

# Was Not Brought

## (4) Questions to consider when a child is not brought to an appointment

- Are they reliant on someone else to either make and / or take them to appointments or meetings?
- Has the appointment already been rescheduled?
- When was the last time the child was seen by the service?
- Are there previous entries in the notes for WNB / DNAs? Is this a one off, or is there a repeat pattern?

## (3) National and Local Learning

- Many Child Safeguarding Practice Reviews, both [nationally](#) and regionally, have featured 'missed' appointments as a precursor to serious child abuse and even child death.
- Non-attendance at health appointments was a feature of a local review for [Child B](#) who at age 7, was admitted to hospital for an amputation that could have been prevented with appropriate treatment. Child B was not brought to a number of medical appointments and there were concerns in the professional network about neglect.
- A Local Child Safeguarding Practice Review on the case of Child V will be published shortly [HERE](#). This case also has some important lessons about neglect, particularly in the context of children with complex health needs and disabilities.

## (1) Introduction

The term "Was Not Brought" (WNB) has replaced the phrase "Did Not Attend" and reflects that many children and (some vulnerable adults) are reliant on someone else to take them to meetings or appointments that relate to their welfare, care or health.

The old phrase "Did Not Attend" implies that a child (or vulnerable adult) is responsible for not attending. This is not accurate!



## (2) Why is it important?

There may be many reasonable and innocent explanations as to why a child was not brought to an appointment - good practice includes remaining alert to potential safeguarding issues in all families worked with. Thinking in terms of 'Was not brought' (WNB) instead of 'Did not attend' (DNA) encourages:

- practitioner curiosity around the child's experience
- earlier alertness, conversation and action where there is a developing pattern of non-attendance
- respectful uncertainty and awareness of disguised compliance when seeking reasons for non-attendance (parents or carers giving the appearance of co-operating to avoid raising suspicions or to allay concerns).

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Medical neglect can involve parents or carers minimising or ignoring children's illness or health (including oral health) needs, failing to seek medical attention or not administering medication and treatments.

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## (4) Questions to consider - continued

- Is the child already on a child protection plan (CPP) or known to have safeguarding concerns?
- Are there any vulnerabilities for the parents or carers such as substance or alcohol misuse, chronic health problems, domestic violence or a learning disability?
- What are the implications of them not attending the appointment or meeting? Are they missing needed medication or assessment, being denied the opportunity of inputting into a planned review, not being part of a discussion about their health and wellbeing.
- What could be the reason for their non-attendance? Be professionally curious. Are there any other factors to consider, like coercion and control, or neglect?

## (5) What you can do

- **Record** non-attendance at health appointments as “Was Not Brought” along with additional case notes detailing any impact / safeguarding concerns raised and any patterns of engagement noted.
- **Discuss** non-attendance with colleagues and have open conversations with parents / carers. Try to understand why they didn't come to the appointment and any barriers to attending which can be resolved (e.g

## (7) Further Information

- CHSCP [Poster and Leaflet](#) aimed at Parents and Carers
- Nottingham SCP Video [‘Re-thinking Did Not Attend’](#)
- [Guidance for Hospital Staff, GPs and Dentists](#)
- [Worried About a Child?](#)
- CHSCP Webpage [Curiosity, Challenge and Escalation](#)



- transportation, timing of or multiple appointments). Practitioners should ensure appointments are accessible to individuals/families. You can also share the CHSCP leaflet with parents to facilitate this discussion.
- **Keep trying** - don't discontinue the service without discussing this with your manager or colleagues in the wider network. Consider your organisations attendance policies also for guidance.
- **Decide** - on a reasonable and safe timescale in which the child should be seen by the service. Record this in the case notes and continue to monitor attendance (especially important where there are concerns around disguised compliance where engagement can fluctuate).
- **Escalate** - a referral to Children's Social Care should always be made where there is a concern around significant harm. Otherwise, consider convening a [Professionals Meeting](#) or making a referral for Early Help Support. If you are concerned about the response from an external agency, follow the CHSCP [Dispute Resolution Policy](#).

## (6) Key Messages

- In most cases, when a child has cancelled or failed to attend an appointment, it is the parent/carer that has failed to bring them and for this reason the term “Was Not Brought” should be used.
- There are many simple reasons for a one-off missed health appointment, and they should not normally be a cause for concern. Context and patterns are key! Use the questions above to form a professional opinion and discuss with your managers in supervision also!
- Remember disengagement is a key risk factor for people and may be an indicator of a crisis or that something more serious is happening. Use professional curiosity to find out about the child's lived experience!