



CHUMS

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

Did Not Attend (DNA)/Unable to Contact (UTC) Policy

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Introduction

There are many reasons for UTCs and DNAs in any therapeutic service. This policy outlines what should happen when, we cannot make contact with, or a child/family do not attend an appointment.

Failure to make contact with a service user, or for them to attend an appointment by a should always be documented in the electronic record progress notes.

The practitioner assigned to the UTC/DNA has an individual professional responsibility to respond to the non-contact/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 respond or 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 contacting a service user or arranging appointments. These may include but are not limited to the following:

- Where a referral has not been fully understood by a service user, family or care giver this may be due to the referrer not adequately explaining the reason for the referral to the family
- Disability; where for example the parent/ carer or child has mobility problems
- Access issues; including literacy and language, ESOL, cognitive impairment or injury, or other communication needs
- Lifestyle related issues (e.g. substance misuse, alcohol dependency etc.) which make service access harder to achieve
- Low health literacy and or cultural issues affecting take up of service offer (including cultural norms for mediating health service access, relative unfamiliarity with health care systems in the UK, familiar access to healthcare patterns e.g. A&E rather than primary care)
- Multiple and sometimes conflicting demands upon the family or care giver to attend
- Errors in address, telephone number or email contacts
- Location and timing of the appointment

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- Poor previous experience of healthcare provision
- Fear of stigma resulting from or tangential to the condition being addressed by the referral
- Is the young person vulnerable? – Are there known risk factors such as domestic abuse, maternal/paternal mental health problems, parental learning difficulties, substance misuse, disability in the family or neglect issues which may or may not be deliberate? Is the child subject to a child protection or a child in need plan?

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.

Service users should always be invited to phone for clarification, and relevant phone numbers be made available on all contact letters. Service user mobile phone numbers and addresses should be sought and recorded/updated on data systems at the earliest opportunity.

Staff are to take into account the wider family context and possible pressures on the family unit for the child/young person and their parents/carers so that reasonable assistance can be given to help parents/carers present children and young people for scheduled health care appointments.

Waiting times should be monitored via appropriate systems; there should be clear and timed care pathways for new referrals. Information regarding waiting times should be communicated regularly to service users and referrers. Staff will need to consider the practical and emotional impact of waiting times on families when making initial contact and engaging with the service.

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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. Language interpreters should be used for those parents/carers/young people who require language support with telephone communication.

If it is identified that the parent / carer may require further support to attend appointments, then a referral to Early Help Services should be discussed with the family and made via school or their GP with their consent. If it is thought the child / young person meets the threshold for a child in need or is at risk of significant harm then a social care referral should be made. Thresholds to help identify the level of risk and support required, as well as information on how to make a referral, can be found within the various local authority threshold / assessment of need documents which can be accessed below:

Bedford Borough:

https://bbcdevwebfiles.blob.core.windows.net/webfiles/Files/FINAL_Thresholds_document_August_2015.pdf

Central Bedfordshire:

<https://www.centralbedfordshirelscb.org.uk/lscb-website/professionals/the-importance-of-thresholds>

Luton:

<http://lutonlscb.org.uk/wp-content/uploads/2016/11/threshold-framework-v16-Oct-17-2.pdf> 5.8.

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.

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.

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The GP, referrer and client should be informed of the decision to close in writing, with a plan for future engagement of the service user as appropriate. 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 two weeks of the decision to close the case.

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.

Failure to attend/Unable to Contact of a child/young person who is subject to Child Protection Plan /Child In Need Plan or LAC care plans must be brought to the attention of the child/young person's GP, Clinical Team and designated social worker for support in maintaining contact and attendance. Ideally the member of staff would update the social worker or the social worker's team via a telephone discussion. If an e-mail is sent to any professional advising of a missed appointment, the member of staff must ensure that a generic team e-mail is included in the recipient list to mitigate the risk that the named recipient is absent for any reason.

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.



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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 Single Point Of Entry (SPOE) team, 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 10 working days of the decision to close the case.

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.

Unable to Contact - Zero contact or CYP not Brought to Sessions

Evidence from serious case reviews, including recent reviews which CHUMS and ELFT have contributed to, demonstrate a link that suggests missed healthcare appointments are an indicator of possible neglect and can be early indicators of wider safeguarding concerns. Early intervention and prevention is the key to safeguarding children.

Key lessons from these reviews are that staff members need to be more curious about the reasons why we cannot make contact or a child is not being brought and to look for patterns of incidence. They should thoroughly explore potential options for support and have clear mechanisms for recording events in order to identify themes, patterns and trends. A question each staff member should ask when a child is not brought to an appointment or there is a no access visit is 'why were they not brought?'

The United Nations Convention on the Rights of the Child states that "Children have the right to good quality health care" (Article 24).

UTCs and Was Not Brought to appointments must be monitored and actioned as these can be indicators of abuse/neglect. The following documents should be read in conjunction with this policy to understand the context of WNB;

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- http://www.cqc.org.uk/sites/default/files/20160707_not_seen_not_heard_report.pdf
- CHUMS Safeguarding Children Policy

In cases where we are unable to contact the child and young person or the parent/carer to gain consent to share information with associated professionals, then practitioners will need to consider whether “implicit consent” has been given e.g. in the referral it is documented that school supported the initial referral and are therefore aware, we can then update them or include them in the discharge process if necessary.

When a potential clinical or safeguarding risk is identified in the documentation then other supporting agencies should be contacted to ensure the safety of the CYP prior to discharge and also copied into the discharge letter.

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Governance Committee Authorisation

Signature*

Name Print : Antoinette Deavin (Clinical Director)

Position/Role: Clinical Director, Chair, Governance Committee

Date: 9th May 2023

Date of review: May 2026

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