signal an increase of stress within a family and potential abuse or neglect of children.

These guidelines apply to all staff working in Universal and Specialist Children's Services. Although staff should continue to use their professional judgement in deciding what approach may best meet the needs of the family when they have difficulty gaining access, this should be in conjunction with these guidelines.

2. Definitions of Non Engagement

- Child / Children repeatedly fail to attend or are not brought for health appointments

- Refusal or Withdrawal from Universal Health Services

- No reply / family not at home at a pre-arranged home visit where there are no safeguarding concerns

- No access to the child's home or to the child where there are safeguarding concerns

- Non engagement by parents / carers of children who are subject to a Child Protection Plan

- Missing and Transient Child or Family

3. Accountability and Responsibility

3.1 All Staff

All staff have a responsibility to promote and safeguard the welfare of children.

Practitioners must take account of each child's circumstances and the possible implications of failure to receive appropriate services. Babies and very young children are particularly vulnerable

All staff must assess the risk to any children when a family disengage from health services. If there are safeguarding concerns, staff should discuss their concerns with relevant colleagues, their line manager or the Safeguarding team.

Each person is accountable for the decisions they make and the consequences of those decisions.

Staff must document:

- the non-engagement in the clinical record
- any outstanding health needs
- any actions taken.

When following up families with children who display non-engagement with health services, staff must consider their personal safety at all times. The Personal Safety & Lone Working Policy should be read in conjunction with these guidelines

Staff should also consider bringing such cases to child protection supervision and / or clinical supervision in order to review and revise judgements about family functioning and risk

3.2 Safeguarding Team

The Safeguarding team is responsible for supporting / advising staff who have identified a concern about non-engagement.

4. Management of Non-Engagement

4.1 Children Repeatedly Fail To Attend Or Are Not Brought For Health Appointments

If a child is 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)***

Staff should determine follow-up requirements on an individual basis; consideration should be given to the needs of the child and the parents/carers capacity to meet those needs and the environmental context of the child's situation

The referrer needs to outline the consequences of non attendance with the parents / carer

If there are safeguarding concerns, staff should discuss their concerns with relevant colleagues, their line manager or the Safeguarding team.

4.2 Refusal Or Withdrawal From Universal Health Services

Health professionals should take appropriate steps to ensure that parents have understood the significance of withdrawing children from, or refusing the service.

Consideration must be given to the parents' level of understanding, for example any learning disability, literacy, language, or communication difficulty. ***(See appendix 2)***

If the child's development or welfare is likely to be significantly impaired, a referral clearly stating the concerns should be made to the Child & Families Assessment Team in accordance with Oxfordshire Safeguarding procedures.

4.3 No Reply / Family Not At Home At A Pre-Arranged Home Visit Where There Are No Safeguarding Concerns

Families should be offered two planned appointments. This can be arranged either by letter or telephone / text message.

If the family fail to respond to these appointments the practitioner should ensure that every effort has been made to engage the family / young person. ***(See Appendix Two)***

If there is continual non engagement consider liaison with other professionals involved with the family.

If there is continual non-engagement / or family refuse further appointments staff must continue to reassess the risk to any child / children and contact your Line Manager and / or the Safeguarding team for advice

Document - No Access Visit / Non engagement in the clinical record and any outstanding health needs / actions.

Universal Services will continue to offer a routine service to the child / young person and family.

4.4 No Access To The Child's Home Or To The Child Where There Are Safeguarding Concerns

Where difficulty is experienced in gaining access to the child; or where entry to the home has been gained but access to the child is denied and the child is a cause of concern for health professionals and / or receiving services for Children & Families, then further action should be taken. This may include:

- Notifying Children & Families that access to the child was denied
- Liaison with other professionals / agencies as appropriate
- Clarifying if there is a pattern of non-engagement with other professionals / agencies
- Clarifying when the child / young person was last seen and by whom and the outstanding concerns / health needs
- Arranging a further appointment to see the child if safe / appropriate to do so

All actions and decisions must be documented in the child's records

4.5 Non Engagement By Parents / Cares Of Children Who Are Subject To A Child Protection Plan / Child In Need Plan.

For children who are subject to 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 senior practitioner. The safeguarding team should also be notified.

Staff should also inform the family's GP and relevant colleagues of any actions taken.

All actions and decisions must be documented in the child's records

4.6 Missing and Transient Child Or Family

Staff must be aware that any missed appointment or abortive home visits may indicate that the family has moved out of the area.

Staff must inform the child`s key worker from Social Care and / or the Assessment team from Social Care if a child:

- Is subject to a Child Protection Plan / Child In Need Plan
- Is subject to a Section 47 enquiry (concern about significant harm)
- Has serious or significant health needs
- Goes missing in suspicious circumstances, for example forced marriage

Consideration will be given with regard to initiating appropriate local or national notification to other health providers and partner agencies.

4.7 Pregnant Women

Staff should also notify the Children & Families Assessment team and the safeguarding team about pregnant women who are 'missing' when there are safeguarding concerns about the unborn baby.

Consideration will be given to initiating appropriate local or national notification to other health providers and partner agencies.

4.8 Infants Or Children Who Are Left "Home Alone"

It is important to acknowledge that health professionals **DO NOT** have a legal right of entry to a house. If, however, a practitioner is concerned for the immediate welfare of a child they should contact the police ***(dial 999)*** for advice and ensure the child does not remain alone whilst waiting for their arrival.

5. Related Policies & Guidance

- Child Protection Policy 2010
- Child Missing Education Strategy For Oxfordshire 2007
- OSCB Child Protection Procedures
- Information Sharing – A Practitioners Guide. London: DCSF 2006
- Working Together To Safeguard Children 2010
- The Victoria Climbie Inquiry; Lord Laming (2003)
- National Service Framework for Children 2004
- Personal Safety and Lone Working Policy

6. Implementation

These guidelines will be sent as an electronic copy to Operational Managers in Childrens Universal and Specialist Childrens Services. The guidelines will then be shared with all relevant clinical teams through team meetings. This will help ensure that the relevant clinical teams are aware of these guidelines. It will also be highlighted in the safeguarding newsletter and will be put on the intranet.

7. Process For Monitoring Compliance & Effectiveness Of The Guidelines

Safeguarding Audit / Review from April 2011 – 2012 (Universal Children's Services and Specialist Children's Services).

Review of guidelines will be undertaken by February 2014 or sooner if national or local policies require this.

8. Consultation

The following people have been consulted in the development of these guidelines:

Safeguarding Team
Operational Manager, Universal Services
Operational Manager, Specialist Childrens Services
Operational Manager, Family Nurse Partnership
Service Manager Therapy Services

APPENDIX ONE

Parental Responsibility

1. Staff have a duty to consult with and identify the wishes of those who have parental responsibility in respect of a child up to 18 years. However, where the wishes of the parent compromise the safety or well being of the child, the child's best interests will be the overriding consideration.

2. Those who may hold parental responsibility include:

- The child's mother, unless the child is adopted or freed for adoption
- Both parents if married to each other at the time of the child's birth
- Both parents if married to each other at any time since the child's conception
- Mother only, if parents are not married to each other. Unmarried fathers can acquire parental responsibility by making a formal agreement with the mother or via a court order
- From 1st December 2003, single fathers may obtain parental responsibility if both parents register the birth together
- A guardian of a child
- Adoptive parents
- The local authority if the child is subject to a Care Order or Emergency Protection Order
- Any person granted an Emergency Protection Order
- Any person granted a Residence Order

3. A number of people can hold parental responsibility at the same time.

4. Those with parental responsibility do not lose it because other people acquire it e.g. when the child is made the subject of a Care Order. The local authority, however, is allowed to determine the extent to which the parents may exercise their parental responsibility, but only where they consider this is necessary in order to safeguard and promote the welfare of the child.

5. Parental responsibility may be delegated but a parent has a duty to ensure that the temporary care arrangements are satisfactory e.g. suitable baby-sitters.

6. A temporary carer without parental responsibility may do what is reasonable in all circumstances of the case for the purpose of safeguarding and promoting the child's welfare e.g. foster carers.

APPENDIX 2

Prompters To Consider When Families Do Not Engage With Health Services

1. Is the address / telephone number correct? (Confirm with GP, Child Health Services, other involved Agencies)

2. Has the child / young person / family had recent contact with another agency?

3. Is there another professional working with the family such as an outreach worker who may be able to address the needs of the child / family?

4. Are there any difficulties regarding literacy, language or communication?

5. Have appropriate steps been taken to ensure that parents have understood the significance of withdrawing children from, or refusing the service.

6. Have cultural issues been considered?

7. Is the environment where contacts are proposed acceptable to the child / young person / family?

8. Is the service accessible to the child / young person / family e.g. at a time and place that is mutually convenient?

9. Have opportunistic visits been considered?

10. Has the child's circumstances been considered and the possible implications of failure to receive appropriate services. These include factors such as:
    - Age of baby / child / young person
    - Disability factors / prematurity / low birth weight

11. Have parental circumstances been considered. These include factors such as:
    - Domestic abuse / parental substance misuse / parental mental ill-health

12 Consider whether this is a pattern of non-engagement including:
- Deliberate deception
- Disguised compliance
- Selective engagement
- Random compliance

13. Has the child attended an Out of Hours / MIU centre?

Research from Serious Case Reviews highlights those patterns of "help seeking" such as A& E admissions / Out of Hours attendance with a history of injuries or history of illness can be warning signs of parenting difficulties or abuse.

Reference: *2007-8 Biennial Analysis of Serious Case Reviews 2005-7):Marion Brandon.*