# Child not brought and failed access guidance

**February 2020**

This guidance outlines the expected response when a child is not brought to health or social care appointments, or has not been available when visits have been made to their home, and the failure to meet these appointments might have a detrimental impact on the child's health or development. The guidance also applies to the risks for unborn children resulting from missed appointments by women during pregnancy.

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| Consultation | ISCP, Learning and Improvement sub-committee, primary care, paediatricians, healthcare practitioner's peer review group. |
| Related Guidance | ISCP Child Protection Procedures; Protecting Children with Disabilities from Abuse; Information Sharing Protocol; Resolution of Professional Disagreements. |
| Issue Date | February 2020 |
| Review Date | February 2023 |
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## Contents


1. Introduction ..... 3
2. Objectives ..... 3
3. Risks to children from non-attendance or no access visits – CNB/DNA/NAV ..... 4
4. Guidelines for all healthcare professionals ..... 4
5. Review ..... 6
6. Distribution ..... 6
7. Appendices ..... 7

CNB/NAV risk assessment ..... 7

Family disengagement ..... 9

Example letter - to parents/carers following initial CNB/NAV ..... 11

Example letter - to parents/cares following the second or further CNB/NAV ..... 12

The Children (Guernsey and Alderney) Law 2008, section 35 ..... 13

Multi-agency pathway for CNB and NAV ..... 14

## 1. Introduction

1.1. Studies into neglect and serious case reviews/child safeguarding practice reviews have frequently shown a history of repeated missed appointments (or repeated cancellations) for health and social care. This may also be associated with poor school attendance.

1.2. The overall aim of this guidance is to provide a consistent approach to assessing concerns about missed appointments and ensuring that all children receive the care and assessments they require. Education services have their own policies in place for non-attendance. 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.

1.3. **This guidance 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.** It is not intended to be applied to those at low risk who fail to attend for non-essential services.

1.4. Definitions of terms used and abbreviations

**Child Not Brought (CNB)** – child was not brought to the appointment without cancellation, or where there is a pattern of repeated cancellations.

**Did Not Attend (DNA)** – did not attend appointment without cancellation. This is no longer considered useful when referring to missed appointments for children. (See: https://www.youtube.com/watch?v=dAdNL6d4lpk).

**Failed Access or No Access Visit (NAV)** – not available at home to be seen for appointment.

**Child in Need (CIN)** – a child is considered to be 'in need' if they are:

- in need of additional services either, to achieve or maintain a reasonable standard of health or development, or to prevent significant impairment to health or development;
- disabled;
- adversely affected, or likely to be, by the disability or illness of a family member.

**MASH** – the Multi-Agency Support Hub is a single point of entry to multi-agency help and support for children, young people and their families who have additional needs and who require the support of more than one agency or professional.

## 2. Objectives

2.1. 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 health and/or social care appointments.
- Raising awareness amongst staff of the possible vulnerability of children who were not brought to appointments.
- Providing guidance on how staff should manage children who were not brought to appointments.
- Providing information regarding families who disengage, understanding the associated risks to the child (see Appendix 2).
- Improving communication between staff and referrers of children to services.

## 3. Risks to children from non-attendance or no access visits – CNB/NAV

3.1. Assessing the concern for a child of non-attendance or failed access is difficult. It is preferable to discuss concerns 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 child from non-attendance and failed access. Unborn children might be at risk from the non-attendance or failed access of expectant mothers.

3.2. Levels of risk

- **Low / medium risk** might be considered for children or pregnant women with a stable condition or situation, where there are *no other concerns*. This may be considered for families who are known to engage well with services generally. Each case will require individual consideration.
- **High risk** will be all children or pregnant women for whom there is a risk of significant harm as a result of non-attendance or failed access. They might require further assessment or intervention to prevent serious or permanent deterioration of their condition. It is essential to consider all non-attending children and pregnant women as high risk if they are already known to Children and Family Community 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 conditions, domestic abuse or those already receiving support services as children in need.

3.3. To aid assessment of concern/risk, the ISCP Care and Support Framework may be useful: http://iscp.gg/Care-and-Support-Framework.

## 4. Guidelines for all healthcare professionals

4.1. 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 CNB or NAV**

1. Assess the risk to the child's health and wellbeing
2. Refer back to the referrer if no risk.
3. For NAV leave a written communication that you have called as arranged. Record action in case notes.
4. Assess the risk (Appendix 1) – see also Flowchart for CNB and NAV (Appendix 5).
5. Arrange another appointment.
6. It may be necessary to refer to the MASH where there are concerns the child's needs are not being met. (Please go to the ISCP web-based procedures: http://iscp.gg/worried-about-a-child).
7. Send a letter to parents (see Appendix 3).
8. Document in case notes.
9. Share information with GP who may have previous knowledge of failed appointments.

**Second CNB or NAV**

*Follow 1 – 9 (above)*

10. Enquire and assess the reason for CNB or NAV and the concern for the child's health and wellbeing. Consider the potential of Family Disengagement (Appendix 2)
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. Inform the designated child protection officer within your agency, confidentially record concerns and any actions or decisions made and keep for reference, if need be.

**Third CNB or NAV**

*Follow 1 – 12 (above)*

13. Liaise with the MASH to help assess level of concern. (Please go to: 'advice if you are unsure' on the ISCP web-based procedures for further information).
14. Inform referrer of CNB / NAV *and* inform your line manager.
15. As well as writing to the parents continue to try to access opportunistically.
16. Share Information with GP and other health professionals according to the level of concern and need to for them to know. (Please go to: http://iscp.gg/Information-Sharing on the ISCP web-based procedures for further guidance on information sharing).

Throughout the whole of this process consideration will also need to be given to whether there is a need to refer to the Children's Convenor. This may be necessary when it is believed that the grounds exist for compulsory intervention (see Appendix 4).

4.2. 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), child not brought (CNB) and inadequately explained cancellations. Failed access / no access visit (NAV) 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.

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

- the child's needs are prioritised by carers and
- the child's basic needs are adequately met.

In cases of suspected neglect 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 MASH (telephone number: 723182). You may also need to consider whether it is appropriate to make a referral to the Children's Convenor (see Appendix 4).

## 5. Review

5.1. This procedure will be kept under review by the lead professional and the ISCP Learning and Improvement sub-committee.

5.2. The procedure will be reviewed in full in three years from the date of publication.

## 6. Distribution

6.1. The guidance will be published on the ISCP website and circulated to members of the ISCP and ISCP sub-committees.

6.2. Members will circulate the guidance within their own organisation.

6.3. The ISCP will publicise the guidance alongside other relevant procedures.

## 7. Appendices

**Appendix 1**

### *CNB/NAV 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 missed appointment 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 whether they are a looked after child, have a child protection or child in need plan.
- 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 CNBs? Has there been a pattern of missed appointments in relation to other children in the family? If CNB 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 CNB and at which point concerns need to be raised. Consider compiling a chronology of appointment attendance/non-attendance and the likely impact upon the 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 appointments is part of a child protection plan the child's allocated social worker must be informed.
- If declining a service/treatment may be detrimental to a child health or development an assessment should be made to assess the risk this poses to child.
- Consider whether it is appropriate to make a referral to the Convenor (see Appendix 4).
- 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 CNB/NAV 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
- Document clearly

It is the responsibility of each individual professional to assess and act on level of risk appropriately before discharging service users who have not attended appointments.

**Appendix 2**

## *Family disengagement*

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

- Disregarding health or social care 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 or social 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 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 and risk assess situations where disengagement is a feature.

Any assessment must focus on the impact for 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

HSC Child Protection Policy. From this discussion an action plan will be agreed which might include a referral to MASH.

CNB/NAVs should be managed and recorded in line with the service child protection policy.

Consider whether it is appropriate to make a referral to the Convenor (see Appendix 4).

**Appendix 3**

## *Example letter - t*o parents/carers following initial CNB/NAV

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 3 (cont.)**

## *Example letter - to parents/cares following the second or further CNB/NAV*

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, ……..(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 the Multi-Agency Support Hub (MASH).

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 4**

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

**The grounds for 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 5**

## *Multi-agency pathway for CNB and NAV*

*(may also be applied to assess risk in cases of repeat cancellations)*