

Child Not Brought/Was Not Brought Guide

- Consider missed appointments as a flag for neglect
- Consider parents understanding of condition
- Consider deprivation and other pressures as a flag for neglect

- Consider Early help referral with consent
- Low threshold for MASH referral, they will step down to Early Help if risk assessed

Safeguarding- Child Not Brought Guidance (previously DNA)

Hospital letter received from secondary care / allied health services (CAHMS, Audiology, Physio , SALT, dentistry etc)



Code the letter on EMIS (DNA) -
Child not brought to hospital appointment



Please Consider:

- Safeguarding Concerns?
- Indications of neglect?
- Does the child have a plan?
- Multiple CNBs?
- Complex physical/developmental needs?
- Compromised parenting caused by MH, DV, substance misuse?
- Accessing care appropriately?
- More WIC, UCC, A&E visits than you would expect?
- **Record your review in the patient record**

See GP Intranet (Team Net Clarity) for full guidance

Child Not Brought has been flagged as indicator of a safeguarding issue

Risk?



Practice to contact family-options are:

- Admin to call
- Doctor to call
- Routine appointment offered to see GP
- Letter



Do they need re-referral for missed appointment? If yes-action

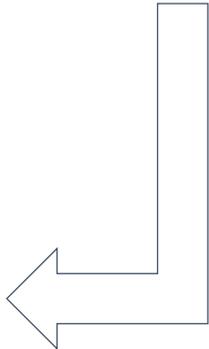
Is the child subject to a plan or looked after?



Inform allocated social worker



Under 5? Bring to vulnerable child MDT to discuss with colleagues and health visitor.
Over 5? Consider discussing with school nurse and your colleagues.
MASH Referral Required?
 Doesn't meet referral threshold?
 Review case in meeting in 3-6 months



Remember the Vulnerable Child MDT with 0-19 colleagues is a key point of contact for concerns



Consider do other agencies need to know- social care, CAMHS, secondary care, etc.

