Families who do not engage or dis-engage from services will need to be reviewed on an individual basis to determine any potential risk to the child.

Practitioners should seek to obtain information from other professionals involved with the family (GP / Midwife) and review any previous records to inform

their assessment.

Disengagement is a strong feature in domestic abuse, serious neglect and physical abuse in children and families.

There may be reasons why a family choose to disengage from the service:

* Wanting to opt out of the service.
* Poor past experience of health professionals.
* Fear of authority figures.
* Lack of understanding about need for health input.
* Cultural differences.
* Fear of being judged.
* Family wanting to maintain their privacy (but consider the UN Convention child’s rights v right to a private family life).
* Trying to hide something.
* Lack of understanding about a health issue or concern.
* Act of omission, i.e. not seeking medical attention or taking a child to an appointment.

Practitioners should be persistent in their approach to engaging with families without being intrusive, following guidance and seeking supervision when concerned.

Should there be a breakdown in the relationship between a family and healthcare professional, families should be given the opportunity to engage with another member of the team following attempts to explore this with the family and working in the best interests of the child or young person.

By declining health services or treatment there may be a detrimental effect on the child or young person’s health, growth or development, an assessment should be made of the risk this may pose to the child or young person.

Non-attendance or apparent non engagement can be an indicator of neglect as well as a specific instance when a child’s health needs are not being met, considerations of any safeguarding concerns need to be part of any assessment of a child or Young Person.

**sbc-logo-2**

**Antenatal Pathway**

No Access – leave a postcard with details

**Attempt One**

Liaise with Midwife, CHIS, GP, and Housing, check Capita, and liaise with Mental Health and Babysteps if open

Contact parents

Send appointment

Antenatal

Plus Vulnerabilities

No access. Confirm contact details / address with midwife

Contact parents / send letter

Antenatal Pathway

No known vulnerabilities

Document Rationale on Capita and your Plan and share with relevant agencies

(\*3) Postcard through the door ‘if you would like to re-arrange call……………’

**Attempt Two** – no access

Practitioner uses professional judgement based on information found from liaison above. Consider discussing in supervision.

Refer to Unborn Baby Policy

**No**

**Yes**

**Child Pathways**

**Second contact** offered in the home. Timescales within two weeks for a six week contact, and within four to six weeks for HCP contact

Vulnerabilities identified? Yes/No

Health Care Professional contact

No known family/child vulnerabilities

Call parent and book appointment or write offering appointment

Document your Plan, Rationale and Analysis on Capita and share with relevant agencies

Known or suspected Safeguarding concerns or additional vulnerabilities

Contact with parents by phone / letter appointment in family home

First no access

Timescales: show your analysis / decision making on Capita for further home visits / further actions

Professional judgement based on known information about child

Consider what is NOT known. Consider impact on the child. Consider discussing in supervision. Is a safeguarding referral needed?

Second no access

**Liaison Level 1** plus liaison with Children Services

Consider: Opportunistic visits - different times of day / dates

Impact for child if contact is missed

(\*1) No access / not brought- if the contact was at home place a postcard through the door ‘if you would like to re-arrange your child’s 1 yr. / 2yr etc. appointment please call…………………………………….’

**Liaison level 1:** GP – CHIS – Housing, Early years setting. Review file index for Capita vulnerabilities

Look for siblings

Communication with other professionals

Refer to LSCB Neglect Tool Kit to consider neglect

Demonstrate professional curiosity

**(\*2) Second no access:** Capita, Rationale and Plan. Leave postcard stating ‘no further attempts will be made – to re-book appointment if you require advice / support to contact…………’

Missed Appointments Postcards

\*1

\*3

Date:………………………….Time:……………………………………

Sorry we missed you for your …………appointment. You will not be offered any further appointments at this time. However, we will continue to offer you future appointments in line with the Healthy Child Programme

and you are welcome to call at any time for support.

My contact number is………………………………………………….

Health Visiting Service Swindon Borough Council

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Date:………………………….Time:……………………………………

Sorry we missed you for your ………………………….appointment. If you would like to rearrange my contact number is……………………………………………….

Health Visiting Service, Swindon Borough Council

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**References**

\*2

Date:………………………….Time:……………………………………….

Sorry we missed you for your …………appointment. I will visit again

Date:…………………………….Time:…………………………………….

If this is inconvenient please call me on ………………………………….

Health Visiting Service Swindon Borough Council

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