

DOCUMENT CONTROL	
Title:	Non- access to a Client’s Home / Non- attendance at Clinic Appointments Policy
Version:	3
Reference Number:	CO083
Scope:	
<p>This document is intended to provide information to all health professionals who require access to adults, children and families, in their own homes or at community venues, to ensure health service provision.</p> <p>Where the access has been delegated by a registered practitioner to a non-registered healthcare worker, it is the responsibility of the registered practitioner to ensure that this policy is followed and that the non-registered worker understands their role, responsibilities and reporting mechanisms for non- access visits and non-attendance at clinic appointments.</p> <p>Commissioned provider services must use this policy unless they have decided their own procedures which have been agreed and ratified by Pennine Care NHS Foundation Trust’s Local Borough Integrated Governance Groups (BIGGs)</p>	
Purpose:	
<ul style="list-style-type: none"> • To provide practitioners with a clear policy for managing non- attendance at clinic appointments and non-access/child not brought visits to adults and children. The scope of the policy is outlined below in section 4.0 • To minimise and manage any potential risk to children and adults at risk in a safeguarding context. • To ensure a quality, timely and cost effective service is provided • To provide a cost effective means of managing incidence of non- attendance at clinic appointments and/or non- access visits. • To enable clients to maintain contact with service providers • To reduce the risks associated with children & adults identified at risk as per Care Act (2014) and The Children Act (1989;2004) 	
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Best Practice	
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Version 2	

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Owner:	
Township Lead – Petra Hayes-Bower	
Individual(s) & group(s) involved in the Development:	
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The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly: <ul style="list-style-type: none"> • Township Leads • Professional Lead Safeguarding 	
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Responsibility of:	Township Lead
Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
CL002	Consent to examination or treatment policy
CL010	Incident reporting, management & investigation policy.
CL122	Safeguarding Families Policy
RM001	Records Management Policy
RM007	Protocol for the Management of Community Service Health Records.
Policy Associated Documents:	
TAD_CO083_01	Pathway for Non Access to Home Visit
TAD_CO083_02	Pathway for Non Attendance at Clinic
Other external documentation/resources to which this policy relates:	
	Children's Act (1989; 2004) The Children Act
	The Care Act 2014 The Care Act
	Greater Manchester Children's Safeguarding Procedure
	Working with Families Who Display Disguised Compliance http://www.trixonline.co.uk/website/news/pdf/policy_briefing_No-197.pdf
	Greater Manchester Childrens Safeguarding Procedure-Dealing with Persistent Non-Engagement with Services by Uncooperative families
	Greater Manchester Childrens Safeguarding Procedure-Common Assessment Framework/Early Help Assessment
	Greater Manchester Childrens Safeguarding Procedure-Common Assessment Framework/Early Help Assessment
	Mental Capacity Act (2005) Mental Capacity Act
CQC Regulations	
This guideline supports the following CQC regulations:	
Regulations 9	Person centred care
Regulation 12	Safe care and treatment
Regulation 13	Safeguarding service users from abuse and improper treatment
Regulation 18	Staffing

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1. INTRODUCTION

Pennine Care NHS Foundation Trust (PCFT) provides community based services with a facility to visit a service user within their own home or alternatively provides the client access to services in another community setting i.e. clinics, where clinically appropriate at that time. It is inevitable that some appointments will result in non-access to the home, or non-attendance to a community setting. To minimise risks associated with non-access visits/appointments, this policy has been developed as a framework for all staff. The risks that increase a person's vulnerability should be appropriately assessed and identified by the health care professional at the first contact and throughout the care pathway (CL122 – Safeguarding Families Policy).

This document is an overarching policy and all services must have a ratified standard operating policy (SOP) in place with details on how to manage clients who do not attend clinic appointments or where staff fail to gain access to a client's house when carrying out a home visit. As a prerequisite, the practitioners referring to this policy must have up to date attendance at PCFT's mandatory training, resulting in knowledge of both or either adult/children safeguarding. Throughout this policy, practitioners need to bear in mind the risks associated with vulnerable children and adults.

2. PURPOSE

- To provide practitioners with a clear policy for managing non-attendance at clinic appointments and non-access/child not brought visits to adults and children. The scope of the policy is outlined below in section 4.0
- To minimise and manage any potential risk to children and adults at risk in a safeguarding context.
- To ensure a quality, timely and cost effective service is provided
- To provide a cost effective means of managing incidence of non-attendance at clinic appointments and/or non-access visits.
- To enable clients to maintain contact with service providers
- To reduce the risks associated with children & adults identified at risk as per Care Act (2014) and The Children Act (1989;2004)

3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

Trust Board – The Trust Board has overall responsibility for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents. The Board have overarching responsibility for compliance with the relevant legislation and guidance associated with non-access.

Staff – Each member of staff must be familiar with this document and that this policy is built into working practices. Line Managers must ensure they are made aware of any incidents or breaches of this policy and have the responsibility for ensuring that they are immediately reported via PCFT incident reporting mechanism.

All Employees, contractors and anyone providing a service on behalf of the Trust

All staff, including temporary and agency, are responsible for ensuring that the information in this policy/relevant legislation is adhered to. Where legislation contradicts this policy legislation should be used.

Responsibilities of all staff include:

Compliance with relevant Trust policies.

Co-operating with the development and implementation of policies and procedures as part of their normal duties and responsibilities.

Identifying the need for change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national policy directives, and advising their line manager accordingly.

Identifying training needs in respect of the policies and procedures and bringing them to the attention of their line manager.

Attending training / awareness sessions when provided.

For those services utilising choose & book & central booking, a system needs to be implemented where the practitioner is notified of any non-attendance, to enable them to manage this issue.

All services delivering Choose and Book, working to referral to treatment targets of 18 weeks need to refer to their own guidelines to manage non-attendance at clinic appointments and when it is appropriate not to pursue any further to refer back to the Initial referrer to restart the process.

4. DEFINITION

Children –in this policy, as in the Children’s Act (1989; 2004) a child is anyone who has not reached their 18th birthday.

Did Not Attend (DNA) – non- attendance at clinic appointment without cancellation.

Non Access Visit (NAV) – not available at home to be seen for pre-arranged appointment.

Was Not Brought - no means to access services independently

Individual or Family Disengagement (this may also be referred to as ‘Disguised Compliance’) - disengagement is when an individual (child/young person/adult/vulnerable

adult or parent/carer) does not respond to requests from health professionals. Behaviours of disengagement are usually cumulative and may include:

Disguised Compliance - Disguised compliance is defined by the NSPCC as involving “a parent or carer giving the appearance of cooperating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention.”

Examples of parental behaviours which indicate disguised compliance include:

- Parents who fail to engage with professionals and avoid contact
 - Repeated cancelling and rescheduling of appointments
 - Parents who tell workers ‘what they want to hear’, and who appear to agree about the changes needed but who then put little actual effort into making any change
 - Selective engagement - where parents do ‘just enough’ to keep professionals at bay
 - Parents who manipulate situations and make it difficult for professionals to see the child(ren) alone
 - Parents insisting on pre-arranged visits (perhaps in order to clean the house first)
 - Sporadic compliance - such as a sudden increase in school attendance, attending a run of appointments or engaging well with some professionals for a limited period of time
 - Deflecting attention - for example by criticising other workers
 - Controlling discussions - ensuring focus is on the parents and their problems, rather than the needs of the child(ren).
- Attached on the front control sheet is a briefing paper providing further guidance on;
- What is Disguised Compliance?
 - Why does Disguised Compliance occur?
 - How does it Disguised Compliance harm children?
 - Recognising Disguised Compliance- Think the Unthinkable
 - Tips for practice- How to Tackle Disguised Compliance

An Adult at Risk of Abuse or neglect

An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves. The Care Act 2014

5. REFUSED ACCESS/DECLINED SERVICES

- Clients/families have the right to choose not to accept a service. Where there has been an actual refusal of service, the healthcare professional must try to ascertain the reason for this decision and document the reason given and any action taken. An Impact Assessment should be completed to support appropriate decision making (TAD_CO083_01). This should include documentation in the client’s health records. If the practitioner feels the refused access is not in the client’s best interest or there is

cause for concern then a discussion must be held with the referring agency and/or appropriate safeguarding team and the appropriate safeguarding procedures (Greater Manchester Safeguarding Procedure) should be followed. Consideration for accessing safeguarding supervision should be made and Clients/carers should be encouraged to put their refusal in writing.

- Where the service is operating on an 'opt-in' basis, a letter will be sent to invite the client to make an appointment. If the client declines to make an appointment practitioner feels the refused access is not in the client's best interest, or there is cause for concern, then a discussion must be held with the referring agent and the appropriate safeguarding procedures should be followed.

6. FAILED ACCESS RELATING TO CHILDREN AND ADULTS

Practitioners must take into account each individual's circumstances and the likely implications of the failure to receive appropriate services. An Impact Assessment should be completed to support appropriate decision making (TAD_CO083_01). This should include documentation in the client's health records. If the practitioner feels the failed access is not in the client's best interest or there is cause for concern then a discussion must be held with the referring agency and/or appropriate safeguarding team and the appropriate safeguarding procedures (Greater Manchester Safeguarding Procedure) should be followed. Consideration for accessing safeguarding supervision should be made. This is particularly important where the client is an adult at risk, infant, or young person (see pathway TAD_CO083_011).

Points to be considered when clients do not attend clinic appointments or staff fail to gain access to a clients' home.

- If a child/adult has failed to attend/was not brought to an appointment or is absent for a home visit, check that the address is correct.
- If the child/adult/family is already subject of concern or subject to a child protection/safeguarding plan an alert must be made to the relevant safeguarding team and the safeguarding policy followed.
- If there are immediate clinical implications of the child/adult not attending appointments the case should be followed up as a matter of urgency. A referral to social care may be necessary. The responsibility for any risk assessment of the situation rests with the practitioner. If you are unsure discuss with your safeguarding supervisor, line manager or your Safeguarding team.
- The practitioner must consider the needs of the individual, the carers/parents capacity to meet those needs, environmental factors and the patient's social circumstances. The practitioner must identify whether intervention is required to secure the individual's welfare.

- As with all clients, consideration must be given to the carer/parent's level of understanding i.e. any learning disability, literacy, language, and/or communication difficulty. Consideration of whether a formal capacity assessment is required should be made ([How is Mental Capacity assessed](#)). Attempts should be made to communicate with the parents/carers in a way that is appropriate to their needs. This may require, for example, involving the interpreting service.
- Practitioners must take steps to ensure that carers/parents are able to make an informed choice and be flexible in negotiating alternative means of offering services. In non-urgent circumstances this may entail sending a letter to the parents/carers.
- The practitioner must reinforce the significance of the outstanding appointments and the implications of failure to uptake services for the adult/child.
- For non-access visits the practitioner should leave a written communication that they have called as arranged and record the visit in the clients record. The note/calling card must include contact telephone number, date and time of visit.
- Practitioners attending an adult at risk and failing to gain access should attempt to contact the patient or next of kin if the adult lacks capacity.
- Practitioners should share information with other relevant professionals as per information sharing protocols.
- All interventions, contacts and attempted contacts should be documented in the clients record of care/electronic records ensuring a chronology is completed in all health records (refer to LCSB practice guides on use of chronologies)
- Practitioners attending adults at risk when there has been a non-access visit should ensure that Out of Hours (OOH) services, if they are involved, are aware of any on-going concerns.
- The GP and/or referrer must be informed of discharge due to persistent non-engagement relating to children/ adults at risk.
- Practitioners should raise a safeguarding alert with the Local Authority if they feel the adult is at risk of significant harm as a result of non-engagement.
- Where a triage system is used, requests for service (referrals) will be evaluated in order to ensure that clients with the most need are identified and prioritised (refer to individual service SOP where triage is in operation).

REPEATED/PERSISTENT DID NOT ATTEND, NO ACCESS VISIT, WAS NOT BROUGHT (children and adults)

- The practitioner should complete an Impact Assessment (TAD_CO083_01) liaise with the appropriate professionals who have knowledge of the family/carers.
- If services would normally be accessed in a clinic or a primary care surgery, day care centre or school, consideration should be given to a home visit to access the individual.
- Where children/adults at risk local safeguarding guidance should be consulted to aid decision making about the level of intervention required with support from their Safeguarding team if required.
- Practitioners should consider whether a referral to Social Care may be indicated (see pathway in CO083, Impact Assessment, and Greater Manchester Safeguarding Procedure).

7. MANAGING DID NOT ATTEND, NO ACCESS VISIT, WAS NOT BROUGHT FOR CHILDREN/ADULTS AT RISK WHO ARE SUBJECT TO A SAFEGUARDING ACTION PLAN

- The practitioner must document/record on the chronology and share with Core Group members/relevant professionals involved any missed appointments. If there are concerns risks are escalating due to the non-attendance contact the social worker directly, if the social worker is unavailable contact the duty social worker.
- The practitioner should record the contact with Social Services in the individual's records and on the family chronology.

8. MANAGING DISENGAGEMENT

In order to safeguard and protect the welfare of children, young people and adults at risk, professionals should be aware of the risks and damaging impact disengagement from health care can pose.

Disengagement is a strong feature in domestic abuse and in the serious neglect and physical abuse of children. Individuals may suffer significant harm in terms of their physical, mental health or development where disengagement exists.

- Practitioners should ask adult clients (when they are being seen in any health setting) whether there are children or adults requiring support in the home and they must consider the impact of adult disengagement on those individuals disclosed.
- Practitioners should attempt to maintain lines of communication with the family/carers as much as possible, including consideration of offering an alternative worker where appropriate. However, practitioners must guard against collusion with the family.
- A chronology must be started for individuals/families where there is disengagement.
- All children/young people/adults should be registered with a GP to ensure that their care is co-ordinated and information is drawn together to inform assessment.
- Adults and parents of children must be encouraged to register with a GP. Where the service is not GP attached, the service must continue to attempt to work with unregistered individuals whilst continually encouraging registration with a GP. Refusal to register an adult at risk or child with a GP must be discussed with the practitioner's line manager and the Lead for Safeguarding where appropriate.
- Practitioners must analyse/risk assess situations where disengagement is a feature. Where children/adults at risk are concerned, local Safeguarding guidance must be followed.
- Any assessment of risk must focus on assessing the individual's needs and the parents/carers capacity to meet those needs.
- Practitioners should seek further information from other professionals working with the family.

- The practitioner must inform other professionals/agencies of disengagement of a family.
- Practitioners must consider convening a multi-disciplinary team meeting to share information and agree a way forward.
- Cases of disengagement where there are concerns for a adult at risk or child's welfare must be discussed with the relevant safeguarding leads. An action plan should be agreed which may include a referral to Social Care.
- Practitioners must record all non-access visits or non-attendance at clinic appointments. Staff must analyse risks and clearly record their analysis, observations, conclusions and actions taken, ensuring that copies of letters and referral forms are kept.

9. FAILED ACCESS TO A CHILD/ADULT AT RISK WHO HAS MOVED IN TO THE AREA

- If a child moves in to the area then the local 'movement in' procedures should be followed by the relevant services e.g. Health Visiting/School Health Service.
- All actions must be fully documented in the child's record.

10. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure.

11. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

12. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

13. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

14. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

15. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

16. REFERENCES

Care Act 2014

Equality Act 2010

Freedom of Information Act 2000