NORTH EAST LINCOLNSHIRE SAFEGUARDING CHILDREN PARTNERSHIP

OVERARCHING GUIDANCE FOR ALL AGENCIES

All organisations/services should develop agency specific guidance to address circumstances where Service Users do not attend for planned appointments, or are unavailable on visits to the Service User’s home. Such guidance should be in keeping with, and be read in conjunction with the principles in this procedure.

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1. INTRODUCTION

Practitioners working with children and their families will on occasion come across Service Users where:

• They are unable to gain access to the home; and/or
• There is a pattern of non-attendance for appointments.

Less frequently there are occasions where a Service User makes excuses for the professional not to see the child, or 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.

This guidance also sets out the principles which should be applied in circumstances where parents/carers fail to attend appointments to address their own issues (e.g. mental health, substance use), where there is a potential for such issues to have an impact on the carer’s capacity to meet the needs of dependent children.

2. CONTEXT

Contacts (either within a home or service setting) are missed by children and families for a number of reasons. Service users 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, have been 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 is primarily an issue of control, with parents feeling that they only had precarious influence over their lives and they were attempting to shut out anyone whom they perceived 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 Service User’s 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 by client or third party;
- Door step contacts, where door is opened by Service User, parent or carer, but the practitioner is not allowed/ invited into the home.

**FAIL TO ATTEND**

Where the Service User does not attend 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, i.e. children and young people are reliant on parents or carers to transport/accompany them to appointments;
• Services must not have guidance, protocol or policies which routinely discharge children or young people from their care, following failed contacts, without clear evidence that the child or young person’s vulnerability has been assessed and appropriate action taken to safeguard the child. Where organisations have policies in which adults are not sent repeat appointments if they fail to attend, these policies should not apply to children and young people;

• 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 children/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.

SECOND AND SUBSEQUENT FAILED CONTACTS – SERVICES FOR CHILDREN

1. All Services should proactively follow up children who are not brought to attend, or are not seen at planned appointments/contacts;

2. Liaison with other services/agencies should take place to check the accuracy of the home address and any recent contact with other professionals;

3. If the child is subject to a multi-agency plan, contact should be made to other involved agencies;

4. 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.

5. In circumstance, 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;

6. 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;

7. 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;

8. 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;

9. 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

1. 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;

2. Such services should proactively follow up parents/carers who fail to bring children to appointments or are not seen at planned appointments/contacts;

3. Liaison with other services/agencies should take place to check the accuracy of the home address and any recent contact with other professionals;

4. If dependent children are subject to a multi-agency plan, contact should be made to other involved agencies;

5. 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/ren have been seen by another professional/agency; and
   - The child’s needs are known to be appropriately met.

6. 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;

7. 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;

8. 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.

5. PROMPTS TO CONSIDER WHEN ENGAGING WITH FAMILIES WITH WHOM THERE ARE DIFFICULTIES IN ACCESS

- 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 have 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/carer 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?
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:

a) Discuss their concerns with their line manager or professional supervisor, or designated child protection lead;

b) 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;

c) Discuss their concerns with the key worker lead professional.