



Attachment 7.1c

Was not Brought Protocol for Children, Young People and Adults where there are Safeguarding Concerns or have Care and Support Needs

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Approved by: **Safeguarding Committee**

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Protocol Statement

- *This protocol sets out the procedure to be followed when any child / young person is not brought to a pre-arranged outpatient appointment, investigation, clinic or ward admission.*
- *This protocol sets out the procedure to be followed when an adult where there are Safeguarding concerns or with Care and Support needs is not brought to a pre-arranged outpatient appointment, investigation, clinic or ward admission.*
- *This protocol also includes children or young people who are admitted to hospital and their parents, or the young people themselves who either Do Not Wait for Treatment or Take Discharge Against Medical Advice (DNW/DAMA)*

This protocol applies to children under 18 years of age as defined by the Children's Act 2004 and adults where there are Safeguarding concerns or with Care and Support needs as defined by the Social Services and Well-being (Wales) Act 2014 who rely on others to attend health appointments

This Protocol should be read in conjunction with the documents cited below where applicable:

Children Act 1989, 2004
Social Services and Well-being (Wales) Act 2014
Wales Safeguarding Procedures (2019)
Working Together Under the Children Act 2004 (2006)
United Nations Convention on the Rights of the Child (1989)
The Human Rights Act (2000)
The Equality Act (2010)
The Mental Capacity Act (2005)

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1. Introduction

“Every child has the right to health and healthcare” – United Nations Convention on the Rights of the Child, Article 24, 1989.

For adults health care providers have a duty to provide care (Human Rights Act 2000), and this should not be compromised through discrimination due to age or disability (Equality Act, 2005)

Failed attendance of a child or young person, or an adult where there are Safeguarding concerns or with care and support needs may be due to several factors. For example incorrect contact details, inappropriate referral/problem resolved, fear & anxiety or multiple appointments at diverse locations on consecutive days or they have just forgotten about the appointment. Many parents/ carers will telephone the hospital to rearrange or cancel appointments but a significant number just fail to turn up. For adults where there are Safeguarding concerns or with care and support needs this may be down to personal choice.

Professionals need also consider the issue that failure to attend can be an indicator of a family's vulnerability, potentially placing the child or adult's welfare in jeopardy. Younger children in particular are reliant on their parent/carer accompanying them to appointments. As are individuals who lack capacity or suffer a physical disability that prevent them from attending independently.

There may be a perfectly acceptable reason for the child or adult's failure to attend, however, it is also possible that the parent/carer does not share our concerns, may be hiding injuries or signs of neglect. There may be other factors that prevent the parent or carer putting the need of the child or adult in their care first.

Where there could be a child or adult at risk concerns, sharing information can be vital in protecting the individual at risk and the opportunity to safeguard children or adults at risk should not be missed. Sharing information, on missed appointments may contribute to timely interventions in children or adults whose needs are not being met or who are experiencing abuse.

These principles should also be considered for children leaving hospital prior to completing their treatment or where parents discharge against medical advice.

Evidence from studies looking into Child Practice Reviews and child deaths have identified that missed health appointments are a significant risk factor. In some cases, children have been killed or seriously injured by their parents or carers and there was a failure to be proactive in following up on missed appointments or seeing these in the context of what was happening for the child within the family.

For adults, Working Together to Safeguard People: Volume 6, Handling Individual Cases to Protect Adults at Risk (Social Services and Well-being (Wales) Act 2014 guides practitioners to take into account the negative influence of caregivers, which may impact on the ability of an adult with care and support needs to access services. Consideration should be given by professionals to the severity of the impact on the individual's health, as well as the individual's capacity to make decisions.

There is emerging evidence from Adult Practice Reviews that caregiver behaviours, such as coercive control, can impact adults with care and support needs and their ability to make autonomous choices in relation to their own health.

Where neglect is not a factor, the failure to attend appointments wastes professional time, increases waiting lists and is an ineffective use of resources both human and financial.

The purpose of this protocol is to ensure a consistent Health Board wide approach in proactively following-up non-attendees and sharing this information with other known professionals involved with the child, adult and their family on a multi-agency basis.

With regard to missed appointments the use of the term Was Not Brought rather than Did Not Attend for both children and adults who rely on others to meet their care and support needs, promotes person centred practice and reminds practitioners to think about the individual child or adult's vulnerability.

2. Scope of this document

This protocol sets out the procedures and information sharing pathway to be followed by all staff involved with the planning and delivery of care for a child/young person or adult where there are Safeguarding concerns or with care and support needs who is not brought to a pre-arranged appointment or admission to any department within SBUHB.

3. Aim & Purpose

Safeguarding and promoting the welfare of children and adults is everybody's business within SBUHB.

The aim of this protocol is to provide a process which is followed for all children / young people and adults where there are Safeguarding concerns or with care and support needs who are not brought to appointments.

If at any time safeguarding concerns are raised about a child, young person, or adult then the Wales Safeguarding Procedures must be followed.

Staff can contact the Corporate Safeguarding Team, their Safeguarding Lead, the Named Doctor for Safeguarding Children or Lead Nurse/Consultant Paediatrician for advice.

Out of office hours advice can be sort from Local Authority Duty Teams.

4. Responsibility and Duties

This Protocol is to be followed by all Health Board staff

5. Protocol detail

Whenever a child, or adult *where there are Safeguarding concerns* or with care and support needs attends a hospital appointment the following information should be checked and recorded:

- Full Name of Patient
- Current address
- Telephone number
- Date of birth
- Details of ethnicity / language or method of communication
- Name of primary carer – does this person have parental responsibility. If known and applicable Power of Attorney, Court appointed Deputy?
- Full name and relationship of person accompanying the child or adult if applicable.
- GP details

For Children not registered with a General Practitioner

The relevant Specialist Nurses for Safeguarding Children must be contacted who will initiate the “Protocol for the management of Children Not Registered with a General Practitioner” to ensure there is community follow up. (For the under 5’s a Health Visitor can be allocated or for the over 5’s a School Health Nurse can make enquiries to ensure registration with a GP and advise on local schools

- It is important for staff– “Think Family” and advise other professionals involved with the individual of their non-attendance.
Is the parent / carer receiving support e.g. social worker?

Was Not Brought to an Out-Patient Clinic Appointment (WNB)

It is at the discretion of the consultant or clinician (Nurse, Physiotherapist, Audiologist, Ophthalmologist etc.) with overall responsibility for the child / adult’s care to make a decision as to whether the individual is discharged back to the care of the initial referrer, or whether a further appointment will be offered. This should be clearly documented in the records. Best practice dictates that a discussion, to include possible social factors affecting attendance be had with other members of the individuals care team, when appropriate, prior to discharge from the service.

If a decision is made by the clinician not to offer a further appointment:

- a discharge letter will be sent to the referrer

- a copy of the discharge letter will be sent to the patient / parents or guardians of children
- a copy will be sent to the GP(if not the referrer)
- Specifically for children under 5 a copy will also be sent to the Health Visitor.

Was Not Brought to a Third Out-Patient Appointment (WNB)

If a child/ young person or adult with care and support needs is not brought to a third outpatient appointment a fourth appointment will not be offered.

- a discharge letter will be sent to the referrer
- a copy of the discharge letter will be sent to the patient / parents or guardians of the children
- a copy will be sent to the GP (if not the referrer)
- For children under 5 a copy will also be sent to the Health Visitor

When a parent / carer cancels an appointment

If a parent or carer contacts staff to cancel an out-patient appointment, the Clinician should be informed with an explanation provided.

Each time a child/young person or adult with care and support needs is not brought for an appointment, or a parent /carer cancels an appointment then a decision by the clinician will be made about the likely impact on the individual of not being seen and if deemed appropriate a referral will be made to Social Services in line with the Wales Safeguarding Procedures.

Was not Brought (WNB) to Paediatric Assessment Unit (PAU) or Did Not Wait to be seen (DNW)

If a child is referred to the Paediatric Assessment Unit it is the responsibility of the hospital staff who accepts the emergency referral from the referrer to take the details of the child and of the referrer and inform the nurse in charge of the ward.

If the child/young person does not arrive at the PAU the nurse in charge will telephone the referrer so that they are aware the child was not brought to the unit. The Corporate Safeguarding Team, the Specialist Nurse for Safeguarding Children / Lead Nurse/ Named Doctor for Safeguarding Children or the Consultant Paediatrician should be contacted as consideration should be made of a safeguarding referral to the Local Authority.

For non-mobile infants practitioners should follow the Health Boards Minor Injuries in Non-mobile Infant's policy to guide their decision making. For mobile infants and older children professional judgement should be used. If a child is considered to be at immediate risk of harm then practitioners should make contact with the police.

If the parents do not cooperate with the request to bring the child to the ward for a medical assessment, police and social services can facilitate the child being

brought to the ward and child protection procedures will be implemented.

Information Sharing

- If any under child under 5yrs is admitted to PAU or the Paediatric ward a notification form should be sent to the Named Health Visitor. This will include those children who WNB or DNW
- A discharge letter to the GP will also be sent so that the WNB or DNW is documented in the child's GP medical records.

Discharge against Medical Advice (DAMA) from the Paediatric Ward

If parents or carers remove a child or the child/young person discharges themselves from the ward against medical advice it is the responsibility of the clinician to make a decision about whether the child needs to be brought back to the ward immediately.

If the clinical decision is that child needs to remain on the ward for treatment or to be brought back to the ward immediately police and social services should be contacted and child protection procedures will be implemented.

If the Clinician believes that it is in the best interests of the child/young person to remain on the ward to complete treatment, however the parents/carers or the young person themselves refuse to do so and have capacity to make that decision and cannot be persuaded otherwise:

- Parents/patients should be given clear information about the dangers/health risks of taking DAMA and the information given should be clearly documented in the hospital records.
- Clear advice must be given about what to do if the child's health deteriorates.
- Open access arrangements are to be agreed and contact numbers provided for the ward staff. This should be documented in the hospital records.
- All attempts should be made to provide adequate supplies of medicines and devices before the patient leaves the hospital so ongoing medical care is not compromised.
- Consideration will be given for informing the GP/OOH service of the DAMA from hospital so that they are aware should the child later present to them.
- If the child is on the child protection register or has a Social Worker hospital staff will inform them immediately of the discharge against medical advice.
- If there is no Social Worker involved a discussion should take place with the Safeguarding Lead for the area around consideration for a safeguarding referral to Social Services.

- In all cases the discharge summary letter will be sent to the GP detailing the DAMA as well as the routine referral form to the Health Visitor detailing the DAMA.

6. Implementation

Plan for implementation

This Protocol is to be implemented on a Health Board wide basis to all areas where children, young people and adults with Care and Support needs access services.

Dissemination

Information disseminated to all appropriate staff including Clinical staff and staff who issue non-attendance letters from clinics via management / Delivery Unit meetings.

7. Monitoring and compliance

Managers are responsible for monitoring and compliance of this protocol within their respective Department/ Delivery Unit.

8. References

Social Services and Well-being (Wales) Act 2014

Wales Safeguarding Procedures 2019

Working Together to Safeguard People Volume 5 – Handling Individual Cases to Protect Children at Risk

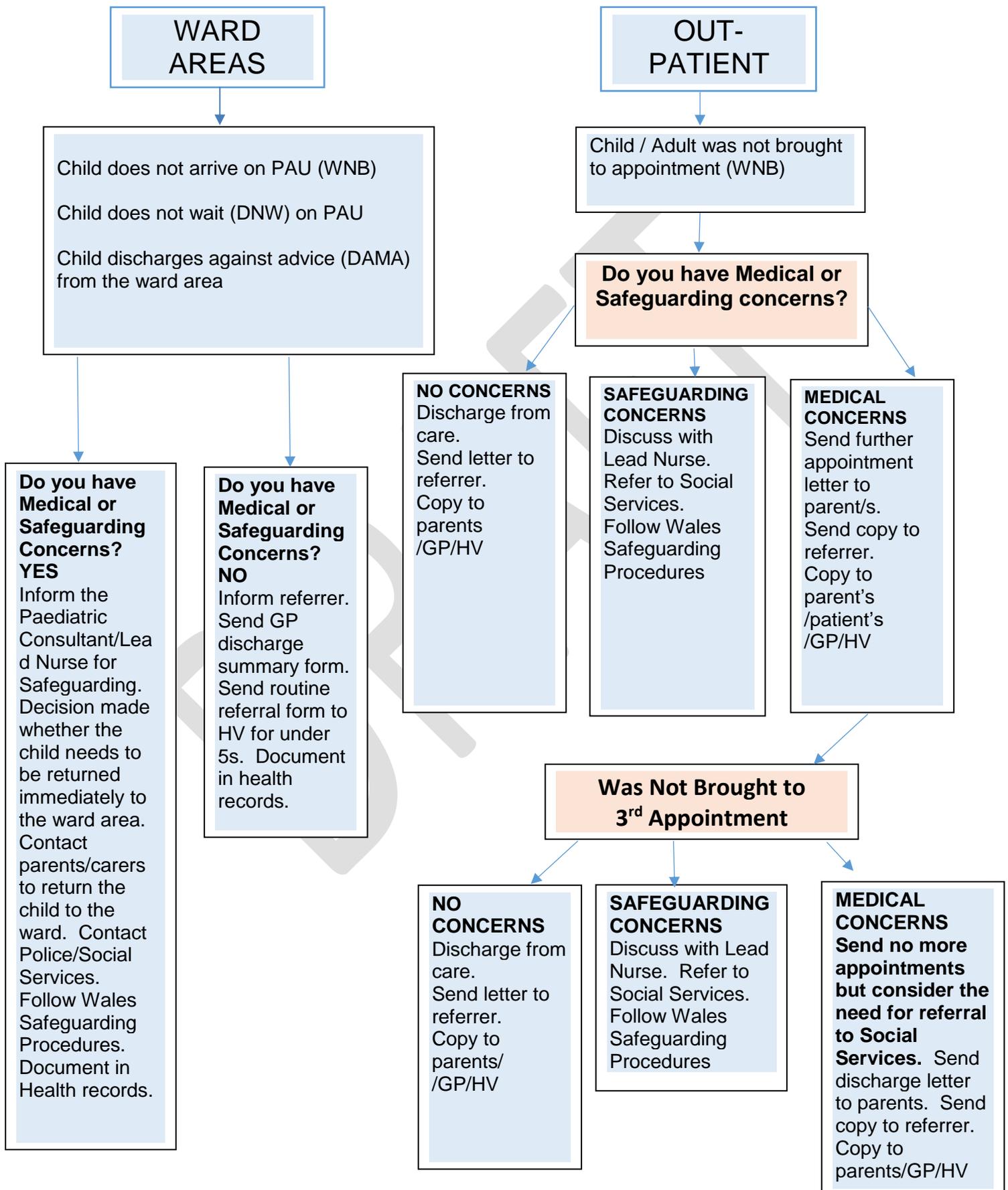
Working Together to Safeguard People: Volume 6 – Handling individual Cases to Protect Adults at risk

Convention on the Rights of the Child 1989

Child maltreatment when to suspect maltreatment in under 18s- Nice Clinical Guideline 89 (2016)

9. Flowchart

New Referral Received



Swansea Bay University Health Board



Authorisation form for items to be published onto COIN

Title of Guideline	Was Not Brought Protocol for Children & Young People
Name & Signature of Author / Chair of Group or Committee *	Women & Child Health and Corporate Safeguarding Children Team
Coin ID: Revision No	1686
Library on which you wish the guideline to be launched †	COIN
Issue No: Which Version? Supersedes:	
Published	December
Keywords to assist with searching *	Was Not Brought
Last Review:	
Next Review / Guideline Expiry:	March 2019
Name of Group or Committee *	Safeguarding Committee
Name & Signature of Lead Pharmacist*	

* Mandatory