Was Not Brought and Disengaging with Services for Children and Young People Policy V2.0

Cornwall Partnership NHS Foundation Trust document reference code: SG/012/25

This is a joint policy between Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust.

Purpose: This policy has been developed to identify children and young people who are not being brought for an outpatient appointment, or whose appointments are cancelled by their parent / carers and to ensure that each case is individually assessed and managed to safeguard the child/young person, including people up to 25 years with a learning disability diagnosis.

Target audience: Trust staff.

Document author and role: Emma Lock, Senior Specialist Safeguarding Nurse and Jane Walker, Named Nurse for Children Community and Mental Health Services.
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Freedom of information: Can be released under the Freedom of Information Act 2000

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☒ Royal Cornwall Hospitals NHS Trust
☒ Cornwall Partnership NHS Foundation Trust

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Key words: WNB, Was Not Brought, Cancellations, Cancelling Appointments, Children, Learning Disability, Disguised Compliance.

Royal Cornwall Hospitals NHS Trust approval process

General manager confirming approval processes: Zoe Cooper, Nurse Consultant for integrated Safeguarding Services.
Governance lead confirming approval process: Zoe Cooper, Nurse Consultant for integrated Safeguarding Services.

Supporting committee: CFT Safeguarding Operational Group (SOG) and RCHT Safeguarding Operational Group (SOG).
Supporting chairperson: Kathryn Clements, Deputy Manager for Integrated Safeguarding Services
Executive director responsible for the policy: Deputy CEO and Chief Nurse Officer.

Approved at: RCHT Safeguarding Operational Group (SOG).
Date approved: 5 August 2025

Approved at: Royal Cornwall Hospitals NHS Trust Policy Ratification Group
Date approved: 12 August 2025

Document library folder and sub-folder: Clinical / Safeguarding Services / Safeguarding Children.

Cornwall Partnership NHS Foundation Trust approval process

Accountable Executive: Chief Nursing Officer (Dual)

Supporting committee: Safeguarding Operational Group
Supporting chairperson: Kim O'Keeffe, Chief Nursing Officer (Dual)

Accountable Executive approved: Chief Nursing Officer (Dual)
Date: 9 September 2025

CFT Document library section: Safety and risk, safeguarding

Ratification

Start date: 9 September 2025

Review date: 1 March 2028 (6 months prior to the expiry date).

Expiry date: 1 September 2028 (3 years after ratification unless there are any changes in legislation or changes in NICE guidance or national standards).

Version control summary

Version	Date	Author and/or reviewer	Changes (key points)
V1.0	18/04/2023	W. Perkin and J. Walker	New joint RCHT/CFT Policy. Approved at CFT Safeguarding Operational Group (SOG) and RCHT Safeguarding Operational Group (SOG). Date approved: 14 March 2023 and 18 April 2023.

Version	Date	Author and/or reviewer	Changes (key points)
V1.1	Apr 2024	W. Perkin and J. Walker	Pages 15 and 16: Changed references from named nurse to Safeguarding Children, redirected to Safeguarding contact number instead of switchboard and amended point 1 on page 15. Amendments to appendices 3,4 and 5
V2.0	December 2024	E. Lock	Whole document: Updated in line with national guidance, with simplified process with emphasis on detecting and reporting signs of neglect. New flowchart combining cancellations and was not brought.

This document replaces: SG/012/23 Was not brought, cancellation and refusal of appointments for children and young people (up to the age of 25 years for people with a Learning Disability) Policy V1.1.

Contents

Data Protection Act 2018 (UK General Data Protection Regulation Legislation

The Trusts have a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out; it must be opted in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679, contact the Information Governance team.

- Cornwall Partnership NHS Foundation Trust: Email cpn-tr.infogov@nhs.net
- Royal Cornwall Hospitals NHS Trust: Email rch-tr.infogov@nhs.net

1. Introduction

This policy has been developed to identify children and young people who are not brought to an outpatient appointment or whose appointments are cancelled by their parent/carers, and to ensure that each case is individually assessed and managed to safeguard the child/young person.

It is essential that promoting and safeguarding the welfare of children and young people is integral to all NHS Trust policies and procedures.

The National Service Framework for Children (Core Standards 2004) states that:

- 'Children and Young People who are not brought to clinic appointments following referral from their General Practitioner or other professional may trigger concern, given that they are reliant on their parent or carer to take them to the appointment. Not being brought to an appointment can be an indicator of family's vulnerability, potentially placing the child's welfare in jeopardy'.
- 'A local system (should be) in place to identify children and young people who are not brought to an appointment following a referral for specialist care, so that the referrer is aware they have not been brought and can take any follow up action considered appropriate to ensure the child's needs are being met'.

The NICE guideline 'Child abuse and neglect' 2017 (NG76) states, 'Consider neglect if parents or carers repeatedly fail to bring their child to follow-up appointments that are essential for their child's health and wellbeing'.

The CQC report Not Seen Not Heard (2016) advocates importance of a robust policy to detect early signs of disengagement and ensure appropriate follow up. Best examples include staff utilising determination and care to ensure child or carer is aware of the appointment, triage processes ensured risks to children were considered.

Working Together to Safeguard Children (2023) prompts professionals to be alert and recognise where parents or carers may not be acting in the best interests of the child and where children may be experiencing abuse, neglect and exploitation as a result of actions by parents, carers or other individuals in their lives. Practitioners must use their skills and expertise to adapt their response to secure engagement. Working Together also asks that verbal and non-verbal communication should be respectful, non-blaming, clear, inclusive, and adapted to parents and carers needs. Practitioners should ensure that all materials provided to children, parents, carers and families are jargon free, developmentally appropriate and in a format that is easily understood. Practitioners should use their skills and expertise to recognise circumstances where the parent is reluctant or unable to engage and seek to understand the factors that might underly this, including types of

domestic abuse that are resulting in coercive or controlling behaviour which limits the parent's capacity to engage.

This version supersedes any previous versions of this document.

National service framework: children, young people and maternity services - GOV.UK
20160707_not_seen_not_heard_report.pdf
Working together to safeguard children - GOV.UK

2. Scope

This policy applies to all areas within the Royal Cornwall Hospitals NHS Trust and Cornwall Partnership NHS Foundation Trust (CFT) for which children and young people:

- Children under the age of 18, and young people with a learning disability up to age of 25, not brought for an appointment.
- Children under the age of 18, and young people with a learning disability up to age of 25, who have appointments cancelled or refused by their parent/carer.

3. Definitions and glossary

- CQC: Care Quality Commission.
- PAS: Patient Administration System (Note: on PAS a 'Was Not Brought' (WNB) still reads as 'Did Not Attend' (DNA)).
- Child Protection Alert: Alert on PAS/RIO showing that a child is subject to a current Child Protection Plan.
- Child in Care Alert: Alert on PAS/RIO showing when a child is known to be in care and known to the Child in Care team.
- MARACDA Alert: This indicates when a family have been discussed at the county high risk domestic abuse meeting.
- Learning Disability: Reduced intellectual ability, reduced ability to cope independently, and the impairment must have started before adulthood, with a lasting effect on development.
- Primary Care Team: Refers to the GP, Health Visitor, School Nurse, and any other Healthcare professionals involved with children and young people and who are based primarily in the community setting.
- WNB: For purpose of this document 'was not brought' and cancellations/refusals by a parent/carer will be referred to as WNB.

4. Ownership and responsibilities

4.1. Ownership

- Safeguarding Children team.
- Managers.
- Clinical and non-clinical staff members.

4.2. Responsibilities

4.2.1 Safeguarding Children team

- To provide Safeguarding Supervision and availability for discussion of any complex cases or enquiries arising from cases under review.

4.2.2 Managers

- Ensure that all staff, particularly newly appointed staff, are aware of the policy and its application.
- Remind staff when updates are published.
- Organise a response to any significant findings from audits of compliance within their area.
- Ensure staff awareness – please see 'Flowchart for Was Not Brought/Cancellation', which should be printed separately, laminated, and displayed in all clinical areas where children and young people attend.
- Ensure arrangements in place in teams for administrative processes to ensure notification of relevant professionals and recording of Was Not Brought in records to enable clear chronological recording.

Note: This policy applies to a broad scope of health services. Managers will need to ensure that communication with families is in line with 'Working Together' recommendations above, and ensure communication is adaptive to needs and encouraging engagement.

4.2.3 Clinical and non-clinical staff members

- Understand and apply this Policy in their everyday practice.
- Update their knowledge when this Policy is updated.
- Ensure awareness of necessary responses to alerts and update them as necessary.
- Ability to be proactively and professionally curious to detect patterns indicating neglect and act on them to safeguard children.

4.3. Groups and committees

CFT Safeguarding Operational Group and RCHT Safeguarding Operational Group (SOGs).

- Ensure that this Policy is maintained and updated whenever necessary to reflect current best practice and National Guidance, and that updated policy is uploaded to the Document Library.
- Overseeing audits of staff compliance.

5. Standards and practice

5.1 Principles

To ensure that the welfare of all children and young people who are not brought or whose appointments are cancelled by a parent/carer, is not compromised if they fail to attend for appointments. Families can struggle to attend appointments for many valid reasons such as transport problems, conflicting appointments, forgetfulness or not understanding reasons for appointments. Therefore, responses need to ensure appropriate enquiry and attempts to engage a family, liaising with other professionals to establish outcomes that meet a child's health needs.

Disguised compliance involves parents giving the appearance of co-operating with child welfare agencies to avoid raising suspicions and allay concerns. Published case reviews highlight that professionals sometimes delay or avoid interventions due to parental disguised compliance. Therefore, it is important for these patterns to receive the same due professional curiosity and enquiry.

- To ensure that all WNB are reviewed by a suitably qualified member of staff and, that further appointments are arranged where deemed necessary.
- To ensure that all family and appropriate health professionals are contacted with details of WNB and actions agreed.
- To ensure patterns of avoidance and frequent cancellations are given professional attention in order to prevent neglect.
- It is the responsibility of professionals to work effectively to engage with parents, carers, children and young people.

5.2 The Policy

This section of the document, along with the flowchart 'Was Not Brought/Cancellation flowchart" forms the main body of this Policy. To ensure staff awareness, the flowchart

should be printed separately, laminated, and displayed in all clinical areas where children and young people attend. It can be utilised alongside the guidance document.

Was Not Brought Actions for the Health Care Professional responsible for the patient episode

- At each WNB, it is the clinician's responsibility to assess the risk and impact of missed appointments to the child's welfare. Multi electronic and paper record systems are in current use, and it is necessary to ensure relevant checking of history and recording of was not brought episodes in order to ensure seamless transition between different health teams within each practice area. This may require liaison between different health teams.
- Check for Safeguarding alerts, if confirmed to be Child Protection Plan in place, Child in Care, or family with alert for MARACDA (indicating high risk domestic abuse), these children need definite further steps to engage them and ensure relevant multi-agency colleagues are aware. Ensure correct recognition and responses to alerts and update them as necessary.
- Review previous history, if there is an emerging pattern of disengagement or the child has missed other health appointments, then safeguarding supervision would be recommended and communication with local authority colleagues to establish if there are wider concerns or current intervention.
- Parental factors may be apparent from records, which impacts their ability to parent effectively or to bring the child to appointments. These should be considered alongside the above and steps taken to ensure correct support is in place. This could include referrals to the Early Help Hub to explore family support or may require referral to the Multi-Agency Referral Unit (MARU) if concerns of significant risk of harm.

Early help - Cornwall Council

Child protection and safeguarding - Cornwall Council

Young People with Capacity to Consent to Medical Treatment

When 'Was Not Brought'/Cancellation concerns are about a young person who is likely to have capacity to consent to medical treatment (Gillick or Fraser competence refers to children under 16; young people over 16 are assessed using the Mental Capacity Act, 2005), the reasons for non-attendance or cancellation may be different. Depending on the circumstances, the responsible Health Care Professional may decide to address the letter, which is normally sent to the parent/carer, directly to the young person, with a copy to the Primary Care Team/referrer and a copy to the parents.

For young people up to the age of 18 years and up to the age of 25 years with a Learning Disability, there may be circumstances in which the parents and others should not be

contacted. Therefore, each case should be considered on an individual basis. The responsible Healthcare Professional's decision making should be fully documented within the child's health records.

Note: In some situations, e.g. Obstetrics and Gynaecology, care must be taken to maintain a young persons' confidentiality so far as possible.

5.3 Consultation Process

The consultation process will take place within Royal Cornwall Hospitals Trust and Cornwall Foundation Trust and will include Paediatric Lead Clinicians, Head of Performance Improvement, Safeguarding Operational Group, Director of Nursing and Divisional Managers, Trust Risk Management Forum and Lead Allied Health Professionals and the Learning Disabilities Team.

5.4 Ratification Process

This policy has implications wherever children and young people are treated by any RCHT/CFT employees. This policy should be ratified by the Director of Nursing and the Chief Medical Officer.

6. Related legislation, national and local guidance

Links to key external standards:

- Cornwall and Isles of Scilly Safeguarding Children Partnership Procedures
- Safeguarding Children Policy, V2.0, SG/004/24, approved November 2024.
- Working Together to Safeguard Children 2023: HM Government statutory guidance.
- Safeguarding Supervision Policy, V1.0, SG/021/23, approved November 2023.
- Cornwall and Isles of Scilly Safeguarding Children Partnership Threshold Tool

7. Training requirements

No training requirement.

8. Implementation

The policy will be disseminated across the whole of RCHT/CFT through mandatory Safeguarding Children training and be directed towards all staff having roles and responsibilities relating to outpatient/inpatient attendances.

9. Document monitoring arrangements

Information category	Detail of process and methodology for monitoring compliance
Element to be monitored	Prospective audit of staff knowledge of Was Not Brought/ Cancellation procedure. Adherence to Policy. Agreed for regular Deep Dive review of Was not brought cases via clinical caseloads, initial scope performed by Consultant Paediatrician highlighted a need for ongoing review.
Lead	Integrated Safeguarding Children Team
Tool	Deep Dive and review quarterly of selection of clinical cases to ensure policy adherence and rigour. A selection of cases referred to Social Care with a neglect theme incorporating Was not Brought can be audited as required.
Frequency	Quarterly/ Annual.
Reporting arrangements	Feedback will be available via: CQUAG (Clinical Quality and Assurance Group) CFT Safeguarding Operational Group (SOG) RCHT Safeguarding Operational Group (SOG).
Acting on recommendations and lead(s)	Approved and monitored by departments overseen by the CFT Safeguarding Operational Group (SOG) and RCHT Safeguarding Operational Group (SOG).
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 6 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

Will the monitoring arrangements result in a clinical audit: No

10. Environmental sustainability

The Trust is committed and obligated to reduce its environmental impacts. Healthier outcomes can be achieved for people, the planet and pounds by conducting our activities in a more environmentally sustainable manner.

More information and guidance is available on our Sustainability Intranet page Sustainability | Cornwall NHS Intranet (cornwallft.nhs.uk), or by contacting cft.sustainability@nhs.net"

11. Updating and review

This policy will be reviewed every three years, unless best practice dictates otherwise.

12. Equality and diversity

This document complies with the Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust equality and diversity statements. The statements can be found in the RCHT Equality Diversity And Inclusion Policy and CFT Equality, Diversity and Inclusion Statement.

The initial equality impact assessment screening form is at appendix 1.

Appendix 1: Equality Impact assessment Form

Title of policy or document for assessment: Was not brought and disengaging with services for children and young people policy V2.0.

Who is affected by the document?

☒ Staff ☒ Patients ☐ Visitors ☒ Carers ☐ Other ☐ All

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Concerns

Are there concerns that the procedural document could have a differential impact on the following areas?

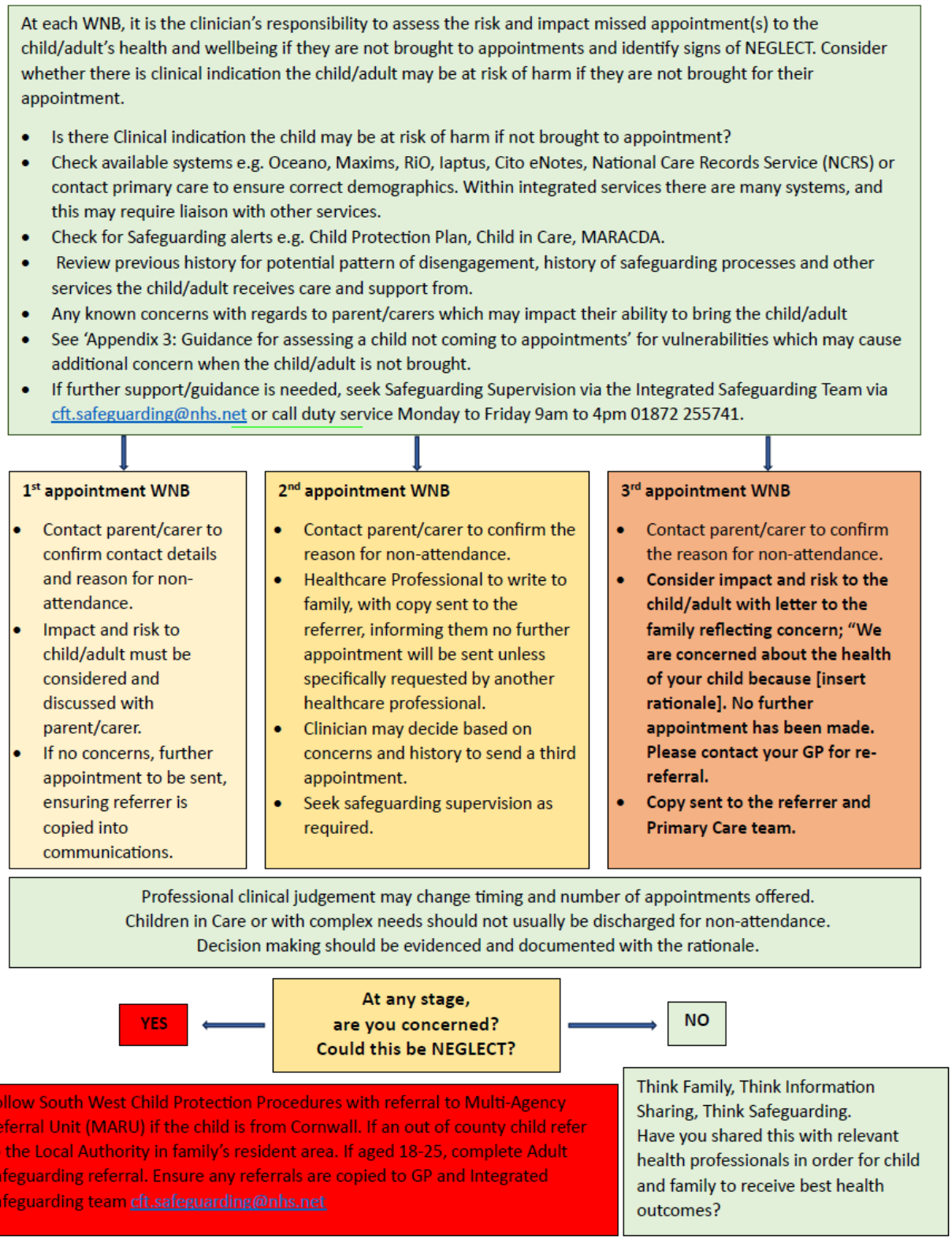
If a negative impact has been identified, please complete a full EIA by contacting the Equality, Diversity, and Inclusion Team. For RCHT please contact rcht.inclusion@nhs.net and for CFT please contact cft.inclusion@nhs.net

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	☐ Yes ☒ No	
Disability	☐ Yes ☒ No	
Sex	☐ Yes ☒ No	
Gender reassignment	☐ Yes ☒ No	
Pregnancy and maternity	☐ Yes ☒ No	
Race	☐ Yes ☒ No	
Religion and belief	☐ Yes ☒ No	
Sexual orientation	☐ Yes ☒ No	
Marriage and civil partnership	☐ Yes ☒ No	
Groups at risk of stigma or social exclusion such as offenders or homeless people	☐ Yes ☒ No	
Human rights	☐ Yes ☒ No	
Are there any other associated objectives of the document	☐ Yes ☒ No	

Signature of person completing the equality impact assessment:
Name: Emma Lock, Senior Specialist Safeguarding Children Nurse.
Date: 8 January 2025

Appendix 2: Flowchart for was not brought/cancellation

Was not brought/Cancellation flowchart – Children under 18 years and Young People (up to the age of 25 with a Learning Disability)



Appendix 3: Guidance for assessing a child not coming to appointments

- Have Demographics been checked? Is there a need to liaise with other teams and compare/update demographic data from other systems?
- Were the family informed of the appointment with adequate notice?
- Can an alternative venue or time be offered to encourage attendance?
- Who notified team of cancellation, is this documented? If rationale given, this also needs to be documented.
- Are there any reasonable adjustments that can be made to support attendance i.e. identified communication barriers, time of day, transport arrangements?
- Is the family contactable by telephone or letter to arrange a further appointment?
- Is there a mechanism to set up reminders for the family?
- Are there alerts indicating a Child Protection Plan, Child in Care, Child in Need, Domestic abuse or other alerts indicating a need for increased professional input?
- Did the child/young person choose not to attend or was access denied and was this decision their own?
- If the child/young person or parent/carer made the choice to cancel, is there any evidence of coercion and control which may have influenced their decision?
- Are there any risks and vulnerabilities for the child/young person or parent/carer that need to be considered? E.g. trauma/abuse, neurodiversity, language barrier, learning disability. If unknown, do you need to talk to other professionals to find out? Do the family have other open referrals to other services?
- Is there a possibility of homelessness?
- Is the child/young person accessing care and support through other services and would any joint working with other professionals involved support engagement with this service?
- What are the potential health implications for the child/young person if an appointment has been missed? Do they understand these potential health implications?
- Could any other adults or children who reside at the same address be affected or at risk because of services not being accessed or care being missed?
- Are there any repeating patterns of concern emerging regarding non-attendance that extends to other family members? Take a ‘Think Family’ approach.
- Have you considered if a conversation with the Safeguarding team may aid your decision making?
- Have the needs of either the child/young person and/or their parent/carer changed? Consider if health appointment is still relevant and if a referral is required to the Local Authority to support further assessment?