
Was Not Brought to Appointments / No Access Gained

Safeguarding Considerations For Children or Adults at Risk

NHS Wales Guidance

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Purpose and Scope

This guidance is designed for all NHS Wales staff and relevant safeguarding partners. It provides strategic direction and outlines principles for developing local policies, procedures, and processes that promote timely identification, risk assessment, and appropriate safeguarding action.

Background and Rationale

Missed appointments and no-access visits are recurring themes in Child Practice Reviews, Adult Practice Reviews, and Domestic Homicide Reviews across Wales and the UK. These missed opportunities may reflect neglect or risk of harm, especially when repeated and unexplained.

Safeguarding practice reviews have shown that missed healthcare appointments can be early warning signs of abuse or neglect. It is essential to recognise these patterns and respond appropriately.

Guidance Statement

This national guidance provides a strategic framework for NHS Wales organisations and multi-agency safeguarding partners. It supports a consistent, system-wide approach to situations where a child or adult at risk is:

- **Not brought to a scheduled appointment (face to face or virtual), or**
- **Professionals are unable to gain access during a planned home visit.**

Non-attendance and no-access scenarios may indicate unmet needs or safeguarding concerns. This guidance outlines key principles and expectations to ensure a proactive and coordinated safeguarding response across NHS Wales.

Legislative and Policy Framework

This guidance must be read alongside the following:

- Wales Safeguarding Procedures (2019)
 - Social Services and Well-being (Wales) Act 2014
 - Working Together to Safeguard People – Code of Safeguarding Practice 2022
 - Children Act 1989
 - United Nations Convention on the Rights of the Child (1989)
 - Human Rights Act 1998
 - Mental Capacity Act 2005
 - Equality Act 2010
 - Regional Safeguarding Board policies and procedures
 - NHS Wales Looked After Children Notification Pathway
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Quality Statement – what will good look like?

NHS Wales recognises our responsibility to protect the safety and wellbeing of all individuals. Safeguarding must remain a key priority when children or adults at risk miss scheduled health appointments or when professionals are unable to gain access for home visits.

We strive, through multi-agency collaboration, to understand and address barriers to attendance and ensure that health needs are effectively met and appropriately prioritised in a way that promotes welfare.

Timely attendance at health appointments and access to home visits are critical touchpoints in promoting the health and wellbeing of children, young people, and adults at risk. When individuals are not brought or professionals cannot gain entry, we must remain professionally curious and committed to understanding the underlying causes.

This includes providing the necessary support to optimise health outcomes and ensure safeguarding needs are not overlooked. Staff should take timely and proportionate action, including communicating clearly with individuals and families, following up on missed contacts, and resolving any issues that may prevent future access.

Multi-agency collaboration remains critical to delivering holistic, person-centred care and support, and to ensuring that no one is left at risk due to missed healthcare contact.

NHS Organisations' policy on Was Not Brought/No Access Gained should reflect the good safeguarding practice outlined within this guidance.

Aims

This guidance aims to:

- Provide strategic direction to NHS organisations in identifying and responding to safeguarding concerns when a child or adult at risk is not brought to an appointment or access is not gained.
- Promote appropriate information sharing, with consistent and effective multi-agency responses.
- Emphasise that safeguarding is everyone's responsibility.

Organisations should ensure local procedures include:

- Follow-up processes for repeated non-attendance and/or no access gained.
 - Consideration of a child or adult at risk's reliance on others to enable them to attend appointments.
 - Appropriate documentation, accurate record keeping, utilising chronologies and demonstrating timely safeguarding escalation.
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Safeguarding Responsibility

Repeated non-attendance or persistent lack of access must be recognised as a potential safeguarding concern. Individuals must not be discharged from care solely due to missed appointments without a thorough assessment of safeguarding risks. Services have a responsibility to proportionately explore the reasons behind missed contacts, especially in cases which involve children, young people and adults at risk. Where concerns continue, appropriate multi-agency safeguarding processes must be initiated.

In some circumstances, these principles may align with policies such as Discharge Against Medical Advice, Did Not Wait, or procedures for patients who go missing. However, safeguarding considerations must always take precedence and guide the decision-making process.

Whole Picture Approach

A single missed appointment may not be concerning in isolation. However, when viewed with other missed contacts (e.g., with health visitors, social workers, education), a fuller safeguarding picture may emerge. Thresholds for action should be clearly defined and aligned with local multi-agency procedures.

To support practitioners in whole picture understanding, the Risk Identification Factors – Missed Appointments or No Access (at **Appendix A**) have been developed to assist in assessment of risk when children, young people, or adults at risk are not brought to appointments, or when access is not gained for scheduled home or virtual visits. The information should be used in conjunction with professional judgement and multi-agency procedures.

Key Principles for NHS Wales Organisations



1 | Safeguarding as a Priority

- Missed appointments or lack of access **must never be viewed in isolation**.
- Treat every missed contact as a **potential safeguarding** concern, not an administrative issue.
- Safeguarding considerations must **always take precedence** over discharge or service thresholds.



2 | Professional Curiosity and Risk Identification

- Apply **professional curiosity** to understand the underlying causes.
- Use the **Risk Identification Checklist** (Appendix A) to inform decision-making.
- Look for **patterns across agencies and services** to see the full safeguarding picture.



3 | Timely and Proportionate Action

- Follow up all missed contacts or no access events **promptly** and **proportionately**.
- Escalate to safeguarding leads or multi-agency processes if concerns persist.
- **Do not discharge** children or adults at risk solely due to missed appointments.



4 | Multi-Agency Collaboration

- Share relevant information across partners to support a **coordinated response**.
- Engage in **multi-agency safeguarding processes** when thresholds are met.
- Ensure health board and trust policies align with **Regional Safeguarding Board policies**.



5 | Understanding and Addressing Barriers

- Identify **emotional, psychological, practical, and socio-economic** barriers to attendance (Appendix B).
- Make **reasonable adjustments** (e.g. flexible times, transport, interpreters).
- Communicate clearly and inclusively with individuals and families.



6 | Record Keeping and Documentation

- Maintain **clear, timely, and accurate** records of all missed contacts and actions taken.
- Include **chronologies** and safeguarding escalations.
- Use consistent terminology (e.g. **Was Not Brought, No Access Gained**).



7 | Whole Picture Approach

- Review non-attendance **in context** – consider other missed contacts and safeguarding history.
- Coordinate with other services (e.g. social care, education) to ensure **joined-up oversight**.



8 | Voice and Rights of the Individual

- Listen to and act upon the **voice of the child or adult at risk**.
- Respect autonomy while ensuring the **right to health and protection from harm**.
- Use accessible, adapted communication where needed.



9 | Organisational Responsibility and Policy Alignment

- Ensure local policies:
 - Reflect this national guidance.
 - Include clear **follow-up procedures** for non-attendance/no access.
 - Define **thresholds for safeguarding action**.
- Align with legislation and national frameworks (e.g. *SSWBA 2014, Children Act 1989, Wales Safeguarding Procedures*).



10 | Monitoring and Compliance

- Use the above principles as a **benchmark for audit and self-assessment**.
- Monitor compliance through:
 - Case audits
 - Safeguarding escalation tracking
 - Multi-agency feedback
 - Staff training uptake and supervision

Summary

This guidance reinforces that missed health appointments and inability to access home visits must never be viewed in isolation or dismissed as routine. While there may be legitimate reasons, persistent or unexplained non-attendance must prompt professional curiosity, reflection, and appropriate safeguarding responses.

Every professional interaction is an opportunity to recognise risk, understand individual needs, and promote safety and wellbeing. Through consistent documentation, active follow-up, and collaborative working, NHS Wales can strengthen its safeguarding culture and ensure no child, young person, or adult at risk is overlooked.

Ultimately, safeguarding is not a standalone activity – it is integral to delivering equitable, person-centred, and safe healthcare across all settings.

Appendix A: Risk Identification Factors – Missed Appointments or No Access

This supports professionals in assessing risk when children, young people, or adults at risk are not brought to appointments or when access is not gained for scheduled home or virtual visits. This should be used in conjunction with professional judgement and multi-agency procedures.

1 | Context and History

- Is this the first missed contact, or part of a pattern?
- Are there multiple services involved (e.g., education, social care, mental health)?
- Is there a history of missed appointments or no access visits?
- Is there a known safeguarding history for the individual or family?
- Have there been recent changes in family, living arrangements, or carers?

2 | Individual Circumstances

- Is the individual reliant on someone else to attend appointments or provide access?
- Is the individual known to have complex health needs, a disability, or vulnerabilities?
- Is there a known issue with capacity, consent, or communication needs?
- Has the individual recently transitioned between services (e.g., child to adult services)?

3 | Carer/Family Factors

- Are there known concerns about parental/carer engagement or compliance?
- Is there any indication of neglect, substance misuse, domestic abuse, or mental health issues in the household?
- Are there language, literacy, or cultural barriers impacting attendance?

4 | Attempted Engagement

- Has there been proactive follow-up after the missed appointment or failed visit?
- Were reasonable adjustments offered (e.g., time, location, interpreter, transport)?
- Has the individual/family been contacted to explore reasons for non-attendance?
- Has consent been sought for information-sharing where appropriate?

5 | Safeguarding Consideration

- Could this missed contact indicate unmet health needs or potential harm?
- Has the situation been discussed with a safeguarding lead or line manager?
- Has the information been shared with relevant multi-agency partners?
- Is there a need for escalation or referral under safeguarding procedures?

6 | Documentation and Action

- Has the missed contact and all follow-up actions been clearly documented?
- Have any safeguarding actions or referrals been recorded and followed up?
- Is a review or case discussion needed with the wider team or safeguarding lead?

Note: The factors above are not an exhaustive list. Use alongside clinical judgement, local safeguarding policies, regional and national escalation procedures.

Appendix B: Understanding Barriers to Attendance

Not all missed appointments or no-access visits indicate safeguarding concerns. However, for children, young people, and adults at risk, barriers to attendance may reflect deeper issues that require sensitive exploration and a safeguarding response.

It is vital to approach non-attendance with professional curiosity, exploring the reasons without judgement and understanding the potential safeguarding implications behind missed health contact.

Emotional, Psychological, and Environmental Barriers

- Fear, anxiety, or trauma related to healthcare settings or past experiences
- Coercive control or domestic abuse restricting movement or access to services
- Distrust or disengagement with services due to previous negative experiences
- Parental/carer mental health needs affecting capacity to attend
- Chaotic or unstable home environments, including neglect

Practical and Socioeconomic Barriers

- Financial hardship affecting access to transport or communication
- Housing instability, frequent moves, or placement breakdowns
- Lack of childcare or competing responsibilities
- Digital exclusion affecting access to virtual or remote appointments
- Transport issues, particularly in rural areas or for those with mobility needs

Communication and Access Needs

- Language and literacy barriers
- Lack of access to interpreters or translated information
- Disability-related access needs (physical, sensory, learning disability)
- Neurodivergent individuals who may need additional adjustments

Organisational Responsibilities

NHS Wales services must work to reduce these barriers through:

- Flexible appointment scheduling (e.g. evenings, weekends)
- Use of remote or outreach appointments where safe and appropriate
- Coordination between services to avoid duplication or conflicting demands
- Making reasonable adjustments for disability, communication, or cultural needs
- Clear, inclusive communication tailored to individual circumstances

Services must record non-attendance clearly, explore underlying causes, and respond proportionately. Where barriers suggest risk or unmet need, safeguarding processes should be considered without delay.

Appendix C: Explanation of Terms and Definitions

<p>Adult at Risk</p>	<p>An adult who is experiencing, or is at risk of, abuse or neglect, and:</p> <ul style="list-style-type: none"> • has needs for care and support (whether or not those needs are being met), and • as a result of those needs, is unable to protect themselves from abuse, neglect, or the risk of harm. <p>Safeguarding responsibilities must take into account the adult’s right to safety and autonomy, and the need for proportionate, preventative action.</p>
<p>Child</p>	<p>A person under the age of 18.</p> <p>All safeguarding decisions must be made in the best interests of the child, ensuring their safety, voice, and wellbeing are central.</p>
<p>Coercive Control</p>	<p>A persistent pattern of controlling, threatening, or intimidating behaviour used to harm, punish, or frighten a person. This includes isolation, surveillance, and manipulation to reduce independence. It is recognised as a criminal offence under the Serious Crime Act (2015). Professionals must be alert to coercive control as a safeguarding concern, particularly where it impacts a child’s safety or adult at risk.</p>
<p>Did Not Attend (DNA)</p>	<p>When a patient is offered or agrees to an appointment or treatment, but does not attend without prior notice. In safeguarding, especially for children and adults at risk, the focus must shift from <i>non-attendance to what the missed opportunity may mean</i> for their wellbeing.</p> <p>It is not about blame – it is about exploring risks and taking action to ensure care is not missed.</p> <p>re-thinking Did Not Attend Video Resources – Link to YouTube videos:</p> <ul style="list-style-type: none">  Rethinking ‘Did Not Attend’  Was Not Brought
<p>Did Not Wait</p>	<p>Refers to individuals who arrive for a healthcare appointment but leave before being seen.</p> <p>Often associated with busy emergency departments, this may have valid explanations, but can also be a red flag for vulnerability or unmet need. Follow-up must be prioritised – especially when it involves a child or adult at risk – to ensure they are not left unsupported.</p>

Disengagement	When a child, family, or adult at risk partially, intermittently, or persistently disengages from health or safeguarding services. This may be a sign of increasing stress, neglect, or harm. Early recognition and a proportionate safeguarding response are essential to reduce risk and support re-engagement.
Disguised Compliance	When a parent, carer, or individual appears to engage with services but avoids meaningful involvement. This may involve cancelling appointments at short notice, providing plausible reasons for non-attendance, or appearing cooperative to reduce professional concerns. It can mask risk. Professionals must remain curious, check facts, and explore patterns of behaviour to safeguard effectively.
Domestic Abuse	Any pattern of abusive, controlling, coercive or threatening behaviour between individuals aged 16 or over who are, or have been, intimate partners or family members. This includes physical, emotional, sexual, financial abuse, and coercive control. Exposure to domestic abuse can have serious, long-term effects on children and must always be considered a safeguarding concern.
Information Sharing	<p>Effective safeguarding depends on timely, accurate, and proportionate information sharing.</p> <p>While unified digital records remain a goal, all professionals have a duty to share information that helps build a full picture of potential risk – including missed appointments, disengagement, and patterns of concern. The safety and wellbeing of children and adults at risk must always take precedence over organisational boundaries.</p>
Mental Capacity	<p>The ability to make informed decisions about one’s own health, wellbeing, and care.</p> <p>All adults are presumed to have capacity unless proven otherwise. Where capacity is lacking, decisions must be made in the person’s best interests, as set out in the Mental Capacity Act (2005). Professionals must consider how capacity, communication needs, or cognitive functioning may impact someone’s ability to engage or attend appointments.</p>
No Access / No Access Gained	When a professional is unable to gain access to a home or location for a planned appointment and no cancellation or reason is given. This should be documented clearly and treated with the same safeguarding lens as a missed appointment. Repeated no access events may indicate disguised compliance, withdrawal, or risk, and require escalation or further enquiry.
Parental Responsibility and Rights	Parents and carers have legal rights and responsibilities to make decisions about their child’s care. However, where refusal or avoidance of healthcare puts a child’s health, development, or safety at risk, this must be recognised and acted on. The child’s right to health and protection from harm – as outlined in the United Nations Convention on the Rights of the Child – takes precedence in safeguarding practice.

<p>Professional Curiosity</p>	<p>The active effort to explore what life is really like for a child or adult at risk – beyond what is seen or said at face value. It means asking questions, noticing patterns, checking inconsistencies, and reflecting on the full picture. Professional curiosity is vital in recognising when something doesn't feel right – and in taking steps to understand and respond.</p> <p>Professional Curiosity Video Resources:</p> <p> Watch in English</p> <p> Watch in Welsh</p>
<p>Record Keeping</p>	<p>Clear, accurate, timely records are critical for safeguarding. They provide continuity, support risk assessment, and ensure accountability. All no access visits, cancellations, and missed appointments must be recorded – including actions taken and professional judgement.</p> <p> Guidance: Welsh Government Records Management Code of Practice (2022)</p> <p> RCN Guidance on Record Keeping: RCN Website</p>
<p>Repeat Cancellations</p>	<p>Patterns of cancelled or rescheduled appointments – particularly where this prevents access to health or safeguarding support – may be as concerning as outright non-attendance. They must be seen through a safeguarding lens, with curiosity and an exploration of possible underlying risks. This behaviour can mask neglect or disguised compliance, and should never be accepted without further enquiry.</p>
<p>Voice of the Child or Adult at Risk</p>	<p>The views, feelings, and experiences of a child or adult at risk must be heard, respected, and acted upon. This includes verbal and non-verbal communication, adapted approaches for those with additional needs, and meaningful involvement in decisions.</p> <p>“Nothing about me, without me” must be more than a phrase – it’s a safeguarding imperative. Children and adults must be supported to share their voice – and professionals must listen, reflect, and respond in ways that demonstrate their voices matter.</p>

