

WSCP Neglect Strategic Group

Terms of Reference

1. Purpose

The WSCP's Neglect strategic group seeks to ensure children and young people are safeguarded and protected by delivering the Partnership's agreed actions in relation to neglect.

The primary purpose of this group is:

- Oversee the strategy development and action planning in relation to neglect
- To implement key priority actions in order to improve WSCP's response to neglect and reduce the impact of neglect.
- Embed a strong early help response across the partnership which addresses concerns as soon as they emerge and prevents escalation
- Oversee/ embed of NSPCC GCP2 neglect tool and promote other tools to support the multi-agency workforce
- Using local and national data to consider and deliver relevant multiagency practice reviews and learning to feed into the WSCP's training offer
- Raise awareness of the signs of neglect including with the public
- Provide challenge to practice through other subcommittees

2. Aim

To improve outcomes for children, young people and their families through delivering effective early interventions by:

- The use of evidence-based profiles of need in Wandsworth
- The development of confident and skilled workforce who can effectively recognise, assess and respond to concerns and understand the levels of need
- Identifying key learning and messages to be incorporated into the WSCP's training offer
- Implementing a quality assurance framework that informs improved practice.

Functions to include:

- Review of the use and take up of the GCP2 across key agencies
- Review of other tools/techniques being used across all agencies impact /duplication and gaps
- Use of performance data to identify trends/patterns/gaps
- Review of neglect training identified through CSPRs/audits and other learning



- Review of CSPRs over the last two years where neglect has been a feature and assure WSCP that input/training is making a difference
- Learning from practice including multi agency practice review
- Consider mounting public facing campaign as a appropriate on a particular area of neglect to promote greater awareness and how to report
- Cross reference and align with WSCP sub committees' groups to avoid duplication of work

3. Measuring Outcomes

The aim is to:

- Evaluate the effectiveness of the partnership response in preventing and addressing neglect through an effective early help response.
- Evidence improved outcomes for children and their families as a result of the activity of the group.
- Increase/improve early identification where there is evidence of early neglect and other emerging issues (Early Help Assessment and GCP2 tool).
- Numbers of assessments using GCP2 and impact
- Reduce the impact of statutory intervention in family live
- Reduce re-referrals to Children's Social Care where neglect is a key factor.
- Reduce the number of children subject to child protection plans under the category of neglect,.
- Reduce the number of repeat plans under the category of neglect through an effective step-down process.
- Ensure all agencies have a model of intervention which supports families experiencing neglect across the partnership

4. Role/Responsibility

The role of the group is to:

- Ensure collective and **accountable leadership** in order to achieve the aim and objectives of the WSCP Neglect Strategy.
- Ensure a shared **commitment** to the development and delivery of a Neglect Delivery Plan
- To develop a **shared learning** approach to inform future planning.
- To make **recommendations** to senior leaders regarding future service design, development and procurement based on the evidence and learning.
- To ensure all **decisions** are based on best available evidence.
- To ensure **effective joint working** and establish a consistent approach in the identification and assessment and the quality of engagement with children and families where children are experiencing neglect.



5. **Governance**

The WSCP Neglect Strategic Group is accountable to the MQ&P subcommittee. The chair or deputy will provide bimonthly updates to the MQ&P subcommittee.

6. Membership and Meeting Structure

Membership should consist of the three statutory partners and of level of seniority to make decisions on behalf of their agency

Agency	Name	Role
		Community Sector
CSC	Joanne Loveless	Team Manager Social Worker in Schools
CSC	Rachel Greene	Safeguarding Children Service Manager
CSC	Ruth Lacey	Head of Safeguarding Standards Service
CSC	Veronica Leigh	Advice Support and Help Service Manager (MASH)
Early Education	Matt Hutt	Early Education and Childcare Places Service Lead
Early Help	Jennifer Stapleton	Head of Battersea Early Help Cluster
Early Years	Susan Reid	Deputy Head, Early Years and Intervention Support Service
Education	Biddy MacIntyre	Senior Education Welfare Officer
Education	Pat Andre-Watson	Head @ Franciscan
Education	Ruth Hudson	Head @ The Alton School
Health (CLCH)	Michele Okuda	CLCH Named Nurse Safeguarding Children Wandsworth
Health (ICB)	Claire Taylor	Named GP for Children Safeguarding Wandsworth / Chair
South West London and St George's Mental Health NHS Trust	Clara Masuku	
Housing	Rahul Prashar	Regeneration Project Officer / Housing Safeguarding Lead
Police	Samantha Batchelor	DS CAIT
WSCP	Cherrylyn Senior	WSCP Business Manager
YOT	Paulette Edwards	Service Manager Wandsworth Youth Offending Team



Other representatives can attend on the invite of the chair

Members are expected to nominate deputies to attend in their place. Such deputies must be briefed prior to attendance.

7. Meeting Arrangement

- The Group will meet every two months over 12 months then review
- Topics for the agenda will be determined by members of the group as well as local and national policy.
- The Chairperson will be responsible for agreeing meeting dates and the agenda.
- Papers will be circulated in advance of each meeting
- Non members will be invited by the Chairperson to attend a meeting if this is considered appropriate.
- Every effort will be made by group members to attend meetings. Substitutes will be the exception rather than the norm.
- WSCP will offer administrative support

Appendix 1

Definition of neglect

Working Together to Safeguard Children (2018) describes neglect as:

The persistent failure to meet a child's basic physical and /or psychosocial needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate caregivers)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

In addition, <u>The London Safeguarding Procedures</u> say:

1.38 Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.



Complexity and Challenge: A triennial analysis of SCRs 2014 - 2017 (March

2020) classified eight pathways through which neglect can lead to serious harm or death.

Category	Detail
Severe deprivational neglect	Where neglect was the primary cause of death or serious harm; neglect of the child's basic needs leads to impairment in health, growth, and development; severe illness or death may result from malnutrition, sepsis, or hypothermia among
	others. In 2020 WSCP published a SCR on Child A where complex neglect on parenting capacity was a key component.
Medical Neglect	Failure to respond to a child's medical needs (acute or chronic) and necessary medication; such failure may lead to acute or chronic worsening of a child's health which could lead to death. In January 2021 WSCP published a SCR Frankie where medical neglect was a key component of this case.
Accidents which occur in a	Hazards in the home environment and poor supervision may
context of neglect and an	contribute
unsafe environment	
Sudden unexplained death	Deaths may occur in dangerous co-sleeping contexts, or
in infancy (SUDI) within a	where other recognized risk factors are prominent and not
context of neglectful care	addressed. In 2020 the National Panel produced a report on
and a hazardous home	SUDI.
environment	
Physical abuse occurring in	The primary cause of serious harm or death may be a physical
a context of chronic, neglectful care	assault, but this occurs within a wider context of neglect
Suicides and self- harm in vulnerable adolescents	Mental health problems associated with early or continuing physical and emotional neglect
Vulnerable adolescents	Associated with early or continuing physical and emotional
harmed through risk-	neglect
taking behaviours	
Vulnerable adolescents	Associated with early or continuing physical and emotional
harmed through criminal exploitation	neglect