

Was Not Brought Guidance

A child was not brought to an appointment

Kingston and Richmond Safeguarding Children Partnership



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Introduction and Terminology

Many children and young people are reliant on their parents/carers to take them to health appointments and as a result, for various reasons may not be taken to appointments. Historically this has been recorded in the child's health record as "Did Not Attend". There has been a significant shift in redefining the idea of children who 'Did Not Attend' (DNA) health appointments to defining them as a child or young person that 'Was Not Brought' (WNB).

This change reflects the understanding that children and young people depend on their parents or caregivers to take them to health appointments. It supports practitioners to consider the situation from a child's perspective, including the reasons why the child or young person "Was Not Brought", alongside implications of not receiving medical assessment or treatment and potential safeguarding concerns, including Medical Neglect.

Medical neglect occurs when a parent or caregiver (NB: the term "caregiver" includes foster carers of children looked after and care workers responsible for caring for a child placed in a residential home or semi independent accommodation) fails to access or provide adequate medical care, which can result in harm to the child's health, development, or well-being. This can include:

- Failure to recognise obvious signs of physical injury, illness or mental health.
- Delaying seeking medical assistance, including consistently missing appointments.
- Failure to act on medical advice including treatment.

Medical Neglect can lead to unidentified and untreated health needs with the potential for severe physical or developmental impairment, and in severe cases death.

In accordance with Working Together to Safeguard Children 2023 guidance, it is essential to work in partnership and learn from serious child safeguarding issues and reviews. Our recent reviews have highlighted several key areas for improvement and learning, which are integrated into this updated guidance to ensure a clear approach to safeguarding and promoting the welfare of children.

Watch the below short animation which will help in understanding the concern:

<https://youtu.be/dAdNL6d4lpk>



The Was Not Brought Approach

If a child or young person does not attend an appointment, consider:

- Check that contact details are correct for the child and family.
- Are they reliant on someone else to either make them an appointment or take them? Consider: age, mental capacity, disability.
- What is the impact on the child's health and wellbeing of not attending the medical appointment, including routine health assessments. Do they require essential treatment or medication?
- Is there a repeated pattern of Was Not Brought to appointments or is this in isolation? Has there been non-attendance with other health providers?
- What is the reason for non-attendance? Consider: previous patterns of non-engagement, family's ability to access appointments (e.g. language/cultural barriers), accessibility of appointment, child care of other siblings etc. Are there other factors or safeguarding concerns like coercion and control, parental mental illness, parental learning difficulties or parental substance misuse?
- Repeated cancelled and re-scheduled appointments should be viewed as a form of Was Not Brought and trigger professional curiosity. This could be a sign of Disguised Compliance whereby the parent/carer gives the appearance of engagement with professionals but fails to meaningfully engage. This was identified learning in a Local Safeguarding Practice Review.
- All NHS providers should have policies for the management of children not brought to health care appointments. If you work in a health setting you should refer to your Trust/Organisations' 'Was Not brought' policies and procedures, or talk to your designated/named safeguarding lead.
- Consider medical neglect.

What should we do?

Document:

Record (and enter alert/code if possible) the non-attendance as “Was Not Brought”

Within the notes state:

- Whether the child or adult was reliant on someone else to bring them to the health appointment.
- The impact or safeguarding concern their non-attendance may have raised.
- If this was the first or repeat non-attendance and identify any emerging patterns (including rescheduling or late cancellation of health appointment).
- The action you have taken in response.

Discuss

Episodes of non-attendance with colleagues / other agencies, if you feel there is a potential safeguarding risk.

Contact the child’s parent/carer to:

- Enquire why they did not come to the appointment.
- Encourage them to rearrange.
- Discuss with them any barriers which may have impacted on them attending.
- Arrange support to attend future appointments if needed.

Persevere

If contact cannot be made or if a further meeting cannot be agreed, do not discontinue the service or appointment without discussion with a senior colleague/safeguarding lead and consideration of your own agency’s attendance policies.

Escalate/Refer/Inform

1. **In all cases: Inform the GP** if not brought to an appointment, by letter, preferably with the potential impact on the child highlighted in that letter. This allows an overview by the GP of all missed appointments.
2. **In all cases: Inform the referrer** if not brought to appointment.
3. **Child/young person has an allocated Social Worker: Inform** the Social Worker they Were not Brought and highlight the potential impact of not accessing care in this appointment on their health and development.
4. **Children Looked After/child/young person is in care: Inform** the local area CLA health team AND the allocated SW (remember it may be the foster carer who has not brought them to the appointment.)
5. **No allocated social worker and repeated patterns** of a child not being brought to appointments/frequent rescheduling: **Consider making a safeguarding referral** to Single Point of Access (SPA - Achieving for Children).
 1. The referral should document what work that has been attempted, by whom.
 2. The referral should state what is expected from a referral to SPA.
 3. The referral must include the potential impact to the child of not accessing medical appointments.

4. An urgent referral should be made, if it is established that urgent medical attention has been delayed or not been sought.

NB: if a professional is unsure whether a referral to SPA is required contact can be made with SPA to discuss a potential referral on the SPA consultation line: Tel - 020 8547 5008 (8am to 5.15pm, Monday to Thursday, and 8am to 5pm on Friday).

If a professional has concerns about response to a SPA referral, the referring practitioner should consider implementing the [escalation process](#).

Resources

- London Child Protection Procedures www.londoncp.co.uk (Read the pan-London Child Protection Procedures on Neglect, which include a child not being brought to appointments.)
- <https://learning.nspcc.org.uk/news/why-language-matters/digging-deeper-than-did-not-attend>
- <https://learning.nspcc.org.uk/case-reviews/recently-published-case-reviews>
- Case review Young Person W
<https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/learning/child-safeguarding-practice-reviews/>
- Case review Child V
<https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/learning/child-safeguarding-practice-reviews/>



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