Islands Child Protection Committee

Working Together for the Children of Guernsey and Alderney

Failure to be brought and Failed Access Guidelines

Studies into neglect and serious case reviews, have frequently shown a history of repeated DNA appointments, (or repeated cancellations), and failed access visits for health and social care. This may also be associated with poor school attendance.
The aim of this guideline is to provide a consistent island wide approach to assessing concerns/risk and ensuring that all children receive the care and assessments they require. Education has its own policies in place. These can be undermined by quasi medical issues which require a robust joint initiative, to ensure all children have equal access to health and education. **This guideline is intended to relate specifically to children in need, who fail to receive the minimal levels of care, in order to achieve their expected standards of health and education** (see Appendix 6 for the definition of 'child in need'). It is not intended to be applied to those at low risk who fail to attend for non essential services.

This guideline aims to enable health care professionals to reduce the risk to vulnerable children who fail to attend appointments by:

- Promoting the health and welfare of children who were not brought to HSSD appointments
- Raising awareness amongst staff of the possible vulnerability of children who were not brought to appointments
- Provide guidance on how staff should manage children who were not brought to appointments
- Provide information regarding families who disengage, understanding the associated risks to the child (see Appendix 2).
- Improve communication between staff and referrers of children to services

Risks of Failed Attendance or Access to Unborn Child, Child or Young Person

A flow chart (Appendix 8) provides clarity of response In the event that a young person has failed to attend, or the parent/carer has failed to bring the child to an appointment. No Access Visits are treated similarly.

The child should either be offered a further appointment or referred back to the referrer if necessary depending on the nature/significance of the case.

Assessing the concern for the child, young person or pregnant woman of non-attendance or failed access is difficult. Therefore it is preferable to discuss this with the referrer, parent, carer and other professionals who have knowledge of the family. This ensures the collation of appropriate information which can be used to develop a

more holistic assessment, of the possible impact on the unborn child, child or young person, from non-attendance and poor access.

A. **Low / medium risk** might be considered for children, young people or pregnant women with a stable condition / situation or where there are *no other concerns*. This may be considered for families who are known to engage with services generally. Each case will require individual consideration.

B. **High risk** will be all children, young people or pregnant women who require further assessment or intervention to prevent serious or permanent deterioration of their condition, or for whom there is a risk of significant harm as a result of non-attendance or non-access. It is essential to consider all children, young people and pregnant women as high risk if they are already known to Children's Health and Social Care services. This includes **all children** with known vulnerability eg. those on child protection plans, all looked after children, those with disability etc. This also includes **all carers** with a history of risk factors eg. drug/alcohol abuse, mental health disorders, domestic abuse, those receiving support eg. Family Partnership Team etc.

To aid assessment of concern/risk, the Framework for the Assessment of Children in Need and their Families (Appendix 1) and/or Common Assessment Framework Pre-Assessment Checklist/Cause for Concern form may be useful.

Click onto link:

http://media.education.gov.uk/assets/files/doc/c/ca%20-cf/common%20assessment%20framework%20pre%20assessment%20checklist.doc

for the Common Assessment Framework Pre-Assessment Checklist/Cause of Concern form.

Guidelines for All Healthcare Professionals

Ensure demographic details are correct. The health care practitioner for whom there has been a failed attendance is responsible for making a risk assessment, based upon medical and social issues

First DNA or No Access Visit

1. Assess the risk to the child's health and well-being
2. Refer back to the referrer if no risk.
3. For No Access visits leave a written communication that you have called as arranged. Record action in case notes.
4. Assess the Risk – see Flowchart for DNA and No Access Visits (Appendix 8).
5. Arrange another appointment.
6. It may be necessary to refer to Children's Health and Social Care, Assessment and Intervention Team, if risk is high. (Please go to 'worried

about a child' on the ICPC web-based guidelines).

7. Send a letter to parents (see Appendix 4).
8. Document in case notes.
9. Share information with GP who may have previous knowledge of failed appointments.

Second DNA or No Access Visit

Follow 1 – 9 above

10. Enquire and assess the reason for DNA or no access visits and the concern for the child's health and well-being. Consider the potential of Family Disengagement (Appendix 3)
11. Liaise with the referrer and other professionals who have knowledge of the family. In this way more information can be obtained to make a more informed estimation of the possible impact to the unborn child, child or young person of non attendance.
12. For No Access visits leave a written communication that you have called as arranged. Record action in case notes.
13. Assess the Risk – Flowchart for DNA and No Access Visits (Appendix 8).
14. Arrange another appointment – it may be necessary to refer to Children's Health and Social Care, Assessment and Intervention Team. (Please go to 'worried about a child' on the ICPC web-based guidelines).
15. and/or send a letter to parents (see Appendix 5).
16. Liaise with the referrer and other professionals who have knowledge of the family. In this way more information can be obtained to make a more informed estimation of the possible impact to the unborn child, child or young person of non attendance.
17. Document in case notes.
18. Complete Cause for Concern Form/CAF Pre-Assessment Checklist Form
19. Click onto link:

http://media.education.gov.uk/assets/files/doc/c/ca%20-cf/common%20assessment%20framework%20pre%20assessment%20checklist.doc

20. and send copy to the designated child protection officer within your agency, to file confidentially and keep for reference, if need be.
21. Share information with GP (sending copy of completed Cause for Concern Form/CAF Pre-Assessment).

Third DNA or No Access Visit

- Liaise with Children's Health and Social Care, Assessment and Intervention Team (Please go to: 'advice if you are unsure' on the ICPC web-based guidelines).
  (a) Do Children's Health and Social Care, Assessment and Intervention Team have any information on the child or family?

(b) Refer to Children's Health and Social Care, Assessment and Intervention Team if there is a significant risk to the child. (Please go to 'refer to social work' on the ICPC web-based guidelines).

- Inform referrer of DNA / No Access. Inform line manager.
- Letter to Parents and/or continue to try to access opportunistically.
- Share Information with GP and other health professionals.

Throughout the whole of this process consideration will also need to be given to whether there is a need to refer to the Convenor. This may be necessary when it is believed that the grounds exist for compulsory intervention (see Appendix 7).

Supportive information

Although a letter is the standard form of communication with parents/carers in these situations additional methods of communication may be used where parents/carers circumstances would make this ineffective or inappropriate (for example where there is a visual impairment, learning disability, low level of literacy or other factors affecting a carers ability to read or understand the letters instructions).

For those whose first language is not English, consider the help of an interpreter to construct either an appropriate letter, or for direct verbal communications if agreed by carers (be careful not to breach confidentiality).

For purpose of clarity failure to attend is synonymous with did not attend (DNA), failed to be brought and inadequately explained cancellations. Failed access refers to failure to see the designated child during any pre-booked visit (home or other agreed venue), unless visit was intentionally with the carers only.

DNA may be a sign of significant neglect, which has many presentations and it is easy to lose focus on a childs needs when reviewing the frequently confusing terminology used in professional information sheets. What is important is whether or not:

1. the child's needs are prioritised by carers and
2. the child's basic needs are adequately met:

for example

- Emotional welfare – are they unhappy; withdrawn or indiscriminately affectionate
- Food/ failing to thrive – are they hungry and growing appropriately
- Shelter – have adequate accommodation
- Clothing – have appropriate clothing for climate
- Warmth – adequate heating
- Hygiene – are they clean including dental hygiene
- Safety/protection – are they protected from harm
- Stimulation/education – do the carers ignore them or fail to bring

them to school. This includes truanting and school failure

- Medical care - are illnesses managed appropriately and/or is the child denied access to *necessary* health care? Are teeth healthy?

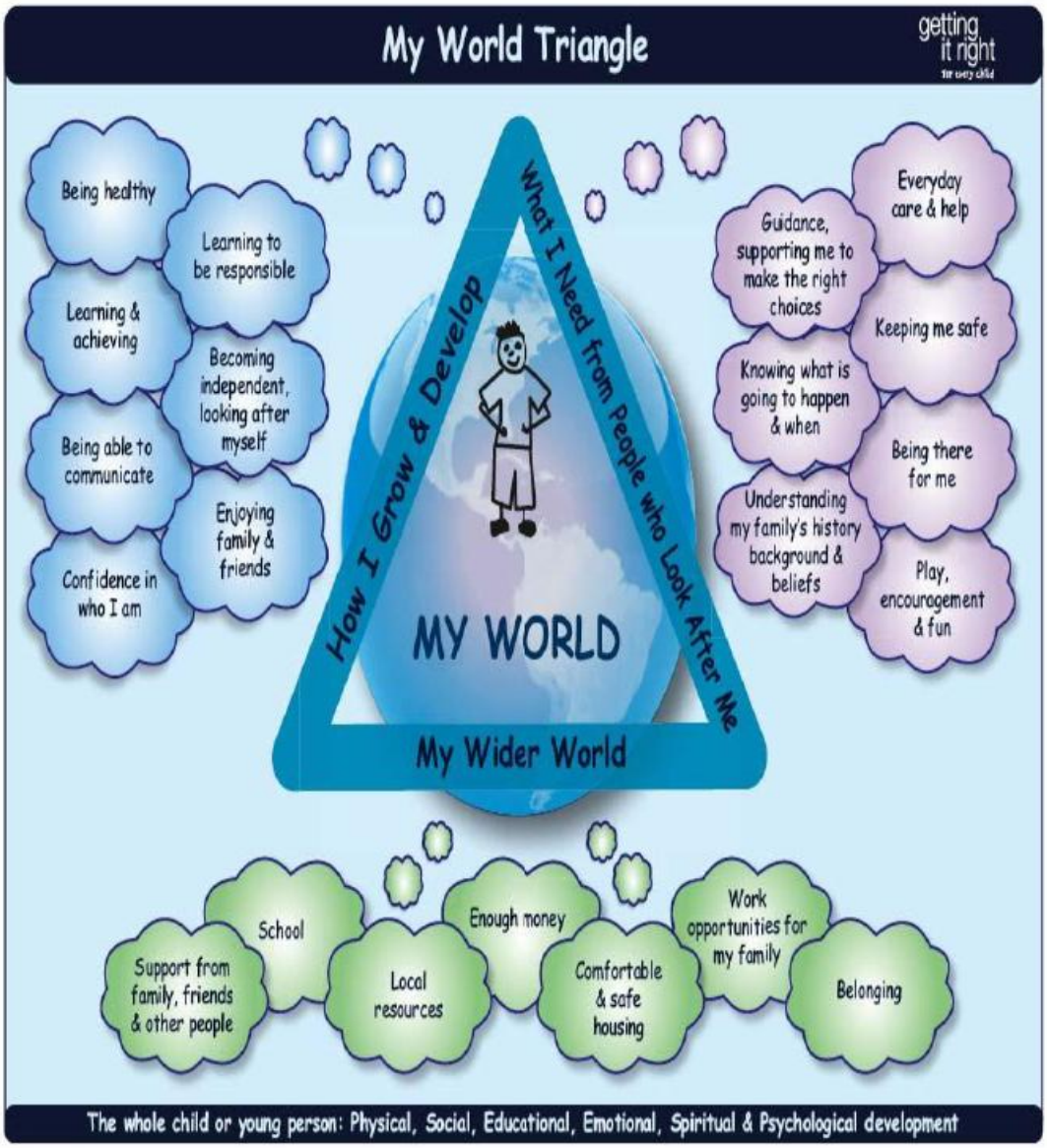
Persistent long term neglect is not usually caused by poverty but by the carer's own emotional impoverishment.

The presence of any of the above concerns would warrant a more detailed assessment. The Graded Care Profile is a practical tool to give an objective measure of the care of a child by a carer, across all areas of need.

If this type of assessment is felt to be necessary discuss, in the first instance, with the Children's Health and Social Care, Assessment and Intervention Team, telephone number: 723182).

You may also need to consider whether it is appropriate to make a referral to the Convenor (see Appendix 7).

Appendix 1


My World Triangle
getting it right
Being healthy
Learning to be responsible
Learning & achieving
Becoming independent, looking after myself
Being able to communicate
Enjoying family & friends
Confidence in who I am
How I Grow & Develop
What I Need from People who Look After Me
MY WORLD
My Wider World
Everyday care & help
Guidance, supporting me to make the right choices
Keeping me safe
Knowing what is going to happen & when
Being there for me
Understanding my family's history background & beliefs
Play, encouragement & fun
School
Support from family, friends & other people
Local resources
Enough money
Comfortable & safe housing
Work opportunities for my family
Belonging
The whole child or young person: Physical, Social, Educational, Emotional, Spiritual & Psychological development

Appendix 2

DNA Risk Assessment

1st Appointment missed

Why?
Is address correct? Moved out of area?
Was the appointment agreed to by the parent?
Professionals should ensure parents/carers/young person has understood the implications of non-attendance on their child's well-being and implications of failure to uptake services for the child.
Send out 2nd appointment (copy to referrer).
Make telephone contact with the legal guardian/parent.

2nd Appointment missed

Why?
Was the appointment agreed to by the parent?
What is the cause for concern? Will a missed appointment impact on the child's health, growth and development.

Each case will require individual consideration. Factors to consider:-

- Urgency of appointment – known state of health and wellbeing of child. Could the DNA lead to detrimental effects on the child's health?
- Parents level of understanding, learning disability, literacy, language and/or communication difficulty. Are there parental behaviours that may create a risk to the child? eg. substance misuse, physical/mental ill health. Is there a pattern of poor engagement by the parent?
- Age of child – infants and young children are particularly vulnerable. Vulnerability of the child, consider Looked after child? Child protection register? Child in need?
- Is there an address change/have the family moved out of the area? Frequent changes of address may be an indication of concern.
- Are there external factors which affect attendance at the appointment e.g. transport, poor health of parent, financial restraints, needs of other children. Is the appointment time a factor affecting the likelihood of attendance?
- Have there been previous DNA's? Has there been a pattern of missed appointments in relation to other children in the family? If DNA is a regular or familiar pattern of behaviour a risk assessment should clearly detail this behaviour and identify actions to be taken, when and by whom, in the event of a DNA and at which point concerns need to be raised. Consider compiling a Chronology of appointment attendance/non attendance and the likely impact upon child for continued non-attendance at appointments.

- Consider neglect and its impact on the child. Are there concerns regarding other aspects of the child's care?
- If attending appointment is part of a Child Protection Plan/child is on Child Protection Register allocated Social Worker must be informed.
- If declining a service/treatment may be detrimental to a child/young person's health/growth development an assessment should be made to assess the risk this poses to child/young person.
- Consider whether it is appropriate to make a referral to the Convenor (see Appendix 7).
- Is there a history of A&E attendances?
- Is the child/young person choosing not to attend?
- In situations where it is likely disengagement will continue the case must be discussed with other Professionals/agencies/referrer. Are any other statutory and/or voluntary agencies involved? Convene a strategy meeting to share information and agree on a way forward. Who is most likely to engage with the service user?
- Does a 'cold call' need to be made?
- For 'no access' visit – leave written communication that you have called as arranged and record on the child's file.
- Is access denied by the parent or access gained to the parent and home but the child unseen?
- Complete an analysis of the risk, observations, conclusions and actions.
- Advise line manager.

Record keeping

It is essential that each DNA and follow up action is recorded in the child's records. Include all attempts to make contact. Record cancelled appointments as such.

Discharge

Only discharge from services when it is safe, timely and appropriate.

Summary

In all cases the essence of good practice is:

- Communicate
- Assess risk
- Respond appropriately
- Communicate
- Document clearly

It is the responsibility of each individual professional to assess and act on level of risk appropriately before discharging failed attenders.

Appendix 3

Family Disengagement

Disengagement is when a child/young person or parent/carer does not respond to requests from Health Professionals. Behaviours of disengagement are usually cumulative and may include:

- Disregarding health appointments;
- Not being registered with a GP;
- Not being at home for pre-arranged professional visits;
- Agreeing to take action but never carrying it out;
- Hostile behaviour towards professionals;
- Manipulative behaviour resulting in no health care;
- Actively avoiding contact with professionals.

In order to safeguard and protect the welfare of children and young people, professionals should be aware of the concerns/risks and damaging impact disengagement from health care can pose. This also applies in cases where the service user is a parent, particularly where mental health and problematic substance misuse is concerned.

Disengagement is a strong feature in domestic abuse and in the serious neglect and physical abuse of children. Children have a right to health care and for adults to act in their best interests. Children may suffer significant harm in terms of their physical, mental health or development where disengagement exists.

Practitioners should ask adult service users when they are being seen in any health setting whether there are children in the home and they must consider the impact of adult disengagement on the child.

A chronology must be kept for families where there is non-engagement.

All children / young people should be registered with a GP to ensure their care is coordinated and information is drawn together to inform assessment. Parents must be encouraged to register the child with the GP. If the parents do not do so the service must continue to attempt to work with the child whilst continually encouraging registration with GP practice.

Practitioners must analyse / risk assess situations where disengagement is a feature.

Any assessment must focus upon the impact of the child by assessing the needs of the child and the parents' capacity to meet those needs,

Further information should be sought from other professionals working with the family.

Other professionals / agencies must be informed of disengagement of a family.

Practitioners must consider convening a strategy meeting to share information and agree a way forward.

Cases of disengagement where there are concerns for the child's welfare must be discussed with the senior named nurse for child protection / consultant paediatrician on call in line with HSSD Child Protection Policy. From this discussion an action plan will be agreed which might include a referral to Social Services.

DNA's should be managed and recorded inline with this and the child protection policy.

Consider whether it is appropriate to make a referral to the Convenor (see Appendix 7).

APPENDIX 4

Example Letter

to Parents / Carers Following Initial DNA / No Access Visit

Ref: ADDRESS

Date

CONFIDENTIAL

Parents/Carers of:
Child A
1 No Street
Parish.
Postcode

Dear Parent/Carer

Re: Name:
Date of Birth:

I am sorry you were not able to keep our appointment today, at …….(time)…… (date).

It is important that I see ……(Name) to assess/immunise/etc. because …….

……

Please will you contact me on ….……(tel no.) within the next week to arrange another appointment.

Yours sincerely

Name
Designation

APPENDIX 5

Example Letter
To parents/Carers Following the Second or Further DNA / No Access Visits

ADDRESS

Ref:

Date

CONFIDENTIAL

Parents/Carers of:
Child A
1 No Street
Parish.
Postcode

Dear Parent/Carer

Re: Name:
Date of Birth:

I am sorry you were not able to keep our appointment today, …….(date) at …….(time).

It is important that …….(name) is seen to assess/immunise/etc.

I am concerned we have not been able to achieve this so far and I need you to contact me within the next 48 hours on ……..(telephone number) , to arrange a third appointment.

If I am not able to carry out the ……. on this occasion I will need to share my concerns with …… who referred you to our service and contact the Health Visitor/School Nurse and Children's Health and Social Care, Assessment and Intervention Team.

I might also need to consider referral to the Children's Convenor for compulsory intervention.

I hope to see you within the next two – three weeks.

Yours sincerely

Name
Designation

Appendix 6

The Children (Guernsey and Alderney) Law 2008, section 23:

Definition of a child in need:

(a) a child is in need if -

(i) he, or his family, requires the provision of additional services to enable him to achieve or maintain a reasonable standard of health or development,

(ii) his health or development is likely to be significantly impaired, or further impaired, without the provision of additional services,

(iii) he is disabled, or

(iv) he is, or is likely to be, adversely affected by the disability or illness of a parent or another member of his family without the provision of additional services,

Appendix 7

The Children (Guernsey and Alderney) Law 2008, section 35:

Compulsory intervention:

. (1) The question of whether compulsory intervention may be needed in respect of a child shall only arise if -

(a) there is, or appears to be, no person able and willing to exercise parental responsibility in such a manner as to provide the child with adequate care, protection, guidance or control, and

(b) at least one of the conditions referred to in subsection (2) is satisfied, in respect of that child.

(2) The conditions for the purpose of subsection (1) are, that on a balance of probabilities -

(a) the child has suffered, or is likely to suffer, significant impairment to his health or development,

(b) the child has suffered, or is likely to suffer, sexual or physical abuse,

(c) the child has -

(i) misused drugs or alcohol, or

(ii) deliberately inhaled a volatile substance,

(d) the child is exposed, or is likely to be exposed, to moral danger,

(e) the child -

(i) has displayed violent or destructive behaviour and is likely to become a danger, to himself, or others, or

(ii) is otherwise beyond parental control,

(f) the child, being of 12 years of age or more, has committed -

(i) a criminal offence, or

(ii) what would be a criminal offence if the child had the necessary capacity, or

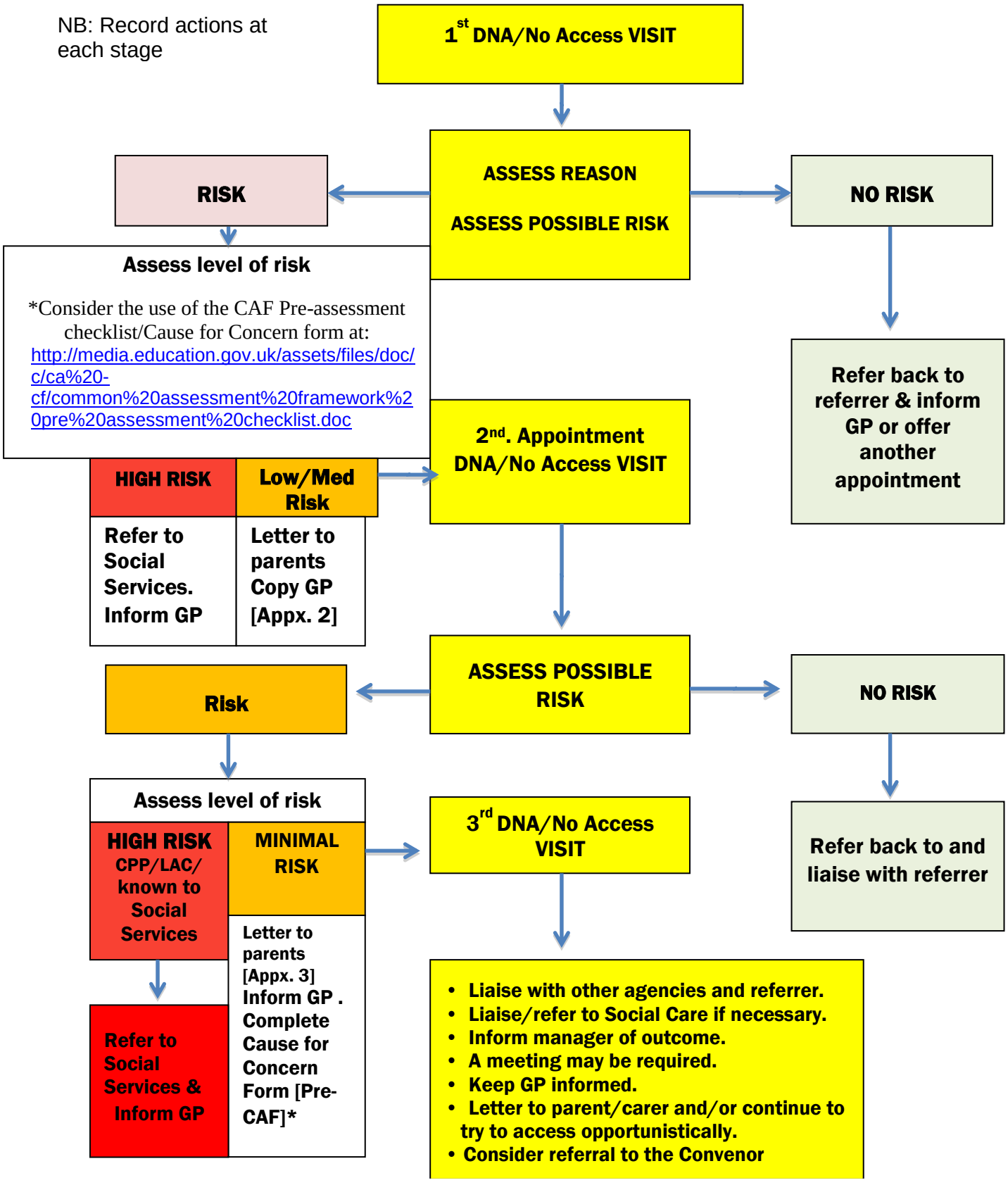
(g) the child (being under the upper limit of the compulsory school age) is failing to attend school without good reason.

APPENDIX 8

Multi-Agency Pathway for DNA and No Access Visits

(may also be applied to assess risk in case of repeated cancellations)

NB: Record actions at each stage



(CPP = Child Protection Plan LAC = Looked After Child)