

Procedure for action with regards to no access visits, failed contact and refusal of services (Health Visiting and School Nursing)

Community Health Newham

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Name of originator/author:	Alberta Awotwi & Rosemarie Reynolds Blanche
Name of responsible committee/individual:	Paediatric Governance Group, Community Health Newham
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1 Introduction

1.1 Research and lessons learnt from Serious Case Reviews following the death of children, informs practice and identifies that when families are highly mobile and/or access to professionals is denied, the children have a higher risk of vulnerability. Therefore every effort must be made to establish contact with families when there are no access visits or failed contacts.

1.2 When English is not the family's first language, the health professional must use a Health Advocate to arrange appointments and must arranged for a Health Advocate to be present at any contact. The family must be informed that a Health Advocate will be present.

1.3 This procedure should be read in conjunction with;

1.3.1 Procedure for Action with Regard to Missing Families and Children

1.3.2 Protocol for School Entry Health Assessment

2 Definitions

2.1 Planned visit - a visit made to a family home for which there has been prior contact with the family to arrange a suitable time and date for the visit.

2.2 Opportunistic visit- a visit made to the family home where there has been no prior contact with the family.

2.3 No access visit- a planned visit where a health practitioner was unable to gain entry the family home.

2.4 Failed contact- where a health professional has attempted to see a child in school or clinic and either the family has defaulted on the appointment or the child is not in school.

3 General Principles

3.1.1 The aim of this procedure is to support staff in their day to day work, improve communication and promote positive outcomes for children.

3.1.2 The objective of this procedure to establish clear processes for responding to no access visits, failed contacts and refusal of services.

4 No access visits / failed contact

4.1 Antenatal contacts

The antenatal contact should occur by appointment when mother is 28 to 34 weeks gestation. The health visitor is expected to make contact by phone with family to agree a convenient time for a home visit. If there is no access, the health visitor must leave a calling card or letter stating the date and time of next visit, health visitor's name, address and contact details for mothers on the Universal Pathway

4.1.2 Where there has been a no access visit, the second visit must be within five working Days for mothers on Universal Plus / Universal Partnership Plus pathway.

4.1.3 If there is no access at the second visit, a letter must be left inviting parents/carer to contact the health visitor to arrange a visit. A copy of this letter will be sent to general practitioner and midwife/Safeguarding midwife with a covering letter or via email requesting they contact the health visiting service with any new information regarding the family.

4.2 New Birth Visits

4.2.1 The new birth visit should occur by appointment between the 10th and 14th days after delivery, the health visitor having previously made contact by phone to agree a convenient time with the family. If there is no access the health visitor must leave a calling card or letter stating the date and time of next visit, health visitor's name, address and contact details.

4.2.2 Where there has been a no access visit, the second visit must be completed within five working Days except where the birth notification was received late.

4.2.3 If there is no access at the second visit, a letter must be left inviting parents/carer to contact the health visitor to arrange a visit. A copy of this letter will be sent to general practitioner and midwife with a covering letter requesting they contact the health visiting service with any new information regarding the family.

It is important that all no access visits reflect Trust record management policy and NMC record keeping guidelines.

4.2.4 The health visitor must also:

- Contact the community midwifery team to clarify address and access details.
- Check RiO and the Patient Demographic Service.
- Check the general practitioner registration on RiO / PDS and contact the GP (as above).
- Contact any other agencies working with the family for information on how to establish contact with the family and change of address (e.g. Children's Triage or at Family Support Network (FSN) meetings).

- Contact the Registrar of Births and Death to enquire about the address given when birth was registered.

4.2.5 The health visitor must inform their line manager that there has been a no access New Birth Visit.

4.2.6 Where information gathered suggests the family has moved to another address, the health visitor should hand over to the appropriate health visitor immediately. If the new address is in Newham, the new health visitor should follow the above procedure.

4.2.7 If the health visitor identifies that the family are no longer living at the address given and they do not know the forwarding address, they must follow the 'Procedure for Action with Regard to Missing Families and Children'.

5 Transfer-in visits

5.1.1 Health visitors are expected to make contact with a family on Universal care package within 28 days of receiving records or other information which indicates that a family with a child or children under the age of five has moved into the area. If there are any identified concerns with the family (Universal Plus / Universal Partnership plus care package), then the **transfer-in visit must be completed within 5 working days**.

5.1.2 A transfer-in visit should be a planned visit.

5.1.3 If previous records are not yet available and the previous address is known, these should be requested.

5.1.4 If there is no access the health visitor must leave a calling card stating the date and time of next visit, health visitor's name and contact details.

5.1.5 Where there is no access at a second visit, the health visitor will send a letter outlining the services available, giving the name and contact telephone number of the health visitor. This letter will be copied to the family's GP.

5.1.6 If the health visitor identifies that the family are no longer living at the address given and they do not know the forwarding address, they must follow the 'Procedure for Action with Regard to Missing Families and Children'.

5.2 Failed contact for school aged children

5.2.1 When a school nurse has attempted and failed to make contact with a child or parent, they should discuss this with their contact in school (e.g. Child Protection Coordinator or Special Educational Needs Coordinator) to ascertain the child's whereabouts and if the school have any concerns regarding the child.

5.2.2 If no concerns are indicated in the records and liaison with school staff confirms this, the school nurse will document the outcome of their investigations in RiO Progress

Notes. All subsequent routine school health services will continue to be offered with outcomes documented.

5.2.3 If the child is found to have left the school, the school nurse should ascertain the new school and transfer the child's care as per protocol (see Record keeping & management for integrated health visiting and school nursing records).

6 Health Visiting or School Health Service refused

6.1 Health visitors and school nurses must discuss the future management and provision of a health service to the family who have refused access with their line manager.

6.2 Where there are no concerns, the family's refusal to accept services should be acknowledged in writing by the health visitor or school nurse advising of routine services (e.g. assessments and immunisations and clinic times). Family should be encouraged to initiate contact should they have any health concerns. A copy of this letter must be uploaded on the RiO records and a copy sent to the GP.

6.3 School nurses will adhere to the Protocol for School Entry Health Assessment (SEHA) which details actions to be taken when a child starts at a Newham School (whether at Reception or a transfer-in from another area). It includes actions to be taken when parents do not engage with the process.

7 No access, failed contact or refusal of services where there are safeguarding Concerns

7.1 When no access, failed contact or refusal of services raise concerns, the health visitor or school nurse should discuss these concerns with their line manager and child protection supervisor and referral to Children's Triage should be considered. The health visitor/school nurse must also inform the Named Nurse for Safeguarding Children.

7.2 When a child / family are already known to social care, the social worker must be informed of the no access visits / failed contact and this must be confirmed in writing and appropriate follow up requested (e.g. joint visit if social worker has access or a professionals meeting convened).

7.3 A copy of any letter sent to the parent / carers regarding the no access / contact must be uploaded to Documents in the child's record on RiO and a copy must be sent to all known professionals working with the family, requesting they inform the health visitor / school nurse if successful contact is made with the child / family.

7.4 The health visitor / school nurse must inform their child protection supervisor of any no access visit / failed contact for all children where there are child protection concerns or the child is subject to a child protection or child in need plan to discuss any further actions required.

7.5 Where a child has transferred into the area and there are known child protection concerns or the child is subject to a child protection or child in need plan, the previous health visitor / school nurse and the child's social worker must be contacted and

informed of the no access / failed contact, to ensure that a transfer to the area has occurred as previously planned.

7.6 Where the family has refused services and there are known child protection concerns or the child is subject to a child protection or child in need plan, the child's social worker should be contacted informing them that the family is not adhering to the child protection or child in need plan.

The impact on the child/children's health and development should be indicated. A copy of this letter must also be sent to the family's GP and their child protection supervisor should be informed.

7.7 Regular liaison with all professionals must occur, any relevant information shared and alternative ways to engage with the family should be explored (e.g. joint visits).

All correspondences to professionals can be emailed via secure means or faxed to GPs ensuring Information Governance guidelines are not breached. A copy of these correspondences should be uploaded on child's RiO records.

Reference

9.1 Working Together to Safeguard Children (2015)

9.2 London Safeguarding Children Board Procedures (2013 & 2014)

9.3 Transfer – In Pathway December 2014

10 Equality statement

10.1 Addressing diversity must be an integral part of the safeguarding children in terms of

- The need to provide Health Advocacy support to families where English is not their first language.
- The Health Visitor or School Nurses practice and service delivery to children and families and or engagement with service users, partners and stakeholders irrespective of their ethnic/cultural background.

Appendix1-

Consultation Document

Emailed for consultation on 04/03/2015

Dear Colleague,

The Safeguarding Children Team is currently updating the Procedure for action with regards to no access visits, failed contact and refusal of services (Health Visiting and School Nursing) Community Health Newham. Your comments on the attached draft document would be appreciated. Could you please see the enclosed / attached document and return the lower portion of this form to me by 11/03/2015. A copy of this form has been sent to those listed below. If you know of anyone else that should be included in this consultation process, please let me know. Thank you for your input.

Reagender Kang, Designated Nurse for Safeguarding Children

Jonathan Warren, Director of Nursing

Eirlys Evans, Deputy Director of Nursing

Jan Pearson, Associate Director for Safeguarding Children

Ian McKay, Head, Children, Young People and Women's Services

Sarah Rolfe, General Manager & Lead Nurse for Children & Young People

Agnes Adentan, Acting Named Nurse for Safeguarding Children and the Safeguarding Children Team.

Fayrus Abusrewil Named Doctor for Child Protection

Tatenda Chigodora, Omowunmi Adebayo, Mojisola Ogunsola, Odilia Gamor Integrated Team Managers for the Health Visiting and School Nursing Service

School Nurses & Health Visitors (as per the Global Distribution Lists)

Feedback and comments received via email from:

Sarah Rolfe General Manager & Lead Nurse for Children & Young People -09.03.2015

Agnes Adentan, Acting Named Nurse for Safeguarding Children and the Safeguarding Children Team- 10.03.2015

Tatenda Chigodora- Integrated Team Managers for the Health Visiting and School Nursing-26.03.2015

Appendix 2-
Distribution List

Reagender Kang, Designated Nurse for Safeguarding Children

Jonathan Warren, Director of Nursing

Eirlys Evans, Deputy Director of Nursing

Jan Pearson, Associate Director for Safeguarding Children

Ian McKay, Head, Children, Young People and Women's Services

Sarah Rolfe, General Manager & Lead Nurse for Children & Young People

Agnes Adentan, Acting Named Nurse for Safeguarding Children, Safeguarding Children Team and Children Triage
(Safeguarding Practitioners/ Specialist HVs)

Fayrus Abusrewil Named Doctor for Child Protection

Tatenda Chigodora and Moji Ogunsola, Omowunmi Adebayo and Odilia Gamor Integrated Team Managers for the & Health
Visiting & School Nursing Service

School Nurses & Health Visitors (as per the Global Distribution Lists)

Appendix 3a

Community Health Newham Directorate
Clinic name
Clinic address
Tel:

Date

Dear

Congratulations on the birth of your baby, I hope you and your family are well.
I called to see you today (*insert date*). Unfortunately you were not available and I was unable to meet with you.

As a health visitor, I have a statutory obligation to offer you a visit after the birth of your baby. The purpose of my visit is to make a family assessment and provide advice and information on health matters.

I am able to offer support and advice to you and your family until your child is five years old. During this time I will be offering you appointments to assess your child's health, growth and development in accordance with the Healthy Child Programme. I plan to visit you again on (*insert day and date*) at (*insert time*).

Please contact me on the above telephone number if this is not convenient and we can arrange another time.

Thank you

Appendix 3b



Community Health Newham Directorate
Clinic name
Clinic address
Tel:

Date

Dear

Congratulations on the birth of your baby, I hope you and your family are well. I have attempted to visit you on *(insert day and date)* and *(insert day and date)*. Unfortunately you were not available and I was unable to meet with you on either occasion. As a health visitor, I have a statutory requirement to offer you a visit after the birth of your baby. The purpose of my visit is to make an assessment and provide advice and information on family health matters.

Please contact me on the telephone number to arrange a convenient time for me to visit.

Thank you

Signature

Name

Health Visitor

Cc General Practitioner
Midwifery Manager
Children's Social Care

Appendix 3c



Community Health Newham Directorate
Clinic name
Clinic address
Tel:

Date

Dear

Re: Name of child, date of birth, family address

This is to inform you that I have been unable to gain access to the above family.
Please find enclosed a copy of a letter I have sent to the above child's family.

Please inform me if and when you have contact with the family or if you have additional information that will enable me to make contact with the family.

Thank you

Signature

Name

Health Visitor

Cc GP

Appendix 4



Community Health Newham Directorate
Clinic name
Clinic address
Tel:

Date

Dear

Further to our contact/discussion on (*insert date*), I am writing as agreed to acknowledge that you have stated you do not wish to have routine appointments sent to you by the health visiting / school health service.

You can access the service at any time by making contact with me or a colleague on the above telephone number if you require advice or support.

I have sent a copy of this letter to your GP for information.

Thank you

Signature

Name
Designation

Appendix 5



Community Health Newham Directorate
Clinic name
Clinic address
Tel:
Date

Dear

I understand you have recently moved into the area.

I attempted a visit you to your family home on ----- in order to carry out a health needs assessment for your family. I would like to provide you with information on local health services.

As a health visitor I am required to make contact with you following changes of address, unfortunately I was not able to do so on (date) as you were not available.

Please contact me on the above number to arrange an appointment convenient for you. Alternatively you may wish to visit you nearest clinic which is:

(insert name, address, date and times of clinic)

Thank you

Signature

Name

Health Visitor

Cc GP

Appendix 6
Flow Chart for Guidance for No access visits

