**South Lanarkshire Child and Adult Protection Committees**



 

**Unseen Children, Young People and Adults**

**Multi-Agency Guidance**

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1. **Purpose**

This guidance has been developed by South Lanarkshire Adult and Child Protection Committees to promote the rights of children (including unborn), young people and adults. It is designed to assist multi-agency practitioners in determining the most appropriate course of action to take in situations where the child, young person or adult is ‘unseen’ and / or was not brought to appointments. This includes arranged / un-arranged, in person, virtual, and telephone appointments, as well as home visits by any service and all appointments where a child, young person or adult needs support to attend.

It aims to support the early identification of children, young people or adults whom agencies have difficulty engaging with and which may lead to child or adult protection concerns.

If South Lanarkshire staff have concerns that a child, young person, or adult is unseen and / or was not brought to appointments they have a responsibility to take action until the partner(s) concerned are satisfied that the individual is not at risk of harm, abuse, or neglect.

This guidance applies to staff across all service areas. It should be read in conjunction with existing single agency policies or procedures in relation to non-attendance, non-engagement, resistance, non-entries, or unseen children, young people, and adults. It is particularly applicable to practitioners involved with children, young people and adults, who require to be seen to assess, plan and review their circumstances, and / or to deliver direct support.

It is equally applicable to practitioner’s working adults, where it is known that a child is living within the home, or where it is suspected that this be is the case. While the practitioner’s role may not be directly with the child / young person, there is still a responsibility to act on any concerns identified, for example, if the practitioner becomes concerned that a child is being deliberately kept out of their view or if there are concerns about the child’s whereabouts.

1. **Background**

**The Context for Child Protection**

The new [National Guidance for Child Protection in Scotland (2021 - Updated 2023)](https://teams.microsoft.com/l/message/19%3Ameeting_YmNjNDA1ZTAtNzRkMy00MGRlLWEzZjAtYjRjZTE2YzUyMDJi%40thread.v2/1717062990020?context=%7B%22contextType%22%3A%22chat%22%7D) describes the responsibilities and expectations for all involved in protecting children. The Guidance also acts as a useful resource for practitioners on particular areas of practice and signposts where additional information can be found.

The integration of child protection within the [Getting it Right for Every Child](https://www.gov.scot/policies/girfec/) (GIRFEC) continuum and framing responses to child protection concerns within the national practice model is a critical feature of the revised Guidance.

* The Getting It Right for Every Child (GIRFEC) approach seeks to ensure that children have access to coordinated healthcare and support when they need it. It is intended to identify vulnerable children who miss planned appointments or are unseen to ensure a consistent approach to managing and reducing risk from these missed appointments.
* Children and Young people have the right to be protected from abuse, neglect and maltreatment by their parents or anyone else who looks after them (Article29, UNCRC).
* Persistent failure in engagement can contribute to significant harm of children (Care Inspectorate, 2019).
* Many child and adult protection reviews including Learning Reviews identify that children, young people or adults not being taken to medical and dental appointments is a common theme and often a precursor to significant harm.
* It is important that services are accessible, child centred, engaging, and respectful. Parents/carers who need to access services for their children may have multiple pressures and demands in their lives, including communication issues such as literacy, language and learning disabilities, as well as physical and mental health issues, poverty (including technology poverty) and social isolation. Therefore, when arranging appointments, services must consider all necessary steps to prevent or reduce the potential for non-attendance wherever possible.
* This will include offering choice and flexibility in relation to appointment times and location; offering clear, unambiguous, user friendly information in accessible formatting and in translations appropriate to local communities; employing the use of interpreters as necessary and considering implication of travel costs.
* Understanding resistant behaviour and what underlies this, is important as this will contribute to the assessment of risk for the unborn baby/child/young person and ultimately will support in addressing this resistant behaviour with the family. It may be a result of a number of influencing factors, including background; experiences; fear; lack of trust; confidence and parenting capabilities.
* Protecting children and young people means recognising when to be concerned about their safety and understanding, when and how to share these concerns, how to investigate and assess such concerns and fundamentally, what steps are required to ensure the child’s safety and well-being (Scottish Government, 2021)

**The Context for Adult Protection**

Legislative responsibilities in relation to the support and protection of adults at risk of harm are contained within the [Adult Support and Protection (Scotland) Act 2007](http://www.gov.scot/Topics/Health/Support-Social-Care/Adult-Support-Protection/Legislation) and provides details of agency duties and responsibilities which, in turn, informs single agency adult protection procedures.

The 2007 Act places a duty on all public bodies where they know or believe that an adult is at risk of harm (and action is required) they must report the facts and circumstances to the relevant Council. Further, certain bodies and office holders must cooperate with a Council making inquiries and each other.

In addition, there are two other Acts which provide provision in relation to the support and protection of adults, these are; the [Adults with Incapacity (Scotland) Act 2000](http://www.gov.scot/Publications/2008/03/25120154/1) and the [Mental Health (Care and Treatment) (Scotland) Act 2003](http://www.gov.scot/Publications/2005/09/16121646/16474)

All three Acts have similar principles, including that any use of legislation must: -

* Provide benefit to the adult, be necessary and be the least restrictive option for the adult.
* Take into account the past and present wishes of the adult, where these can be ascertained.
* Ascertain the views of relevant others.
* Respect the adult’s individual abilities, background, and characteristics.
* Ensure the adult is not treated less favourably than any other person who does not meet the criteria for an ‘Adult at Risk of Harm’ in a comparable situation.
1. **Definitions of Unseen**

**Non-Engagement and Non-Compliance** - There has been a recent shift in thinking away from the term ‘the child / young person / adult is not engaging’ or ‘is difficult to engage’. This terminology tends to proportion blame towards the individual and can also influence practitioners’ decision making. Taking a person centred approach supports practitioners to challenge this view by encouraging them to reflect on why the child, young person or adult is ‘not connecting with them’. For example, it enables thinking to move from ‘Jacob has not engaged’ to ‘why am I not connecting with Jacob’.

**Resistance and disguised compliance** - Disguised non- compliance or non-effective compliance, are the terms often used when services find it hard to engage with families (National Guidance for Child Protection 2021). However, this is also applicable in Adult Protection.

Within Adult and Child Protection, ‘resistance’ is broadly acknowledged as non- engagement and / or non-compliance from one or both parents/carer(s) or the adult themselves, and can describe a range of behaviours and attitudes, such as:

* Not enabling necessary contact (for example missing appointments) or refusing to allow access to the child / adult or to the home.
* Active non-compliance with the actions set out in the Child’s Plan / Adult’s Support Plan (or Child or Adult Protection Plan). Such as, cancelling/missing appointments and/or meetings and not engaging in programmes of work.
* Disguised compliance, where the parent/carer/adult appears to co-operate without carrying out actions or enabling those actions to be effective.
* Threats of violence or other intimidation towards practitioners.

**Neglect of health needs**

* Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in serious impairment of the child’s health or development (National Guidance Child Protection 2021).
* Medical neglect involves carers minimising or ignoring a child / adult’s illness or health (including oral health) needs. The carer of adult themselves may fail to seek medical attention, not administer medication or comply with treatments.
* This is equally relevant to pregnant mothers who do not prepare appropriately for the child’s birth, do not seek ante-natal care, and/or engage in behaviours that place the baby at risk, for example harmful substance use.
* Parents/carers may also avoid bringing children or adults to essential follow-up appointments, or to child health promotion or surveillance programmes.

**Was not Brought (WNB) within Health** - Applies to children, young people, and adults (who require the presence or support of a parent or carer to attend appointments) who did not attend a planned appointment and did not cancel the appointment.

The new term replaces the use of ‘did not attend’ (DNA) as it more accurately reflects the fact that children, young people, and some adults rely on their parents/carers to attend appointments. It allows professionals to consider the impact of the WNB on the individual and plan what support they may need, including consideration of child or adult protection processes.

**Did Not Attend** **(DNA)** – Applies to young people and adults who are old enough to attend planned appointments without support from a parent or carer and did not attend or cancel the appointment. These circumstances should be risk assessed as continued non-attendance could be an early indicator of concern.

**Unable to attend -** Applies to children and young people and/or their parents/carers, or the adult themselves who cancel appointments. Repeated cancelled and rescheduled appointments should also be treated with professional curiosity and may indicate potential harm or neglect.

Professionals are required to recognise this and challenge non-compliance and disguised compliance.

**Unseen Child/Young Person/Unborn Child/ Adult** may result from the following:

* Address unknown
* Unable to gain access to the child or young person, the adult, pregnant mother, family, or carer
* There is a pattern of a child/young person/adult who was not brought to or not attending appointments and/or not being seen by any other professional, including GP. This includes pregnant mothers not attending antenatal care.
* Refusal of any necessary service
* Resistance and disguised compliance
* Mobile or travelling families
* No access visits examples:
	+ When any professional has been invited into the home, but the child / young person / adult is not physically seen. For example, the child / adult is said to be asleep and not to be disturbed, in the care of others, or not in the house.
	+ Denied access visits – when the door is opened by the adult/ carer in charge and the professional is refused access
	+ No access visit – when a visit is arranged but no one appears to be at home

Practitioners require to evaluate the extent of concerns as not every unseen child, young person or adult is a concern in itself. It is the significance of them being unseen, how often have they been unseen, coupled with potential impact that requires to be assessed that is important. A proportionate response should include consideration for example of the child’s stage of development and particular vulnerability factors.

1. **Roles and Responsibilities and Key Principles**

Every child / young person and adult is unique, as is their personal circumstances and care arrangements. For this reason, this guidance offers a framework to support practitioners and managers in evaluating their concerns and in deciding what action to take. This requires to be supported by robust professional supervision.

All practitioners and managers require to be alert to the potential for a child, young person or adult being deliberately kept from their view, recognising that this can occur with families who appear to be engaging positively with services, as well as adults / families who are resisting professional involvement or support services. This means that practitioners and managers need to be aware of patterns which may emerge.

It is recognised that each situation requires to be considered, taking account of context and a range of factors. For this reason, effective communication and information sharing between professional disciplines / agencies is critical in identifying a possible pattern of abuse, neglect, or harm. Escalation should also be considered.

Practitioners must understand and be aware of adults/parents/carers rights under the Human Rights Act (1998) ensuring they are at the centre of any intervention.

Practitioners and managers are required to make professional judgements based on the level of information available and by using their assessment skills and professional curiosity.

* All South Lanarkshire staff have a responsibility to recognise when a child/ young person / adult is experiencing or is at risk of harm, abuse or neglect and be familiar with local Adult and Child Protection Procedures and processes for recognising, reporting, and referring concerns.
* All professionals have a responsibility to act in the best interests of the child, young person, or adult.
* The majority of home visits will be planned and should be pre-arranged by telephone, letter, or email. It is important that agencies with child / adult protection responsibilities should include planned and unplanned visits in their contact with families / adults / carers. This is important in observing and assessing family interaction and gathering information about household routines.
* If someone does not attend a planned appointment the case should not be closed without further risk assessment and checks being made with other agencies / services.
* In some circumstances, it will be an important part of the child’s plan / adult support / protection plan to specify levels of contact, and with whom. The level of contact will be clearly aligned to the risks / concerns identified, and under these circumstances, practitioners will require to be clear about when they should be seeing the child / adult and any judgement about not seeing them will be based on the rationale developed in agreeing the terms of the plan.
* Professionals should aim to have an understanding of the child, young person or adult’s needs within the context of the family and when referring them to services should ensure adequate information is available to enable robust assessments to take place should they be unseen or not be brought to appointments.
* Practitioners have a responsibility to provide families, carers, adults and other professionals with information on the services they provide, and the impact on the child, young person or adult (if not brought to or supported to attend appointments).
* Professionals must liaise and work with other professionals or services involved in a child, young person or adult’s care to avoid extra or unnecessary appointments, and where possible, ensure coordination of appointments.
* Professionals should seek to support attendance and understand reasons why they cannot engage the child, young person or adult and their parent / carer with services and work together to resolve difficulties.
* Individual services have a responsibility to identify how this policy will be implemented within their own service areas. Services also have a responsibility to make best use of patient / client information systems.
* It is important for professionals to demonstrate that they are seeking opportunities to work in partnership with the adult, parents / carers in order to achieve good outcomes.
1. **Process to manage Was Not Brought / Unseen (NHS Policy)**

Any practitioner involved with a child/young person/adult where there is a pattern of non-attendance for appointments, or they cannot gain access to the home to see the individual/s should take the following actions.

1. **Administration**
* If a child / young person / adult WNB for their appointment, check address and contact details and that they correspond with referrer’s details.
* Liaise with health (NHSL) who can support checks of contact details.
* Contact details of GP, Health Visitor, Family Nurse, SW (if appropriate) and lead health professional (LHP) (if appropriate) should be noted in the child’s EMIS record including school contact details for older children.
* Arrange another appointment for the child / young person / adult via appropriate communications (e.g., letters, cards, texts, e-mail).
1. **Actions to Support Assessment of Risk**

Following a WNB/non-access visit episode, the responsibility for this and the assessment of risk remains with the professional to whom the child/young person/adult has been referred to and in certain cases, in conjunction with the referrer and, or key lead professional.

A missed appointment for a child/ young person/adult on its own may be of no concern or it may be significant. Each non-attendance or non-access visit should be assessed on an individual basis to ascertain whether there is a need for further action (professional judgement should be applied). The following should apply:

* Review relevant health and social work records / electronic systems as appropriate to establish if there is any information that would suggest increased vulnerability / risk.
* Contact the referrer directly to discuss any concerns. Contact other key professionals involved as appropriate.
* For children/unborn on the Child Protection Register, contact the child’s social worker to inform and confirm actions required with the social worker. If the child’s social worker is unavailable, ask to speak to the social work team leader. Ensure communication and agreed actions are documented.
* For adults who are subject to ASP procedures the Council Officer should be informed and actions confirmed. If they are not available contact their manager.
* Work in collaboration with the family, other health professionals and partner agencies as set within the GIRFEC[[1]](#footnote-1) principles to promote their health and wellbeing.
* Decide on a reasonable and safe timescale in which the child/young person/ adult should be seen/offered appointment.
* In circumstances where children / adults are repeatedly denied or denying (in the case of adults) access to routine health services designed to promote their health, development, and wellbeing, ensure that adults, parents/carers have sufficient information about the importance of the appointments/treatments to themselves, or their child, outlining alternative means of provision and enabling them to make informed choices.
* Identify whether further action is required to secure the child or adults health and wellbeing including information sharing with key identified professionals.

**Where Child or Adult Protection Concerns are identified a Child or Adult Protection Referral should be made to Duty Social Work as per South Lanarkshire Adult and Child Protection Procedures.**

**If there is an immediate concern/risk, contact the Police 999**.

**(c) Points to consider include (list not exclusive):**

* Have there been previous WBNs or episodes where they are not seen by other professionals?
* If so, how many and is this significant?
* Is there a pattern of non-engagement or cancelled appointments (disguised compliance)?
* Is child known to social work due to care and protection concerns or on the Child Protection Register?
* Is the adult known to social work and/or subject to Adult Support and Protection procedures?
* Does child / young person / adult have a disability and/or complex health needs? (See Section 8)
* Is child or young person Looked After (LAC)/Care experienced?
* Are there any factors that may be preventing access / engagement (e.g., is the time and place mutually convenient, is the location acceptable to the child / young person / adult or family / carer, financial hardship, domestic abuse?
* Are there any known difficulties regarding literacy, language, or communication?
* Remember that WNB or disengagement with any service may be a risk factor and may be an indication that something harmful is happening.
* Parental issues such as mental health or substance use may impact on parent/carer’s ability to bring their child or an adult to an appointment and consider the impact this behaviour is having on the child, young person, or adult.
* Be mindful that the adult themselves may have issues with mental health and/or substance use which may impact on their ability to actively engage with services and supports.
* Does the adult/parent/carer fully understand the requirement for the appointment and consequences of not attending?
* Would a meeting around the child/family support the co-ordination of care planning? For example, is a multi-agency meeting required?
* Consider if this meets criteria for a missing family.
* Health staff should refer to NHSL Guidance if raising a Missing Family Alert (MFDA) is necessary.

**(d) Consider the GIRFEC questions:**

* What is getting in the way of this child/young person/unborn child’s wellbeing?
* Do I have all the information I need to help this child/young person/unborn child?
* What can I do now that is needed and appropriate to help this child/young person/unborn child?
* What can my agency do to help this child/young person/unborn child?
* What additional help, if any, may be needed from partners?

**(e) Communication and Record Keeping**

It is important to have written documentation to evidence that you have attempted to gain co-operation with the adult /parents/carers in the routine delivery of services.

**The following information should be documented**:

* Follow your service arrangements for contacting/sending letter to adults / young people / parent/carer regarding non-attended appointment/ no access visit including notifying the referrer and key professional (as appropriate).
* Communication should include information on further appointments or offers, clear reasons as to why the child / adult needs to be seen, potential impact on child/adult if not seen and any further information sharing relating to the WNB/non-access episode.
* Consider if letters are the most appropriate / effective way to communicate with the adult, young person, or families.
* Where appropriate information should be shared via letter with GP and Health Visitor/Family Nurse, allocated social worker or any other key professionals identified.
* Risk assessments and any decision to offer a re-appointment or not should be clearly documented in the child / adult’s record. Including any discussion with the adult/parent/carer and others involved regarding this episode.
* Record WNB, non-access or cancelled appointments in the child/young person/adults chronology and note follow up action taken.
* For all No Access visits leave written communication stating you have called as arranged, with contact details and record action in the case file.
* Monitor the situation by regular liaison with other professionals who are in contact with the child/young person/adult/family/carer (e.g., GP, playgroup, Nursery, Family Centre, School, School Nurse, Health Visitor, mental health services, social work, housing) to establish they have been seen recently and if there are any current concerns.
* Where there are child or adult protection concerns and a referral has been raised with the social work duty team, this should be recorded in the child/adult’s chronology and case record.
1. **Information on agencies IT systems and referrals to support identification of vulnerability**
* Children, young people, and adults subject to child or adult protection processes including being on the Child Protection Register (CPR) should be clearly visible and identified when referrals are made about their health or social care needs.
* Where known, referrals should include contact details for the adult/child/young persons named person or lead professionals such as named social worker or lead health professional.
* Robust initial information sharing will support risk assessments and decisions if a child / adult is not brought to an appointment or there are no-access visits.
* Children on CPR or subject to child protection processes or who are Looked After/Care Experienced will be flagged through appropriate use of alerts on agency systems.
* Adults subject to ASP legislation will be flagged through appropriate use of alerts on agency systems.

## No Access Visits

It is important to acknowledge that professionals do not have a legal right of entry into a family home. If, however, a practitioner discovers that a child/vulnerable adult appears to be unsupervised and/or is alone at home and necessary safeguards are not in place, and are concerned for their immediate welfare, they should contact the police for advice and ensure the child/adult does not remain alone whilst waiting for the police to arrive.

If a child/adult is not available to be seen at home for a pre-arranged visit, contact should be made with the adult/family and a further appointment made. If there are identified vulnerabilities (health or social care concerns or active social work involvement) the relevant GP, health visitor, school nurse, social worker should also be informed of the no access visit.

If the child/adult is not available to be seen at a second pre-arranged home visit consider a wider assessment of the child / adult, consider discussing in supervision and/or consideration of further action with partners such as a multi-agency meeting or adult or child protection referral.

All no access visits should be appropriately recorded within the child/adult’s file.

## Involvement of Lead Health Professional for Children or Adults with Complex Health Needs

* Children or adults with complex health needs **should not** be discharged from a service for WNB without discussion with the lead professional/relevant partners and a risk assessment undertaken. If appropriate this information should also be shared with the allocated social worker.
* For children or adults with complex health needs, which may require them to attend multiple appointments, consideration should be given to co-ordination of appointments and ensure effective communication across specialties. Barriers to attending appointments should be explored, including parental risk factors or vulnerabilities, transport, and financial challenges.
* If child or adult protection concerns are subsequently identified due to WNB, staff should follow South Lanarkshire Adult and Child Protection Procedures.

## Young People Aged 16-18 years

This document also applies to young people between the ages of 16-18yrs (or older if care experienced or with complex health needs) who are attending services.

Like adults, most young people above the age of 16 years are presumed to have capacity to consent to referrals and treatment. They may however require parental or carer support to attend appointments- this can include financial and emotional support.

When a young person does not engage with an appointment it is important to understand any wider vulnerabilities or concerns before recording a ‘DNA’ where in fact the principles of WNB apply.

1. **Refusal or Withdrawal from Health Service**

Every child has the right to the best possible health (Article 29, UNCRC).

Under the Age of Legal Capacity (Scotland) Act 1991, those under 16 may consent to medical treatment if, in the health professional’s opinion, they are capable of understanding the nature and possible health consequences of the procedure or treatment. Equally children and young people may have capacity to withhold/withdraw consent even if their parents want them to.

In circumstances where parents/carers decline health services for their children, health professionals should assess all available information. It is advised that professionals consider each individual child’s circumstances and the likely implications of the child not being able to receive appropriate services. (NOTE: Babies and very young children are particularly vulnerable).

Professionals should take steps to ensure that parents/carers are able to make informed choices and be flexible in negotiating alternative means of offering services.

1. **Refusal of Prescribed Treatment**

Where the child/young person/adult/carers or others refuse to co-operate with prescribed medical, dental, or therapeutic treatment such that a child/adult suffers, or is likely to suffer significant harm, or neglect, a referral should be made immediately to the Duty Social Work Team as per the South Lanarkshire Adult and Child Protection Procedures.

Attempts may be made to justify the above neglect on some basis, for example:

* The religion of the child/ adult/parent/carer
* Cultural expectations/understanding
* Disability of the child/adult including learning difficulties
* In the case of adults, making a choice. It is important that appropriate assessments are undertaken to ensure the adult has capacity to make informed decisions regarding their welfare where risk is evident.

These attempts may be misguidedly believed to be in the child / adults’ best interests. Such information and reasons do not change the legal duties of all agencies to protect the child and adult’s best interests, which may result in the council taking legal advice.

In all circumstances practitioners must seek advice, guidance and support from their line manager.

1. [GIRFEC - Scottish Government](https://www.gov.scot/policies/girfec/)  [↑](#footnote-ref-1)