



Cheshire East and Cheshire West Safeguarding Adult Boards

Guidance for Missed Appointments of Adults with Care and Support Needs accessing Health and Social Care Services

July 2023 v5

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Glossary of terms

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| Did not attend (DNA) | This stands for did not attend. The term should be applied to events when a person does not present themselves for a pre-arranged appointment. Organisations should identify, capture, and respond where there may be a pattern of missed appointments. |
| Was not brought (WNB) | Where the person relies on someone other than themselves to bring them to their appointment(s) who isn't brought |
| Appointment | Where an arrangement is made to see an adult at a certain time, date, and place |
| Cancellation by self or others | Refers to appointments where a service receives prior notification that a person will not be attending, or the service needs to cancel the appointment |
| Disengagement | Is when an adult or carer does not respond to requests from health or social care professionals. Behaviours of disengagement are usually cumulative and may include – <ul style="list-style-type: none"> • Disregarding appointments • Lack of trust/relationship with professionals • Social circumstances preventing attendance at appointments including domestic violence and abuse, illiteracy. • Lack of understanding about the appointment |
| First Appointment | An appointment made to see an adult who is newly registered to a service. |
| Follow up Appointment | An appointment given to a known adult at risk who is receiving ongoing support or reviews. |
| Visit | An appointment that has been arranged by a professional or team and may take place in the home of an adult or another appropriate community setting. |
| No Access Visits (NAV) | Is an appointment made with an adult or carer and when the professional or member of staff attends their place of residence or another setting within the community at the prearranged time and place, they are not present, and no contact is made. |
| Mental Capacity Act 2005 | The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make decisions for themselves. Mental Capacity Act 2005 (legislation.gov.uk) |
| Safeguarding | Systems and practices to protect and prevent all adults but those considered most at risk with care and support needs, from suffering abuse or neglect and self-neglect. |
| Section 11 Refusal of Assessment | This section of the Care Act 2014 can be used when there are concerns around abuse/ neglect and the adult has mental capacity to refuse an assessment. Section 11 enables a multi-agency assessment to still take place about someone, but without them being involved if they |

| | |
|--|--|
| | don't wish to be, to obtain a full overview of needs/ risks/ next steps. |
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CONTEXT

This guidance outlines the roles and responsibilities for organisations in respect of adults at risk who do not attend, were not brought, or who are unable to attend their appointments.

This guidance applies to staff who are directly employed within each organisation who are acting in a professional capacity to support the needs of service users who do not attend or are unable to attend their appointments.

This document provides a clear pathway on how to apply safeguarding principles and procedures for those adults at risk who are not attending or are unable to attend appointments. It should be read alongside the Cheshire East and Cheshire West and Chester multi agency safeguarding adults' policies and procedures as well as your own organisations policies relating to safeguarding adults at risk and mental capacity

[Cheshire East Safeguarding Adults Board Policies and Procedures](#)

[Cheshire West and Chester Safeguarding Adults Board Policies and Procedures](#)

This guidance is for all professionals and staff who have contact with adults with care and support needs and applies to anybody over the age of 18 years old. For people who are aged 16-17 discuss with your organisations children's safeguarding team –

INTRODUCTION

This guidance was developed in response to recommendations from Safeguarding Adult and Domestic Homicide Reviews. Other safeguarding incidents escalated to multi agency safeguarding partners showed that these were not isolated matters, and it became apparent that organisations required support on how to manage missed appointments, particularly for adults with care and support needs.

There is a need to consider and manage any known risks and respect individual's choices whilst applying the safeguarding principles and procedures to these situations. The reasons for non-attendance must be considered from a safeguarding perspective; whilst ensuring reasons are recorded, and necessary support, signposting and escalation are undertaken.

It is also important to acknowledge that safeguarding reviews have recognised good practice by organisations and where professionals have supported people when their engagement was low, worked with other agencies to gain access for home visits, and liaised with other agencies to find the best ways to communicate with the person

Disengagement with services is a frequent finding in safeguarding reviews therefore practitioners must analyse and risk assess situations where disengagement is a feature.

Purpose

The aim of this guidance is to support people to attend appointments where possible and ensure that where appointments are missed that this is followed up as per the pathway which follows in section 11.

- To ensure that the safety and wellbeing of people who miss an appointment or home visit is considered and responded to.
- It is recognised that some people may pose a risk to themselves or others if they do not maintain contact with services, so referral pathways to other services may need to be followed.
- To support services to meet their safeguarding responsibilities and to provide evidence of how they manage missed appointments of adults at risk to their regulators.
- Support early intervention and prevention which is fundamental to the prevention of safeguarding incidents.
- To promote effective communication and information sharing with multi-agency professionals and services when adults do not attend appointments and there are suspected, or known, safeguarding concerns identified.

Responsibilities

Organisations need to ensure:

- a) That they meet their safeguarding responsibilities.
- b) That their organisation complies with the Care Quality Commission (CQC) and relevant professional safeguarding training recommendations.
- c) Best practice is to provide as much information as possible in relation to the person's care and support needs prior to the appointment, so reasonable adjustments can be made.
- d) By law (section 250 of the Health and Social Care Act 2012), all organisations that provide NHS care or adult social care must follow the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. The Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs by NHS and Adult Social Care service providers.
- e) For adults with care and support needs practitioners should be aware of the risks and impact that non-attendance at appointments can pose to the individual.

Potential Reasons missed appointments

Adults who are more at risk of non-attendance often have multiple pressures and demands because of physical and/or social challenges such as:

(This list is not exhaustive)

- a) Language and cultural difficulties barriers
- b) Learning disabilities/difficulties
- c) Physical health barriers
- d) Difficulties travelling to appointments
- e) Mental ill health
- f) Cognitive impairments and capacity issues
- g) Domestic Violence and Abuse (DVA) particularly where there is coercive control by the person who causes harm
- h) Adult abuse and neglect and self-neglect
- i) Poverty
- j) Homelessness
- k) Illiteracy
- l) Under the influence of substances
- m) Experience discrimination
- n) Lack of Trust in Organisations
- o) Adverse Childhood Experiences

Organisations should recognise the importance of providing services which are accessible, relevant, user friendly, engaging, and equitable to all. Therefore, when arranging appointments and visits, services should consider steps and reasonable adjustments to prevent or reduce the potential for non-attendance.

Steps and reasonable adjustments to increase engagement can include:

Information that is in an accessible format – Endeavour to establish with service users their preferred method of communication so this can be recorded for any future appointments. Examples include ... advocacy, carer support, British Sign Language interpreter and brail.

Location of the appointment – where could the appointment best be provided? Can the adult with care and support needs afford the travel costs, could transport be considered and arranged?

Reasonable adjustments for example time of day, coordination of appointments, quieter area to wait before appointment, ground level consulting rooms, where possible reminders for appointments be provided, flexibility to plan around the carer/family availability.

Please note important point - Carers assessment

Where it appears that a carer/family member may require or requests support in their role, including financial support, a referral to the relevant Local Authority should be made for a Carers' Assessment under the Care Act 2014. Links to Carer support and assessment below:

Cheshire West Local Authority
[Having a care assessment \(cheshirewestandchester.gov.uk\)](http://cheshirewestandchester.gov.uk)

Cheshire East Local Authority
[Adult Carers assessment and eligibility \(cheshireeast.gov.uk\)](http://cheshireeast.gov.uk)
[Cheshire East Carers Hub \(Young and Adult Carers\) - Live Well Cheshire East](#)

Key Sections of the Care Act 2014:

Section 9: Care Act Assessment-Assessment of adult's needs for care and support. Where it appears to a LA that an adult may have needs for care and support, the LA must assess-a) whether the adult does have needs for care and support, and b) if the adult does, what those needs are.

Section 10: Carer's Assessment-Assessment of a carer's needs for support. Where it appears to a LA that a carer may have needs for support (whether currently or in the future), the authority must assess- a) whether the carer does have needs for support (or is likely to do so in the future), and b) if the carer does, what those needs are (or are likely to be in the future).

Section 11: Refusal of Assessment, which you can't rely on when there are safeguarding concerns Refusal of assessment-Where an adult refuses a needs assessment, the LA concerned is not required to carry out the assessment But the LA must carry out a needs assessment) if—(a)the adult lacks capacity to refuse the assessment and the authority is satisfied that carrying out the assessment would be in the adult's best interests, or (b)the adult is experiencing, or is at risk of, abuse or neglect.

Section 27: Review of care & support needs-Review of care and support plan or support plan. A LA must—(a)keep under review generally care and support plans, and support plans, that it has prepared, and (b)on a reasonable request by or on behalf of the adult to whom a care and support plan relates or the carer to whom a support plan relates, review the plan.

Section 42: Safeguarding Enquiry This section applies where a LA has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)-a) has needs for care and support (whether or not the authority is meeting any of those needs), b) is experiencing, or is at risk of, abuse or neglect, and c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. (2) The LA must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and if so, what and by whom.

Section 44: Safeguarding Adult Reviews (SAR's) when a person dies as a result of abuse or neglect (known or suspected) or experienced serious abuse or neglect (known or suspected) and concerned partner agencies could have worked more effectively together to protect the Adult.

Section 67: Imposes a duty on LA's to arrange for an independent advocate to be available to represent and support certain persons for the purpose of facilitating those person's involvement in the exercise of functions of the LA.

Where there are self-neglect or hoarding concerns, please refer to the self-neglect toolkits and guidance-

Cheshire East Safeguarding Adults Board: [CESAB Multi-agency Policy for Managing Risk- High Risk/Self-Neglect/ Hoarding Cases](#)

Cheshire West and Chester Safeguarding Adults Board: [CWAC SAB Self-Neglect Policy, Procedure and Toolkit](#)

Use professional curiosity - why are they not engaging? [Training | Cheshire West and Chester Council](#)

Guidance on Professional Curiosity

[Professional curiosity in safeguarding adults: Strategic Briefing \(2020\) | Research in Practice](#)

Working with those who Self Neglect – RIPFA

[working_with_people_who_self-neglect_pt_web.pdf \(researchinpractice.org.uk\)](#)

MERVYN: [Learning Video reference CEC SAR 20210623 100335 Meeting Recording - YouTube](#)

Other useful resources:

[Adult safeguarding and homelessness: experience informed practice | Local Government Association](#)

[Have we learned from Steven Hoskin's murder? \(2020\) | Safeguarding adults | SCIE](#)

[The Blue Light approach | Alcohol Change UK](#)

If any of the adjustments above are required (including accessible information), then they should be communicated to other services involved with the person for example within referral letters. This will enable all agencies to work together to engage the person in the most appropriate way and may help reduce missed appointments.

When there are missed appointments

- a. Consider if you have made all reasonable adjustments possible?

- b. Discuss with your organisational safeguarding lead if you have concerns in relation to an adult's welfare.
- c. Your safeguarding lead will consider if a multi-agency safeguarding meeting is convened.
- d. If the Adult is assessed as having mental capacity and there are no concerns about Executive Functioning, no issues relating to public interest, no coercion or undue influence by a third party and the situation does not pose a threat to the person's life or others then the person has the right to decline care, support, or interventions. In these cases, professionals should take steps to be assured that the adult at risk is making an informed choice and is aware of the risks and benefits and options available to them. Professionals should record the reasons for not intervening and plan regular reviews of the situation with the adult.
- e. The local authority safeguarding team can use this information and seek to gather further relevant information from other partners under section 11 of the Care Act to see what can be implemented to support the person. **Consent is not required to make an alert to the local authority regarding an adult with care and support needs who may be at risk of abuse or neglect.** However, you should always discuss your concerns, if it's safe to do so, with a capacious person and inform them. The local authority will also seek the consent of a capacious adult to proceed with any enquiry.
- f. If you have held a professionals/safeguarding meeting and the situation is not improved, then consider use of the Complex/ High risk multi agency procedure for adults with capacity as part of your escalation of the case. [Multi Agency Complex Safeguarding Policy and Guidance July 22 \(stopadultabuse.org.uk\)](https://www.stopadultabuse.org.uk)
- g. Risks may need to be reviewed with other colleagues/specialists to consider alternative ways to reduce risk caused by non-engagement/withdrawal from services.
- h. Continue to consider executive decision-making capacity –is the service user able to execute the decision to be made as well as discuss it with you?
- i. Are there any other adults with care and support needs or children in the household requiring intervention? Consider whether a safeguarding referral is required for them.

Flowchart for missed appointments of Adults with Care and Support Needs

Adult with care and support needs did not attend prearranged appointment or engage with a service you have referred to.

Document missed appointment in persons records then:

1. Check contact details are correct
2. Review records to consider any potential factors which may have prevented attendance and to determine the level of risk that non-attendance/engagement causes to them.
3. Repeated cancellations and failures to attend appointments should be discussed with the person, carer, safeguarding lead and potentially other agencies involved with the adult as required – a professional’s meeting may be required to share information and agree a coordinator to support the person /carer.
4. Consider risk factors e.g., is known to have cognition issues, mental ill health, substance misuse.
5. Are they known to Adult Social Care, or do they need to be offered a referral?
6. Do you need to take any of the actions suggested in the guidance such as escalation?
7. Do you need to assess/reassess the adult’s executive decision-making capacity?

NOTE

Always consider if a safeguarding referral is required for coercion and control, domestic abuse, neglect, self-neglect or other issues.

Yes

Is a further appointment required?

No /Unsure

Are other adjustments required?

Arrange second appointment: If person fails to attend, follow up and ascertain if the appointment is still required

Recommence the flow chart

Update your Safeguarding Lead

The brief Risk Assessment (Appendix 1) should be completed and recorded in the person’s record.

Arrange a multi-agency professionals meeting

Record any action taken/referrals made or discussions undertaken if the person is considered to be ‘at risk’

Update your Safeguarding Lead

The Brief Risk Assessment (Appendix 1) should be completed and recorded in the person’s record.

Financial support Links

Cheshire East

Referrals for those considered adults at risk can be made by a trusted practitioner/professional for the [Household Support Fund \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk) (allow 10 working days for an application to be processed) Additional information can be obtained from the following emails

- Adults/Pensioners – HSFadults@cheshireeast.gov.uk
- Children/families – HSFfamily@cheshireeast.gov.uk

Other sources of support

- For emergency support, please contact the Emergency Duty Team via 0300 123 5022.
- If you think that you are eligible for free school meals but have not applied, go to www.cheshireeast.gov.uk/fsm and complete the form or phone 03001235012. If you are entitled to FSM, you will start to receive these vouchers.
- For other emergency support you can apply for our [Emergency Assistant CE scheme](#)
- To apply for help with Housing costs you can apply for [Discretionary Housing Payments](#).
- For additional emergency support with food, please ask for a referral to your [local food banks](#).
- A list of support available nationally and locally for residents of Cheshire East is available to support you with the increased [cost of living](#).

Cheshire West and Chester

- [Financial help | Cheshire West and Chester Council](#)
- [Household Support Fund | Cheshire West and Chester Council](#)
- [Help in Emergencies for Local People \(HELP\) | Cheshire West and Chester Council](#)

The HELP scheme is a discretionary scheme offering local welfare assistance including:

- support for exceptional needs
- limited payments for emergency funding in a crisis or;
- to help people moving out of care

Community Access Team 0300 123 7065 (Monday - Friday, 9am - 5pm) out of hours Emergency Duty Team on 01244 977277

- [Adults at risk | Cheshire West and Chester Council](#)

References

- [Accessible information standard](#)
- [The Care Act \(2014\)](#)
- [Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework” \(NHS England, 2019\)](#)
- [Human Rights Act \(1998\)](#)
- [Mental Capacity Act \(2005\),](#)
- [Deprivation of Liberty Safeguards \(2009\)](#)
- [Domestic Violence Crime and Victims Act \(2004\)](#)
- [Mental Capacity \(Amendment\) Act \(2019\)](#)
- [Mental Capacity Act 2005: Code of Practice \(Department for Constitutional Affairs 2007\)](#)
- [Equality Act \(2010\)](#)
- [Mental Health Act \(2007\)](#)
- [Criminal Justice Act \(2003\)](#)
- [Criminal Justice and Courts Act \(2015\), section 20-25 for care workers and care providers](#)
- [Counter Terrorism and Security Act \(2015\)](#)
- [Data Protection Act \(1998\)](#)
- [Domestic Abuse Act 2021](#)
- [sar-report-ar-final-march-2019.pdf \(salford.gov.uk\)](#)

Appendix 1 – Brief Risk Assessment for missed appointments of Adults with Care and Support Needs

The below may be of help when assessing someone's risks due to missed appointments: -

| | | | Record outcome |
|--|---|-------------|-----------------------|
| 1 | Does the individual's physical or mental ill health impact their ability to attend appointments? | Y/N/Unknown | |
| 2 | Are there any identified or suspected safeguarding risks for example self-neglect, substance misuse, risks of falls, control and coercion from others, domestic violence/abuse, child protection plans etc. | Y/N/Unknown | |
| 3 | Has there been a recent period of ill health/hospitalisation/significant life event? | Y/N/Unknown | |
| 4 | Does the individual have a carer or family member, friend or advocate? | Y/N/Unknown | |
| 5 | Is there a history of missed appointments? | Y/N/Unknown | |
| 6 | Could this person be at risk of immediate harm if not located/not seen? Refer urgently to appropriate service e.g., mental health, police, social care | Y/N/Unknown | |
| 7 | Has contact been made with all relevant agencies to gather/share information and inform your next steps? | Y/N | |
| <p>In summary of the number of yes/no's or unknowns, the following outcomes should be considered. In all cases your decision should be recorded.</p> <ol style="list-style-type: none"> 1. No concern/risk 2. Is a safeguarding referral required or discussion with your safeguarding lead? 3. Do you need to call a professionals meeting to discuss the case with other agencies who are or who could be involved to reduce the risks to the individual? | | | |

Record outcome of your decision making

Name

Date

Signature