



**Mental Health and  
Emotional Wellbeing  
Service for Children  
and Young People**

Did Not Attend (DNA) Policy

Implementation Date: April 2017

Reviewed Date: April 2020

Review Date: April 2023



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## **Introduction**

There are many reasons for DNAs in any therapeutic service. This policy outlines what should happen when a child/family do not attend an appointment.

Failure to attend an appointment by a service user should always be documented in the electronic record progress notes.

The practitioner assigned to the DNA has an individual professional responsibility to respond to failure to attend an appointment, in a manner based on an assessment of the service user's risk and needs status. Discharge from care should only occur after careful consideration of potential and actual safeguarding and other risk concerns.

Various options may be considered with regards to the 'next step' should a service user fail to attend an appointment. These are detailed within the main body of the Policy

## **Preventing barriers**

All staff need to be aware of potential barriers to engagement and should take these into consideration when arranging appointments.

First contact letters to new service users must contain clear information about the nature of the service offered, with relevant information (where age appropriate) for the service user and their parent/carer.

Service users should always be invited to phone for clarification and relevant phone numbers be made available on the first contact letter. Service user mobile phone numbers should be sought and recorded on data systems at the earliest opportunity.

If it is clear from the referral that engagement problems might ensue, these should be taken into consideration and addressed proactively. For instance, such service users should be telephoned ahead of any planned appointment to enhance engagement and improve attendance.

The use of reminder systems (e.g. text) should be put in place.

The decision to discharge should only be arrived at (having considered risk and complexity) after having written to the family or young person and referrer, allowing them two weeks to respond.

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Managers should be aware of the power of team acculturation processes in which teams inappropriately close off contact because some high risk service users are deemed difficult or non-motivated. In these circumstances good reasons should be given for closure once all appropriate efforts to engage have been taken. Managers should be aware of the team acculturation research and the effect of service user adverse alienation processes on professional systems.

### **Service Users Who Fail To Attend**

Unless clinically indicated otherwise, if a service user does not attend an appointment at the expected time, it is good practice to telephone the service user during the appointment period in order to ascertain reasons for non-attendance and to enhance future engagement. Such activity should be recorded accordingly on the electronic database. The staff member has an individual professional responsibility to respond to failure to attend an appointment in a manner based on an assessment of the service user's risk and their identified needs. Cases considered to be at some risk should be discussed with a supervisor/manager.

Failure to attend an initial appointment by a service user should always be communicated to the referrer and the General Practitioner (where applicable).

It is for the individual practitioner to make a professional judgement based on available information to decide how to respond to a failure to attend. Options include: writing to the service user asking them to contact the service to request a further appointment, offering a further appointment in writing or by telephone, involvement of the referrer or other appropriate professional or discharge from care.

Repeated offers of appointments which are not attended (after a maximum of two consecutive DNAs) are not considered good practice and should be avoided. When communicating with service users about non-attendance, where appropriate, two weeks should be given as an opportunity to reply.

Discharge from care should only occur after careful consideration and in the context of safeguarding or child protection concerns. In all cases the GP (where applicable), the family and referrer must be informed of the decision to close the case. As a matter of good practice, correspondence should be copied to other professionals involved in the service user's care, if consent to do so has been given. Such letters should be completed and sent out within 5 days of the decision to close the case.

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**Recording of DNAs by Clinical Staff**

A DNA should only be recorded for service users who do not attend. If service users cancel an appointment, even at short notice, this should be recorded as a cancellation on the database and not as a DNA.

Where a service user has cancelled at short notice, i.e. within 24 hours, this should be counted as a contact when recording monthly stats. However, anything over this should be recorded as a cancellation and every effort made to offer the slot to another service user. This cannot be recorded as a contact.

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**Governance Committee Authorisation**

Signature\*

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Position/Role: Clinical Director, Chair, Governance Committee

Date: 7<sup>th</sup> April 2020

Date of review: 7<sup>th</sup> April 2023

\*Authorised signatory must be the chair (or deputising chair) of Governance Committee