

7. RC GP Child Safeguarding Toolkit and further information

The Royal College of General Practitioners' Child Safeguarding Toolkit has recently been updated and complements the Adult Safeguarding Toolkit. The Toolkit is a comprehensive and easily navigable resource to help ensure excellence in Safeguarding practice in primary care.

<https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/child-safeguarding-toolkit.aspx>

For repeat failed appointments, consider whether action is required, to make a safeguarding referral.

[Why language matters: digging deeper than "did not attend" | NSPCC Learning.](#)

1. Background

In the Black Country we have seen multiple cases of neglect where children and adults WNB/DNA their medical/health appointments. Whether the individual has a medical condition or they miss a routine appointment we need to rethink these missed appointments. [Rethinking 'Did Not Attend'](#) (Nottingham Safeguarding Partnership).

In most cases, when a child at risk has cancelled or failed to attend an appointment, it is the parent/carer that has failed to bring them and for this reason the term "Was Not Brought" should be used. "Was Not Brought" is to be considered a safeguarding risk by professionals: it may be an indicator of neglect, which is a category of abuse. Vulnerable adults can also be at risk of abuse and neglect; they may be reliant on a carer to take them to appointments or may not be able to get to an appointment due to abuse. It is a common theme in Learning Reviews Nationally and in the Black Country and requires more analysis of risk and impact on the individual missing their appointment.

2. Patterns and Context

Patterns and context must be considered.

A pattern of patient's cancelling may be as concerning as if they DNA/WNB (see individual organisations' DNA/ WNB policy). The impact on the individual of missing their appointment, medication review, treatment review, must be considered individually, ask yourself, 'how long has it been since this person has had a review' and 'what are the consequences of that on their health and well-being'

3. Lack of Engagement

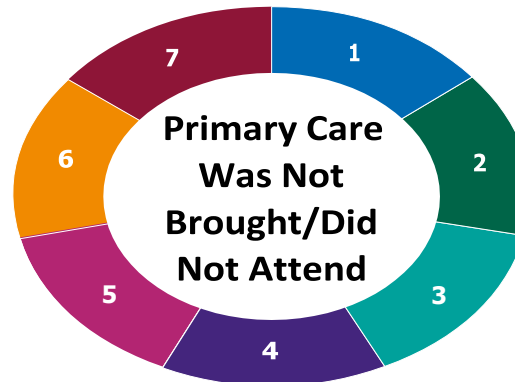
Consideration should be given to the reason why child/parent or adult have disengaged with services as this will inform the course of action to take.

- Contact details up to date, check with the patient
- Time, place, appointment context
- Fear, anxiety, or other factors impacting on ability to attend an appointment **think reasonable adjustments**
- Adult or Parental capacity issues, mental health Domestic Abuse, substance misuse, do they need support
- Is the carer struggling themselves? Do they need support to fulfil caring responsibilities

6. Child or adult at risk of Significant harm

If, following review of all records, there is believed to be safeguarding concern that needs escalating and sharing, the GP practice should:

- Discuss concerns with Health Visitor, School Nurse and/or Social Worker if the child/adult have one
- Contact and discuss with the individual, parents/carers
- Follow local Safeguarding referral processes
- Record any actions being taken
- Communicate with involved clinicians and any other professional working with the individual
- A chronology is a useful tool to provide evidence



5. No significant risk of harm identified

If, following review of all records, there is not believed to be any safeguarding concern that needs escalating and sharing, the GP practice should:

- Re- refer if necessary
- Contact patient/carer by letter/phone
- Document decision and rationale
- Take to safeguarding meeting and, if required, follow up with Health Visitor/School Nurse/Midwife/carer/Social Care

4. What should practitioners do?

GP practices receiving WNB notifications from other providers should:

- Record WNB/DNA on clinical records systems
- Review patient and household members notes (Think Family) for safeguarding risk factors
- **Families who already have safeguarding alerts/plans - share the information with their lead professional.**