

# West Dunbartonshire Child Protection Committee



## Unseen Child Protocol

Multi-Agency Practice Guidelines for Staff

Updated      September 2018

Review        September 2020

1. Purpose
2. Policy/Procedure Context
3. Scope
4. Definition
5. Extent of Concern
6. Taking Action
7. Recording Practice

## **1. PURPOSE**

- 1.1 This protocol has been developed and reviewed by the West Dunbartonshire Child Protection Committee to assist multi agency practitioners in making decisions about the action which should be taken in response to a child being “unseen”.

## **2. POLICY AND PROCEDURAL CONTEXT**

- 2.1 This protocol should be used in conjunction with existing policy, procedures and practice guidance, with particular reference to: -

- National Guidance for Child Protection in Scotland (2014) paragraphs 618 to 625. These sections relate to children and young people who are ‘missing’, which also includes children who are unseen or hidden.

<http://www.scotland.gov.uk/Publications/2014/05/3052>

- West of Scotland Child Protection Procedures

<http://www.proceduresonline.com/westofscotland/>

- Single Agency Procedures and Protocols, including: -
  - Children Missing from Education
  - Non Attendees & Non Engagement / Unseen Child Protocol: NHS Greater Glasgow and Clyde 2015

## **3. SCOPE**

- 3.1 This protocol applies to all practitioners working with any child or young person, and is not exclusive to children/young people subject to child protection registration.

- 3.2 It is particularly applicable to practitioners involved with vulnerable children/ children in need, who require to be seen to assess, plan and review their circumstances, and / or to deliver direct support.

- 3.3 It is equally applicable to practitioners working with adults, where it is known that a child is living within the home, or where it is suspected that this 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.

## 4. DEFINITION

4.1 An “unseen” child is defined as where: -

- access to the child is not possible due to parents/carers failing to keep appointments;
- access to the child is denied by the parents/carers;
- concerns emerge due to the parent/carer giving repeated explanations for the child’s absence, for example, being asleep in another room; being with a friend/relative; being outside playing.
- there is no response when home visits are made;
- the child is not at his/her usual address, and his/her whereabouts are not known to the parents/carers.

## 5. CONTEXT

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

5.2 All practitioners require being alert to the potential for children being deliberately kept from their view, recognising that this can occur with families who appear to be engaging positively with services, as well as families who are resisting professional involvement or support services. This means that practitioners need to be aware of patterns which may emerge in working with families.

5.3 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 concern.

5.4 Practitioners will require to make professional judgements based on the level of information available and by using their assessment skills.

5.5 The majority of home visits will be planned and should be pre-arranged by telephone, letter or email. However, it is important that agencies with child care / protection responsibilities should include planned and unplanned visits in their contact with families. This will be important in observing the child; assessing family interaction and gathering information about household routines.

5.6 In some circumstances, it will be an important part of the child’s plan to specify levels of contact, and with whom. The level of contact will be clearly aligned to the risks / concerns identified, and in these circumstances, practitioners will require to be clear about when they should be seeing the child, and any judgement about not seeing the child will be based on the rationale developed in agreeing the terms of the plan.

5.7 Practitioners may become concerned about a child in a number of ways, for example by becoming concerned during a home visit; by receiving concerns from another practitioner or from a member of the public or by being unable to deliver a service to the family. Irrespective of how concerns are raised, a practitioner in receipt of information which is causing concern must take reasonable action in response.

## 6. EVALUATING CONCERN

6.1 Practitioners require to evaluate the extent of concerns as not every unseen child is a concern in itself. It is the significance of the child being unseen, coupled with potential impact which requires to be assessed. This will need a proportionate response, and will include consideration of the child's stage of development and particular vulnerability factors.

6.2 Where there are no existing concerns about a child, but services involved with a family become aware of not having seen a child for some time (for example regular occupational therapy visits are taking place with the parent, and unusually, the child has not been seen for some time), the practitioner should initially discuss this with their line manager. This will enable an opportunity to reflect and consider the concerns, and to liaise with the named person (e.g. referral to Social Work (childcare)). In such circumstances, information sharing and communication between agencies is central to evaluating the concerns e.g. education and health services.

6.3 Where there are concerns about the child, for example the child is regularly seen as part of a plan or the child is subject to child protection registration, practitioners require to be alert to the potential for harm to the child, and must evaluate the extent of their concerns within this context.

6.4 For children subject to child protection registration or where specific risks have been identified for a child, the child's plan requires to be explicit about levels of contact and by whom. The plan should also provide indicators of risk, which will assist practitioners to evaluate the extent of their concerns in the event that the child is unseen.

6.5 For children subject to child protection registration or where there are risks clearly identified as part of his / her plan, and there is a failed contact (e.g. failed to attend an appointment; unable to gain access at the home; not able to see the child), responsive action must be taken immediately. Attempts need to be made to ascertain the whereabouts of the child, and to ensure that the child is safe.

6.6 In such circumstances, the **Lead** professional needs to be alerted to the child being unseen on the day. This will enable action to be agreed, and attempts to be made to locate the child. The lead **Professional** should give consideration to the need for a multi-agency meeting (or core group for children subject to child protection registration).

6.7 Practitioners should consider the following:

- What is the child's plan – how often should he / she be seen? For what purpose?
- What have been the usual arrangements for seeing the child – what is the basis for your concerns?
- What specific needs / risks have been identified – how are these to be addressed by the plan?
- Are there parenting capacity issues which impact on the child – could the parent / carer be keeping the child from view?
- Has a pattern emerged? When was the child last seen, by you/ by others?
- Who could assist in locating the child?
- Who do I need to share my concerns with?

6.8 Practitioners should also consider some key practice issues, which may be impacting on access to the child:

- Are the contact details correct for the child e.g. address?
- Does your agency have the mobile number for the child's parents – can you access this?
- Are there communication challenges which could impact on access to the child? (for example, literacy; language, communication method)
- Are there cultural considerations which may impact on the ability to deliver a service?
- Has the nature of service delivery been agreed with the family – location, timing etc.?
- Could fear be a factor – for example in cases of domestic abuse? If so, how can this be managed safely for the woman and the child?
- Are there relationship issues to consider – has the family refused to work with a member of your team?
- Do the parents understand the reason for your involvement?
- Is disability a factor to consider e.g. in being able to answer the door without help?

## 7. TAKING ACTION

- 7.1 Matters of concern which require an immediate emergency response should be acted upon without delay. Every effort should be made to locate, visit and see the child to ensure they are safe and well. The practitioner will require to seek assistance from whichever agency is best placed to respond, for example police.
- 7.2 Practitioners should seek the advice and guidance of their line manager who will assist them to reflect on their evaluation of the concerns.
- 7.3 Where the evaluation of concerns has led to action being required, practitioners should consider:
- **Home Visits** - the need to return later in the day to undertake a further home visit;
  - **Office Appointments** – in the case of failure to attend office / clinic appointments, attempt to contact the family to obtain an explanation for the failure to attend;
  - **Contacting the Lead Professional** – to advise of concerns and to agree action required. In the absence of the Lead Professional, the relevant Team Manager should be approached.
  - **Communication and Information sharing** – identify the people who can assist in locating the child e.g. nursery, school, health, extended family.
- 7.4 In approaching colleagues in other services about an unseen child, practitioners should:
- Explain their involvement and the background to the concerns;
  - Seek clarification of the involvement of the agency with the child / family;
  - Ask if the child has been seen – when, by whom?
  - If the child has been seen, information about the child's circumstances should be shared to enable an assessment of any further response required.
- 7.5 If the child is located, but concerns remain about their circumstances, Consideration should be given to the need to refer the child to the social work service.
- 7.6 Where concerns exist, the Lead Professional should consider the need for an immediate response or whether a multi-agency meeting (or core group for a child subject to child protection registration) is required to enable a multi-agency response to the concerns. Any plan made will include consideration of legal measures proportionate to the concerns.

## 8. RECORDING PRACTICE

8.1 Practitioners should ensure that they record their concerns relating to an unseen child. This should include:

- The nature of the concerns;
- The reasons for the concerns;
- People contacted and information gathered about the child;
- Outcome of discussion with line manager;
- An evaluation of the information;
- Detail of contact with the Lead professional/named person;
- Action taken in locating the child;
- Outcome for child;
- Any further action taken, for example, referral to social work.