Trust Was Not Brought (WNB) and Did Not Attend (DNA) 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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Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
2	August 2022	Kathryn Barber	Chair's action approved extension request to December 2022 to allow sufficient time to review and approve at Safeguarding Steering Group	No changes made
3	September 2022	Kathryn Barber	Policy Steering Group, Clinical Executive Group	3 year standard review, minor amends to bring up to date

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, or with adults who rely on someone else to take them to appointments, rather than Did Not Attend (DNA). DNA should still be used when working with adults who do not rely on others to take them to appointments.

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

The policy aims to ensure that practitioners are aware of the importance of using a trauma-informed approach, and 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, or a child or adult 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; it is known that people who experience trauma at any time in their life, can find it difficult to trust others, they may have been let down by people in the past, and be fearful of relationships. This can be a reason for people not to engage with professionals. Therefore, it is important to adopt a trauma-informed approach to people who are finding it hard to engage with services. It is important to talk with individuals, parents, carers, about any barriers they might be experiencing to attending appointments in addition to 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. (Trauma-informed e-learning is available on the My Learning Platform - Course: Trauma Informed Veteran Aware Training (TIVAT) (solent.nhs.uk))

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, or adults, are refused
- Children or young people are repeatedly not brought for their health appointments
- Repeated non availability of children for booked home visits
- Adults with care and support needs repeatedly do not attend appointments
- Adults who require assistance to attend appointments, are not brought to appointments

Service specific Standard Operating Procedures or Policies 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 rationale 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 as 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 (see Appendix A) to act on behalf of their children to ensure they are recipients of these services (UN Convention Rights of the Child 1989). 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).

1.4 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 2004

Working 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.

1.5 Key findings from analysis of domestic homicide reviews - GOV.UK (www.gov.uk) (March 2022) highlighted the importance of maintaining contact with victims of domestic abuse, and recognising that perpetrators can control victims' contact with agencies. Therefore, staff need to ensure curiosity is used when individuals are not attending appointments.

1.6 Neglect is a form of abuse and specifically with children, 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.

1.7 Recent Child Safeguarding Practice Reviews (CSPR) and Safeguarding Adult's Reviews (SAR) 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.

1.8 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.

1.9 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. For children with complex needs who cannot be discharged, it is advised to follow the WNB policy for children with complex needs final V2.docx (solent.nhs.uk). Professionals should also consider if concerns and information should be shared with other professionals and/or agencies.

1.10 Each service will develop their own Standard Operating Procedure (SOP) or Policy, 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.

1.11 Service line SOPs or Policies 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 and Patient Safety Partners), 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

2.3 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
- Adults with care and support needs who rely on others to make appointments and bring them to appointments should be referred to as 'Was Not Brought' and not 'Did Not Attend'
- Did Not Attend should be used for all other adults

2.4 No Access Visits

- Family not available when a practitioner visits the home for a prearranged appointment to see a child, young person or adult.

2.5 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

2.6 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

2.7 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 court ordered), children on a care order or protection order and children who are compulsory accommodated (usually this would be a secure unit)

2.8 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, an adult who requires assistance to attend appointments is not brought, 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. With all cases for children, this should be documented on the safeguarding springboard.

3.2 Staff should refer to their service specific WNB/ DNA SOP of Policy 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 When considering local processes, consideration should be given to how appointments can be offered to maximise the ability of individuals to attend or be brought to their appointments, for example in children and young people services, it will be important to consider school and college commitments a child or young person might have and, if possible, offer appointment times that fit in with these demands.

3.4 In the transition to adulthood age ranges (14 – 25 years) it may help reduce WNB/DNA occurrences by offering appointments at times and in locations that minimise barriers to the young person attending appointments. It is also important for this age group specifically, to consider having a measured and flexible approach to follow up for, and consequences of, not attending appointments. There is much evidence that it is in this transition to adulthood period that young people can begin to disengage from health services which can have long term consequences for health and wellbeing. Local SOPs will need to consider what appropriate responses for each service need to be and what escalation routes may be required if a child or young person persistently does not attend / is not brought to appointments.

3.5 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.

3.6 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 B).

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 the following internal documents:

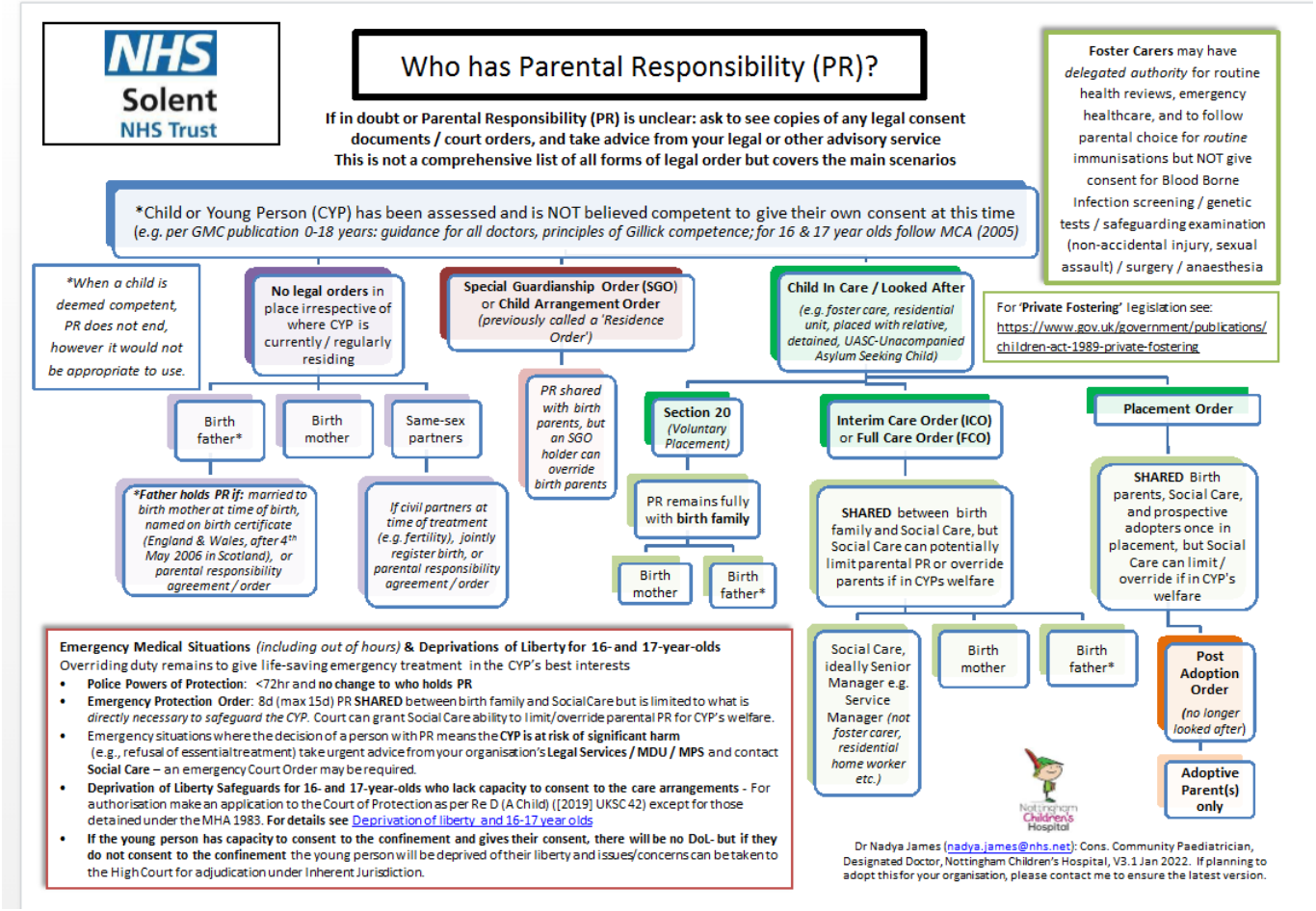
- Safeguarding Children, Young People and Adults at Risk Policy
- Safeguarding Supervision Policy
- Giving our People the Freedom to Speak Up and Raise Concerns Policy

- Improving and Managing Conduct Policy
- Clinical Risk Assessment and Management Policy and Procedure
- WNB Policy for children with complex needs
- 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 SystmOne Quick User Guide
- Incident Reporting, Investigation and Learning Policy

9.2 This policy should be read in conjunction with the following external documents:

- 4LSAB Safeguarding Adults Multi-Agency Policy
- 4LSCP Safeguarding Children Multi-Agency Policy
- Working Together to Safeguarding Children (2018)
- West Hampshire CCG Child Not Brought to Appointment Leaflet

Appendix A: Who has Parental Responsibility (PR)



Appendix B: Equality Impact Assessment

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity, and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation, and other conduct prohibited by the Equality Act of 2010.
- **advance equality of opportunity** between people who share a protected characteristic and people who do not.
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

You can find further information via the Solent e-learning module:

https://mylearning.solent.nhs.uk/course/view.php?id=170

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Corporate / Safeguarding Team	
Title of Change:	Was Not Brought and Did Not Attend Policy	
What are you completing this EIA for? (Please select):	Policy	*(If other please specify here)*
What are the main aims / objectives of the changes	To ensure corporate and individual responsibilities in accordance with legislation, guidance, and standards, are up to date.	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: *(e.g. adjustment to the policy)*
Sex	X			
Gender reassignment	X			
Disability	X			
Age	X			
Sexual Orientation	X			
Pregnancy and maternity	X			
Marriage and civil partnership	X			
Religion or belief	X			
Race	X			

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers, or other voluntary sector groups?)	No	
Have you taken into consideration any regulations, professional standards?	Yes	Referenced / linked within the Policy

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	■	☐	☐
What action needs to be taken to reduce or eliminate the negative impact?	N/A		
Who will be responsible for monitoring and regular review of the document / policy?	Safeguarding Team		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	*Kathryn Barber*	*Date:*	*20/09/2022*

Additional guidance

Protected characteristic		Who to Consider	Example issues to consider	Further guidance
1.	**Disability**	A person has a disability if they have a physical or mental impairment which has a substantial and long-term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	• Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime.	Further guidance can be sought from: Solent Disability Resource Group
2.	**Sex**	A man or woman	• Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation	Further guidance can be sought from: Solent HR Team
3	**Race**	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	• Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic	Further guidance can be sought from: BAME Resource Group
4	**Age**	Refers to a person belonging to a particular age range of ages (e.g., 18-30-year olds) Equality Act legislation defines age as 18 years and above	• Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge	Further guidance can be sought from: Solent HR Team
5	**Gender Reassignment**	"The expression of gender characteristics that are not stereotypically associated with one's sex at birth" World Professional Association Transgender Health 2011	• Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use.	Further guidance can be sought from: Solent LGBT+ Resource Group
6	**Sexual Orientation**	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	• Lifestyle • Family • Partners • Vulnerable to harassment and hate crime	Further guidance can be sought from: Solent LGBT+ Resource Group
7	**Religion and/or belief**	Religion has the meaning usually given to it, but belief includes religious and philosophical beliefs, including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	• Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8	**Marriage**	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	• Pensions • Childcare • Flexible working • Adoption leave	Further guidance can be sought from: Solent HR Team
9	**Pregnancy and Maternity**	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	• Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility	Further guidance can be sought from: Solent HR team