

All children, and some adults, are reliant on someone else to take them to appointments that relate to their welfare, care or health.

The Coventry Safeguarding Children Partnership, and Coventry Safeguarding Adults Board **are asking all practitioners to use “Was Not Brought”** rather than “Did Not Attend” when appointments for these individuals are missed.

The phrase “Did Not Attend” implies

- That the child is *responsible* for not attending.
- This is not accurate for those who depend on others for their care

The phrase “**Was Not Brought**”

- Is more accurate and good practice to use for those who rely on others to attend an appointment.
- Reminds a practitioner to consider the reasons **why** a child or vulnerable adult was not brought and the **implications for their care**.
- Reminds a practitioner to assess the potential **risks or safeguarding concerns**, especially if there is a repeat pattern of non-attendance.



One Minute Guide

Was Not Brought: Missed appointments for children

November 2024



THE FOUR Rs of Was Not Brought:

If a child or adult doesn't attend an appointment, consider

1. **Reliant** - Are they **reliant on someone else** to make and/or take them to appointments? (For example, due to age, mental capacity, disability or accessibility).
2. **Review/Repeat pattern** – **Review the chronology/notes**; is this a one off, or is there is a **repeat pattern**?
3. **Reason** - What could be the **reason** for their non- attendance? (consider coercion and control, neglect, literacy or language-barrier, house moves, mental ill health, digital-poverty, transport difficulties, time of appointment.)
4. **Results/Risks** - What are the implications of not attending? Does this result in health, safeguarding or wellbeing risk?

ALL practitioners should:

- Consider the “4 Rs”

- Recognise their **reliance** on others □ document “WNB” *not* “DNA” where possible.
- **Review** the all the notes – is there **repeat** WNB? (E.g. if a child misses a paediatric appointment, have they also missed physiotherapy or other types of appointment?).
- Think about **reasons** - can they/carer read the appointment letter? Is the appointment type suitable (e.g. online/location)? Is the address correct? Do they need an interpreter?
- **Risk** assess – are there any safeguarding concerns? What could **result** from non-attendance (e.g. will they run out of medication? What is the health or developmental impact? Is non- attendance a sign the individual or carer/family is struggling?)
- **Use the missed appointment time** to mitigate risk (e.g. phone the patient/carer, check with the GP practice, **consider if a professionals meeting or safeguarding referral is needed** on available information)
- Let the child’s/vulnerable adult’s GP know **as soon as possible**. **Share with other Health professionals Health Visitors (HV) and School Nurses (SN).**
- Be aware that frequent cancellations or rescheduling of appointments may also be a form of disguised non-compliance.

GP practices receiving WNB notifications from other providers should

- **Record** WNB on clinical records system
- **Review** patient and household members’ notes (think family) for safeguarding risk factors. Use STOP Neglect tool and Childsafe trigger tool for children.

No Significant Risk of Harm:

- Re-refer if necessary.
- Contact parents by letter/telephone.
- Document decision.
- Take to Safeguarding Meeting if required (to follow up with Health Visitor or School Nurse)

Significant Risk of Harm:

- Discuss ASAP with Health Visitor, School Nurse or Social Worker
- Contact parents
- Follow local safeguarding procedures
- Record if any actions are being taken by hospital
- Communicate with hospital clinician if appropriate
- **Set a date to check up on actions**

Key Contacts and Further Information

Coventry Safeguarding Children Partnership

Rethinking did not attend: <https://www.youtube.com/watch?v=dAdNL6d4lpk>

Assisted Doctor Appointments Challenge: [Was Not Brought: Assisted Doctor Appointment Challenges - YouTube](#)