

**Pan Bedfordshire Guidance on Children and Young
People Who Are Not Brought to Appointments
(WNB)**

Definitions

Was Not Brought (WNB) accurately reflects the fact that children and young people rely on their parents/carers to attend appointments. Please consider disguised compliance, which could present as a parent cancelling an appointment for a good reason. This also includes children with known medical conditions that require monitoring or specialist support where no appointment is made, or a child has not been registered with a GP for initial health screening.

No Access Visits (NAV): Not available at home to be seen for a planned appointment.

Unseen Child: Any practitioner should consider a child unseen if they become aware that any care/service is not being delivered to that child/young person either in the home or community setting. This could be that the parent/carer states that the child/young person is away or sleeping, thus preventing access. Practitioners should also be curious about children where their sibling is brought for appointment or receiving education, but the other child is not.

Leaves appointment without full treatment / discussion: sometimes patients can leave appointments, for example in A&E without full treatment or discussion taking place.

Introduction

This guidance is designed to promote engagement with children, young people and their families, and to support the early identification of non-engagement when there may be safeguarding concerns.

This guidance applies to all practitioners who work in community and acute settings. This is primarily for health practitioners, but it is important that all workers understand the concept of "Was not Brought". It underpins both process and practice and reflects the diverse needs of children, young people and their families.

This document, along with [Pan Bedfordshire Interagency Child Protection Procedures](#) relates to children and young people up to 18 years of age, and their parents and/or carers, and disabled children up to 19 years of age.

Missing appointments for some children/young people may be an indicator that they are at an increased risk of neglect and or abuse. There may be many valid reasons why they are missing appointments, but research has shown that missing healthcare appointments particularly is a feature in many Case Reviews, including those into child deaths (DfE 2016).

There is now a move towards the concept of 'Was Not Brought' (WNB) rather than Did Not Attend for children and young people. This is to acknowledge that it is rarely the child's fault that they miss appointments. The CQC review of safeguarding children arrangements in the NHS (July 2016), identified that there should be a process in place for following up children who fail to attend appointments.

'Concerns about children are less likely to be missed when there are jointly agreed ways of working that everyone understands and knows how to access.

Engagement Principles:

- This is for all children accessing health services in community and acute settings, and there should be a clear purpose to engagement. Children and young people have a right to receive appropriate healthcare and it is the responsibility of parents to access this on their behalf. This includes children with known medical conditions who are not brought.
- Parents / carers / young people have a choice to engage with health professionals.

- The most effective way to establish what is happening to a child / young person is to engage with parents / carers and the child / young person to reach a shared understanding of their health and developmental needs, their goals, what may need to change or what support may be needed from the community, private, or acute health settings, including GPs, Dentists, Opticians etc.
- Practitioners have a responsibility to try to engage with families.
- There should be partnership working between the health practitioner and the family.
- Feedback to the family following a completed episode of care is an important part of the engagement process; this should include a review of care plan goals to inform further support needs.
- Engagement is a two-way process, considering the needs of the child / young person, the parents' / carers' capacity, the environmental context of the family. (Working Together 2015).
- It is important for health professionals to seek to understand why families do not attend appointments with services or disengage from health or other services. Any identified themes should be addressed within teams to ensure services are accessible to local needs.
- Some families may fail to remain engaged with health services. The aim is to minimise and manage any potential risk to children. It is recognised that, for some children, there could be a safeguarding risk if they Do Not Attend (DNA) or are not brought for scheduled appointments.

Families who do not engage or dis-engage from services will need to be reviewed on an individual basis as part of a holistic assessment to determine any potential risk to the child. Practitioners should seek to obtain information from other professionals involved in the family (GP / Midwife) and review any previous records to inform their assessment. It is recognised that disengagement is a strong feature in domestic abuse, neglect and physical abuse in children and families.

Repeated cancellation and rescheduling of appointments should be treated with the same degree of concern as repeated non-attendance, potentially harmful and possibly a feature of disguised compliance. Disguised compliance or apparently legitimate excuses for not attending appointments should not be accepted at face value. Professionals need to be prepared to challenge excuses for non-attendance and where appropriate carry out relevant safeguarding assessments in order to establish any risk posed to the child (DfE 2016).

All agencies should have in place:

- Procedures for identifying and following children who do not attend scheduled appointments.
- Procedures to identify and follow up children with more than expected unscheduled appointments especially in health settings such as in Out of Hours, A&E Departments, Walk-in Centres

It should be remembered that parents have the right to make decisions in respect of their child's health/wellbeing. Parental responsibility allows a parent or carer to accept or decline a service and treatment on behalf of their child. However, if by declining an appointment or treatment this may be detrimental to the child or young person's health, growth or development, wellbeing an assessment should be made of the risk this poses to the child or young person.

It is therefore important that all agencies has processes in place to address any health and/or safeguarding issues which may arise as a result of children and young people who are not brought for appointments.

Practitioner Responsibilities:

- Practitioners have a responsibility to act in the best interests of the child or young person.
- Practitioners have a responsibility to engage with children, young people and families, and should ensure the family is fully involved, their needs are central, and that the family and professional's agendas match.
- Practitioners should aim to have an understanding of the child / young person's needs within the context of the family's situation using the flow chart at Appendix 1 i.e. number of children in the family, use of community resources, attitudes to healthcare. Practitioners have a responsibility to provide families and other professionals with information on the services they provide, and the impact there will be if they do not engage, and their child is not brought to appropriate appointments.
- Practitioners should assess the needs of children / young people who do not access the service using the flow chart, Appendix 1 and all available information on the family's current and past circumstances to determine level of risk and appropriate response.
- Practitioners should be particularly aware of the importance of the initial health assessment for families, who have never engaged with services.
- Practitioners should liaise and work with other professionals involved in a family's care to care to avoid extra appointments and ensure coordination of appointments. For example, Midwife, GP, Children's Centre, Children's Social Care.
- Practitioners should encourage discussion between the individual patients and their families / carers regarding their care preferences.
- Practitioners should work in partnership with children, young people and their families.
- Practitioners are required to fulfil their legal duty under Section 11 of the Children Act 2004 and Working Together 2023 to safeguard and promote the welfare of children.

Disengagement:

If a child leaves an appointment without it being completed or if a parent or carer is evasive in giving information in an appointment - there may be reasons why they are/may disengage from the service:

- Wanting to opt out of the service.
- Poor past experience of professionals.
- Chaotic lifestyles.
- Lack of money to travel.
- Having too many appointments.
- Services are not easily accessible – e.g. around school pick up times.
- Fear of authority figures.
- Lack of understanding about need for health input.
- Cultural differences – including language, disability, learning disability.
- Fear of being judged.
- Family wanting to maintain their privacy (but consider the UN Convention child's rights v right to a private family life).
- Trying to hide something.
- Lack of understanding about a health issue or concern.
- Act of omission, i.e. not seeking medical attention or taking a child to an appointment.

Practitioners should be persistent in their approach to engaging with families without being intrusive and seeking supervision when concerned.

By declining services or treatment there may be a detrimental effect on the child or young person's health, growth or development, an assessment should be made of the risk this may pose to the child or young person.

Non-attendance or apparent non engagement can be an indicator of neglect as well as a specific instance when a child's health needs are not being met.

Considerations of any safeguarding concerns need to be part of any assessment of an unborn baby, Child or Young Person.

Guidance for Health

Children and Young People Not Attending Appointments:

It is accepted that there are a significant number of missed appointments due to several reasons, many of them are valid. Therefore, these may not give rise to concerns about the child or young person's welfare. However, if there is no process in place to identify when children are not brought to appointments there is no opportunity to recognise when such missed appointments could give rise to concerns.

It is therefore essential that systems are in place to;

- Identify when children are not brought for appointments.
- Identify when children are registered with a GP are not brought for initial health screening
- Recognise a child with a known medical condition, that requires ongoing monitoring or specialist support, missing a single appointment as it can be significantly harmful to them.
- Make contact with the parents/ carers of the child who has not being brought for appointments especially if there are multiple instances.
- Notify the referrer and GP (include school where appropriate) of any missed appointment by a child.
- Consider whether there are any clinical consequences as a result of the missed appointment and if any actions are required.
- Consider any other safeguarding concerns especially when there are multiple episodes of not attending health appointments in Primary Care or other settings.
- Take appropriate action if there are clinical or safeguarding concerns.
- Ensure that there is clear documentation of this process, including risk assessment and any actions taken as a result.

The process of managing these notifications should be.

- Establishing a system where all WNB/DNA notifications for children are identified and flagged up the child's individual GP.
- Establish what action has been taken by the Health Provider following the missed appointment.
- Review the reason for referral and assess if any further action is required to manage the clinical problem that prompted the referral.
- Note if there have been any other episodes of missing appointments in any setting including Primary Care.
- Consider whether there are any safeguarding concerns and if there are take any appropriate action.
- Consider contacting the family about children not being brought for appointments especially if there are multiple instances.
- Document this process and decision making including any subsequent actions taken as a result.

Recognising child abuse and neglect

Refer to NICE Guidance and flowchart 'When to suspect child maltreatment'

- <http://pathways.nice.org.uk/pathways/when-to-suspect-child-maltreatment>
- <http://www.nice.org.uk/guidance/cg89/chapter/introduction>

Refer to your practice Safeguarding Children Policy

Making a children's services referral

Clearly document concerns and collate any family information known to you. If you are unsure how to proceed, seek advice from one of the following of the safeguarding leads or duty Paediatrician.

If child protection referral is required, contact Children's Social Care contact details below. Give all details/information regarding your concerns and confirm that you are making a children's services referral'.

Follow verbal referral up in writing within 24 hours. Retain a copy of your referral for your reference. (Children's Services Referral forms are available via Chapter 1.2 Referral, Investigation and Assessment - <https://bedfordscb.proceduresonline.com/contents.html>)

Wherever possible, share your intent to refer with parents/carers of child unless this places the child at significant harm (exceptions outlined in threshold document'). Always follow Child Protection Procedures.

If you believe that a child is at risk of immediate harm, call the Police/ Children's Social Care as an emergency.

Children's Services contact numbers:

- 01582 547653 - Luton MASH
- 01234 718700 - Bedford Borough Integrated Front Door
- 0300 300 8585 - Central Bedfordshire Access and Referral Hub

Procedure

Practitioners should determine follow up requirements on an individual basis. The welfare of the child or young person is the most important consideration when making decisions about follow up following Disengagement.

Following a missed appointment or no reply visit practitioners should make contact by telephone to ascertain the reasons. A card should be left with contact details, if appropriate, informing of the attempted visit and with contact details. Practitioners should work with other professionals to ensure the family's contact details are up to date.

Offer another appointment and send a letter with an appointment date and time. Practitioners should consider whether the family require additional support with literacy or if English is not the family's first language.

Following two missed appointments (this should include children who are not brought for initial health screening or have known medical conditions requiring ongoing monitoring or specialist support) records should be reviewed and cases should be discussed with the manager or Safeguarding Lead as appropriate to consider any safeguarding risks. The referrer should be informed for further assessment of need. The referrer and the service

provider should liaise. Document all actions and attempts at contact in the child/young person's records.

All family/carer situations are different and individual; practitioners need to assess vulnerability according to need, to plan future contact with the family at first contact for all families, and again if disengagement occurs.

Due to the commissioning arrangements for the new birth visit practitioners should attempt to arrange a home visit by telephone, however if there is no response or they are unable to contact the family, the practitioner should undertake an opportunistic home visit in accordance with the Lone Working Policies. If there is no reply to this first contact a card / letter should be left with details of a second appointment. If there is no response to this second attempt, then the guidance contained within this document and summarised in the flowchart in appendix 1 should be followed.

If a child/young person has failed or continues to fail to attend an appointment the responsible practitioner should consider the importance of the appointment and whether a child/young person's health needs are being neglected, always considering 'what is the impact of the child of this missed appointment'.

Practitioners should analyse the information available. If practitioners feel insufficient information is available, they should liaise with other multi-agency partners to complete the assessment.

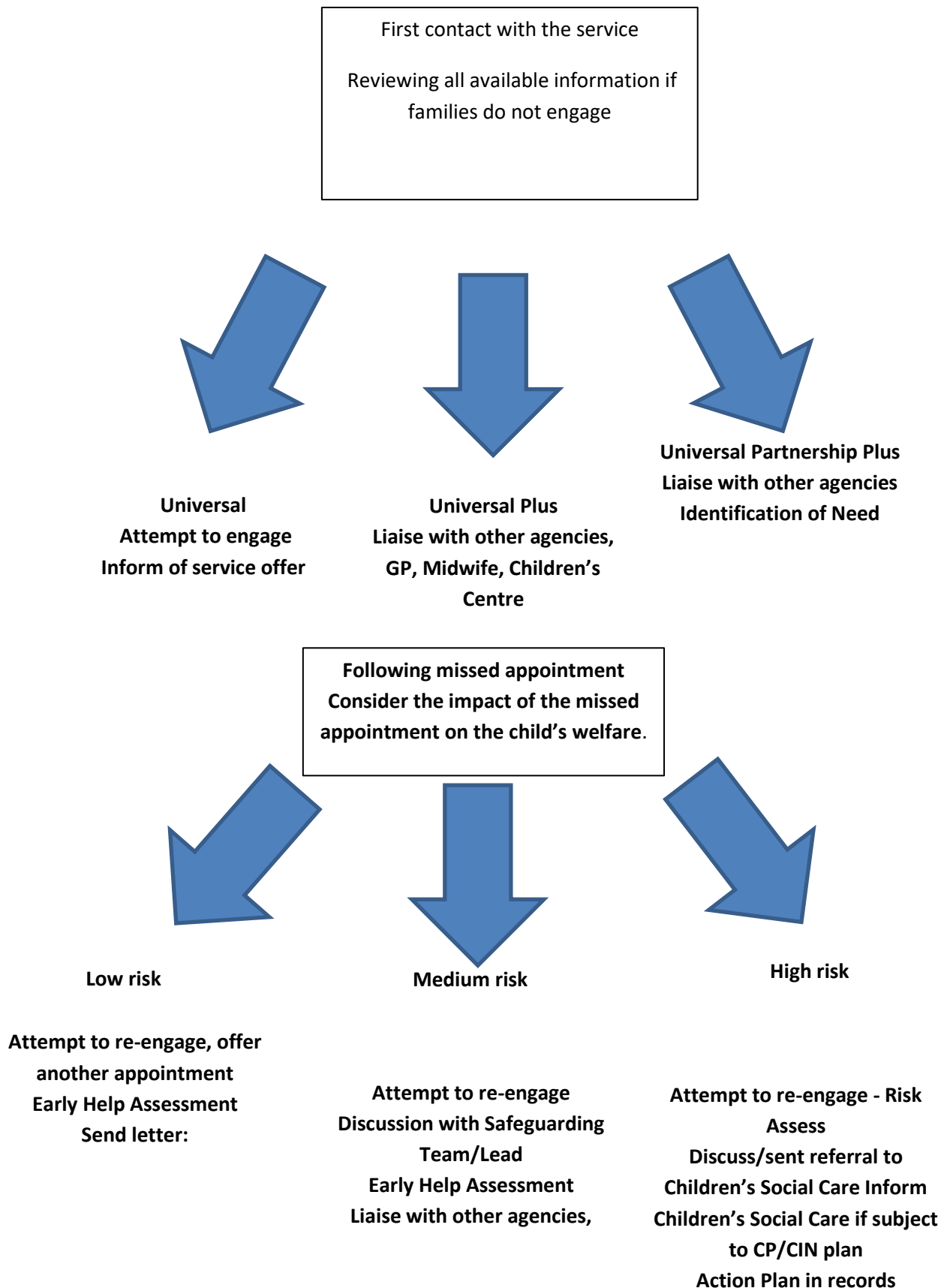
Practitioners should access support as required if they have concerns about the actions to take and complete an Early Help Assessment to identify whether intervention is required to secure the child or young person's welfare. If following assessment, no vulnerabilities are identified a letter should be sent to allow for future contact with the service.

Professional judgement, informed by an assessment based on a child/young person's development, current family situation must be made in order to consider whether further action should be taken. If safeguarding concerns are identified then practitioners should follow [Pan Bedfordshire Interagency Child Protection Procedures](#) and seek advice and support from their Safeguarding team/Lead if necessary.

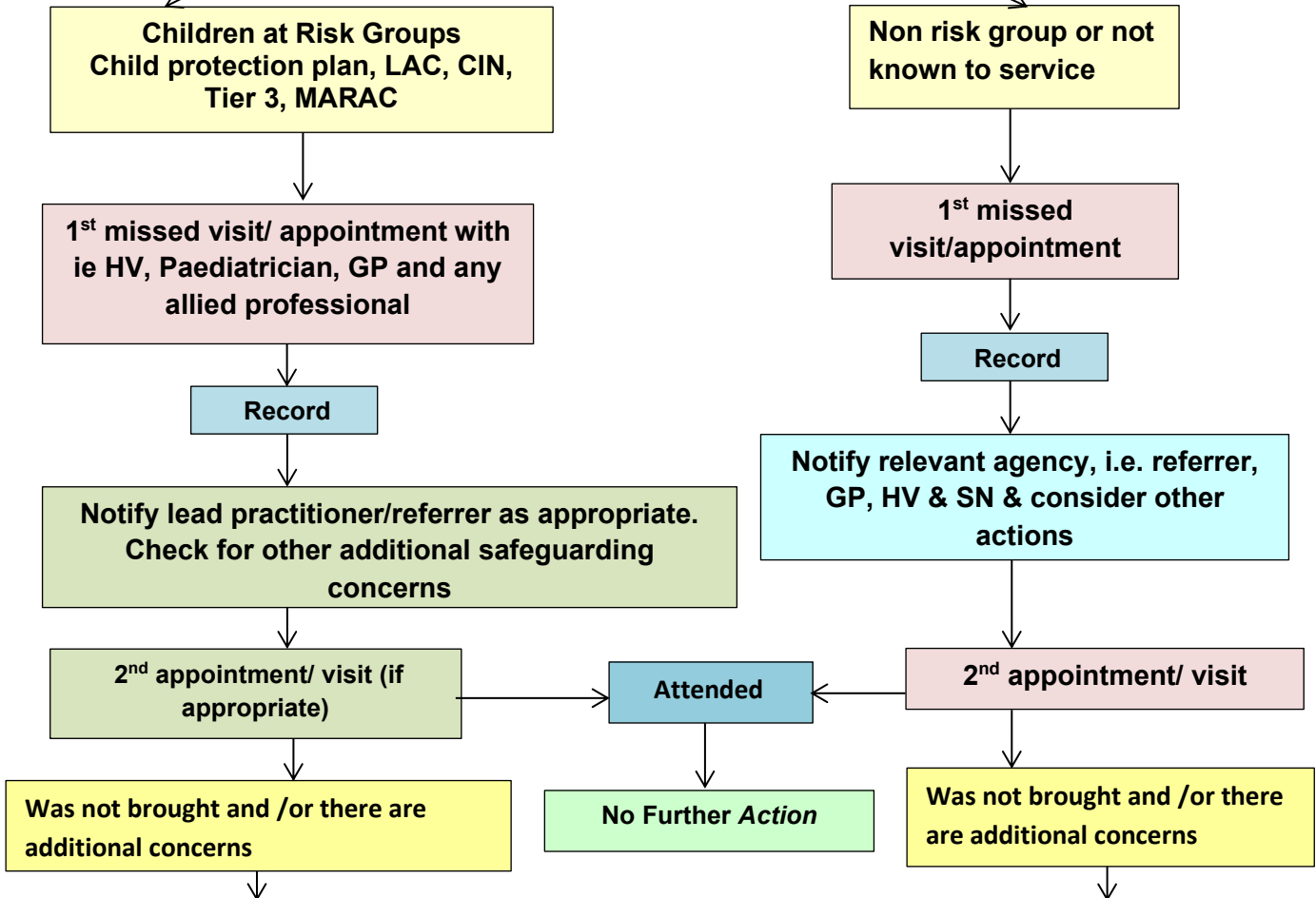
Practitioners have a responsibility to inform others involved in a child/young person's care if they are concerned about disengagement.

Appendix 1

Flowchart for Disengagement (Not Acute Services)



Flowchart for Children/Young people not brought to appointments
(including children who are not brought for initial health screening or have known medical conditions requiring ongoing monitoring or specialist support). "WNB"



Further action using professional judgement:

- Seek advice from Team Leader or your Safeguarding Team
- Consider further appointments with multi-agency measures to ensure attendance
- Consider multi-disciplinary/multi-agency discussion/meeting
- Escalate to EHA or MASH
- Identify whether appropriate to discharge child/young person from service

At the time the child/young person WNB responsible Clinician will review child/young person's records undertaking an assessment of the risk to their welfare of non-attendance at appointment considering:

- Previous non-attendances, cancellations and rescheduling.
- The reasons for non-attendance
- Potential and actual impact of non-attendance on child's/ young person's health and wellbeing.
- Any Child Protection concerns (past and present)?
- Is the child/young person Looked After?
- Any concerns with regards to child/young person's, parents and carers which may impact on their ability to parent (drug and alcohol misuse, domestic abuse, mental health concerns, chronic life limiting illness, and or learning disability).