

What does “Was Not Brought” mean?

“Was Not Brought” (WNB) is a term commonly used in health and social care settings. It refers to situations where an adult does not attend a scheduled appointment or planned contact without informing the relevant service. This applies to any type of prearranged interaction—whether at home, in a community clinic, within a hospital, or at another location—related to the delivery of care or support. Examples include medical or dental appointments, social care meetings, or even visits from services such as the fire department to address concerns like hoarding. The key point is that the individual was expected but did not arrive, and no prior notice was given.

What is the difference between “Was not Brought” and “Did not Attend”?

The term “Was not brought” aims to prompt professionals to consider safeguarding concerns and the underlying reasons for the missed appointment, rather than assuming the individual chose not to attend.

What is Disengagement?

Disengagement occurs when an adult, a family member, or a carer fails to respond to outreach or requests made by health and social care professionals. It often develops over time and can be identified through a pattern of behaviours. These behaviours tend to build up gradually and may include:

- Not being registered with a GP
- Not being home for visits from professionals
- Not allowing professionals into the home
- Agreeing to take action/deliver change but failing to do so
- Hostile behaviour towards professionals
- Actively avoiding contact with professionals

Attendance at urgent care centres and emergency departments but not waiting to be seen/taking own discharge or using false details

What is disguised compliance?

Disguised compliance refers to situations where a parent, carer, or the individual themselves appears to be cooperating with professionals, but their actions may mask a lack of genuine engagement. This can include frequently cancelling appointments at short notice or re-engaging temporarily after a period of absence to ease professional concerns. Such patterns should raise professional curiosity and may warrant a discussion with your safeguarding lead to explore any underlying risks or concerns.

Understanding Adult Neglect

According to NHS England, adult neglect involves failing to meet a person's essential needs. This includes overlooking medical or physical care requirements, not ensuring access to suitable health, social care, or educational services, and denying basic necessities such as food, warmth, and shelter.

Safeguarding Adults: Understanding Neglect

Under the Care Act, all professionals have a legal responsibility to protect adults at risk and promote

Neglect can take many forms and may not always be intentional. It often arises when families or carers are unable to meet an adult's needs, especially when the individual relies on others for support. Examples include

- Failing to arrange necessary medical care or treatment for someone who cannot do so independently
- Not administering prescribed medication
- Inadequate provision of food, clothing, or shelter
- Not seeking help when unable to meet the adult's needs
- Ignoring emotional or psychological needs, such as isolating the person from family, friends, or social networks
- Restricting access to essential services or communication tools—such as money, phone, internet, letters, or keys—through control, coercion, intimidation, or shame.

It's important to recognise that neglect isn't always deliberate. Families and carers may be overwhelmed or struggling, and in such cases, support services like carer's assessments or respite care can make a significant difference. Accessible Information Standard & Missed Appointments (WNB)

The **Accessible Information Standard** is a legal duty for NHS and publicly funded adult social care services. It ensures individuals with disabilities, impairments, or sensory loss receive information in formats they can understand—such as Braille, BSL, large print, or easy read—and can communicate effectively with services.

When an adult **Was Not Brought (WNB)** to an appointment, practitioners should use **professional curiosity** to explore the reasons and consider whether communication barriers played a role.

Key Questions for Practitioners to Consider

- Was the appointment suitable for the adult? Were reasonable adjustments (e.g. location, transport) considered?
- Have the adult's or carer's needs changed? Is the appointment still relevant?
- Is the adult aged 18–25? Are transitional arrangements in place?
- Was the adult/carer properly informed with adequate notice?
- Can contact be re-established to rearrange the appointment?
- What reason was given for non-attendance? Was it forgotten, cancelled, or declined?
- Is there any concern around **capacity**, understanding, or coercion?
- What are the **health implications** of the missed appointment?
- Are there **risks or vulnerabilities** to the adult or others in the household?
- Is the carer struggling and in need of support?
- Is a **safeguarding response** or **multi-agency meeting** required?
- Is a **social care assessment** or **review** needed?
- Does the adult need an **advocate** or have a **Lasting Power of Attorney**?
- What does your organisation's **WNB policy** say about escalation?

Are you sharing information appropriately under **GDPR**?

Useful Videos:

[Was Not Brought](#)

[Rethinking “Did Not Attend”](#)

[Dr Kathy Petersen on the prevention of adult not brought strategy](#)