

Guidance for services to respond to adults who are not engaging with services

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8	May 2026	Cath Erine	Updated concern form.
9	July 2026	Jonathan Douglass	Ensuring the wording of the guidance applies to all services.

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1. Aim

This guidance has been produced to support colleagues to take proportionate steps to respond to adults who are not engaging in interventions required to meet their care and support needs. This may include not being brought or repeatedly failing to attend appointments, which are likely to have an adverse effect on either their physical and/or mental health and wellbeing.

2. Introduction

The focus for all workers should be on safeguarding adults who are not engaged with services rather than blaming the adult for non-engagement and a recognising that some adults rely on others to support engagement with services.

- 2.1 Learning from Care Act Safeguarding Adults Reviews (SARs) and Learning Disabilities Mortality Reviews (LeDeR) evidence that many adults are not enabled or brought to appointments, including annual health checks, screening, and optical and dental health appointments.

This may not be a deliberate act by the parents/carers of the adult and may reflect their need for support and help; however, learning from local Safeguarding Adults Reviews indicates that failure to bring adults to appointments may be a sign of neglect or wilful neglect by family or unpaid carers.

- 2.2 The Care Act (2014) defines safeguarding as “Protecting an adult’s right to live in safety, free from abuse and neglect”. This applies to adults who have care and support needs (whether the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect and, as a result of those care and support, needs are unable to protect themselves from either the risk of or the experience of abuse or neglect.

- 2.3 Professionals should consider the potential impact a failed contact or missed appointment could have on the whole family. Always “THINK FAMILY” if any examples are identified related to an adult who lacks ability/capacity to attend appointments in their own right.

- 2.4 Disengagement is when an adult, family member, or carer does not respond to requests from health professionals. Behaviours of disengagement are usually cumulative 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
- Disguised compliance with or active avoidance workers that is likely to result in the adult failing to receive the necessary care and/or support
- Actively avoiding contact with professionals. (This has been featured in many reviews of adult and children’s deaths.)
- Attendance at urgent care centres and emergency departments but not waiting to be seen/taking own discharge or using false details

2.5 Disguised compliance:

Involves a parent or carer giving the appearance of engagement; they may cancel appointments frequently at the last minute or after a period of non-engagement and may attend appointments to reduce professionals' concerns.

Patterns of this behaviour should generate use of this guidance or a conversation with your safeguarding lead about the need for a safeguarding concern to be generated – see appendix one – concern form.

- 2.6 This guidance explains the responsibility of all workers in relation to safeguarding adults who are not brought to appointments in any setting.

3. Guidance

- 3.1 Adults have a right to choose to attend or decline attendance at appointments; however, some adults may:

- ✓ Lack capacity to make decisions about attending.
- ✓ Lack the literacy skills to identify that they have been invited for an appointment and rely on family to provide this information/arrange an appointment.
- ✓ Require support to attend an appointment, e.g., by family, friend, advocate etc., reliant on support to attend physically, engage with the appointment due to cognition issues etc

This guidance covers all adults detailed above.

- 3.2 The guidance supports the use of the term 'Was Not Brought' (WNB) rather than 'Did Not Attend' (DNA) for adults who are unable to make decisions about attending or require support to attend appointments.

Being able to recognise patterns of repeated missed appointments is important to recognising if there may be concerns about the safety and wellbeing of the adult. Whilst clinical systems may only be able to record that an individual 'Did Not Attend', to ensure appropriate safeguarding considerations are made it is important that for adults who are unable to make decisions about attending appointments or require support or assistance of others to attend with consider these as 'Patient not brought' episodes. Similar to how in child safeguarding we utilise the thought process and the read code 'Child was not brought'.

It is important that all providers develop and use systems that supports:

- ✓ Identification of adults who are unable to attend appointments without support from family/friends/others.
- ✓ Identification of adults not brought for their annual learning disability health checks.
- ✓ Appointments are regularly cancelled and rearranged by family members.
- ✓ Families regularly change primary care providers to reduce access to adults unable to attend appointments without support.
- ✓ Identification of prescriptions that are not collected on behalf of adults unable to manage their medication.
- ✓ Identification of adults not attending appointments in other services.
- ✓ Notifying the referrer of missed appointments and notifying the GP if they are not the referrer.
- ✓ Considering whether there are any clinical consequences that require action because of the missed appointment.
- ✓ Exploring if there are any other safeguarding concerns.

- ✓ Raise a safeguarding concern.
- ✓ Record all actions taken, including any risk assessments and action taken to mitigate these.

3.3 Identifying adults covered by this guidance

- 3.3.1 All organisations should ensure that when appointments are missed, there is consideration around whether that person can attend independently and, if not, to ensure this is documented and concerns are shared appropriately. This may require a safeguarding referral if a history of non-attendance is evidenced.
- 3.3.2 supporting an adult with limited contact with the service must make sure that any referrals to other organisations highlight when adults may not be able to attend independently. Where appropriate if this impacts on an adult accessing appropriate care and support a safeguarding referral should be considered.

3.4 Recording non-attendance of annual health checks

- 3.4.1 GPs who have adults registered with them on the learning disability register should have a process in place to follow up with the family/carer when adults are not brought to annual health checks. If a follow-up letter or call does not result in the adult being brought for the health check, a safeguarding concern should be considered.

3.5 Cancellation or failure to make appointments

- 3.5.1 All referrers should include in referral letters to other organisations the adult's inability to attend independently. If they are informed that an appointment was not made or the adult did not attend; contact must be made with the family/carer, if this information is available, to explore why the appointment was not made/kept? If the carer requires support, a referral for a carer assessment should be discussed with them. If declined and the adult is not supported to attend future appointments, a safeguarding concern should be raised.

3.6 Changing primary care providers regularly

- 3.6.1 When a patient registers with a new GP provider, if this is not because of a change of address, the provider should review if there have been repeated changes of provider and be alert to any missed appointments, failure to attend for investigations, or disengagement with treatment plans or follow-ups.

3.7 Adults not attending appointments for tests or investigations

- 3.7.1 When requesting tests or investigations for an adult who lacks capacity to consent to these or requires support to attend, it is important that the requester of the tests checks that the appointments have been made and attended if the adult is "permanently" open to the service. E.g., GP. For those organisations who have long term relationships with the adult, they should consider follow up with a family member/carer, under this guidance and not simply record the episode as a 'did not attend'. They should be mindful of professional curiosity and explore why the adult was not brought to the appointment, and document this appropriately.
- 3.7.2 If contact with the family/carer does not result in attendance for tests or investigations, a safeguarding concern should be raised, unless reassurance is obtained from the family/carer.

4 Recognising adult neglect

- 4.1 NHS England defines neglect as "Ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the

withholding of the necessities of life, such as medication, adequate nutrition and heating". The Care Act places a duty on all professionals to safeguard adults.

- 4.2 Examples will include the failure of families and carers to:
- Arrange the necessary medical care and treatment for an adult who cannot make this decision/arrangement without support.
 - Administer prescribed medication.
 - Feed, clothe or house the adult appropriately.
 - Seek support when they are unable to meet the adult's needs.
 - Meet the psychological needs of the adult, including denying them access to other family members, friends, social groups etc.
- 4.3 Not all neglect is deliberate, families may be struggling to support an adult, and they would benefit from a carer's assessment/respite etc. In these cases, a referral to Adult Social Care for a carers assessment should be completed. (See appendix 2). If a referral is refused and the adult continues to be neglected or at risk of abuse, a safeguarding concern should be considered.

5 Action to be taken in case of possible Disengagement, Neglect or Self-Neglect

- 5.1 Where you have concerns that an adult failing to attend an appointment, not being brought to an appointment or being disengaged from your service consult Barnsley Safeguarding Adult Board's [Decision Support Guidance](#) and [Self-Neglect & Hoarding Guidance](#).
- 5.2 The Decision Support Guidance supported workers to identify when they should raise safeguarding adults' concerns. This may be useful when a worker has any concerns about neglect by family, friends or carers.
- 5.3 The Self-Neglect & Hoarding Guidance goes into further detail about any issues linked to self-neglect. This includes a risk assessment tool which will support workers to identify situations where they should make a safeguarding adults referral based on an individual's disengagement or possible self-neglect. This should include risks faced by adults with addictions and/or homeless.
- 5.4 Where a worker believes that it is appropriate, they should raise a safeguarding adults concern. Contact details for Barnsley Metropolitan Borough Council's initial reviewing team and a safeguarding adult's concern form can be found in Appendix 1 of this guidance.
- 5.5 Appendix 3 contains further contact details of workers and teams that may be able to offer support and guidance to health colleagues working in different trusts and organisations across Barnsley.

6 Information and support

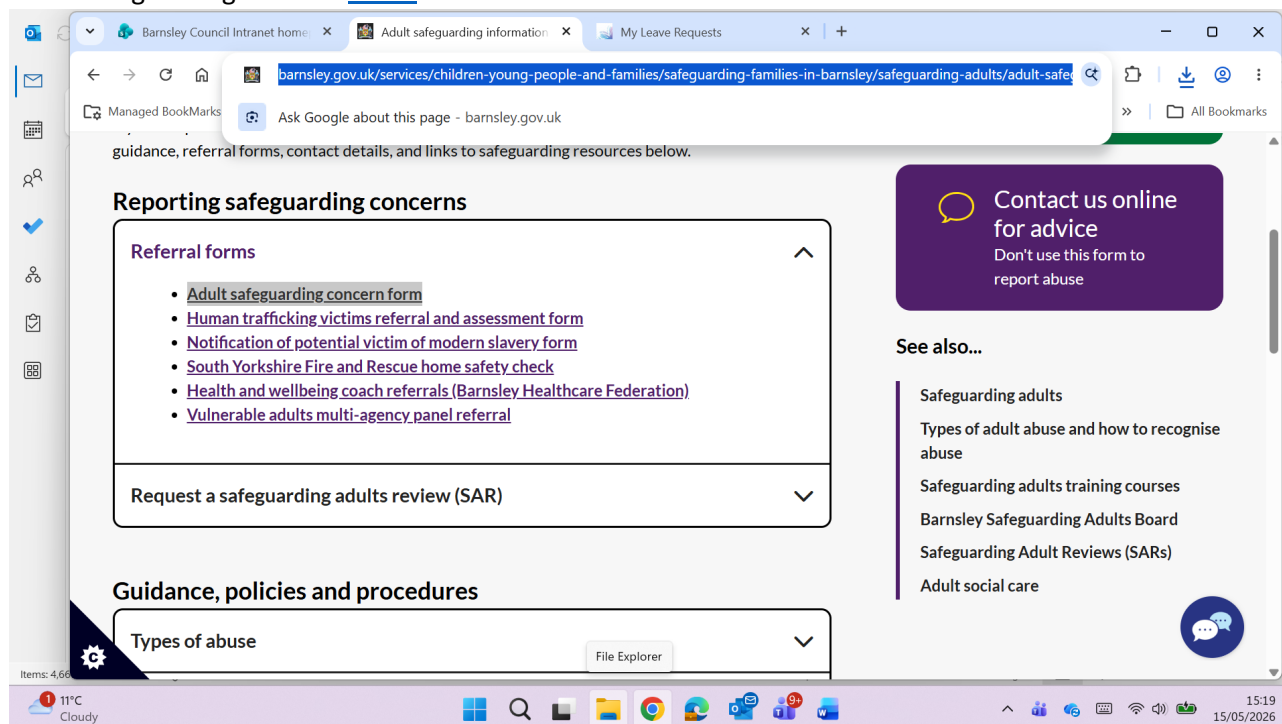
- 6.1 Barnsley Safeguarding Adults website has a range of resources and details of training to support professionals - <https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/>. These include [Self-Neglect & Hoarding Guidance](#) and [Decision Support Tool](#).
- 6.2 NHS England Safeguarding Adults pocket guide - [Pocket Principles of Protection](#)
- 6.3 NHS Digital Learning Disability Health Checks - <https://digital.nhs.uk/data-and-information/publications/statistical/learning-disabilities-health-check-scheme/england-april-2021>

- 6.4 NHS Mental Capacity Act - <https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/>
- 6.5 Barnsley Safeguarding Adults Concern Form - <https://www.barnsley.gov.uk/media/wqvhpqof/concern-form-20251023.docx>
- 6.6 Safeguarding leads – see appendix 3
- 6.7 Carer support – Cloverleaf Advocacy for Carers - [Live Well Barnsley | Cloverleaf Advocacy - Barnsley Carers Service](#) Or Adult Social Care - <https://www.barnsley.gov.uk/services/adult-health-and-social-care/support-for-carers/#:~:text=You%20can%20call%20the%20adult,cares%20for%20a%20disabled%20child>

6 Appendices

Appendix One: Barnsley Safeguarding Adults concern form

Adult Safeguarding Concern [Form](#) REPLACE with



ADULT SOCIAL CARE/SAFEGUARDING ADULTS/ SELF-NEGLECT CONCERN FORM – May 2021

Please attempt to complete all fields on this referral form.

Email the completed form, with relevant attachments, if necessary, to socialservices@barnsley.gov.uk if you have a Barnsley Council email address or other secure email or use Egress etc. If you don't have a secure email option, please.

Ring the Customer Access Team on 01226 773300.

1. Details of the person at risk of harm / requiring welfare / social care support:			
Name:			
Gender:		Date of Birth or Age:	

Ethnicity:		Are they in receipt of any services?	Yes/no/don't know. If yes, please detail:
Current Address and Post Code:			
Permanent Address if Different to the Above:			
Home Telephone:		Mobile Number:	

2. Reason for the referral – Please tick:

Welfare concern or referral for a social care assessment of need		Alleged abuse or risk of abuse/self-neglect	
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When determining an abusive situation, please use the following test:

1. The person has needs for care and support (whether or not the local authority is meeting any of those needs), i.e., is vulnerable.
2. Is experiencing, or at risk of, abuse or neglect
3. As a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect. (If you do not know if they can protect themselves but you think they have care and support needs and they are experiencing abuse or neglect, please send in the form)

3. Description of any disability or specific need – tick all that apply (if known):

Learning Disability		Mental Health	
Mobility problems		Personal Care	
Dual Impairment		Hearing Impairment	
Visual Impairment		Frailty	
Substance Misuse		Memory Problems	
Asylum Seeker Support		Support for Social Isolation	
Support to Carer		Requires Support	
Socially Isolated		Debts/Benefits/Money Advice	
Homeless/insecurely housed.		Drug/Alcohol issues	
Does the adult have any communication needs – BSL etc.			

4. Detail what you have seen/been told etc. that makes you believe that the adult is in need of support OR being abused/at risk of abuse (include dates/times/statements/body maps/photos or other evidence)

The location of the alleged source of harm – address or external location? (Complete only when there is an alleged abuse or risk of abuse):	
Date concern/incident identified:	
Time concern/incident identified:	

5. If there is an allegation of abuse – please tick as many as you feel apply			
Physical abuse		Sexual Exploitation	
Sexual abuse		Psychological abuse	
Financial abuse		Modern slavery	
Discriminatory abuse		Organisational abuse	
Neglect or acts of omission		Self-neglect	
Domestic Violence abuse (have you considered or completed a DASH risk assessment)		Hoarding – please use appendix two to provide a hoarding score. https://www.barnsley.gov.uk/media/8678/self-neglect-and-hoarding-policy.pdf	
Female Genital Mutilation		Radicalisation	
Hate crime/incident/mate crime/incident		Internet abuse	
Honour Based Violence			

6. Have you discussed your concerns with the adult? What are their views, and what outcomes do they want to address the risks/harm (if any?)

7. Reasons for not discussing with the adult?	
Adult lacks mental ability/capacity.	
Adult unable to communicate their views – state why?	
Discussion would increase the risk of harm.	
State why the harm would increase?	

8. what action have you taken/agreed with the adult to reduce the risks	
Contact with the Police Give details	
DASH risk assessment	
Move to alternative accommodation.	
Referral to another agency	
Other – detail	
No actions agreed – state why	

9 Risk to others	
Are there any other adults at risk?	Yes / No / Unknown
If yes, give details (ages/names etc.) and detail any actions you have taken to address these.	

Are there any children at risk/dependents?	Yes/no/unknown
If yes, provide details – names/ages and any action taken to reduce the risks.	

10. If an allegation of abuse - source of alleged harm/perpetrator information:					
Name of the person alleged to be causing the harm:					
Gender:	Male / Female	Date of Birth:		Ethnicity:	
Address Including Post Code:					
Contact Number:			Relationship to the alleged victim:		
Previous history of alleged or proven abuse (If known)				Yes / No / Unknown	
Does this allegation involve a 'person in a position of trust? (worker/volunteer)				Yes / No / Unknown	
If so, please give details of the person.					
Name of the organisation alleged to be the source of harm					
Address and postcode of organisation					
Contact number					
Nature of organisation – care home, domiciliary care provider, supported living, hospital ward etc.					
Name of manager (if known)					

11. Alleged source of harm: (perpetrator)	
Is the person aware of the concern or need being raised with social services?	Yes / No / Unknown

12. If a crime has been committed, has this been reported to the police?	Yes / No / Unknown
If yes, what is the Crime Number (if known)?	
Name and contact details of the police officer reported to:	

13. Consent?	
Has the person at risk consented to this concern being recorded and shared with other agencies and professionals?	Yes / No / Unknown
If consent is not obtained, is there a risk to others/evidence (public interest) or evidence of duress/coercion? Are we confident the adult lacks the capacity to give consent? (Explain why they lack capacity – at this time?)	

14 Details of person completing form:	
Name:	
Role:	
Address:	
Organisation (if any):	
Telephone:	
Email:	
Manager or alternative contact if you are unavailable in the next 48 hours:	
Date form completed	
Date and time form sent to Adult Social Care	

Share this completed form asap with socialservices@barnsley.gov.uk Attach any relevant information. This is only secure if you have a GSCX, NHS. Net, GSI/CJSM etc. email or use EGRESS or equivalent	IF you have NOT got a secure email address or would prefer to ring Customer Access Team on 01226 773300 Opening times 8.45 – 5.00 – Mon to Thurs 8:45 - 4:30 - Friday Out of hours - 01226 774466
Keep a copy of this form for your records Notify your manager.	

Appendix Two

Referral for Carers Assessment

Email: socialservices@barnsley.gov.uk

Telephone: 01226 773300

Cloverleaf Advocacy – Barnsley Carers Service

Telephone: 01226 288772

Email: BarnsleyCarers@cloverleaf-advocacy.co.uk

Weblink for more information: [Live Well Barnsley | Cloverleaf Advocacy - Barnsley Carers Service](#)

Appendix Three – Safeguarding Leads

Organisation	Contact details
NHS South Yorkshire Integrated Care Board (formerly Barnsley CCG)	syicb-barnsley.safeguarding@nhs.net
Barnsley Hospital	bhnft.safeguardingteam@nhs.net
SWYPFT: District Nurses / Mental Health	safeguardingteam@swyt.nhs.uk