

Safeguarding Children

Was Not Brought Guidance for Primary Care

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Introduction/Background

Rapid Reviews (RR) and Child Safeguarding Practice Reviews (CSPRs) have evidenced that repeated missed appointments and/or lack of response to practice communications *can* be an indicator of neglect or abuse. It is therefore important that all health care providers can recognise patterns in missed appointments and/or lack of response to practice communications to identify safeguarding concerns, so that appropriate action can be taken.

There are many legitimate reasons for children missing appointments. However, in order to ensure causes for concern are not missed there should be a process in place to identify and act on cases of a missed appointments.

It is recommended that practices have procedures to identify and follow children and adults at risk who do not attend scheduled appointments in the practice. Missed appointments with other providers should also be considered if the practice becomes aware of this.

Repeated cancellation, with or without rescheduling, of appointments should be treated with the same concern as non-attendance. Scenarios such as this *can* also be an indicator of disguised compliance.

Professional curiosity should be used to review these events, as apparent legitimate reasons for not attending appointments should not always be taken at face value and may require further exploration.

Children, even those with capacity, require more support to attend appointments and/or respond to practice communications. When a child is reliant on a family member or carer to bring them to appointments and they are 'not brought', this *may* be due to neglect or abuse. If there are concerns regarding potential or known neglect or abuse involving any child who has missed appointments, then appropriate follow up needs to be considered, including a variety of communication methods (telephone calls, text messages, letters) as well as home visits and/or safeguarding referrals if no contact can be achieved or there is ongoing non-engagement.

For a known Child in Care (CiC/LAC), Unaccompanied Asylum Seeking Child (UASC), or children on a Child in Need plan (CIN) or Child Protection Plan (CPP); the practice must inform the child's social worker that they have not attended, with greater emphasis on those who remain at home but are legally in Local Authority care.

Considerations and Actions for GPs

- Coding missed appointments correctly – **“Child not brought to appointment”**
- Coding cancelled appointments correctly – **“Appointment cancelled by parent”**
- Review patient records for any previous or ongoing safeguarding concerns, including if they are a Child in Care.
- Review any adjustments needed for the person; eg. check practice letters/referrals highlighted appropriately any communication needs or reasonable adjustments required to support the patient in accessing their health appointment appropriately (eg. language barriers, non-electronic communication, appointments at a specific day of the week).

- Think Family – Does the carer or do other family members who also miss their appointments? Consider whether the carer may themselves require intervention or support – see link below.
- Consider clinical consequences of this missed appointment/non-engagement and take further action as required – see Risk Assessment Tool below.
- Communication with other professionals involved.
- Clear documentation that WNB/DNA policy was actioned – document that you have considered all points listed above and actioned the outcome of your risk assessment as highlighted below.
- Ensure professional curiosity is implemented at subsequent contacts (eg. exploring why appointments were missed or cancelled, explore why letters or text messages were not responded to).
- Explore, offer and document outcomes of reasonable adjustment and communication needs review (eg. flag on patient records if translator is needed or written/verbal communication is required, use OneCare digital flag).

NB: Missing the 6–8-week check has been a factor in several child deaths, so please pay particular attention to WNB for this appointment & escalate as necessary.

Risk Assessment Tool for WNB/DNA

Level of Concern	LOW	MEDIUM	HIGH
Concerns	<p>1 or 2 missed/cancelled appointments</p> <p>Think family approach: No known safeguarding concerns or alerts in patients and/or family member’s notes</p> <p>No known physical or mental health concerns</p> <p>No known communication needs, learning disability or autism.</p>	<p>2 or more missed/cancelled appointments</p> <p>Think family approach: Known safeguarding concerns or alerts in patients and/or family member’s notes</p> <p>Known ongoing physical or mental health conditions</p> <p>Child has autism or learning disability</p>	<p>Persistent pattern of non-attendance or non-engagement.</p> <p>Think family approach: Active ongoing safeguarding concerns or open to Social Care (eg. allocated social worker due to including being a CiC/UASC or on a CIN/CPP)</p> <p>Known significant physical or mental ill-health, drug or alcohol misuse, housing instability or domestic abuse.</p>
Actions	<p>Low Risk - Local Response:</p> <p>Is escalation necessary?</p> <p>Do you need to clarify with the family/carer the importance of attending the missed appointment and/or re-book and/or re-refer?</p> <p>Do you need to discuss with colleagues e.g. usual GP?</p>	<p>Medium Risk – Local Response:</p> <p>Inform usual GP or safeguarding lead GP, is further escalation necessary?</p> <p>Telephone contact with family/carer: ideally on same working day to discuss reasons for not attending and to facilitate future appointments.</p>	<p>High Risk – Local Response:</p> <p>Inform usual GP or safeguarding lead GP, is further escalation necessary?</p> <p>Telephone contact with family/carer: ideally on same working day to discuss reasons for not attending and to facilitate future appointments.</p>



	<p>For a Child In Care; ensure a flexible approach to care is offered, understanding that the Foster Carer and Child may be required to prioritise other meetings and appointments, depending on the stage of care/legal proceedings they are in.</p> <p>If the child is autistic or has a learning disability, consider whether the family need more support in order to access their appointment.</p>	<p>Communicate with practice colleagues as required, eg. discuss case at practice safeguarding meeting.</p> <p>Medium Risk – Wider Response:</p> <p>Communicate with relevant colleagues in MDT and other providers/ agencies to share concerns and create a collaborative action plan (eg. Midwifery, Health Visitors, School Nurses, Children in Care Nurses, Secondary care teams, autism / LD keyworker, Social worker).</p> <p>Action safeguarding referral to relevant Local Authority – referral pathways on REMEDY (link below)</p>	<p>Communicate with practice colleagues as required, eg. discuss case at practice safeguarding meeting.</p> <p>Additional steps:</p> <ul style="list-style-type: none"> • Use a variety of communication methods to communicate with family/carer (eg. SMS, letter, email, telephone) • Consider a home visit • Consider possible cognitive impairment or capacity issues for family/carer • Triangulate information; consider review of relatives' records and social care records via Connecting Care <p>Communicate with practice colleagues; notify safeguarding lead GP and consider further support request from ICB Safeguarding team</p> <p>High Risk – Wider Response:</p> <p>Communicate with relevant colleagues in MDT and other providers/ agencies to share concerns and create a collaborative action plan (eg. Midwifery, Health Visitors, School Nurses, Children in Care Nurses including the Named Nurse for Children in Care, Secondary care teams, autism / LD keyworker, Social worker).</p> <p>Action safeguarding referral to relevant Local Authority – referral pathways on REMEDY (link below)</p> <p>Request High Risk professionals meeting if required – please contact ICB team for support with this if needed.</p>
<p>Outcome</p>	<p>Document your review and actions in EMIS record.</p>	<p>Document your review and actions in EMIS record.</p>	<p>Document your review and actions in EMIS record.</p> <p>Multi-agency response initiated.</p>

	Continued reassessment of communication needs and level of concern.	Family/carer receive support to re-engage with services. Plan communicated to all professionals involved.	Plan communicated to all professionals involved. ICB safeguarding team support sought as required.
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Definitions

Was Not Brought (WNB) applies to children, young people and adults who rely on the support or presence of a parent or carer to attend appointments, who did not attend a planned appointment and had not cancelled or rearranged the appointment in advance.

Did Not Attend (DNA) applies to young people and adults who have the capacity to make a decision to attend appointments without a parent or carer.

Disengagement may occur when the family or adult does not respond to requests from staff to attend an appointment for health services or treatment. This may include;

- Disregarding health appointments
- Not being home for planned visits
- Agreeing to take action – but not doing so
- Hostile behaviour towards staff
- Manipulative behaviour resulting in health care not being received
- Actively avoiding contact with professionals
- Attendance at minor injury unit/A&E but did not wait to be seen
- Refusal of service

Resistant Behaviour/Disguised Compliance involves a relative/carer or the patient giving the appearance of engagement. They may cancel appointments frequently at the last minute, or after a period of non-engagement may attend appointments to reduce professionals' concerns. Examples of 'resistant behaviour' include:

- Deflecting attention; the family/carer may focus on engaging well with one set of professionals to deflect attention from their lack of engagement with other services.
- Criticism of (other) professionals to divert attention away from their own behaviour.
- Pre-arranging home visits and presenting the home as clean and tidy, or only allowing professionals into a single room.
- Promising to take up services offered but then failing to engage or promising to change their behaviour and then avoiding contact with the professional.
- Frequent last-minute cancellations and rescheduling of appointments.

Communication needs: contact details; level of literacy; language barrier to verbal or written communication etc. must be considered and documented, and reasonable adjustments made to support access and understanding.

Supporting attendance: consider the time and location of appointments to support attendance based on the individual's (and their carer's) physical, mental, emotional and practical needs.

Reasonable adjustments: Legal requirement for practices to make provisions and changes their approach to ensure that services are accessible to people with additional needs as they are for everybody else. Examples could be help with making appointments, longer appointments and certain appointment times, and easy read information.

Resources:

Safeguarding referrals:

- Remedy page for referral pathways, each Local Authority has their own referral mechanism, threshold document and guidance - [Referrals & Procedures \(Remedy BNSSG ICB\)](#)

Carer support:

- Remedy page for carer support information - [Carer Support \(Remedy BNSSG ICB\)](#)
- Bristol and South Glos - [Carers Support Centre](#)
- North Somerset - [Care Connect](#)

Children in Care and Care Leavers:

- Remedy page for CiC and Care Leavers - [\(also known as Looked After Children\) \(Remedy BNSSG ICB\)](#)

Connecting Care:

- GPs can access further information about families and identify whether Social Care is involved through Connecting Care, [Connecting Care - login page](#)

Learning Disability:

- Remedy page for referral pathways - [SEND \(Remedy BNSSG ICB\)](#)

Drug & Alcohol Services:

- Remedy page for drug & alcohol services - [Drug and Alcohol Services for Children \(Remedy BNSSG ICB\)](#)