

# Was Not Brought Briefing

Welcome to this briefing to help practitioners and their managers understand the possible impact when children and young people are not brought to appointments. The messages in this Briefing are just as important for those working in adult services (where service users could be parents or carers).



**Consider neglect when parents who have access to medical support but persistently fail to obtain support and/or treatment for their child's needs.**

**Medical neglect:** When parents/carers minimise or ignore children's illness or health (including oral health) needs, and failing to seek medical attention or administering medication and treatments. This is equally relevant to expectant mothers who fail to prepare appropriately for the child's birth, fail to seek ante-natal care, and/or engage in behaviours that place the baby at risk through, for example, substance misuse; (Horwath 2007)

Children and young people are described as 'Was not brought' (WNB) instead of 'Did not attend' (DNA) and encourages practitioners to think about;

- The situation from the child and young person's perspective and potentially take action to safeguard them.
- Identify any impact on their wellbeing
- Plan what support would help the child and young person to receive the care they need.
- Consider whether we need to share safeguarding information with other health or social care practitioners.

## Why worry about missed appointments or appointments not being made?

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 at risk. Practitioners need to analyse and assess the risk in situations where disengagement is a feature. [Working Together, \(2018\)](#) highlights the issues regarding children who WNB to their appointments. It recognises that non-engagement with practitioners is a strong feature in domestic abuse, neglect and physical abuse of children and family members. Identification of early signs is essential so that risk can be assessed.

Recent Child Safeguarding Practice Reviews (CSPR) have demonstrated the significant adverse effects on children and young people of WNB to appointments, especially when transitioning between services. It is important that Clinicians identify when children and young people are not brought, including appointments with partner agencies, such as acute hospitals and social care, so that risks can be assessed and appropriate interventions and referrals commenced. This includes children with medical conditions who arrive from abroad and are registered but WNB.

## As practitioners, how to respond effectively to WNB and medical neglect?

- The [voice of the child and their lived experience](#) needs to be evident in assessments, inform planning and be present in meetings.
- Be concerned if a parent places age inappropriate expectations on their child to look after their own medical needs.
- Ensure assessments are very clear about needs arising from medical conditions, and the risks associated with any failure by the parent to engage or comply with treatment.
- Use [chronologies](#) where appropriate to support referrals to Children's Services and within assessments to provide clarity to all involved of the extent, pattern and severity of concern. Seek expert advice if you are not sure of the potential risks to the child
- Maintain [professional curiosity](#) and do not allow the empathy you feel for the parent to cloud your understanding of what impact their behaviour has on the child.
- Consider using a [multi-agency Stop and Review meeting](#) to develop a better shared understanding of the level of risk.
- Consider the impact of not being brought on the child/young person's treatment and potential safeguarding risks, for example [How often are they not brought to an appointment? Is it frequent enough to be of concern? Do you know what their appointment was for? E.g. acute or routine follow up? Are they already on a Child in Need or Child protection plan? If not, has there been any other safeguarding concerns or referrals? Are there any general concerns about their welfare? Is there a pattern or regularity to the instances where they are not brought? If so, are there genuine reasons e.g. transport/financial/learning difficulties?](#)

## What to do if you have concerns?

Make contact with the parent or carer to:

- find out why the child or young person was not brought to the appointment,
- discuss with them any barriers that may prevent their child being brought (including vaccinations)
- encourage them to make another appointment, and offer support for future attendance, if necessary.

If you cannot make contact or agree a further meeting, do not discontinue the service or appointment without discussion with a senior colleague and consideration of your agency's relevant policies. If you are concerned there may be a safeguarding risk, discuss their non-attendance with your colleagues - it could be a sign of other problems or neglect.

**Mental capacity** is defined as a person's ability to make their own choices/decisions. For more info please click [here](#). It should be noted that some young people under 16 and 16-18 years old may decide not to attend appointments or be seen at home. Therefore, practitioners will need to determine if they are '[Gillick competent/Fraser Guidelines](#)', this means that they can demonstrate they have the emotional/intellectual maturity and ability to understand the proposed treatment. It should be noted that they maybe Gillick/Fraser competent about one issue but not about another. Health practitioners should always satisfy themselves that a child/young person is not being coerced and controlled to make decisions. Any reason to doubt their mental capacity, then a Mental Capacity Assessment should be completed and a referral made to children social care if there is a public protection concern.

[British Dental Association's](#) toolkit to support safeguarding of children and young people who are not brought. The toolkit is a step-by-step guide and will identify at each stage of the process, which other health practitioners Dental Practices need to communicate and share information with if they are worried a child or young person is facing dental neglect.

In the Luton [Oliver CSPR](#) there was the following Learning point: The British Dental Association webpages state, '... [Dental neglect may occur in isolation or may be an indicator of a wider picture of child maltreatment. The focus of this definition is on identifying unmet need so that the family can receive the support they need, rather than on apportioning blame. Children have a right to oral health, which forms an integral part of their general health ...'](#)

'Was not brought' video is a powerful reminder that children and young people do not take themselves to appointments; they have to be taken by their parents/carers. The video encourages practitioners to reflect on the impact that missed appointments have on a child or young person's wellbeing.



<https://www.youtube.com/watch?v=dAdNL6d4lpk>

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Please access the [Pan Bedfordshire Child Protection Procedures](#) and register for updates.