NHS Grampian Unseen Child Policy for health visitors, school nurses and midwives. Developed by NHS Grampian Child Protection Quality Group.

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The Unseen Child

Definition

The unseen child is a child who may fall into the following categories,

- Address unknown
- Access is not possible because parents fail to keep appointments at home or in clinic setting
- Access is specifically denied by the parents
- The parent has repeated explanations for the child's absence, e.g., asleep, with a relative.
- The family are thought to be missing

The key issue is that the child is not seen rather than the reasons for this

A pattern of partial engagement may develop when a number of health services are involved. For a child it is important that this is analysed and prompt action take. A combination of 1 or 2 appointments missed with different parts of the services often results in a delay in meeting a child's needs and identifying concerns regarding this.

The National Guidance for Child Protection in Scotland (2014) states:
Evidence show that some adults will deliberately evade practitioners interventions aimed at protecting a child. In many cases of child abuse and neglect this is a clear and deliberate strategy adopted by one or more of the adults with responsibility for care of a child (para 476)

477 The terms 'non-engagement' and 'non-compliance' are used to describe a range of deliberate behaviour and attitudes, such as:

- *failure to enable necessary contact (for example missing appointments) or refusing to allow access to the child or to the home;*
- *active non-compliance with the actions set out in the Child's Plan (or Child Protection Plan);*
- *disguised non-compliance, where the parent/carer appears to co-operate without actually carrying out actions or enabling them to be effective; and*
- *threats of violence or other intimidation towards practitioners.*

478 Consideration needs to be given to determining which family member(s) is or are stopping engagement from taking place and why. For example, it may be the case that one partner is 'silencing' the other and that domestic abuse is a factor. Service users may find it easier to work with some practitioners than others. For example, young parents may agree to work with a health visitor/public health nurse but not a social worker.

479 When considering non-engagement, practitioners should check that the child protection concerns and necessary actions have been explained clearly, taking into account issues of language, culture and disability, so that parents or carers fully understand the concerns and the impact on themselves and their child.

480 If there are risk factors associated with the care of children, risk is likely to be increased where any of the responsible adults with caring responsibilities fail to engage or comply with child protection services. Non-engagement and non-compliance, including disguised compliance, should be taken account of in information collection and assessment. Non-engagement and non-compliance may point to a need for compulsory or emergency measures. In what will often be

challenging situations, staff may need access to additional or specialist advice to inform their assessments and plans.

481 There is a risk of 'drift' setting in before non-engagement is identified and action taken. If letters are ignored, or appointments not kept, weeks can pass without practitioner contact with the child. If parents/carers fail to undertake or support necessary actions, this should be monitored and the impact regularly evaluated. Good records must be kept, including contacts and whether they are successful or not, particularly during periods of high risk when children are not in nursery or school, for example, Christmas and summer holidays. Staff need to be clear what action should be taken when contact is not maintained. Where the child is subject to compulsory measures of supervision, the Reporter should be notified if agencies are unable to gain access to the child

482 Core groups need to work effectively and collaboratively to deal with and counter non-engagement. Different agencies and practitioners will have different responsibilities. Effective multi-agency approaches provide flexibility so that, for example, responsibility for certain actions can be given to those practitioners or agencies that are most likely to achieve positive engagement. All services should be ready to take a flexible approach.

483Given the nature of child protection work, non-engagement can sometimes involve direct hostility and threats or actual violence towards staff. All agencies should have protocols to deal with this, including practical measures to promote the safety of staff who have direct contact with families. In addition, staff should have the opportunity for debriefing after any incident

484 Families or carers who are directly hostile are very challenging to practitioners. However, services to children should not be withdrawn without putting other protective measures in place. Local child protection guidance should state that key safeguards and services should be maintained for children who are at risk of harm.

General Guidelines

- Discuss the situation with all relevant practitioners who might be in contact with the family, with a view to collecting and documenting information and informing others.
- Discuss with the line manager, child protection specialist nurse or nurse consultant.
- Inform family of concerns regarding access in writing and keep a copy in the child health and GP records.
- Where there are significant concerns, refer to Social Work and/or Police
- Where the family cannot be found, a missing family alert may be sent.
  (Please refer to guidelines for issuing missing family alert)

Specific Situations

New births

The Health Visitor should contact the midwife and GP if she fails to contact the family after two attempts at the given address. This contact will allow her to check the address and gain information for further action. (See general guidelines.)

Transfers into the area

When a child is registered with a GP practice Health Visitor should make contact with the family as soon as practicable but certainly within 1 month. If contact with the family has

failed after two attempts, the member of staff should contact the previous health professional or anyone else who may have information about the family, to ascertain if there are any concerns about the family. A letter should be sent to the family, informing them of details of child health clinics and how to contact the Primary Care Services.

If there are concerns about safety or care of the children the health professional should contact the Child Protection specialist nurse, nurse consultant for child protection or social work to discuss what action should be taken. (Appendix 20)

Refusal of Access

If a family refuses the health professional access to a child, and there is no other way of monitoring the child, e.g. through attendance at nursery, the health professional should discuss this with line manager / the child protection specialist nurse or nurse consultant child protection to decide on appropriate action.

If there are no concerns about the child, a letter should be sent to the parents who should sign that they are aware of the Health Visiting service being offered, but are declining to accept it. A copy of the action taken will be kept in the child health records and GP notes. (Appendix 21) If a concern about the child's well being emerges after this has happened, an assessment will need to take place even if the parents have declined the services, and if this cannot be facilitated by the health visitor, SW colleagues would need to be consulted. If there are concerns about the safety of the child at any time Child Protection Guidelines should be followed.

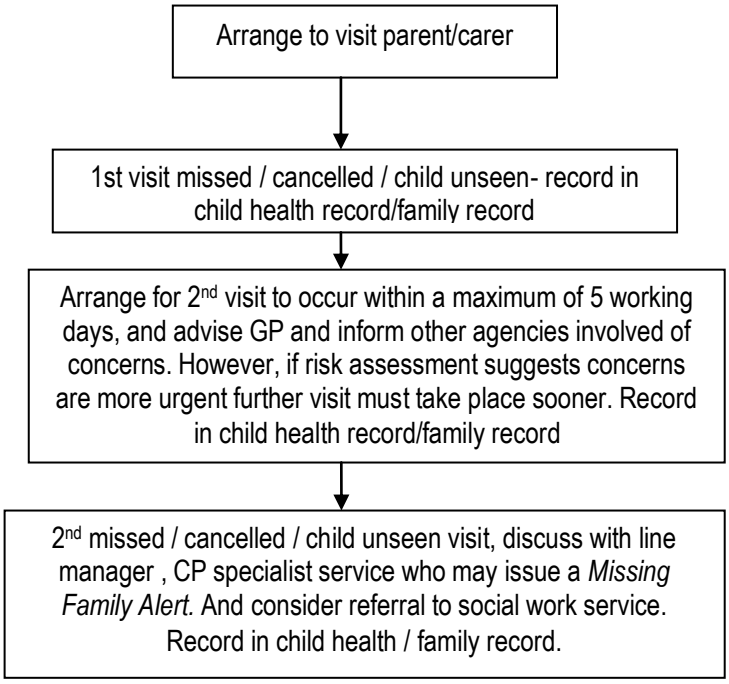
Non attendance

Persistent non attendance at appointments eg eye clinic, speech therapy, should alert Professionals who must take active steps to ensure the child is seen. (Appendix 22)

Recording

All contacts and missed contacts should be recorded in child health records, and in the chronology where more than 1 missed contact occurs.

Process – Unseen Child – wellbeing/child protection concerns



Process – Unseen Child – no concerns