Was Not Brought

Bury Safeguarding Partnership

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1 Introduction & 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 them. Previously this has been recorded as “Did Not Attend” however there has been a significant shift in redefining the idea of children who ‘Did Not Attend’ (DNA) to defining them as a child/young person that ‘Was Not Brought’ (WNB).

This change in terminology recognises that children and young people depend on others to take them to health appointments. It supports and encourages practitioners to consider the child’s perspective, including 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.

2 Medical Neglect

Medical neglect occurs when a parent or caregiver (including foster carers 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.

3 Things to consider

If a child or young person was not brought:

- Check that contact details are correct for the child and family.
- Consider: are they reliant on someone else to either make them an appointment or take them? Consider: age, mental capacity, disability. Do the family need support?
- Think: what is the impact on the child’s health and wellbeing of not attending, 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?
- Consider poor previous experience of provision.

4 Things to consider continued

- Consider ability to access appointments, e.g. language/cultural barriers, lack of internet access, childcare of other siblings. Are there other factors or safeguarding concerns; coercion and control, parental mental illness, learning difficulties, ability to manage diaries, access to finances or transport or substance use? Are there multiple & conflicting demands?
- Repeated cancelled/ re-scheduled appointments should be viewed as a form of Was Not Brought and **trigger professional curiosity.** This may signal disguised non-compliance whereby it appears the parent/carer is engaged but not meaningfully. This was a theme in a Local Safeguarding Practice Review.

5 What to do

Document: Record the non-attendance as “Was Not Brought”. Record whether the child or adult was reliant on someone else to bring them. Record the impact or safeguarding concern their non-attendance may have raised. Is this the first or repeat non-attendance? Are there any emerging patterns (including rescheduling or late cancellation of health appointment). Note any actions you have taken.

Discuss: Episodes of non-attendance with colleagues / other agencies, including education, if you feel there is a potential safeguarding risk. Contact the child’s parent/carer to enquire why they did not attend & encourage them to rearrange. Discuss any barriers & arrange support for future appointments if needed.

6 What to do continued

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: Inform the GP if not brought to an appointment, by letter, with the potential impact on the child highlighted. This allows an overview by the GP of all missed appointments. Inform the referrer if not brought to appointment. If relevant, inform relevant agencies involved, e.g. Social Worker / Local Authority / education and highlight the impact. If there are repeated patterns of children not brought to appointments, consider a referral to Bury MASSH. if you are dealing with issues of consent, or the referral is not accepted, and you have concerns consider escalation.

7 Resources

It is important that professionals balance risk and a compassionate approach. Was not brought needs further exploration and should be assessed as part of the broader safeguarding assessment, including its links to neglect. This should consider impact of not being brought to appointments on health and development over time.

- Rethinking ‘Did Not Attend’ – YouTube
- Why language matters: digging deeper than 'did not attend' | NSPCC Learning
- Disguised compliance: learning from case reviews | NSPCC Learning
- Resolving Professional Differences/Escalation Policy