



Bwrdd Diogelu Caerdydd a'r Fro
Cardiff & Vale Safeguarding Board

**“Was Not Brought” Principles for:
Children,
Adults at Risk and
Adults who may have care and
support needs**

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With thanks to Gwent Safeguarding Board

Background

The Social Services and Wellbeing (Wales) Act 2014 states that - a person exercising functions under this Act **must** seek to promote the well-being of people who need care and support and carers who need support. Well-being includes protection from abuse and neglect.

Article 25 of the United Nations' Universal Declaration of Human Rights states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services. Children and Young People have a right to healthcare (Article 24 of the UN Convention on the Rights of the Child 1989) and this includes the statement that 'Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services'.

Historically "Did Not Attend" (DNA) has been the term used, particularly within Health services, when children or adults do not access services or attend appointments. For many services, due to pressures on waiting lists, a number of missed appointments would result in the child or adult being discharged from the service. However, there has been limited consideration that children, and some adults will need either to be brought or supported by a parent, family member or carer, and therefore the term DNA may indeed obscure issues of concern.

Introduction

Previous versions of a "Did Not Attend" guidance were primarily a Health Board document aimed at children's welfare and safeguarding. This set of principles has widened this remit to consider services which ensure the wellbeing, development, or the management of care of children or adults.

For the purpose of this document "children" are all young people under the age of 18. When we consider "adults" this document is specifically referring to adults at risk and adults who may have care and support needs. This guidance seeks to use the concept 'was not brought' where an adult may rely upon a carer, family or friend to bring them to appointments due to their care and support needs. This should be considered in the context of 'was not brought' rather than 'did not attend'.

When children, young people, adults at risk or in need of care and support are not brought to appointments there are a number of issues that present a challenge to services which has the potential to result in unaddressed need for the children, young people, or adults. This set of principles determines what practitioners should do if children, young people, or adults who need support are not brought to appointments. Further to this is to promote better engagement of children, young people, and adults with services by encouraging a common standard across all providers.

Many Child Practice Reviews, Adult Practice Reviews and Domestic Homicide Reviews, both nationally and regionally, have identified that not being taken to medical appointments can be a precursor to serious abuse and can cause a risk to both adults and children.

Aims

- This set of principles highlights the potential vulnerability of children, young people or adults who are not brought to appointments and makes recommendations so that the welfare of the individual is always the primary focus for practitioners.
- This set of principles aims to ensure that practitioners are aware of the importance of attempting to build a therapeutic relationship with children, young people, adults, or parents and carers that may appear to be difficult to engage with, to ensure that agencies are able to offer an appropriate service to such individuals and families, adults and children who WNB to appointments.
- This set of principles outlines the approach to be taken for children, young people, adults, and families who are difficult to engage, including the importance of multi-disciplinary discussion and review, documentation of decisions and events, and the process of risk assessment of each individual circumstance to inform a plan to engage the child, young person, or adult.

This set of principles has been developed to demonstrate to all practitioners in Cardiff & the Vale of Glamorgan the importance of processes to follow when:

- Services for children are refused
- Children or young people are repeatedly not brought for their appointments.
- Repeated non availability of children and young people for booked home visits.
- Adults at risk who are repeatedly not brought for appointments.
- Adults who require assistance to attend appointments and are not brought to appointments.

For specific guidance on health appointments, Public Health Wales has issued Primary Care [Guidance](#): 'Children and young people who are not brought to healthcare appointments'. The guidance sets out that missing appointments for some children may be an indicator that they are at an increased risk of abuse or neglect. This should also be considered for adults.

Definition

Was Not Brought is defined as any scheduled appointment to see a child, young person, or adult who, without notifying the service, WNB by a responsible parent or carer to their appointment. This refers to any prearranged contact with a child, young

person or adult whether it is at their home, community clinic, at a community team building, within a hospital setting, or any other type of contact arranged relating to the provision of this service.

Safeguarding

In regard to safeguarding, as always should a practitioner have urgent concerns for safety of any child, young person, or adult they should ring 999 and request emergency service intervention.

Prevention

Children, young people, and adults accessing services may have multiple pressures and demands which make attending appointments more challenging, this is also true of their carers or parents. This may include communication issues such as literacy, language and learning disabilities, issues regarding their mobility and be experiencing any level of poverty, discrimination, and social exclusion.

Consideration of the potential of challenges, known or unknown, for the child, young person, or adult, may in itself decrease the number of missed appointments, therefore agencies should ensure services are accessible, relevant, user friendly, and where possible flexible, also recognising the language and clarity of letters and documentation.

Professional Responsibility

If any practitioner has any concerns regarding missed appointments, they should consider discussing their concerns with their Designated Safeguarding Person/Lead or Line Manager.

Factors that contribute to missed appointments

- Symptom improvement may lead to reduced motivation to attend.
- Length of waiting time for the appointment.
- Varying levels of engagement or satisfaction with the service.
- Length of waiting time in between agreed appointments.
- Family or individuals have numerous appointments or interventions leading to confusion.
- Child, young person, or adult has learning difficulty or need, or mental capacity issues.
- Child, young person or adult is not being supported to attend or is being actively prevented from attending by another individual who plays a significant part in their care.

Disengagement

Disengagement may be partial, intermittent, or persistent in nature. It may signal an increase of stress within a family and potential abuse or neglect of babies, children, young people or adults at risk. Therefore, early signs of disengagement need to be recognised so potential risk is assessed. It is widely acknowledged that this situation may have potentially serious consequences for some children, young people, and adults at risk. Practitioners need to analyse and assess the risk in situations where disengagement is a feature (DH 2010).

Indicators and Potential Concerns

The following list highlights some indicators or potential concerns which may present as patterns of behaviour and should be discussed with your line manager and/or the safeguarding team. If it is suspected that harm has been caused or may be caused to the child, young person, or adult at risk due to the missed appointment a safeguarding report should be considered, irrespective of how many missed appointments have occurred. This list is not exhaustive.

- Individual child, young person or adult was not brought to a follow up appointment.
- Child, young person or adult is not being supported to attend or is being actively prevented from attending by another individual who plays a significant part in their care.
- Community based appointments whereby the practitioner is unable to make contact or gain access to a person's place of residence.
- Appointments consistently cancelled by people in advance.
- A sense that a child, young person, adult, parents, or carers are actively avoiding practitioner contact.
- A child, young person or adult who does not attend appointments who may have caring responsibilities which may be compromised by missing the appointments.
- Hostile or Manipulative behaviour towards practitioners.
- Initial engagement in services wains.
- Disguised Compliance – an individual, parent or carer gives the appearance of engagement but do not fully engage with the service and or cancelling appointments at the last minute. "participation is not the same as co-operation (D. Elliman 2010).

When Children are "Not Brought" / No Access home visits

The following practice is required when working with children who are not brought to appointments or where there is no access to practitioner home visits:

- Document in the chronology section of the Child and Family Record or organisation recording system.
- Make contact with the family to discuss the reason for non-attendance. Record in the Child and Family Record/organisation recording system any action taken around the missed appointment i.e., home visits or reappointments.

- Attempts should be made to contact the family to confirm up to date contact details, ascertain why the appointment was missed, and reschedule an appointment if needed. Be mindful of the literacy of parents and carers, and whether or not English is their first language.
- If there is any doubt concerning action to take, or any other difficulties, seek advice from the Designated Safeguarding Person/Lead for your organisation. For most missed appointments the Designated Safeguarding Person/Lead will not need to be contacted or copied into letters etc.

Practitioner judgement informed by an assessment based on the child's, young person's development, welfare, and current family situation, must be made in order to **establish whether a Duty to Report to Children's Social Care is required**. Reports should be made as soon as possible in writing using the Duty to Report form and then discussed by phone to clarify the concerns.

Whilst recognising that most families will have good reasons for not attending it is important to recognise that;

'disengagement may be partial, intermittent or persistent in nature. It may signal an increase of stress within a family and potential abuse or neglect of babies, children, young people or adults at risk. Therefore, early signs of disengagement need to be recognised so potential risk is assessed. It is widely acknowledged that this situation may have potentially serious consequences for some children and adults at risk. Professionals need to analyse and assess the risk in situations where disengagement is a feature (DoH 2010).'

This animation is a powerful reminder that children or young people do not take themselves to appointments; they have to be taken by parents or carers. The animation therefore encourages practitioners to reflect on the impact that missed appointments have on a child's wellbeing.

<https://www.youtube.com/watch?v=dAdNL6d4ljk> With thanks to Nottingham City Council, who commissioned this short animation.

Children Known to Statutory Children Services or Considered Vulnerable

In circumstances where children are open to Children Services such as a child whose name is on the Child Protection Register, Children Looked After (CLA), children subject to Care and Support planning or considered vulnerable i.e., children with health or disability needs which are not known to Children Services, a more robust approach must be adopted. In situations where a child WNB to appointments, the practitioner is unable to gain access, or the family decline a service the practitioner will liaise with all relevant practitioners/agencies and document in the Child and Family Record/organisation reporting system.

Practitioners who are part of a child's Care and Support Plan or Protection Plan Core Group should ensure that this information is also formally shared at review meetings which will include the parent and sometimes the child themselves.

Children known to be actively involved with statutory Children Services should not be discharged from any service without consultation with their Social Worker.

When an Adult is “Not Brought” /No Access Home Visits

As was outlined at the outset, when we consider “adults” this document is specifically referring to adults at risk and adults who may have care and support needs. This guidance seeks to use the concept 'was not brought' where an adult may rely upon a carer, family or friend to bring them to appointments due to their care and support needs. This should be considered in the context of 'was not brought' rather than 'did not attend'.

The following practice is required when working with adults at risk and adults who may have care and support needs who are not brought to appointments or where there is no access to practitioner home visits:

- Practitioners should record WNB within Case Notes or organisational recording systems.
- Within this recording should be a record of any known vulnerability or whether the individual was reliant on a carer or family member for attendance.
- The mental capacity of the person who has missed an appointment, (if they are aged 16 or over) should be considered. Please refer to The Deprivation of Liberty Safeguards and The Mental Capacity Act (2005) Principles for more information.
- Consider the persons attendance history or if a first appointment missed consider a discussion with the referrer to identify any potential risk or concern.
- Attempt to make contact with the person or carer to check if there was any reason for non-attendance.
- If an adult particularly those with additional vulnerabilities i.e., those with learning disabilities, dementia, mental health concerns or frailty does not keep appointments or is not seen at home, the professional should undertake a risk assessment based on their knowledge of the health and social concerns.
- If risks or concerns are identified in relation to the non-attendance of the adult the practitioner should seek advice from the organisations Safeguarding Lead or the Local Authority Adult's Safeguarding Team
- If the risks identified are significant a Duty to Report Form should be submitted to the Adult Safeguarding Team. If concerns are considered urgent this should be done initially by telephone and followed up within 24 hours with the Duty to Report.

Safeguarding Pregnant People who are not brought to appointments

It is important that practitioners working with pregnant people, are aware of the need to safeguard them and their unborn child/ren should they not be brought to appointments relating to pregnancy. These appointments may include maternity/ antenatal, GP, sexual health and abortion appointments. It should be considered that if a person is not brought to such appointments they may be continuing with a pregnancy. It is important to ascertain that the person is not attempting to conceal a pregnancy which would be high risk to the pregnant person, and the unborn child.

- The implications of a pregnancy, where antenatal appointments are not being met can be serious. These may include;
 - Foetal neglect
 - Undiagnosed foetal abnormalities
 - Mental health issues including post-natal depression
 - Medical conditions such as gestational diabetes
 - Maternal and foetal death.

This list is not exhaustive.

- There are many reasons why pregnant people may not attend or not be brought to appointments. These may include;
 - Ambivalence towards the pregnancy
 - Decision made to not continue pregnancy
 - Chaotic lifestyles, particularly self-neglect, substance misuse, previous children removed
 - Domestic abuse, particularly coercive controlling behaviours
 - Inability to get to appointment (due to finances, distance, childcare, work, health issues)
 - Fear of pregnancy/ practitioners

This list is not exhaustive.
- Where a pregnancy is suspected or known by practitioners, a multi-agency approach must be taken to share information between Health, Local Authority, Police and Third Sector Providers. Pregnant people should be contacted where appointments have not been attended, should be given opportunity to share any difficulties they are having and where there is concern that non-attendance is persistent and concerning- DTR's must be sent and multi-agency discussion must occur.
- It is important to note that confidentiality should not be a barrier to sharing concerns regarding pregnancy, particularly when relating to sexual health. If a person is believed to be continuing a pregnancy and has not attended appointments, safeguarding the unborn child is paramount and information must be shared.

Conclusion

Changing the language from DNA to WNB for children, young people, adults at risk or in need of care and support will lead to positive interventions to safeguard and promote the welfare of these individuals that go beyond the missed appointment to a move towards the person-centric practice described in recent key reviews.

Resources

Risk Assessment Checklist

1	What is the person's health condition, diagnosis, or vulnerability? Consider the consequences of the missed appointment.		
2	Why was the person referred to the service? Review the referral details. Was this with the person's consent?	Y/N	
3	Is there a history of missed visits / attendances? Record number and over what time period.	Y/N	
4	If answered 'Yes' to Q2, was the child, young person or adult in any danger or risk identified when they did not respond?	Y/N	
5	Have any other concerns been raised by other agencies?	Y/N	
6	How long is it since the child, young person or adult was last seen and under what circumstances and by whom?		
7	Has there been a recent period of ill health/hospitalisation / life event?	Y/N	
	Is the person dependent upon another individual to assist them in attending their appointments?		
8	For adults - is there a history of falls/wandering/self-neglect?	Y/N	
9	Is the child, young person or adult mobile outside of their home?	Y/N	
10	In your opinion could the child, young person or adult be at risk of immediate harm if not located? If so, why?	Y/N	

11	Are there any existing safeguarding concerns?	Y/N	
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