



## No Access and Failure to attend Appointments

### 1. Introduction

Practitioners working with children and their families will on occasion come across families /carers where:

- They are unable to gain access to the home; and/or
- There is a pattern of the child not being brought for appointments.

Less frequently there are occasions where a parent /carer makes excuses so the professional is unable to see the child or the parent/carer refuses the service.

This guidance lays out the core principles which agencies providing services, and their staff, should apply when responding to circumstances where children are not seen, or where children and young people are not brought to appointments.

### 2. Context

Contacts (either within a home or service setting) are missed by children and families for a number of reasons. Parents/carers have the right to choose not to accept many services. But whilst this right exists, practitioners providing a service also have a duty to discharge their functions having regard to the need to safeguard and promote the welfare of children.

It is inevitable that some appointments will result in missed contacts between professionals and families. To minimise the associated risk with a failed contact this policy has been devised as a framework for all staff.

Failure to gain access to the home, or children not being brought to appointments does not automatically mean that children are at risk of not having their needs met. However, it may be an indication of family difficulties.

Lessons from case reviews indicate that disengagement from services through failing to allow access or failing to be brought to appointments, has caused missed opportunities to identify children who are at risk, and research has identified a number of patterns which may be seen by practitioners:

- **CLOSURE-** the family shut themselves away from the outside world and from the professional network by refusing to answer the door, they fail to keep appointments and/or withdraw their children from school or nursery. This could primarily be an issue of control, with parents feeling that they only have precarious influence over their lives, and they are attempting to shut out anyone whom they perceive as likely to undermine further that sense of control;

- **FLIGHT**- repeated home moves which can also lead to frequent school moves or school avoidance. Families can leave at short notice and can often fail to inform agencies;
- **DISGUISED COMPLIANCE**- in defusing professional attempts to engage and address issues with the family, for example stating that they will attend appointments then failing to do so, allowing a child to be seen but from a distance, through a window etc.

### 3. Definitions

#### Failed Contact

All circumstances in which a professional anticipated seeing a child and this was unsuccessful. The term failed contact is used as a generic term to cover no access, failure to be brought to appointments and unseen child contacts as below.

#### No Access

Where a child is not brought to an appointment or where following a planned appointment to the parent/carers home, which may have been verbally agreed or arranged by letter, the practitioner is unable to gain access to the property as a result of:

- No response.
- Access refused parent/carers or third party.
- Doorstep contacts, where door is opened by parent/carers, but the practitioner is not allowed/ invited into the home.

#### Was not brought

Where the child is not brought for a planned appointment in a non-domestic setting which may have been verbally agreed or arranged by letter.

#### Unseen Child

Where access is gained to the home, but the child/ren the practitioner intended/expected to see, is not seen. This may be for a variety of valid reasons.

N.B. If the practitioner is actively prevented from seeing the child, this should be seen as a RISK indicator.

### 4. Action to be taken

#### Core Principles

- Practitioners, services and organisations should actively recognise that children and young people rarely fail to attend appointments of their own choice. More frequently, children or young people are not presented at appointments. children and young people are reliant on parents or carers to transport/accompany them to appointments;
- Services must have policies and procedures in place that address failure to be brought and no access visits for children and young people. These policies must have clear guidance for staff to follow when children and young people are not brought or not seen to prevent discharge from services without a clear assessment of the child/ren /young person's vulnerability having taken place and documented;

- Practitioners should always be alert to the impact of parents/carers failing to access services for their own health needs and the impact that this may have on them ensuring that their children are brought to appointments. Any concerns should lead to discussion with their service safeguarding leads;
- Services provided to address issues for parents which may have an impact on any child's welfare should not routinely discharge carers from their service without clear evidence that the impact of parents/carers ceasing to access the service has been assessed and appropriate action taken to safeguard children.

### **First Failed Contact**

It is inevitable that some appointments will result in missed contacts between professionals and families, and failure to gain access to the home, or parents/carers not bringing children to appointments or attending for appointments does not automatically mean that children are at risk of not having their needs met.

However, if there are known concerns about the welfare of a child/ren, then practitioners/services should ensure there is a proactive response (as per the section below) after a single failed contact. Practitioners / professionals should consider the impact of this failed contact on the child and assess what step, if any, should be taken to ensure the children is safe. This may include considering if there are known concerns about the welfare of a child/ren, severity of any health conditions or concerning parental presentation, then practitioners/services should ensure there is a proactive response (as per the section below) after a single failed contact.

### **Second And Subsequent Failed Contacts – Services For Children**

- All Services should proactively follow up children who are not brought to attend, or are not seen at planned appointments/contacts;
- Liaison with other services/agencies should take place to check the accuracy of the home address/contact details and any recent contact with other professionals;
- If the child is subject to a multi-agency plan, contact should be made to other involved agencies;
- Proactive follow up of children, after failed contacts, should only cease once the practitioner is assured of the child's safety and welfare, e.g:
  - By establishing the child has been seen within the service or by another professional/agency; and
  - The child's needs are known to be appropriately met.
- In circumstances, where the child is not seen, but has been seen by other professionals, consideration MUST still be given to whether the child's needs are being appropriately met, or if there are indicators of family vulnerability, if the child continues to miss appointments;
- In circumstances where the child has not been seen by another service/agency, there should be an agreed plan to establish the child's safety and welfare;
- If concerns for the safety and welfare of the child/ren have been identified, the practitioner should discuss the current circumstances with their line manager/professional supervisor or designated child protection lead. Following this discussion, the concerns for the safety and welfare of the child/ren may require a referral to Children's Social Care in accordance with the Referrals Procedure;

- All failed contacts with the child and/or family should be recorded in the child's documentation. This should include date and time of the failed contact and the response by the practitioner e.g. visiting card left with contact number, attempted telephone contact to the family;
- A copy of written appointments/letters to the family should be kept with the child's documentation.

## **Second And Subsequent Failed Contacts – Services For Parents Or Carers**

- Adult Service Users have a right to refuse services offered to them. However, some services are involved to address issues which may have an impact on the carer's capacity to meet a child/ren's needs;
- Such services should proactively follow up parents/carers who fail to bring children to appointments or are not seen at planned appointments/contacts;
- Liaison with other services/agencies should take place to check the accuracy of the home address and any recent contact with other professionals;
- If dependent children are subject to a multi-agency plan, contact should be made to other involved agencies;
- Proactive follow up of parents/carers after failed contacts, should only cease once the practitioner is assured of the safety and welfare of dependent children:
  - By establishing the child has been seen within the service or by another professional/agency; and
  - The child's needs are known to be appropriately met.
- In circumstances where the child has not been seen by another service/agency, services for the parents/carers should actively contribute to any plan to establish the child's safety and welfare;
- If concerns for the safety and welfare of the child/ren have been identified, the practitioner should discuss the current circumstances with their line manager/professional supervisor or designated child protection lead. Following this discussion, the concerns for the safety and welfare of the child/ren may require a referral to Children's Social Care in accordance with the Referrals Procedure;
- All failed contacts should be recorded in the Service User's record. This should include date and time of the failed contact and the response by the practitioner e.g. visiting card left with contact number, attempted telephone contact to the family. by establishing the child/ren have been seen by another professional/agency

## **5. Prompts to consider when engaging with families where there are challenges / concerns around failed contacts**

- Is the address correct? This should be confirmed with other involved agencies/services;
- Are there any difficulties regarding literacy, language or communication?
- Have opportunistic visits been considered?
- Are any other family members known to the service (or other services) that the professional might consider contacting without disclosure of any confidential information?
- Does the child/parent/carers understand the scope of the service provided by that specific professional?

- Is the service accessible to the child/parent/carer e.g. at a time and place that is mutually convenient?
- Is the environment where contacts are proposed acceptable to the child/parent/carer?
- Does the child/parent/carer feel that they have been listened to?
- Has the child/parent/carer previously been consulted about the service they would like?
- Has the child/parent/carer been offered the services of an alternative team member? Would this be appropriate?
- Have cultural issues been considered?
- Does the parent carer have hearing or mobility problems which mean that s/he may not answer the door?
- Is the child/parent/carer frightened of answering the door? Are there mental health issues within the family to take into consideration;
- “Think Family” The basis of a Think Family approach is to co-ordinate the response to families in order to: identify families at risk of poor outcomes to provide support at the earliest opportunity. meet the full range of needs within each family they are supporting or working with.

#### **6. Deciding whether there are concerns about a child’s welfare**

The involved practitioner should, as a minimum, consider the following questions when assessing whether there are concerns which may require further action:

- Does the failed contact raise concern for their safety or welfare? E.g. The child needs immediate medication or health care, and there are indications that the child may not have access to these?
- Have previous concerns been identified by agencies which involved the family receiving a support package?
- Is the child/ren currently subject to an Early Help Assessment/Child in Need or Child Protection Plan?
- Is the child Looked After by the Local Authority?
- Has the child/ren been subject to a Child Protection Plan in the last year?
- Have there been any concerns regarding violence between family members?
- Are there religious or cultural reasons to believe the child is at risk, e.g. rites of passage, or forced marriage planned?

#### **7. If a child is subject to a multi-Agency Plan (Child Protection, Child in Need or Early Help Assessment)**

If a child is the subject of a multi-agency plan and the practitioner cannot fulfil their responsibilities as outlined in the plan, the practitioner must:

- Discuss their concerns with the child’s/family key worker/lead professional, line manager or safeguarding/professional supervisor, or designated child protection lead;
- If a home visit to a child with a child protection plan is undertaken and the child is not seen within the agreed timescales, the social worker should discuss this with

their line manager within 24 hours. The line manager should set a timeframe for a further visit to be undertaken within 5 working days either by the social worker or a duty worker.