Was Not Brought (Children)/Did Not Attend (Adults) & No Access Policy

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Version Control

Version Number	Date	Author (Job Title)	Reason	Ratification required?
1		Marcia Smikle	Revision of the Unseen Child and Vulnerable Adults to reflect the term was not brought' instead of DNA. Action to take in a Pandemic	Yes

Contents

1.Introduction

The ability to access and use health services is a basic human right (World Health Organization, (2017). The Trust must have in place a system that identifies when service users are unable or are prevented from using services in relation to their health needs. Service users who are most vulnerable are usually children and young people who are largely dependent on adult parents and carers bringing them for their appointments or being seen in an agreed setting, as well as vulnerable adults for example those with learning disabilities, autism, challenging behaviors or mental ill health (this is not an exhaustive group of vulnerable adults).

This policy will assist all health professionals working in the hospital and community in determining the level of risk and the most appropriate course of action to take in situations where an individual (child or adult) is unseen at homeor where they are not brought to appointments.

2. Why failing to see children and vulnerable adults for clinical care is important

2.1 Serious case reviews[1] (adults and children), locally and nationally, have frequently showed a history of poor engagement with health services from vulnerable patients and parents/carers of children who have experienced significant harm. Health professionals particularly those working in the community frequently come across families where gaining access to the home has been difficult or impossible as well as where there is a pattern of non -attendance and cancellation of important health appointments.

2.2 Sometimes there are occasions where a patient/parent/carer makes excuses for the professional not to see the child, young people, or vulnerable adult, declines the service offered completely or declines certain components of a service. In such circumstances, good practice recommends that health professionals undertake a **holistic risk assessment** of the child(ren) or adult and the family and or carers, including reviewing the health records (electronic and paper) and liaise with other professionals and agencies to find out whether there is any other information that would suggest increased vulnerability or safeguarding concerns. The professionals should then document their plan of action with a clear rationale.

3.Definitions

The following terms will be used in this policy:

Was Not Brought, (WNB) applies primarily for professionals working with children and young people.

Did not attend (DNA) applies primarily for professionals working with vulnerable adults.

Unseen' adult or child may result from one of the following –but this is not exhaustive:

- Address Not Known (ANK),
- Not being able to access the family home (this includes seeing the parent or carer) but not being able to see the child or adult for whom the service is intended)
- Failure to attend health appointments
- Being abroad on an 'extended holiday'
- An outright refusal/decline of the service being offered, by the parent or carer

[1] Now known as Child Safeguarding Practice reviews, Working Together to Safeguarding Children, (2018)

- Vulnerable adults at risk who repeatedly do not attend appointments
- Vulnerable adults who require assistance to attend appointments and repeatedly are not brought to appointments.
- Due to the Covid 19 Pandemic the reduction in face to face contact and increase in telephone and video consultations. The clinician needs to ensure that they see and/or speak to the patient they are meant to be treating. It is also advisable that telephone/video consultations are alternated with face to face ones.

4. Scope

4.1 This policy applies to **all** Trust employees in all locations including the non-executive Directors, temporary employees, locums, and contracted staff. A failure to follow the requirements of the policy may result in investigation and management action being taken as considered appropriate.

All healthcare professionals have a responsibility to ensure they work in line with their own professional code of conduct.

4.2 This policy should be read in conjunction with the following polices:

- Safeguarding Adults Policy,2019
- Safeguarding Children Policy,2018
- Risk Management Policy, 2019
- London child protection procedures 5th Edition, 2017
- London Multi-Agency Adult Safeguarding policy and procedures, 2019
- Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Policy 2019
- Information Governance Policy 2019
- Guidelines on the management of notifications for children missing from home, education, and care; including pregnant women and the unborn child, 2018 under review
- Patient Access Policy,2020
- **Service specific guidance on the management of children or vulnerable adults who are unseen and/or not brought for their appointments.**

4.3 The policy will be reviewed and ratified every three years by the following:
- Joint Adult and Children Safeguarding Committee
- Trust wide policy group

5. Roles and Responsibilities

It is the responsibility of **ALL STAFF** to ensure that they:

Discharge their job responsibilities to the required professional standards. This also includes maintaining high standards in their personal life. Undertake safeguarding adults and children training appropriate for their role.

5.2 Any person in charge of, or working with patients is considered, both legally and morally to owe them a duty of care. The duty rests with an individual and the Trust to ensure all reasonable steps are taken to ensure the safety of patients involved in any activity.

5.3 The **Chief Executive and Trust Board** are ultimately responsible for ensuring effective corporate governance assurance within the Trust and therefore support the Trust-wide implementation of this policy.

5.4 Executive Directors, the Chief Nurse/Director of Governance, Medical Director and Chief Operating Officer of the Trust have responsibility for endorsing policy and supporting its full implementation in practice to ensure compliance with national and local guidance as well as the Trust values.

5.5 Divisional Operations Directors/Deputy Chief Nurses

The Divisional Operations Directors and Deputy Chief Nurses act on behalf of the Chief Nurse ensuring that the staff are aware of the policy and the key responsibilities are implemented in practice within their divisions.

5.6 Head of Safeguarding Children & Lead for Adult Safeguarding

Are responsible for ensuring that the policy is widely disseminated across the Trust,

5.7 The line manager

Is responsible for ensuring implementation of the policy in practice in relation to the services they provide for patients.

5.8 The employee

All staff should conduct themselves in a professional manner in line with the Trust values, at all times to patients, patients relatives, colleagues and any other individuals they may come into contact with during the course of their work for the Trust. Individual members of staff are responsible for:

5.9 Responsibilities of Children and Adult Safeguarding Teams

The Safeguarding Teams (children and adult) are available to staff for guidance support

6.0 Management of children

6.1 No access / failure to attend community appointments (excluding hospital outpatient appointments) - <u>where there are no safeguarding concerns:</u>

The following process sets out the minimum requirements which should be followed where there has been one pre-arranged appointment which has resulted in a no access home visit or the child has not been brought for an appointment. **Services may have their own triggers when follow up should take place.**

- In the first instance the health professional should try and make telephone contact with the family. If contact is made, then a further appointment should be arranged, or the family given the opportunity to rearrange a mutually convenient appointment within a two-week period from the date of the original missed appointment.
- If after two weeks (from the first no access visit/failure to attend), there is still no contact by the family, the health professional should take responsibility for checking with reliable sources of information that the child/family's address and contact number is correct and establishing if any other agency(example GP, school or housing department) that has been or is likely to be involved with the child/family has any cause for concern. The health professional should also establish if staff in other agencies have seen the child.

- **An opportunistic home visit should be undertaken within two working days if the professional using their judgement believes that the parent/carer maybe avoiding contact with them.**

If the address is correct and there have been no expressed concerns (from other agencies and the child/family have been seen) the following steps should be taken:

- A standard letter (appendix 2) should be sent to the family advising that the health professional has been unable to contact the family.
- The purpose for the contact should be stated in the letter and the GP should be copied into the letter.
- The parent should be informed that the health professional will make contact again at the key developmental stages of the child in line with the commissioned service requirements.
- All appointed 'no access visits' and the child not being brought for an appointment(s) must be documented in the child's/family electronic records in line with this policy.

If there are child safeguarding concern the steps outlined in section 6.2 of this policy should be followed.

6.2 What to do if a child is unseen at home is not brought for community appointments, and there are safeguarding concerns including child being subject to a child protection or child in need plan:

If a child is not brought for their first appointment the health professional should:

- Check with reliable sources of information e.g. GP, early years services, child heath information service (CHIS), electronic patient record (eLPR) school, or housing department (in case the family have moved) that the address and contact number they have is correct –and update the information as appropriate.
- The health professional should telephone the parent/carer preferably on the same day or the following day (if a working day) of the missed appointment and give the parent/carer the opportunity to rearrange a mutually convenient appointment within for the child to be seen within one week.
- If the health professional is unable to contact the parent, they must
- Check with other agencies e.g. GP, early years' service, or school etc. to find out when they last had contact with the family.
- If possible, undertake a joint opportunistic home visit e.g. with the family social worker if they have one, early years worker or another health colleague, to see if anyone is living at the child's registered address.
- **Inform Children's Social Care by telephone and in writing immediately**.
- Record all actions taken including the next steps to be taken and the intended timescale for action, in the child's/family electronic records.

  NB: If there are concerns that the child is at risk of significant harm the police should be asked to undertake a welfare visit.

6.2.1. What to do if a child is not brought for an outpatient hospital or remote clinic appointment

- The consultant paediatrician or speciality consultant is responsible for overseeing the child in hospital outpatient clinics and for ensuring that all children who are not

brought for appointments are followed up by their GP or the referring health professional involved with the child.

- Consultants and their medical colleagues should be mindful of the fact that some children who are not being brought for appointments are at higher risk of harm e.g. chronic illnesses or need specialist referrals for issues that can significantly impact on their health e.g. squint or seizures.
- In the first instance the consultant should check if there are any safeguarding concerns i.e. child subject to a child protection, or child in need plan, has looked after child status or any other vulnerability factors.
- They should telephone the family on the day of the missed appointment. If contact is successful, then another appointment should be arranged, preferably within two weeks from the date of the original missed appointment.
- Parent/carers should be advised that their GP will be informed if they do not bring their children for their appointments.
- If the child is not brought for the second appointment the consultant should review the case assess the risk and make a decision as to whether or not there are safeguarding concerns and if there is a detrimental impact on the health of the child not being brought for their appointment. If it is thought to be detrimental then a referral should be made to children social care. The Safeguarding Children Team (SCT) can be contacted at any point for expert advice and support.
- Consultants should be assured that a system is in place to send a letter to the child's GP and referring health professional informing them that the child was not been brought for their appointment.

The same principles outlined above apply to nurse led clinics.

6.3 What to do if the service is declined in the community

- Children and vulnerable adults should be assessed in their home environment where this is part of the service offer. However, parents and carers have a right to refuse the service or parts of it and can deny access to their home by health professionals. In practice this rarely occurs and usually a compromise can be made with the parent or carer to see the individual in another setting e.g. children/health centre, or general practice.
- In all instances, where the patient/parent refuses the service, the professional should try to ascertain why the service is being refused, and document the reasons given and action taken.
- The health professional should use their judgement as to whether or not this refusal of the service may have an adverse impact on the health and development/wellbeing of the child and adult and become an issue of neglect or other forms of abuse. In such instances this should be discussed with their line manger to decide the appropriate action to take. Advice should be sought from the SCT, Safeguarding Midwives or Safeguarding Adult Team (SAT).
- Parents should be encouraged to put their 'refusal of services' in writing.
- A letter should be sent by either the health professional or their line manager inviting the patient to contact the service at any time in the future should the patient so wish.

6.4 The Unseen child in a pandemic

The Covid 19 pandemic started at the end of March 2020 as a result services were redesigned which means there has been a reduction in face to face contact with all children and their families with more consultations take place via the telephone or video system. Nevertheless, practitioners should be focussed on assuring themselves that children are safe and well. Ideally practitioners should avoid having consecutive telephone or video

consultations, alternate them with face to face contact and at each contact ensure that they speak and see the child. The process can also be used for vulnerable adults.

6.5 What do when families with children take extended holidays abroad?

- Health professionals should ask the family they are working with whether they have any plans to take extended holidays abroad and establish the length of time they plan to be away.
- If the answer is 'yes', the professional should try to plan appointments around the dates of the extended holiday.
- If there are safeguarding children concerns the health professional should ask the parent for the address they will be living at whilst abroad. In addition, they should inform children social care and the family social worker if they have one.
- If the professional is unaware of any planned extended holiday by the family, they should follow the steps outlined in section 6.3 and then discharge the child from their caseload requesting that the GP/family contact the service when the family return to the country.
- When the patient family has returned to the country, the child/family electronic records can be reopened when the service offer is resumed.

(see appendices 1a,1b,1c, ld,1e,1f)

7.0 Management of the unseen adult

If an adult particularly those who with additional vulnerabilities i.e. those with learning disabilities, dementia, mental health concerns or frailty does not keep appointments, is not seen at home, the health professional should undertake a risk assessment based on their knowledge of the health and social concerns.

They should also contact the following people to see when they were last seen:

- Next of kin or named person if given in the patient's record
- GP
- Other health professionals allocated to the adult e.g. social worker
- Care provider if the patient has one
- Local hospitals in case of admission since last seen
- Try and contact the individual by phone

Undertake an opportunistic home – discreet enquiries can be made of neighbours without breaching confidentiality to see if anyone e.g. neighbours have seen the patient.

A person-centred approach to be used to find out how best to communicate about appointment for the adult. Letter to be written in easy read format.

Undertake a risk assessment considering factors such as age, underlying health conditions, whether or not they live on their own, mobility, mental capacity, to determine if the matter requires escalation as some patients do go out socially and therefore an understanding of their normal patterns e.g. going to social clubs, shopping etc should be understood and considered. The team may decide to return to the property later or visit at an earlier time if they believe the patient has gone out prior to escalating further.

If the patient remains unseen, then the police should be asked to do a welfare visit.

The health professional should record all actions taken including next steps with a timescale, in the patient's electronic records.

8. Action to take if an individual (adult or child) address is not known (ANK)

8.1 In all cases where there are concerns surrounding the health and wellbeing of an individual and the address is not known the case must be discussed with the safeguarding adults or children teams and the health professional's line manager. The following steps should be taken:

- Check the information held on the electronic records regarding the child, adult, or family.
- Liaise with GPs and other health professionals regarding any information they may have on their information system e.g. EMIS and housing department as appropriate
- Contact any other agency involved with the individual i.e.GP/carer/AHP's/Social care, nursery/school/children centre for any new information.

If a new or forwarding address is not found for the individual, then the following steps should be taken:

8.2 Children

- Inform Children's Social Care in writing that the child (family) is Address Not Known (ANK)
- Discharge the child (family) from the caseload update the records but do not transfer them and inform the child/family GP.

8.3 Adult

- Inform Adult Social Care in writing that the adult's address is ANK.
- Discharge the patient from the caseload update the records but do not transfer them and inform the patient's GP.

9. Mental Capacity

9.1 Mental capacity' is defined as a person's ability to make their own choices and decisions. Under UK law, someone's capacity is judged according to the specific decision to be made, so a person may have sufficient capacity to make simple decisions but not more complicated ones. Under the Mental Capacity Act (MCA), 2005 there is legal protection for people who care for or treat someone who lacks capacity but any action taken must be in a patient's best interests following the least restrictive course of action.

When the person lacks capacity to make their own decisions, and there is no other decision-making authority in place, it may be necessary for someone else, often a staff member or other professional, to make the decision for the person. These are called best interest decisions, and should be made by the person best placed and proposing to make the decision (e.g. if it is a medical decision, the doctor is likely to be best placed; a social care decision, the social worker; a fire safety risk, the fire officer, etc.).

People with capacity can decide for themselves what they want to do. When they do this,

they might choose an option that other people do not think is in their best interests. That is their choice and does not mean that they lack capacity to make those decisions

9.1.2 Children It should be noted that some children and young people aged 16-18 years and some under 16 may decide not to attend appointment or be seen at home visit by professionals. Therefore, professionals will need to determine if these young people are 'Gillick competent' this means that they can demonstrate that they have the emotional and intellectual maturity and ability to understand the proposed treatment. [2] It should be noted that a young person maybe Gillick competent about one issue but not about another. Health professionals should always satisfy themselves that a young person is not being coerced and controlled to make decisions. If you have any reason to doubt the young person mental capacity a person capacity then a Mental Capacity assessment should be completed MCA (2005) and a referral made to children social care if there is a public protection concern.

9.2.2. **Adults** If staff are unsure, they should refer to all the relevant Trust Consent, Mental Capacity Act and Deprivation of Liberties Policies and seek advice from the Trust Adult Safeguarding Team.

10. Record Keeping and documentation

- The health professional must document in the child and adult records (Rio, EPR and any other record) all attempts, and actions taken to engage with or see the child or adult.
- The outcome form on EPR needs to be completed to make further appointment or discharge as appropriate.
- The reason for the visit and assessment, as well as the outcome and plan plus any risk assessment made must be recorded
- All liaison and discussions with other professionals must be documented in the records including telephone calls made for information and advice.
- Copies of any letters sent to the patient must be filed scanned and updated on the document management system.

11. Implementation

This updated policy will be disseminated across and will be available on the safeguarding pages of the Homerton intranet.

12. Training and awareness

Key messages from this policy will be incorporated in the Safeguarding adults and children core mandatory training.

13. Review

This policy will be reviewed at least every 3 year (Earlier review may be required due to the nature of the document, in response to exceptional circumstances, organizational change or relevant changes in legislation or guidance. This policy will be kept under review by the Joint Adult and Children Safeguarding Committee.

[2] https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines#heading-top

14. Monitoring/Audit

Measurable Policy Objective	Monitoring/Audit	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/committees, inc responsibility for reviewing action plans
% of children and vulnerable adults who WNB appts	C&H CCG	Quarterly dashboard	SCT and SAT service leads	Joint Adult and Children Safeguarding Committee

Sources of Evidence; References / Bibliography –Mandatory: Document the evidence used to underpin the policy

Appendix 1a

No access / failure to attend community appointments (excluding hospital outpatient appointments) - <u>where there are no safeguarding concerns:</u>

- Check child's details are correct cross reference information on EPR, RIO, eLPR check with GP, Children Centre School, Housing Department

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First Failed Contact:

- Make telephone contact with the family if successful agree another date
- If no contact offer another appt within two weeks of the first missed appt and document on RIO/EPR

⇩

Second Failed Contact:

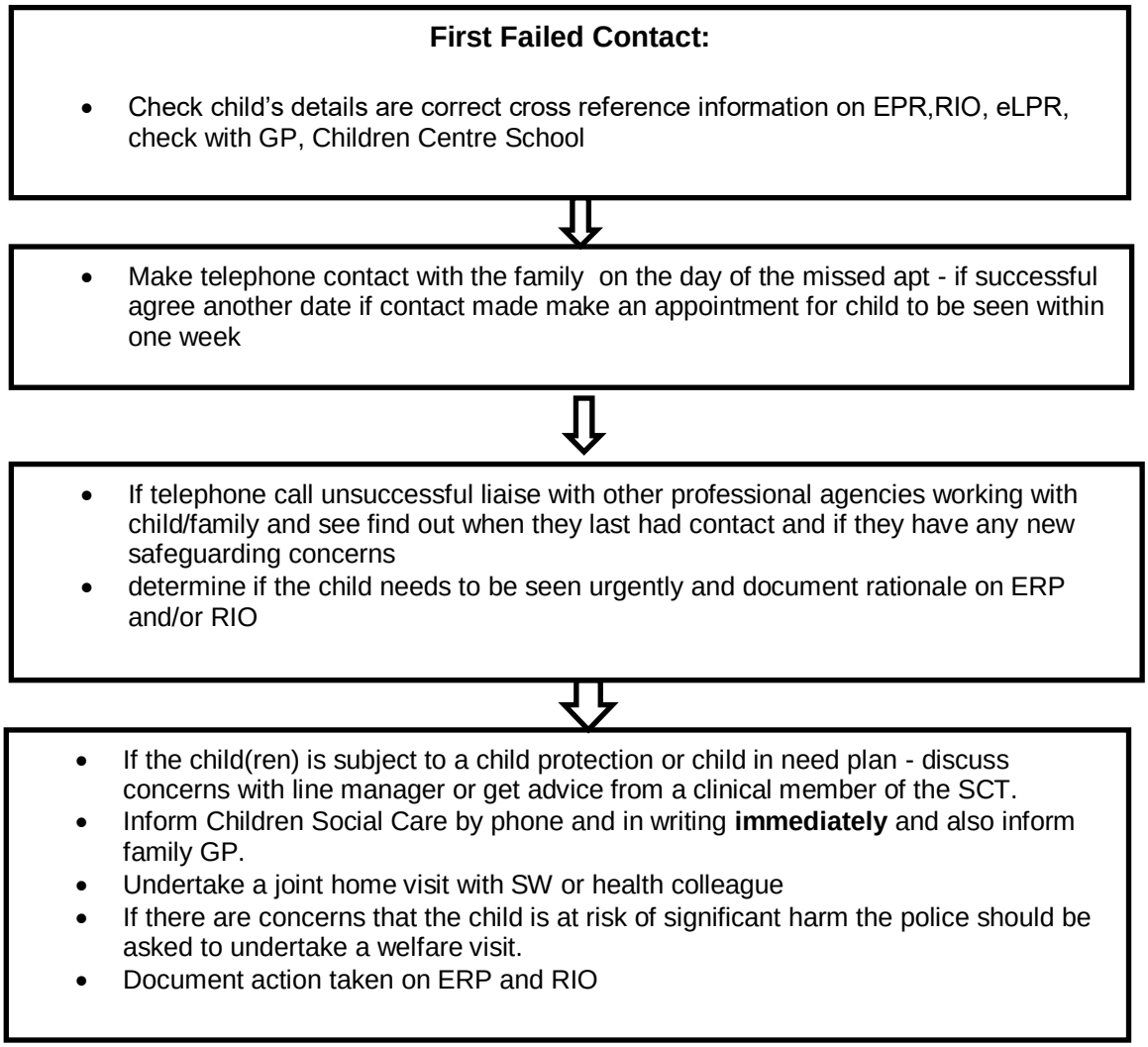
- Re check that the child/family's address and contact number is correct
- Liaise with other agencies (example GP, school, or housing department) involved with the child/family if they have seen the child.
- Consider an opportunistic home visit

⇩

- If after liaising with other agencies/professionals – safeguarding concerns **are not** identified.
- Send a standard letter advising the parent/carer that two appointments have been missed and advise them of the date of the next contact.
- Document action taken on Rio and/or EPR.

Appendix 1b

No Access/Child Not Brought for Appointment – with safeguarding concerns



Appendix 1c

Families with children on Extended Holidays

- If family says they will be out of the country for an extended period the health professional should take the following steps

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NO SAFEGUARDING CONCERNS:

- Ask parent for the expected date of return to England
- Ask the parent to contact them on their return
- Offer an appointment for the child within four weeks of their expected return to England

SAFEGUARDING CONCERNS:

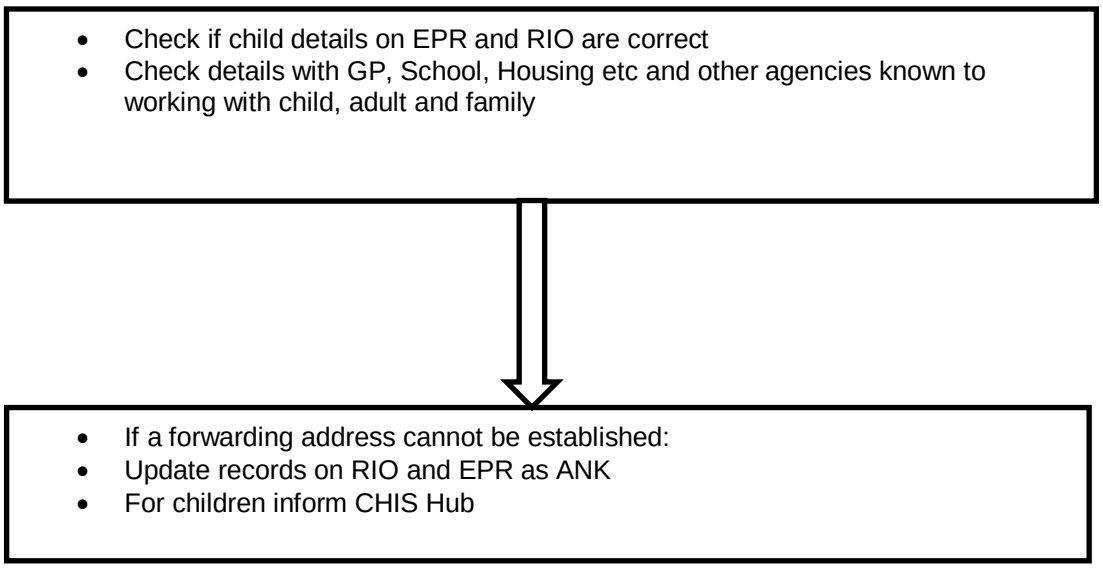
- Inform parent that you will be informing Children Social Care that the child/ren will be out of the country for an extended period of time.
- Ask for the address where the child and family will be living at while living abroad.
- Ask the parent to contact them on their return
- Offer an appointment for the child within four week of their expected return to England

⇩

- Document actions taken and rationale on Rio and EPR as appropriate

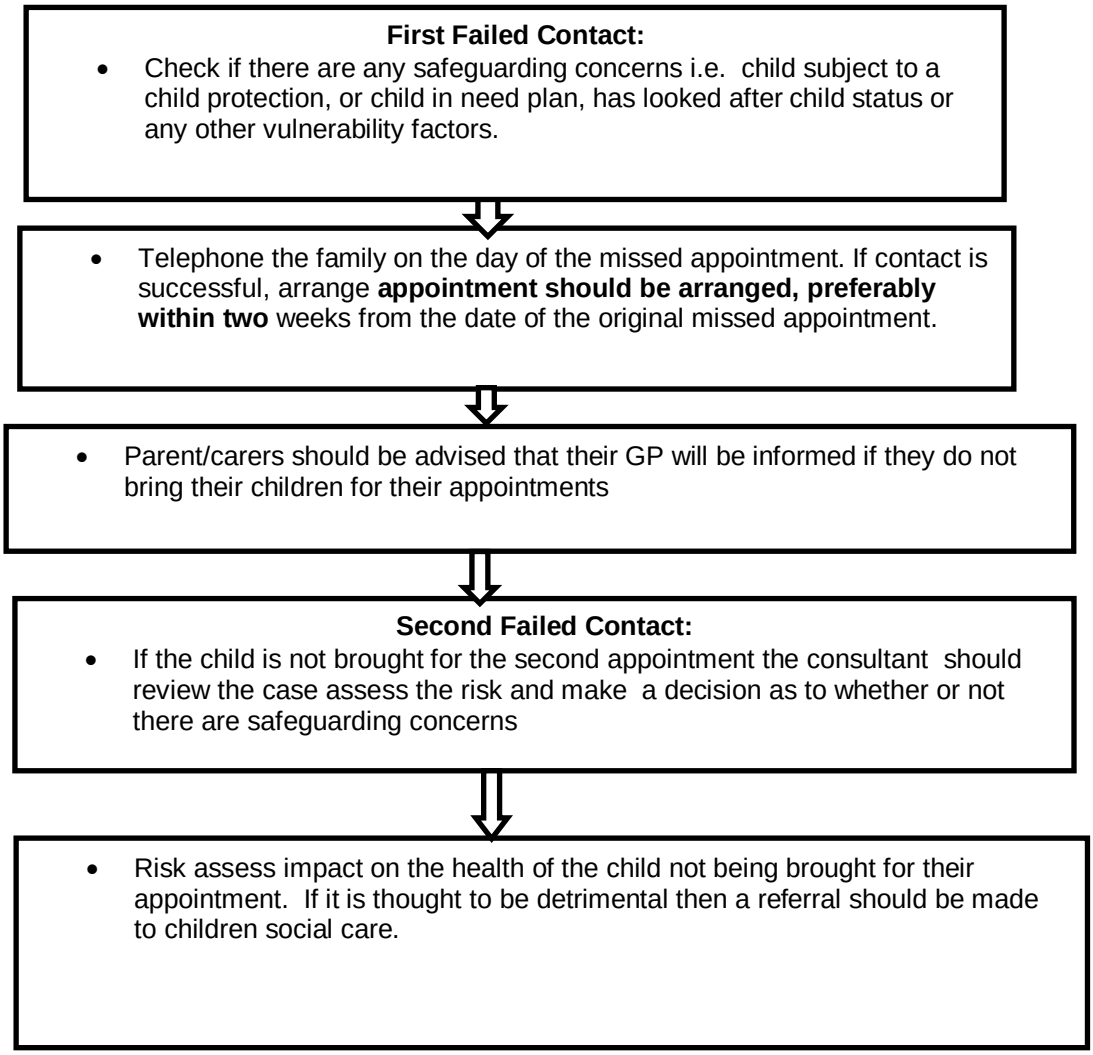
Appendix 1d

Child or Adult Address Not Known



Appendix 1e

What to do if a child is not brought for an outpatient hospital or remote clinic appointment



Appendix 1f

Unseen child pathway during Covid 19 pandemic

If the parent of a child/young person is not responding to wellbeing telephone checks by health professionals or they appear not to be at home. The following action should be taken.

Safeguarding concerns

Double check family contact details with other agencies e.g. GP, School, and Children Centre find out if using the vulnerable children place in schools.

Check address with the NEL CHIS Hub nem-tr.nelchishub@nhs.net

Assess risk by considering:

What you already know about the child in the context of their family

What the safeguarding concerns are, (high, medium, low) vulnerable, child protection plan, and child in need plan or looked after?

Try and contact the family by phone or text.

If no response and staffing levels allow and you have access to personal protective equipment (PPE) undertake an opportunistic home visit

If still no response inform children social care and the family social worker of your concerns by phone and in writing immediately: Hackney:0208 356 5500 City of London: 0207 3323621;Out of Hours both areas: 0208 3562710

Ask police to undertake a welfare visit – stress the urgency of your concerns.

Document concerns and action taken in the child's record

No safeguarding concerns

Double check contact details for family with other agencies e.g. GP, School, and Children Centre

Can check address with the NEL CHIS Hub nem-tr.nelchishub@nhs.net

Assess risk by considering:

What you know about the child in the context of their family

Try and contact the family by phone or text

If no response write to the family and ask them to make contact with you within a week from the date of the letter.

If you do not receive a response to your letter from the child's family inform children social care: **Hackney:0208 356 5500 City of London: 0207 3323621;Out of Hours both areas: 0208 3562710**

Ask police to undertake a welfare visit

Document concerns and action taken in the child's record

Appendix 2a

Name (patient) Dept, address etc
Address

Date

Dear

.

I have recently been unable to contact you to……

Please contact me at ……or phone me on …… to arrange a mutually convenient appointment time to see you and ……... If I do not hear within 2 weeks from you, no further appointments will be sent on this occasion.

Please do not hesitate to contact me further as needed and at any time if you have any concerns you wish to discuss.

Yours sincerely

Name
Job title

Cc GP

Appendix 2b

For completion when parent/carer refuses/declines services

I, (name)……(address).....
……, having been informed of the Healthy Child Programme provided by the xxxx Service at the Homerton University Hospital NHS Foundation Trust hereby confirm that I do not currently wish for the following services for my child or children as listed below. I understand that these services are available to me at any time should my wishes change, and that I can request these services from the xxxxx in the future.

☐ Healthy Child Programme – review of health and development (tick as applicable)

I have parental responsibility for the following children, for whom I do not require these services:

1.(name……..(date of birth)

2.(name) ……(date of birth)

3.(name) ……(date of birth)

4.(name) ……(date of birth)

5.(name) ……(date of birth)

6.(name) ……...(date of birth)

Dated this ……....day of……

Signed ……..

Witnessed ……(occupation)……

c.c: General Professional

Appendix 3

Adult Flow Chart