



Wandsworth  
Safeguarding  
Children  
Partnership

# Neglect Strategy 2021 - 2023

**NHS**

South West London  
Clinical Commissioning Group



**METROPOLITAN  
POLICE**



## Contents

Part A: Neglect Strategy .....	3
Foreword.....	3
1. Purpose and Scope.....	4
2. What is Neglect.....	5
3. Neglect in Practice .....	7
4. The Impact of Neglect .....	7
5. Neglect in Adolescence.....	8
6. The Child’s lived experience and observing / listening and hearing the child’s view .....	9
7. Pre – Birth .....	10
8. The National Picture.....	<b>Error! Bookmark not defined.</b>
9. The Local Picture .....	12
10. Multi Agency Working .....	13
11. Strategic Priorities.....	14
12. Key Performance Indicators.....	14
13. Governance and Accountability .....	15
Appendix 1 Graded Care Profile 2 .....	16
Appendix 2: Continuing and Emerging Priorities in Wandsworth .....	18
Appendix 3 Arrangements to Support tackling Neglect in Wandsworth .....	20

<b>Approved by</b>	<b>Approval date</b>
<b>SCL Subcommittee</b>	<b>October 2021</b>

## Part A: Neglect Strategy

### Foreword

While there is consensus nationally and internationally concerning what constitutes physical and sexual abuse, there is much less agreement about the definitions and thresholds for neglect (Munro 2011, Naughton et al., 2013). There is also some overlap between neglect and emotional abuse – a further cause of confusion (Ward et al., 2012).

The purpose of this strategy is to establish strategic aims, objectives, and priorities for Wandsworth in tackling neglect and applies to all agencies across all sectors working in Wandsworth.

Neglect is notoriously difficult to define however one feature that perforates through different definitions is an acknowledgment that it involves the breakdown or absence of a relationship of care (Turney 2000). The impact of neglect is widespread affecting a wide range of developmental domains, it is also cumulative. Neglect can also be fatal when it occurs in isolation and when it happens in combination with other forms of maltreatment.

A Triennial analysis of SCRs 2014 -2017 were struck by the complexity of the lives of the children and families, and the challenges – at times quite overwhelming – faced by the practitioners seeking to support them in such complexity. [Complexity and Challenge: A triennial analysis of SCRs 2014 - 2017 \(March 2020\)](#)

Child Safeguarding Practice Reviews (CSPRs) provide powerful opportunities for learning and offer a reminder that for some children severe emotional deprivation and unsafe living conditions can result in serious harm and even death. The challenge for practitioners is to know when, with whom, and how to intervene, and with what degree of urgency. CSPRs reinforce the need to treat neglect as seriously and as urgently as any other form of maltreatment (Brandon et al, 2013:2014).

In Wandsworth in August 2021 56% of all children were on child protection plans for neglect, an increase of 23% from the previous year.

## 1. Purpose and Scope

This strategy has been developed with multi-agency partners to set out Wandsworth's approach to child neglect. It identifies the key principles under which work around neglect should be undertaken, and recognises key priority areas of work, to ensure continual collective improvement within Wandsworth's response to neglect. This strategy ensures that:

- *It has considered direction from the national, regional, and local policy context of neglect*
- *It recognises what has been done to date*
- *It identifies what we need to do to continue to prevent neglect by raising awareness and challenging attitudes*
- *It supports professionals with the tools to identify early signs and prevent neglect*

Given the interface of neglect with other forms of abuse, the WSCP places this strategy in the context of other strategic plans that influence the safety and wellbeing of children and young people in Wandsworth. This strategy should be read in conjunction with other key policies and procedures:

- [The London Child Protection Procedures](#)
- [The Wandsworth Guide to Early Help Processes](#)
- [WSCP Threshold Guidance – level of need framework](#)
- [Working Together to Safeguarding Children \(2018\)](#)

## Wandsworth's Vision

***To ensure effective service provision for children and young people affected by neglect through early recognition and robust multi-agency prevention responses. Staff have a shared understanding about the complexity of neglect and are supported by robust management oversight and have the necessary tools to address this complex and difficult area of safeguarding***

The WSCP vision for this strategy is aligned to reinforcing the importance of **CARE**

**C**ollective commitment across all partner agencies

**A**wareness of the language used to describe neglect and the thresholds for intervention

**R**ecognition and understanding of the early signs of neglect

**E**ffective assessment tools and the use of early prevention methods

## 2. What is Neglect



[Working Together to Safeguarding 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 because 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, the London Child Protection Procedures 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.”*

The Triennial review (2014 -17) 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 <a href="#">SCR on Child A</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

	<a href="#">SCR Frankie</a> where medical neglect was a key component of this case.
Accidents which occur in a context of neglect and an unsafe environment	Hazards in the home environment and poor supervision may contribute
Sudden unexplained death in infancy (SUDI) within a context of neglectful care and a hazardous home environment	Deaths may occur in dangerous co-sleeping contexts, or where other recognized risk factors are prominent and not addressed. In 2020 the National Panel produced a report on <a href="#">SUDI</a>
Physical abuse occurring in a context of chronic, neglectful care	The primary cause of serious harm or death may be a physical 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 harmed through risk-taking behaviours	Associated with early or continuing physical and emotional neglect
Vulnerable adolescents harmed through criminal exploitation	Associated with early or continuing physical and emotional neglect

The findings of [Ofsted's thematic inspections of neglect 2014](#) is still valid and current. It presents a mixed picture in respect of the quality of professional responses to neglect. The quality of assessments in neglect cases overall was found to be too variable. Almost half of all assessments reviewed either did not take sufficient account of family history or did not sufficiently convey or consider the impact of neglect on the child. The local authorities providing the strongest evidence of the most comprehensive action to tackle neglect were more likely to have a neglect strategy and systematic improvement programme addressing policy, thresholds for actions, and professional practice at the front line.

Above all, the response to neglect needs to be active and pre-emptive. Child neglect is always a sign of serious underlying problems that must be addressed if children are to be safeguarded. To be systemic it needs to be equipped to deal preventively with early signs of child neglect as well as be ready to step in if a child's health and welfare are endangered.

Research suggests professionals working in areas of high deprivation can sometimes become desensitised to the warning signs of neglect such as poor physical care, smelly and dirty clothes, or poor dental care.

### 3. Neglect in Practice

Neglect can be defined from the perspective of a child's right not to be subject to inhuman or degrading treatment, for example in the European Convention on Human Rights, Article 3, and the United Nations Convention on the Rights of the Child (UNCRC), Article 19.

Despite the prevalence and persistence of neglect as a form of child maltreatment it remains notoriously difficult to define. We know it often happens alongside other forms of abuse or adversity such as domestic abuse, substance misuse, mental illness, and disability. Neglect is often marked by peaks and troughs in caregiving which usually correspond with professional advance and retreat and this can make it difficult to take definitive action. As professionals we understand that neglect can be a product of acts of parental omission or commission but whatever the intent the impact on the child is likely to be significant.

Determining what constitutes a 'persistent failure', or 'adequate clothing or supervision' remains a matter of professional judgement. Even when professionals have concerns about neglect, research indicates that they may be unlikely to consider how they can help or intervene, apart from referring to Children's Social Care. The understanding of neglect is a

partnership requirement; it must not be seen only the responsibility of children's social care.

Research also indicates that practitioners' knowledge of child development is not always well developed, as a result they are less likely to understand the impact of neglect and the importance of timely decision making to avoid significant harm. These factors contribute to neglect not being well recognised and its impact not well understood.

A common feature in neglect cases was a period of low-level concerns followed by a sudden escalation in risk in response to unexpected life events or a change of circumstances, which triggered a series of events that swiftly became unpredictable.

### 4. The Impact of Neglect

The impact of neglect on children has been well documented. A baby who is neglected and/or exposed to domestic violence in their first year can have impaired brain development. It can alter the way in which a brain functions, leading to an increased risk of depression, dissociative disorders, and memory impairment in later life. There are also links with panic disorders, trauma, and ADHD. Poor nutrition, hygiene and lack of parental supervision can result in faltering growth, skin conditions, infections, anemia, more accidental

injuries, dental problems, and poor educational outcomes.

Emotional damage caused by the absence of love and care can alter how children behave and achieve at school, how they interact with peers and adults, and how they have relationships in their adult life.

Children/young people who feel unloved or unwanted can be at increased risk of going missing, self-harm, anti-social behaviour, sexual exploitation, and sexual abuse.



## 5. Neglect in Adolescence

The nature and impact of parental neglect alters as young people develop their capacity to be independent and the requirement for the

adults to meet the primary care needs of adolescents diminishes. Young people spend more time outside the home and the importance of peer relationships increases. At the same time parents and their children spend less time together but the intensity of parenting in those periods is of great importance. To parent adolescents effectively, caregivers should be aware that a teenager's needs are being covered in four areas:

1. Physical care
2. Educational support
3. Appropriate Supervision and protection (including online)
4. Emotional Support

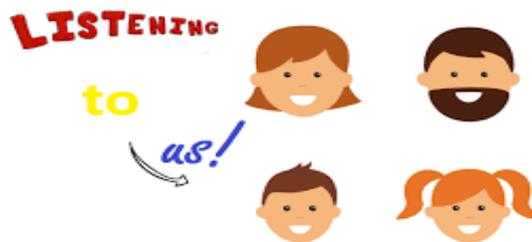
In June 2020 the WSCP undertook an audit on adolescent neglect which focused on the multi-agency response to Black, Asian, and Minority Ethnic adolescents with concerns and / or needs regarding neglect. You can read the 7minute briefing [here](#).

Some of the key findings can be found below:

<p>Children's experience of neglect presented more in their emotional health and behaviours than in their physical presentation; 5 had irregular school attendance, 4 had missing episodes and all children had indicators of challenging and risk-taking behaviours. Auditors were concerned about the emotional health of at least 4 children.</p>	<p>Domestic abuse, child supervision and behaviour management scored highly in parental neglect indicators as did parental mental health and substance misuse. 4 out of 6 families had housing issues including overcrowding, rent arrears and/or homelessness. At least 3 of the audit children had older siblings (older adolescents or young adults) who were involved in risk taking behaviours such as gang association and/or drug dealing.</p>
--	---

<p>Most children had repeat cycles of neglect interventions; 4 out of the 6 children had been known to children’s social care since birth or as a young child.</p>	<p>Parent’s previous experiences with agencies may also affect willingness to engage, especially when these interventions or professionals were experienced as discriminatory</p>
<p>Health and Education reported positive interventions to engage children and obtain their voice and views during health assessments and school support work. Children were less likely to engage with their statutory social workers that with other professionals.</p>	<p>In sibling groups, children who have less overt or obvious indicators of neglect and risk may be overlooked. Neglect may also result from the risk behaviours of older siblings.</p>
<p>Auditors felt that multi-agencies should find more ways to safely engage and include birth fathers in their children’s neglect planning.</p>	

## 6. The Child’s lived experience and observing / listening and hearing the child’s view



What the child has to say or how they present is key to understanding their experience of what is going on around them, how they feel and what they want to change to make life better for them.

In 2010 Ofsted completed a thematic audit [The Voice of the Child – Learning from Serious Case Reviews](#)

All practitioners need to be curious and explore children’s development through respectful enquiry, that includes talking and listening to children and observation of nonverbal infants and children. Practitioners need to analyse

how the child, nonverbal infant / child with disabilities might be communicating their lived experience. The focus must always be on the child when the complex lives of parents may otherwise come to dominate professional interventions.

All practitioners must be able to listen / observe the impact that neglect has on children’s overall development and develop a strong sense of the lived experience for each child e.g., understanding daily / weekly routines. The impact and effect of parenting including issues that impact on capacity e.g., what does this look like.

## 7. Pre – Birth



In considering neglect the focus has primarily been on the child's lived experience, however workers need to be just as vigilant to the needs of the unborn child. Research evidence that young babies are particularly vulnerable to abuse, however robust work carried out in the antenatal period can help minimise harm if there is early assessment, intervention, and support.

When agencies can anticipate safeguarding risks for an unborn baby, such concerns should be addressed through a pre-birth assessment. The aim of this is to make sure that the risks are identified as early as possible to take any action to protect the baby, and to support parents in caring for the baby safely.

Pre- birth assessments are a proactive means of analysing the potential risk to a new-born baby when there are concerns about a parent, their partner and, where relevant, the immediate family. [Wandsworth Multi-Agency Pre-Birth Assessments and Pre-Birth Child Protection Conferences guidance](#) is available on the WSCP website

## 8. The National Picture

Source: Table D4 Department for Education (DfE) (2020) Characteristics of children in need in England, 2019-20. London DfE

Number of children subject to a child protection plan on 31 March 2020.

Category of abuse	2019	2020
Neglect	25,330	26,010
Physical abuse	4,170	3,820
Sexual abuse	2,230	1,970
Emotional abuse	18,460	18,380

Neglect was the most common category of abuse for child protection plans (CPPs) in England (26,010 children on 31 March 2020 and the previous year 2019).

Case review findings and themes; [Complexity and Challenge: A triennial analysis of SCRs 2014 - 2017 \(March 2020\)](#) found neglect featured in three quarters (208 of 278) of the SCRs examined and was the primary issue in one in five (19%) serious harm cases.

There was a high prevalence of adverse parental and family circumstances where neglect was a feature.

There is some suggestion these problems can

be cumulative: only 11 % of cases did not have any of these adversities, while 42% documented at least three (see table below).

Findings in neglect cases include poor dental hygiene and untreated dental caries, incomplete vaccinations due to missed routine healthcare appointments, poor school attendance and developmental delays due to lack of stimulation.

<b>Parental / family adversity</b>	<b>% of 'neglect' where adversity is a feature</b>
Domestic abuse	64%
Mental ill health problems (parent)	56%
Adverse childhood experience (parent)	40%
Poverty	39%
Alcohol or drug misuse (parent)	39%
Criminal behavior (parent)	34%
Transient lifestyle	31%
Multiple partners (parent)	27%
Social Isolation	17%

Rates are likely to be an underestimate as they depend on whether a factor was recorded.

Chapter 3 of the report includes an in-depth qualitative analysis of a small sample of 32 SCRs in which neglect was a recognised feature. Three overarching issues stood out:

- Poverty as a feature of families lives
- The complex and cumulative nature of neglect
- The invisibility of some children and young people to the system

Poverty leads to additional complexity, stress, and anxiety in families, which can in turn

heighten the risk of neglect or abuse. The impact of impoverishment is not always fully understood or captured effectively in recording or assessment processes.

Most children living in poverty do not experience neglect, where poverty and neglect co-exist, adverse outcomes for children will be escalated.

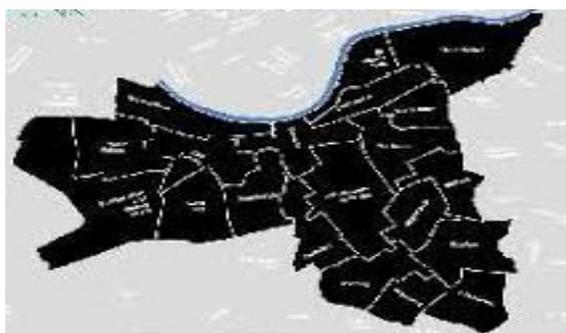
Poverty and maltreatment are damaging to children's health and development, and to the wellbeing of their families.

Recognition of poverty and its impact was often missing in SCRs or referred to obliquely, with

little detail of how it impacted on parenting capacity or the children’s lived experience.

Poverty was perceived as co-existing factor among many, or as an outcome not a cause of family’s needs and difficulties.

## 9. The Local Picture



There is an overlap between emotional abuse and many forms of child maltreatment, and this is especially true of neglect. When practitioners are working with children who are experiencing neglect an understanding of emotional abuse is important. We know that

Wandsworth is the largest inner London Borough and has a growing population, currently estimated at 314,544 residents. Projected population in 2020 is 332,731. The population is much younger than the London and England average.

(0-19-year-olds) is projected to rise by 9% by 2029 (from 70,066 in 2019 to 76,619 in 2029).

Black and other minority groups make up 29% of the overall population and account for more than half the population of Tooting (52.7%)

those child protection plans for emotional abuse often represent children living with domestic abuse or parental substance misuse or mental illness; we are concerned that the presentation of adult needs may in some cases mask their effect on children and that effect is likely to be neglect

### The Number of Children in Wandsworth who were the subject of New Child Protection Plans by category of abuse to August 2021:

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Emotional Abuse	152	155	146	127	111	86	73	71	59	64	56	50	48
Neglect	86	83	81	98	104	104	116	105	104	102	93	90	89
Sexual Abuse	12	13	11	12	7	7	3	2	6	6	5	2	2

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Physical Abuse	14	15	16	13	16	19	25	25	27	22	23	19	20
Emotional Abuse	58%	58%	57%	51%	47%	40%	34%	35%	30%	33%	32%	31%	30%
Neglect	33%	31%	32%	39%	44%	48%	53%	52%	53%	53%	53%	56%	56%
Sexual Abuse	5%	5%	4%	5%	3%	3%	1%	1%	3%	3%	3%	1%	1%
Physical Abuse	5%	6%	6%	5%	7%	9%	12%	12%	14%	11%	13%	12%	13%

## 10. Multi Agency Working



Effective information sharing is one of the most basic tenets of good child protection practice and is one of those lessons that is so important. Bringing together large volumes of data and information when multiple agencies are involved and good quality record keeping and communication of relevant issues and incidents with other agencies provides a clearer picture of a child’s life and helps identify patterns of events, concerns, strengths, and unmet needs. When this does not occur, identifying the link between past and current concerns can be missed.

The language used to talk about children’s circumstances can hinder or support effective

safeguarding. Appropriate and unambiguous language can paint a vivid and realistic picture of context and risk when making a request for protective interventions; conversely, vague stock phrases can dilute or obscure concerns. **Professional differences are to be expected and are not unhealthy. Openly embracing and resolving them is an opportunity to strengthen safeguarding.** If at any point a practitioner has concerns about another agency in relation to case management then the [WSCP escalation process](#) should be applied. The WSCP monitors and quality assures multi agency practice on safeguarding children. As neglect is often – but not always – a symptom of other factors within families,

it is also covered in the work addressing domestic violence, mental health, and a range of other concerns.

The implementation of the NSPCC Graded Care Profile 2 Neglect Tool will facilitate communication of concerns across agencies. (See Appendix 1)

## 11. Strategic Priorities

- a. Partnership commitment in addressing neglect across all agencies including strong leadership, and systems to address neglect
- b. Embedding of neglect across WSCP Continuum of Need Threshold
- c. Improve knowledge, skills, and competence of practitioners by having a common understanding of neglect and thresholds by the embedding of the NSPCC GCP2 Neglect Tool



## 12. Key Performance Indicators

It is important that the impact of the strategy is effectively measured

The following outcome measures serve to provide insight into the effectiveness of the strategy:

- Reduction in the number of re-registrations under the category of neglect
- Reduction in the number of repeat referrals to MASH
- Reduction in persistent school absence
- Reduction in the number of Looked After Children with neglect as a category of abuse
- Reduction in the number of cases that meet the threshold for care proceedings
- Increase the number and % assessments completed in year where neglect is recorded as a primary of secondary feature of the abuse.



### 13. Governance and Accountability

- a. Governance and accountability will be provided by the WSCP, through the Safeguarding and Continuous Learning [SCL] subcommittee to support the work of the partnership.
- b. The Monitoring, Quality & Performance subcommittee will challenge the effective delivery of the strategy and will monitor performance through the development of a clear set of outcome measure.
- c. The strategy will be reviewed and updated in 2023 and will be amended or refreshed as required.

## Appendix 1 Graded Care Profile 2



The Graded Care Profile 2 (GCP2) is a tool designed to provide an objective measure of the care of children who are, or maybe suffering from neglect. It is primarily based on the qualitative measure of the commitment shown by parents or carers in meeting their children’s developmental needs.

The WSCP will be implementing the Graded Care Profile 2 (GCP2) and began delivering a programme of multi-agency training in November 2021. The GPC2 measures the quality of care given to an individual child over a short window of time (i.e., it represents the current level of care).

GCP2 Grade	Scale of Care
1	<b>Always met</b> All the child’s needs are always met, and the parent goes the extra mile. The child is always first.
2	<b>Met</b> All essential needs are always met. The child is priority.
3	<b>Met most of the time</b> Most of the time the essential needs of the child are met. The child and the carer are at par.
4	<b>Not met most of the time</b> Most of the time the essential needs of the child are not met. Child is considered second.
5	<b>Never met</b> The child’s essential needs are not met. May be due to intentional disregard. The child is last or not considered.

The care given is graded between 1 (best) and 5 (worst) in all areas of a child’s needs. The grades are based on the extent to which the

needs of the child are currently being met and the commitment of the parent/carer to the child in relation to areas of care. The areas of care

are based on Maslow's Needs (physical care, care of safety, emotional care (love and belonging), and developmental care (care of esteem) which are then further sub-divided.

The GCP2 doesn't explore reasons why a particular level of care is given to a child. However, it encourages further exploration of the reasons at the analysis stage, and this is supported by the practitioner's report and records.

The WSCP have agreed that the GCP2 will be the standard tool used across the partnership with families when neglect is known or suspected. The tool can be used at any time and across the continuum of need.

**The tool is a licensed product and before using the tool professionals must complete**

**the one-day training from the WSCP.** The training is delivered by trainers accredited by the NSPCC and attendance is a prerequisite for using the tool with a family/young person. The WSCP is rolling out a comprehensive programme of training starting November 2021 to ensure as many professionals as possible can access the training.

**Visit the [WSCP Website](#) to access more information on GCP2**

Using the GCP2 is a key part of the WSCP's neglect strategy, and the Partnership will closely monitor and audit its use.

The [practitioner's handbook](#) provides further information and answers key questions.

## **Appendix 2: Continuing and Emerging Priorities in Wandsworth**

Set out below are the key emerging themes and priorities for consideration

### **Knowledge**

Professionals will have a shared and common understanding of the causes, presentation, and impact of neglectful parenting on children. A common language should be used for describing neglectful caregiving and its effect so that professionals are able to direct the right level of support to fit the level of need.

### **Communication**

Professionals will have the common language for describing neglectful caregiving and its effects on children and will share their concern with a family and other professionals in a timely manner. They will feel confident to approach and share work with families and colleagues to improve outcomes for a child. Professionals will feel empowered to challenge families regardless of professional or social status.

### **Diversity and social class**

An understanding that all children can suffer neglect regardless of social class, culture, special needs, or disabilities. Practitioners must be aware of the indicators of neglect for all children and with particular attention to children with special educational needs and disabilities whose vulnerabilities can be overlooked. It is important to note that class and power relationships can affect interaction with parents and family members and may be used to attempt to coerce or unduly influence proceedings. This effect has been identified in recent Serious Case Reviews and other learning across south west London. Over identification by practitioners with family can be a significant risk.

### **Threshold**

The aim will be to ensure all professionals understand the threshold for access to Children's Services. This is crucial to ensuring that neglect is responded to robustly in order to protect children. The very nature of neglect - cumulative harm, non-incident focused, improving and worsening often in line with the advance and retreat of professional help - can present challenges for practitioners assessing parental behaviours and the impact on children. Professionals will feel confident to have a professional discussion with a MASH social worker prior to making the decision to refer to Children's Services. [Thresholds for intervention - Wandsworth Safeguarding Children Partnership \(wscp.org.uk\)](https://www.wscp.org.uk)

### **Pathways**

We aspire to seamless provision of help throughout the levels of need will be promoted by clear pathways for help across the differing levels of need and children and adult services to support consistency both from the practitioners and the services offered.

### **Early Help**

The impact of neglect of children is often cumulative, advancing gradually and imperceptibly and therefore there is a risk that agencies do not intervene early enough to prevent harm. It is important that all agencies, will identify emerging problems and potential unmet needs and seek to address them as early as possible. It is equally important that practitioners are alert to the danger of drift and 'start again' syndrome.

### **Challenge**

Practitioners should feel empowered to be challenging of each other and families when improvements are not being made or sustained. Child in Need meetings (CiNs) will ensure whether statutory actions are necessary due to the ongoing risk to the child and will continue to work together

## Appendix 3 Arrangements to Support tackling Neglect in Wandsworth

### The Role of the Health Service

Healthcare professionals are working in primary care, acute, mental health, community health and educational settings have a key role to play in identifying signs of neglect.

One example of such an opportunity is the consideration of underlying neglect in children not attending appointments. The following statement of best practice outlines how GPs should act

#### **Primary Care Statement of best safeguarding practice for handling hospital correspondence pertaining to children.**

Any safeguarding concerns identified should be flagged appropriately in the notes and discussed with the practice child safeguarding lead where necessary to ensure appropriate action is taken.

Appropriate actions may include:

- Await the follow up which has been scheduled by the hospital team
- Assertive follow up with parents/carers to discuss attendance or DNA
- Re-referral if child has been prematurely discharged with ongoing issues
- Discussion in practice safeguarding meeting
- 

- Escalation to other members of the child safeguarding team
- Interagency enquiry

In some cases, no action will be required. This should be based on appropriate enquiry and application of clinical judgment.

Health Managers should ensure that all health professionals are up to date with relevant training, which should consider all factors which contribute to neglect. Clinicians should feel confident to recognise the signs of neglect; even when possibly hidden by factors such as social, cultural, or professional standing of parents or caregivers. To make this more robust, professional meeting should be called if parents are challenging to a particular part of the network.

Health professionals should continue to build good working relationships across networks, to feel empowered to challenge each other and strive for best practice. When good practice is not happening, this should be escalated through management structures so it can be addressed at the earliest opportunity.

Professionals should consider the impact of an adult's health presentation on associated children at every opportunity, this is particularly important in cases of adult mental ill health, disability, substance misuse and domestic

abuse. Those identifying concerns about a child should take action to explore and document these concerns through professional conversations and/or referral to appropriate services (universal or specialist) via the MASH. Health professionals should always consider

### **The role of Schools**

An Ofsted survey in 2014 of neglect noted that schools were 'seen to play a key role and provided a wide range of support to children. The role of learning mentors in providing one to one support to children in schools was of value to neglected children. Many services in schools had a positive impact on children and for some the support they received enabled them to make positive progress.

Schools are an important part of the early help offer. There is clear evidence of good outcomes for early, structured, and intensive intervention with child neglect.

Poor school attendance can be an important indicator of neglect, as can issues such as poor cognitive functioning, difficulty in adapting to

### **The role of Early Help**

Agencies use the Early Help Assessment (EHA) tool to assess unmet needs and co-ordinate appropriate support. The delivery of an effective Early Help offer is not the responsibility of a single agency - it requires a

possible neglect alongside other safeguarding issues, even if more immediate risk is present, such as violence or sexual abuse and this should be recorded.

being taught, poor coping strategies for anger and sadness and difficulty forming peer relationships.

Schools should avoid the danger of seeing neglect symptoms as 'unremarkable in the context of so many other cases. Ofsted reported that social workers and schools may become 'desensitised to neglect'.

Keeping Children Safe in Education, 2016 the statutory guidance, states clearly that 'All school and college staff members should be aware of the types of abuse and neglect so that they are able to identify cases of children who may need help or protection.'

'Whole-Family' approach owned by all stakeholders working with children, young people, and families.

To address neglect in Wandsworth it is important that all agencies work together in an integrated way, using the EHA and coordinating work through the Team Around a Child or Family to assess and plan services for children and families.

### **The Role of Wandsworth Children's Services Department**

CSD is accessed via referral to the Multi-Agency Safeguarding Hub (MASH) where decisions are made set out in WSCP about whether to progress and assessment of a child

Agencies that refer neglect into the MASH receive clear communication about whether the referral has been accepted, the role of the referrer going forward, and if the referral has not been accepted why this is the case and what support the referrer can offer or seek for that child.

Any child who is the subject of an assessment and on-going support will have a plan that identifies their needs, what outcomes the plan hopes to achieve and what actions the adults in the child's life will have to take to achieve the outcomes. These plans are multi-agency and Children's Services work with partner agencies throughout their involvement with the child or young person and provides a clear plan for when involvement is stepped down to targeted or universal services.

The [Early Help Hub](#) in the Family Information Service (FIS) supports practitioners to access services to support this work:

[www.wandsworth.gov/fis/earlhelphub](http://www.wandsworth.gov/fis/earlhelphub)

under S.17 or s.47 Children Act 1989. The level of need to access CSD is [Thresholds for intervention](#)

the ambition of all our plans is that children have permanent and secure homes where the adults can meet their needs without on-going support of statutory safeguarding services.

All social workers in the Children's Services Department (CSD) have been trained to understand how neglect presents, the long- and short-term effects on children, and they are supported to make judgements about when child protection plans, or court action is required to safeguard a child from neglect.

## The Role of the Police

The police have a primary responsibility to protect life, prevent crime and bring offenders to justice. The protection of the most vulnerable people in society is a core policing value. All police officers and staff have a statutory duty to safeguard and promote the welfare of children.

The role of the police when dealing with incidents of alleged abuse is to:

- Ensure the immediate safety of any child.
- Ascertain if a crime has been committed.
- Identify any person responsible for committing any crime.
- Seek to obtain all available evidence in relation to any identified crime.
- Where appropriate protect children through the prosecution and conviction of offenders.

All police officers, and other police employees such as Police Community Support Officers,

are well placed to identify early when a child's welfare is at risk and when a child may need protection from harm. Children have the right to the full protection offered by criminal law. In addition to identifying when a child may be a victim of a crime, police officers should be aware of the effect of other incidents which might pose safeguarding risks to children and where officers should pay particular attention.

During any police intervention, the welfare of the child will remain a priority, and the police will work in co-operation with all other safeguarding agencies.

WSCP: October 2021

Review: October 2023