No Access Visits to Children and Young People in North Lincolnshire

April 2018

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1. Introduction

Professionals working in the community may come across children and families where they are unable to gain access to the home or where there is a recurring pattern of parent/carers failing to present a child for important appointments, including health appointments. Families can also make excuses to professionals for them not seeing the child, or refuse the service.

Nationally, Serious Case Reviews have frequently shown a history of parents/carers failing to present a child for appointments and no access visits. This also includes frequent cancellations of appointments.

This guidance should be used to assist practitioners in determining the most appropriate course of action to take in situations where the child is unseen.

2. Purpose/Background

The need for this guidance has been identified where children have become invisible to professionals and agencies. Reder, Duncan and Gray 1993 *(Reder, P; Duncan, S and Gray M – Beyond Blame: Child Abuse Tragedies Revisited, Hove: Routledge)* have identified the following:

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 changes of addresses which can also lead to frequent school moves or school avoidance. Families can leave at short notice and can often fail to inform agencies, this results in avoiding professional contact.

Disguised Compliance

This relates to how parents/carers distract and defuse 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. Scope

The document will apply to community based practitioners working with children and young people.

4. General Considerations

4a) Where a Family is Resistant to Agency Intervention and Access to Them is Problematic

Difficulties in gaining access to families do not always mean you should be concerned. It is important however that you take steps to understand why you have been denied access and to risk assess based on the information you gather.

A response to a 'no access visit' will depend on the following:

- Whether there have been any previous concerns noted and in particular;
- Whether a child is subject to a Child in Need/Child Protection Plan;
- Whether it is a first, second or third 'no access'.

4b) Prompts to Consider When Engaging With Families With Whom There Are Difficulties In Access:

- Is the address correct? (confirm with other involved agencies, Housing, Children and Young People's Service etc);
- Has the family/patient had any contact with another agency? Do you need to contact them to discuss?
- Are there any difficulties regarding literacy, language or communication?
- Have the opportunistic visits been considered?
- Are any other family members known to the service that the professional might consider contacting?
- Does the child/family understand the scope of the service provided by that specific professional?
- Is the service accessible to the child/family e.g. at a time and place that is mutually convenient?
- Is the environment where contacts are proposed acceptable to the child/family?
- Does the child/family feel that they have been listened to?
- Has the child/family previously been consulted about the service they would like?
- Has the child/family 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 she/he may not answer the door?
- Is the child/family frightened of answering the door?

4c) Triggers

- Movements into the area;
- Where concerns have been identified and intervention is required;
- Failure to attend appointments without an adequate explanation;
- Visits to child subject to a Child Protection Plan or a Child in Need or a Child With Additional Need;
- Visits where there is known violence within the family or a significant family history.

5. Situations where children may become unseen/invisible

The child may become unseen/invisible to services and professionals as a result from following situations:

- Address unknown;
- No access visits;
- Parent/carer states that the child is away or sleeping;
- Refusal of the service;
- Home educated child;
- Parents/carers failure to present a child at appointments.

5a) Door Step Visit

This is defined as a visit when the door is opened by the parent or carer and the professional is not invited into the home.

5b) Child Not Seen

This is defined as a visit when a professional has been invited into the house and the child is not seen. This may be for a variety of valid reasons. However, if the practitioner is actively prevented from seeing a child, this must be reported to the line manager.

5c) Parents/Carers Failure to Present a Child for an Appointment

All children are entitled to receive services to promote their health, wellbeing and development.

Consideration must be given to the parent's level of understanding i.e. any learning disability, literacy, language, and communication difficulties. Attempts should be made to communicate with parents in a way that is appropriate to their needs.

Professionals should take steps to ensure that parents are able to make an informed choice and be flexible in negotiating alternative means of offering services.

It is advised that professionals take into account each individual child's circumstances and the likely implications of the failure to receive appropriate services. ***NB: Babies and young children are particularly vulnerable. Children with disabilities are also vulnerable as they are at increased risk of abuse and neglect***

It is often difficult to quantify the likely risk to the child/young person/pregnant woman of non-attendance/no access. In view of this it is preferable to discuss this with the referrer, parent/carer and possibly other professionals who have knowledge of the family. In this way more information can be obtained, allowing for a more holistic assessment of the possible impact on the unborn child/child/young person from non-attendance/no-access.

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

High risk will be all children/young people/pregnant women whom it is thought require assessment/intervention to prevent permanent or serious deterioration of their condition, or for whom there is a risk of significant harm as a result of non-attendance/no access. It is essential to consider all children/young people/pregnant women who are known to Social Work Services and/or subject to a protection plan a high risk. Children with known vulnerability e.g. subject to a child protection plan, a child in care, a child with a disability etc.

6. Action to be Taken

6a) Universal Services

First no access visit

The following procedure should be followed:

- Check the address is correct. If not correct ascertain correct address and re-appoint;
- Leave a written communication at the household to inform them you have visited and request contact;
- Assess the child's health, wellbeing and risk, from the child's record;
- Give the family an opportunity to re-arrange a mutually convenient appointment;
- A no access letter should be sent to the family and a further appointment offered within five working days or sooner if the agency protocol requires this. Contact should be made by telephone if possible.
- Seek to engage the family by involving other professionals who may be more familiar to the family in their contact i.e. Health or Education colleagues.
- Pending on your level of concern, it may be necessary to share information with Social Work Services and/or GP;
- Following the first no access visit it may be necessary to inform your line manager of the difficulties around access;
- Record action in case notes.

Second no access visit

- Ensure you have undertaken the actions advised under 'First no access visit'.
- Check the address is correct. If not correct ascertain correct address and re-appoint;
- Leave a written communication at the household to inform them you have visited;
- Assess the child's health, wellbeing and risk from the child's record;
- Give the family an opportunity to rearrange a mutually convenient appointment;
- Where there is a second no access visit, a no access letter should be sent to the family and a further appointment offered within five working days or sooner if the agency protocol requires this. Contact should be made by telephone if possible;
- Seek to engage the family by involving other professionals who may be more familiar to the family in their contact i.e. Health or Education colleagues. If family live in an Ongo Homes property, liaise with the Housing Officer to request a joint visit. (Residents are in breach of their tenancy agreement if they do not allow Ongo Staff access to the property, and if this persists Ongo may take action to mandate).
- Pending on your level of concern, it may be necessary to share information with Social Work Services and/or GP.
- Following the second no access visit, it may be necessary to inform your line manager of the difficulties around access;
- Record action in case notes.

Third no access visit

- Ensure you have undertaken the actions advised under 'First and Second no access visits;
- Where there is a third no access visit discuss the concerns with the service/practice manager and agree action plan;
- Consider liaison with Children's Social Care to ascertain whether they hold any relevant information on the child and family which could inform your future decision making;
- In all instances where the parent refuses the service the professional should try to ascertain why they have reached this decision, document the reason given and action taken including the reasons for that action;
- Manager should write to the family outlining the need for contact and action that will be taken if access is not obtained;
- Action taken should be documented in the child's file.

(NB: If there are concerns that the child is now at risk of significant harm follow the LSCB Policy and Procedures Assessing Need and Providing Help and report the issue immediately to North Lincolnshire's Children's Services on 01724 296500).

6b) Early Help/Child in Need

Action to be Taken When Child in Early Help or Child in Need:

The following procedure should be followed:

- Check the address is correct – if not, ascertain the correct address and re-appoint immediately or send standard letter;
- Leave a written communication at the household to inform them you have visited and request contact;
- Assess the child's health, wellbeing and risk, from the child's record;
- Give the family an opportunity to re-arrange a mutually convenient appointment;
- The professional must check whether any other agency having contact with the child has concerns and ascertain whether there has been any recent contact with the child(ren);
- A further appointment should be offered within five working days or sooner of the agency protocol requires this. Contact should be made by telephone if possible;
- The Practitioner/Manager should write to the family outlining the need for contact and action that will be taken if access is not obtained;
- Action taken should be documented in the child's file;
- Where there is a second no access visit a no access letter should be sent offering a third visit within five working days or sooner if the agency procedure requires this;
- In all instances where the parent refuses the service the professional should try to ascertain why they have reached this decision, and document the reason given and action including the reasons for that action.

The professional must use their professional judgement regarding the urgency of making repeat visits, but:

- Where more serious concerns have been identified, professionals should discuss the situation with the Designated Officer for safeguarding children/line manager/supervisor;
- If the child is subject of an Early Help Plan, or a Child in Need Plan, the lead professional/key worker for that child must be informed and the relevant practitioners/workers involved with the family notified.

(NB: If there are concerns that the child is now at risk of significant harm follow the LSCB Policy and Procedures Assessing Need and Providing Help and report the issue immediately to North Lincolnshire's Children's Services on 01724 296500).

6c) If A Child Is Subject To A Child Protection Plan

The following procedure should be followed:

If a child is the subject of a Child Protection Plan and you cannot fulfil your responsibilities as outlined in the Child Protection Plan then you should:

a) Discuss your concerns with the designated child protection lead;
b) Discuss your concerns with the key worker;
c) Follow up discussion with key worker in writing.

The key worker and his/her manager will then consider whether it is necessary to convene an earlier Child Protection Review Conference or when there are concerns that a child may be at immediate risk of harm, whether legal action is required to secure the child/ren's safety.

7. Record Keeping

Record keeping is an integral part of evidence based practice:

- The best record remains one that is the product of consultation and discussion between all the professionals involved and the family;
- All organisations will have their own record keeping policies and guidance however; there are a number of factors that contribute to effective record keeping

Case records should:

- Be factual, consistent and accurate, recorded in a way that the meaning is clear;
- Be accurately dated, timed and signed, with the signature printed alongside the first entry;
- Where it is a written record, be attributed to a named person in an identifiable role for electronic records.

8. Information Sharing

Information held individually by agencies within North Lincolnshire may be appropriately shared with other partners to ensure that services and resources are made available to children and families. The network of information will convey more of an overall picture of a child or their family to service providers which in turn allows them to offer better quality services. Evidence shows that judgements are better when all the information is made available.

9. Consent

It is usual to seek consent to share information about a child or family unless it is a child protection issue. Parents/carers of young people who are deemed to be competent minors should be clearly informed what sharing they are consenting to and their consent should be evidenced by a signature.

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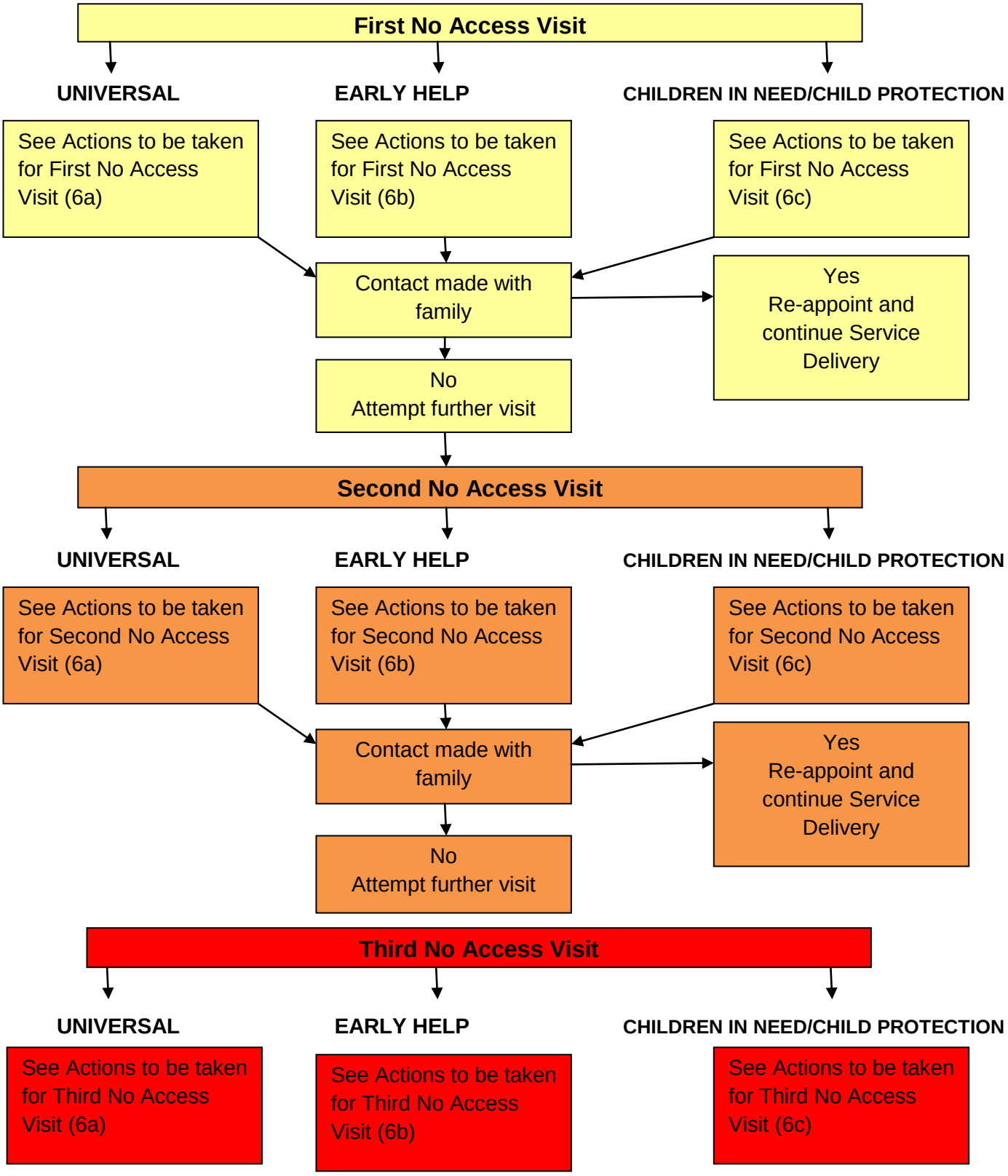
Note: Professionals must use their professional judgement regarding the urgency of implementing the actions within this process – seeking safeguarding supervision as required



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