



**Diogelu Gwent
Gwent Safeguarding**

“Was Not Brought” Principles for:

**Children,
Adults at Risk and
Adults who may have care and
support needs**



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**Protocols & Procedures
Sub Group**

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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. Recognising the importance of transitional safeguarding, those young people with continuing care and support needs that require the intervention of adult services, also need to be considered when applying this guidance. This means taking a holistic approach that ensures continuity of protection and support for young people as they move from childhood into adulthood, and applying these principles in accordance with the 'was not brought,' principles.

This guidance seeks to use the concept 'was not brought' where an individual 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'. Current health guidance can be found here: [Was Not Brought Guidance - Public Health Wales](#)

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. An adult practice review was published in Gwent and the link to the 7-minute briefing provides an overview of some of the safeguarding concerns which related to this particular case of an adult who was subject to coercive control and was being prevented from attending appointments. ([7 Minute Briefing - Adult Practice Review GWASB 3/2019 \(gwentsafeguarding.org.uk\)](#))

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 Gwent 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](#): 'Was Not Brought to Appointments/No Access Gained: Safeguarding Considerations for Children or Adults at Risk,' which can be found here:

- [Was Not Brought to Appointments/No Access Gained Guidance \[English\]](#)
- [Was Not Brought to Appointments/No Access Gained Guidance \[Welsh\]](#)

The guidance sets out that missing appointments for some children and adults at risk may be an indicator that they are at an increased risk of abuse or neglect.

Definition

Was Not Brought is defined as any scheduled appointment (face to face and/or virtual) 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, lack of transport, other caring responsibilities, or 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, clarity, and timeliness of letters and documentation.

Professional Responsibility

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

Understanding Barriers to Attendance

Not all missed appointments or no-access visits indicate safeguarding concerns. However, for children, young people, and adults at risk, barriers to attendance may reflect deeper issues that require sensitive exploration and a safeguarding response. It is vital to approach non-attendance with professional curiosity, exploring the reasons without judgement and understanding the potential safeguarding implications behind missed health contact. For more information on Professional Curiosity, see here: [7 Minute Briefing professional curiosity](#)

- The barriers below have been identified by Public Health Wales in their guidance
- [Was Not Brought to Appointments/No Access Gained Guidance \[English\]](#)
- [Was Not Brought to Appointments/No Access Gained Guidance \[Welsh\]](#)

Emotional, Psychological and Environmental Barriers	Communication and Access Needs
<ul style="list-style-type: none"> • Fear, anxiety, or trauma related to healthcare settings or past experiences • Coercive control or domestic abuse restricting movement or access to services • Distrust or disengagement with services due to previous negative experiences • Parental/carer mental health needs affecting capacity to attend • Chaotic or unstable home environments, including neglect. • Parental lack of understanding. 	<ul style="list-style-type: none"> • Language and literacy barriers • Lack of access to interpreters or translated information • Disability-related access needs (physical, sensory, learning disability) • Neurodivergent individuals who may need additional adjustments
Practical and Socioeconomic Barriers	Organisational Responsibilities
<ul style="list-style-type: none"> • Financial hardship affecting access to transport or communication • Housing instability, frequent moves, or placement breakdowns • Lack of childcare or competing responsibilities • Digital exclusion affecting access to virtual or remote appointments • Transport issues, particularly in rural areas or for those with mobility needs 	<p>Agencies should seek to mitigate barriers by ensuring:</p> <ul style="list-style-type: none"> • Flexible appointment scheduling (e.g. evenings, weekends) • Use of remote or outreach appointments where safe and appropriate • Coordination between services to avoid duplication or conflicting demands • Making reasonable adjustments for disability, communication, or cultural needs

<ul style="list-style-type: none"> • Symptom improvement may lead to reduced motivation to attend. • Length of waiting time for the appointment. • Access not being supported/being prevented by carers 	<ul style="list-style-type: none"> • Clear, inclusive communication tailored to individual circumstances
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Indicators and Potential Concerns

Public Health Wales have identified the framework below which supports practitioners in assessing risk when children, young people, or adults at risk are not brought to appointments or when access is not gained for scheduled home or virtual visits. This list is not exhaustive and should be used in conjunction with professional judgement and multi-agency procedures.

<p>Context and History</p> <ul style="list-style-type: none"> • Is this the first missed contact, or part of a pattern? • Are there multiple services involved? (e.g education, social care, mental health) • Is there a history of missed appointments or no access visits? • Are appointments consistently cancelled by people in advance? • Is there a known safeguarding history for the individual or family? • Have there been recent changes in family, living arrangements, or carers? • Are there concerns about 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).
<p>Individual Circumstances</p> <ul style="list-style-type: none"> • Is the individual reliant on someone else to attend appointments or provide access? • Is the individual known to have complex health needs, a disability, or vulnerabilities? • Is there a known issue with capacity, consent, or communication needs? • Has the individual recently transitioned between services (e.g., child to adult services)? • Is the individual caring for others which may impact upon their ability to attend appointment?
<p>Carer/Family Factors</p> <p>Are there known concerns about parental/ carer engagement or compliance?</p> <ul style="list-style-type: none"> • Is there any indication of neglect, substance misuse, domestic abuse, or mental health issues in the household? • Are there language, literacy, or cultural barriers impacting attendance? • 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. • Is there any hostile or manipulative behaviour towards practitioners?

<ul style="list-style-type: none"> • <u> </u> A sense that a child, young person, adult, parents, or carers are actively avoiding practitioner contact.
<p>Attempted Engagement</p>
<ul style="list-style-type: none"> • Has there been proactive follow-up after the missed appointment or failed visit? • Were reasonable adjustments offered (e.g., time, location, interpreter, transport)? • Has the individual/family been contacted to explore reasons for non-attendance? • Has consent been sought for informationsharing where appropriate?
<p>Safeguarding Consideration</p>
<ul style="list-style-type: none"> • Could this missed contact indicate unmet health needs or potential harm? • Has the situation been discussed with a safeguarding lead or line manager? • Has the information been shared with relevant multi-agency partners? • <u> </u> Is there a need for escalation or referral under safeguarding procedures?
<p>Documentation and Action</p>
<ul style="list-style-type: none"> • Has the missed contact and all follow-up actions been clearly documented? • Have any safeguarding actions or referrals been recorded and followed up? • <u> </u> Is a review or case discussion needed with the wider team or safeguarding lead?

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, that an appointment has been offered and/or home visit attempted, which has been unsuccessful.
- Make timely contact with the family to discuss the reason for non-attendance and . using professional curiosity, explore any barriers to engagement.
- Confirm contact details are up to date and reschedule appointment if needed, whilst taking into consideration any barriers identified.
- If risks or concerns are identified in relation to the non-attendance of the child/young person, the practitioner should seek advice from the organisations Safeguarding Lead or Children’s Services .The Children’s DTR Continuum of Support and Threshold Guidance can provide support in using professional judgement and can be found here: [Children’s DTR Continuum of Support and Threshold Guidance March 2024](#)
- If the risks identified are significant a Duty to Report Form should be submitted to the Children’s Services. If concerns are considered urgent this should be done initially by telephone and followed up within 24 hours with the Duty to Report. Details on submission of a Duty to Report for Children within Gwent can be found here: [Report a child at risk - Gwent Safeguarding](#).
- All actions should be recorded in accordance with agency policy.
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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)'.

<https://www.youtube.com/watch?v=dAdNL6d4lpk> With thanks to Nottingham City Council, who commissioned this short animation.

This animation is a powerful reminder that the majority children or young people are unable to take themselves to appointments; they have to be supported by parents or carers. The animation encourages practitioners to reflect on the impact that missed appointments have on a child's wellbeing.

Children Known to Statutory Children Services or Considered Vulnerable

In circumstances where children/young people are known 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 i.e., children with health or disability needs which are 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. Consideration should also be given as to whether a Duty to Report is necessary.

Practitioners who are part of a child's Care and Support/Protection Plan, 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

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 within Case Notes or their organisational recording system, that an appointment has been offered and/or home visit attempted, which has been unsuccessful.

- Make timely contact with the individual/family member and/or carer, to discuss the reason for non-attendance and, using professional curiosity, explore any barriers to engagement.
- Confirm contact details are up to date and reschedule appointment if needed, whilst taking into consideration any barriers identified. This should be clearly recorded.
- 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.
- 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. The Regional Adult Safeguarding Guidance can provide support in using professional judgement and can be found here: [To report or not to report - Adult safeguarding guidance](#)
- 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 Details on submission of a Duty to Report for Children within Gwent can be found here: [Report an adult at risk - Gwent Safeguarding](#).

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. Further guidance can be found here:

- 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, competing family demands.
 - 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.
- 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 approach must be taken to share information between partner agencies including Health, local Authority, Police and Third Sector providers.
- 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.

Recommendations from Practice Reviews

Child and Adult Practice Reviews have demonstrated that there can be significant adverse effects on children and adults when they were not brought to appointments.

In response to recommendations from such reviews, some Gwent partner agencies have introduced an assertive outreach service and provide a 'no discharge approach.' This recognises the barriers that people can face in attending appointments and ensures that individuals will not be discharged from a service unless they indicate they no longer need support from the service. Their appointments are always offered on an outreach basis and take account of individual needs.

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	