

# **Pan Bedfordshire Guidance No Access Visits to Children and Young People**

**This guidance should be read alongside the  
Was Not Brought Guidance**

## **Introduction**

Professionals working in the community may come across children/young people/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/young person for important appointments, including health appointments. Families can also make excuses to professionals for them not seeing the child/young person, or refuse the service. This guidance is also in relation to pregnant women.

Nationally, Case Reviews have frequently shown a history of parents/carers failing to present a child/young person 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.

## **Meaning of 'No Access'**

'No Access' is a term which describes the following situations, in a context where there are concerns for the safety of a child/young person;

- Admittance to the house is not obtained for a visit that has been made by appointment and there is not a plausible reason for this.
- There is no response to a visit to the home, whether or not by appointment, and there is reason to believe that the lack of response is due to non-cooperation.
- Once in the home, access to the child(ren)/young person in the house is unreasonably denied.
- An appointment made to see the child(ren)/young person, whether in the home or elsewhere, is not kept.

Practitioners must also be aware of possible attempts to delay or avoid contact, such as requests to re-arrange a planned visit, particularly also when the re-arranged appointment is not kept.

'No access' may occur at any point.

## **Purpose/Background**

The need for this guidance has been identified where children/young people 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 child(ren) 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 and 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/young person to be seen but from a distance, through a window etc.

### **Scope**

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

## **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/young person 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's Services 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, e.g. schools, GP?

- Does the child//young person/family understand the scope of the service provided by that specific professional?
- Is the service accessible to the child//young person/family e.g. at a time and place that is mutually convenient?
- Is the environment where contacts are proposed acceptable to the child/young person/family?
- Does the child//young person/family feel that they have been listened to?
- Has the child//young person/family previously been consulted about the service they would like?
- Has the child//young person/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//young person/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 or Child in Need Plan or Early Help support
- Visits where there is known violence within the family or a significant family history.

### **Situations where children//young people may become unseen/invisible**

The child//young person 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/young person is away or sleeping;
- Refusal of the service;
- Home educated child/young person;
- Parents/carers failure to present a child/young person 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/young person is not seen. This may be for a variety of valid reasons. However, if the practitioner is actively prevented from seeing a child/young person, this must be reported to the line manager.

### **5c) Parents/Carers Failure to Present a child/young person for an Appointment**

All children/young people 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/young person'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 Children's Services and/or subject to a protection plan a high risk.

Children/young people with known vulnerability e.g. subject to a child protection plan, a child/young person in care, a child/young person with a disability etc.

### **Action to be taken**

#### **6a) Universal Services**

The following procedure should be followed:

##### **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 and request contact
- Assess the child/young person's health, wellbeing and risk, from the child/young person'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.
- Depending on your level of concern, it may be necessary to share information with Children's 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/young person's health, wellbeing and risk from the child/young person'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 Council or Housing Association property, liaise with the Housing Officer to request a joint visit. (Residents maybe in breach of their tenancy agreement if they do not allow a Housing Officer access to the property, and if this persists then the Council/Housing Association may take action to mandate).
- Depending on your level of concern, it may be necessary to share information with Children's 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 Services to ascertain whether they hold any relevant information on the child/young person 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/young person's file.

**(NB: If there are concerns that the child is now at risk of significant harm follow the [Pan Bedfordshire Child Protection Procedures](#) and report the issue immediately to the relevant Children's Social Care covering the area where the child/young person is living.**

- **01582 547760 - Luton MASH**
- **01234 718700 - Bedford Borough Integrated Front Door**
- **0300 300 8585 - Central Bedfordshire Access and Referral Hub**

## **6b) Early Help/Child in Need**

### **Action to be Taken When Child/Young Person 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/young person's health, wellbeing and risk, from the child/young person'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/young person has concerns and ascertain whether there has been any recent contact with the child(ren) /young people
- 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/young person'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/young person is subject of an Early Help Plan, or a Child in Need Plan, the lead professional/key worker for that child/young person 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 [Pan Bedfordshire Child Protection Procedures](#) and report the issue immediately to the relevant Children's Social Care covering the area where the child/young person is living.**

### **6c) If A Child/young person Is Subject To A Child Protection Plan**

If a child/young person 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/young people's safety.

## **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.

## **Information Sharing**

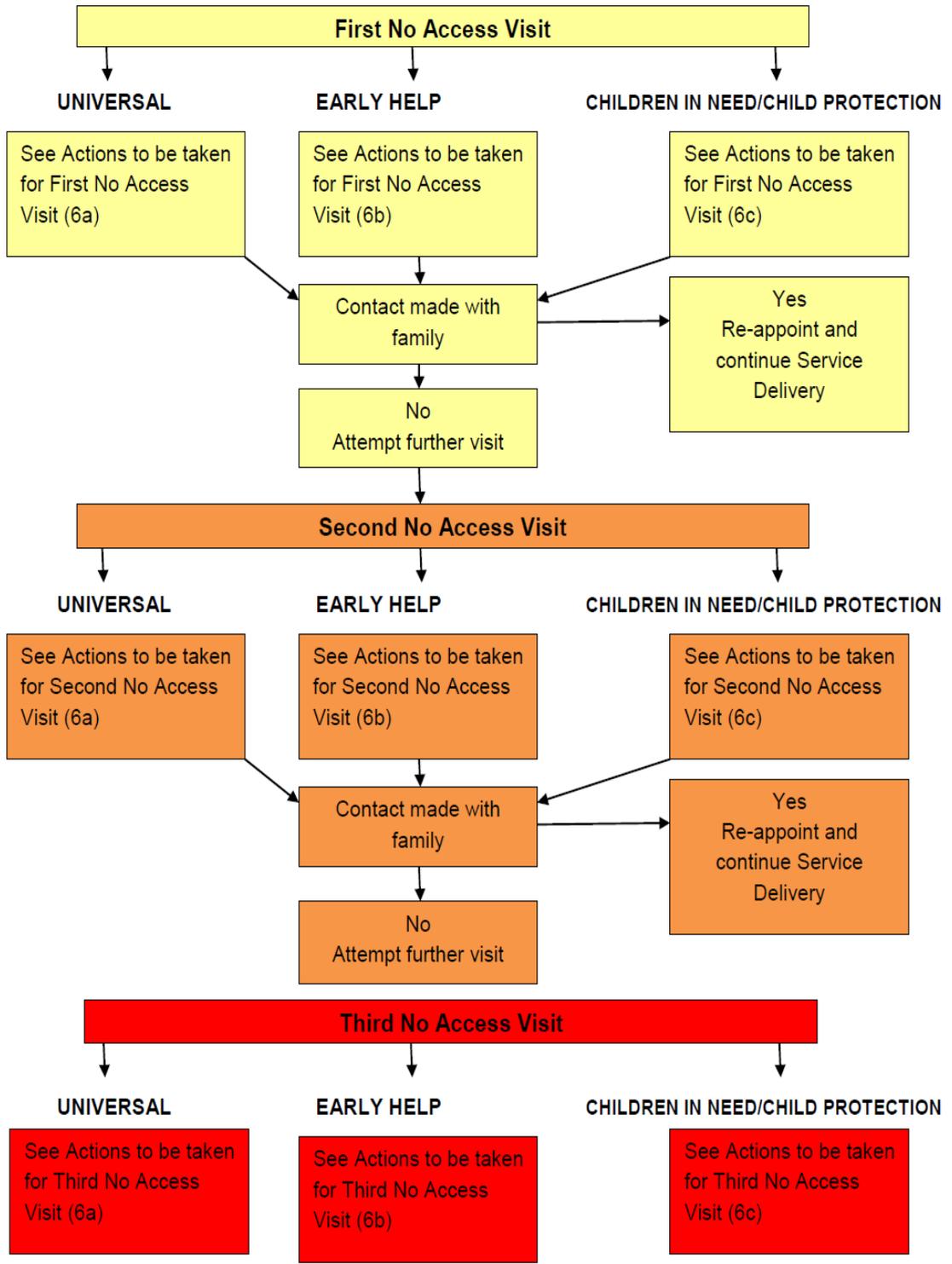
Information held individually by agencies within Pan Bedfordshire may be appropriately shared with other partners to ensure that services and resources are made available to children//young people/families. The network of information will convey more of an overall picture of a child or their family to 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.

## **Consent**

It is usual to seek consent to share information about a child/young person/family unless it is a child protection issue. Parents/carers of children/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.

**APPENDIX ONE - No access visits to children and young people in  
Pan Bedfordshire Flowchart**

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



**Acknowledgement to the work of the North Lincolnshire Multi Agency Resilience Safeguarding Board**