
Trust Was Not Brought and Did Not Attend Policy for Children and Adults

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Purpose of Agreement	The policy will guide staff on the correct actions to be taken when a person is repeatedly not brought to appointments or repeatedly does not attend appointments
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Please fill the table below:

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SUMMARY OF POLICY

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'.

This policy sets out what staff should do if children, young people or adults are not brought to appointments, or if adults repeatedly do not attend appointments. This Policy recommends the use of the phrase Was Not Brought, (WNB) when working with children rather than Did Not Attend (DNA). DNA should still be used when working with adults.

This Policy highlights the potential vulnerability of children who are not brought to appointments and makes recommendations so that the welfare of the child is always the primary aim of the actions of staff.

The policy aims to ensure that practitioners are aware of the importance of attempting to build a therapeutic relationship with clients and/or parents and carers that appear to be difficult to engage with, do not attend appointments, (DNA), or a child who was not brought to appointments, to ensure that the Trust is able to offer an appropriate service to such individuals and families.

This policy sets out the approach to be taken for clients 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 patient.

This policy has been developed to demonstrate to all staff in Solent the importance of processes to follow when:

- Health or medical services for children are refused
- Children or young people are repeatedly not brought for their health appointments
- Repeated non availability of children for booked home visits
- Adults at risk who repeatedly do not attend appointments
- Adults who require assistance to attend appointments, are not brought to appointments

Service specific Standard Operating Procedures should be referred to, which should provide details of when thresholds are met to refer as a safeguarding concern. Further advice can be sought from the safeguarding team.

All occurrences of WNB or DNA should be documented in the clinical records with the actions taken and rational for said actions; to include details of any safeguarding referrals made.

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Trust Was Not Brought and Did Not Attend Policy for Children and Adults

1. INTRODUCTION & PURPOSE

- 1.1 All children, young people and adults are entitled to receive services to promote their health, and wellbeing, their welfare is of paramount importance.
- 1.2 Whilst children are under the age of being able to provide informed consent, it is the responsibility of those with parental responsibility to act on behalf of their children to ensure they are recipients of these services (UN Convention Rights of the Child 1989). 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'. It is recognised that parents have the choice to engage with health professionals but whilst this may not have a detrimental effect on their child's welfare, it is important that practitioners take the necessary steps to understand why parents do not bring their children to appointments or disengage with services or if they have been denied access to babies, children and young people whether at home or within a community or school setting.
- 1.3 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 (DH 2010).
- 1.3 Publications have highlighted the issues regarding children who WNB to their appointments. These publications include:
 - Working Together to Safeguard Children
 - The National Service Framework for Children 2004Working Together, (2018), recognised that non-engagement with professionals is a strong feature in domestic abuse, serious neglect and physical abuse of children and family members. Identification of early signs is essential so that risk can be assessed.
- 1.4 Neglect is a form of child abuse and specifically the failure of a parent/carer to "ensure access to appropriate medical care or treatment" is part of the UK's Government definition of Neglect (Working Together 2018). Repeated episodes of WNB may meet the threshold for referring to the Multi-Agency Safeguarding Hub, (MASH) for neglect. Consideration should be given to the parents/carer's understanding of the importance of bringing the child to appointments and any required support should be provided to promote their understanding.
- 1.5 Recent child practice reviews and safeguarding adult's reviews have demonstrated the significant adverse effects on children and adults of WNB and DNA to appointments, especially when transitioning between services. It is important that clinicians identify when children and adults WNB or DNA appointments, including appointments with partner agencies, such as acute hospitals and social care, so that risks can be assessed and appropriate interventions and referrals commenced.
- 1.6 Adults may not engage with services for a variety of reasons and may not attend appointments without cancelling them which impact on the effectiveness of their care. Staff should also be aware that some adults may need the support of another adult to bring or accompany them to

their appointments. When an adult DNA's an appointment, potential safeguarding concerns should be considered and discussed with the adult.

- 1.7 Health professionals should determine follow-up requirements on an individual patient basis and the health needs of children override any managerial directives or policies relating to follow-ups. Professionals should also consider if concerns and information should be shared with other professionals and/or agencies.
- 1.8 Each service will develop their own Standard Operating Procedure, (SOP), to govern the actions that are required; taking into consideration the unique characteristics of their client group, including considering if the threshold to raise a safeguarding concern to the Local Authority has been met.
- 1.9 Service line SOPs should detail how many missed appointments, including appointments with partner agencies, such as acute hospitals and social care, will trigger a safeguarding referral and escalation of concerns with partner agencies. Appointments that are cancelled by the parents/carers should be included in the review.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to *locum, permanent, and fixed term contract employees (including apprentices)* who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 "Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

Definitions

- 2.4 Was Not Brought (WNB) Did Not Attend (DNA)
 - Children who have not been taken to a planned appointment without cancellation. The term 'Was Not Brought' accurately reflects the fact that children and young people rely on parents and carers to attend appointments. Therefore all staff should be using these terms rather than 'Did Not Attend' if referring to appointments for children
 - Did Not Attend should be used for adults
- 2.5 No Access Visits
 - Family not available when a practitioner visits the home for a prearranged appointment to see a child, young person or adult.
- 2.6 Unseen child
 - Any practitioner should consider a 'child unseen' if they become aware that Primary Health Care is not being delivered to that child either in the home or community setting. This could be a child that the parents / carers state is away or sleeping thus preventing access
- 2.7 Disengagement/Cancellation
 - Disengagement is when an adult at risk, young person or parent / carer do not respond to requests from Health Professionals. Behaviours of disengagement are usually cumulative and may include;

- Disregarding health appointments
- Not registered with a GP
- Agreeing to take action but never doing it
- Hostile behaviour towards professionals
- Actively avoiding contact with health professionals
- Parents/carers or adults who cancel on a regular basis, within 24 hours of an appointment
- Not being at home for arranged visits
- Not allowing professionals into the home

2.8 Looked after child

- A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority. This includes children who are in foster care (voluntarily or enforced), children on a care order or protection order and children who are compulsory accommodated (usually this would be a secure unit)

2.9 Difficult to engage/disengagement

- Patients who do not reply to contact from the service, who do not attend appointments, or who attend appointments / have contact with the service but who do not engage with their care plan to the extent that contact with the service is not likely to achieve the agreed outcomes of the care plan.

3. PROCESS/REQUIREMENTS

3.1 Staff should document every time that a child is not brought to an appointment or a young person or adult DNAs an appointment. Documentation should include details of any explanation provided on why the appointment was missed, any actions staff have taken and their rationale for doing so.

3.2 Staff should refer to their service specific WNB/ DNA SOP for guidance on specific actions to be taken. Local SOPs should determine how many missed appointments will trigger a safeguarding referral to social care and/or escalation to partner agencies. However an individual risk assessment should be completed to clarify if a concern should be raised to the Local Authority.

3.3 If it is suspected that harm has been caused to the child, young person or adult at risk due to the missed appointment a safeguarding referral should be considered, irrespective of how many missed appointments have occurred. Staff should refer to the Trust's Safeguarding Children, Young People and Adults at Risk Policy for guidance on how to do this.

3.4 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 Policy for more information.

4. ROLES & RESPONSIBILITIES

4.1 The Chief Executive has ultimate accountability for:

- The strategic and operational management of the organisation, including ensuring all policies are adhered to. Operational accountability for policy management is delegated to the Associate Director Corporate Affairs and Company Secretary

- 4.2 The Chief Nurse is responsible, as the executive lead for safeguarding, for:
- ensuring that appropriate safeguarding structures, policies and procedures are in place and available to staff
- 4.3 Directors, Clinical Directors, Operational Directors are responsible for:
- Ensuring that their directorate has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance and safeguarding principles for safeguarding children, young people and adults.
- 4.4 Managers and service leads are responsible for:
- Ensuring that their directorate has management and accountability structures and process in place to guide staff on actions to be taken when a child WNB or an adult DNA an appointment
- 4.5 The Head of Safeguarding and the Safeguarding Team are responsible for:
- Providing effective support, advice and training to Trust staff to enable them to fulfil their safeguarding roles and responsibilities in relation to WNB and DNA
 - Developing overarching policy to inform service line policies or standard operating procedures on WNB and DNA
- 4.6 The Safeguarding Steering Group is responsible for:
- Providing oversight of the strategic direction for the Trust in relation to WNB and DNA
- 4.7 All staff are responsible for:
- Maintaining contemporaneous records of all episodes of WNB and DNA and take appropriate and proportionate actions in response
 - Consider if harm is caused when a child WNB or an adult DNA an appointment and raise a safeguarding referral to social care if thresholds are met

5. TRAINING

- 5.1 All staff at all levels of the organisation should undertake relevant safeguarding training, which includes WNB and DNA in accordance with the Safeguarding Children and Young People: Roles and Competencies for HealthCare Workers, and Safeguarding Adults at Risk: Roles and Competencies for HealthCare Workers, intercollegiate Documents.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 6.1 A thorough and systematic assessment of this policy has been undertaken in accordance with the organisation Policy on equality and Human Rights.
- 6.2 The assessment, found that the implementation of and compliance with this policy has no impact on any parent, service user, carer or employee on the grounds of age, disability, gender, race, faith or sexual orientation. (See Appendix A).

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 Services will report barriers to implementing the policy to the Safeguarding Steering Group. Which will be escalated to the Chief Nurse, through governance structures, any barrier to implementation of this policy.

8. REVIEW

8.1 'This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.'

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

9.1 This policy should be read in conjunction with:

- Safeguarding Children, Young People and Adults at Risk Policy
- 4LSAB Safeguarding Adults Multi-agency Policy
- 4LSCB Safeguarding Children Multi-Agency Policy
- Safeguarding Supervision Policy
- Freedom to Speak Up Policy
- Disciplinary Policy
- Adverse Events Policy
- Serious Incident Policy
- Protocol for the management of a child who 'Was Not Brought' (WNB) to a Community Paediatric Medical Appointment
- The Deprivation of liberty Safeguards and Mental Capacity Act 2005 Policy
- Dental Service Local Operating Procedure Procedures for Was Not Brought (WNB) Adults and Children
- Child and Adolescent Mental Health Service (CAMHS) West Guidelines for reducing 'did not attend' – DNA and Children not brought Good Practice document.
- Guideline for Family Disengagement & Children Not Brought for Appointments Health Visiting, Family Nurse Partnership & School Nursing Service, Solent NHS Trust
- Guideline for Family Disengagement & Children Not Brought for Appointments Children's Service Solent NHS Trust
- Solent East Children's Therapies Child Was Not Brought to First Appointment SystemOne Quick User Guide
- Working Together to Safeguarding Children (2018)
- West Hampshire CCG Child Not Brought to Appointment Leaflet

Appendix: A

Equality Impact Assessment

<u>Step 1 – Scoping; identify the policies aims</u>	Answer		
1. What are the main aims and objectives of the document?	To outline corporate and individual responsibilities in accordance with legislation, guidance and standards.		
2. Who will be affected by it?	All Staff, service users and children		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Health provider organisations have a statutory duty to safeguard and promote the welfare of Vulnerable Adults. Children Act s11 compliance ensuring safeguarding is treated as everyone’s responsibility and children are kept safe and well		
4. What information do you already have on the equality impact of this document?	Policy will be applied equality to all staff members and service users		
5. Are there demographic changes or trends locally to be considered?	No		
6. What other information do you need?	Nil		
<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		X	WNB and DNA falls under Safeguarding which is everyone’s responsibility and uses an inclusive approach
2. Can any group benefit or be excluded?		X	Safeguarding is everyone’s responsibility
3. Can any group be denied fair & equal access to or treatment as a result of this document?		x	Safeguarding is everyone’s responsibility
4. Can this actively promote good relations with and between different groups?	x		Partnership working is essential to achieve healthy outcomes
5. Have you carried out any consultation internally/externally with relevant individual groups?		x	Policy aligned to National and Local legislation, policy and guidance

6. Have you used a variety of different methods of consultation/involvement	x		Policy aligned to National and Local legislation, policy and guidance
<u>Mental Capacity Act implications</u>			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)	x		MCA underpins safeguarding activity and is person and decision specific
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?	x		Policy aligned to National and Local legislation, policy and guidance
9. Are there any external implications in relation to this policy?	x		Policy aligned to National and Local legislation, policy and guidance and partnership working
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?	x		Policy aligned to National and Local legislation, policy and guidance and partnership working

If there is no negative impact – end the Impact Assessment here.

<u>Step 3 - Recommendations and Action Plans</u>	Answer
1. Is the impact low, medium or high?	Low
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	N/A
3. Are there likely to be different outcomes with any modifications? Explain these?	Nil
<u>Step 4- Implementation, Monitoring and Review</u>	Answer
1. What are the implementation and monitoring arrangements, including timescales?	Principles of policy are in place as detailed in the policies.
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	Safeguarding Team
<u>Step 5 - Publishing the Results</u>	Answer
How will the results of this assessment be published and	

where? (It is essential that there is documented evidence of why decisions were made).	
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****Retain a copy and also include as an appendix to the document****