

NEGLECT & ASSOCIATED PROCEDURES EXTRACTED FROM TRI-X

3.6 Neglect

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(See also: section 3.9 [Responding to Child Neglect in Knowsley - Practitioner Guidance](#))

- 3.6.1 Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.
- 3.6.2 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 care-givers);
 - Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or responsiveness to, a child's basic emotional needs. See [Knowsley Safeguarding Children Partnership Multi-Agency Neglect Strategy \(2019 - 2021\)](#).
- 3.6.3 In addition to a child's neglected appearance there may be other indicators of Neglect:
- Being significantly short and/or underweight for the chronological age;
 - Cold mottled skin or poor skin condition;
 - Swollen limbs;
 - Cuts or sores which are slow to heal;
 - Diarrhoea caused by a poor or inappropriate diet, irregular meals or tension.
- This list is neither exhaustive nor exclusive.
- 3.6.4 Severe Neglect in young children is associated with major impairment of growth and intellectual development. Persistent Neglect in children of any age can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglect can also result in death.
- 3.6.5 Failure to thrive is a condition requiring a medical diagnosis. It can have an organic cause, but can also be a result of the persistent Neglect of the child's physical and/or emotional needs.
- 3.6.6 Children suffering Neglect may show dramatic changes in appearance and social functioning when placed in a different environment such as a hospital or foster placement.
- 3.6.7 Measuring Neglect is always difficult and requires close co-operation between Health and Children's Social Care. Inquiries into child deaths have placed great importance on the height and weight of very young children being plotted on the centile charts.
- 3.6.8 Neglect is often difficult to detect in that it is usually a slow ongoing process. Professionals may, out of familiarity, start to unknowingly tolerate lessening standards of child care, and each one of us has different standards with regards to what is acceptable or unacceptable. It is therefore essential that a regular, objective appraisal of the child's presentation and condition is made. Where there are concerns about the quality of care being provided to a child (ren) professionals should undertake the Graded Care Profile² tool to determine what intervention/support is needed.

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3.9 Responding to Child Neglect in Knowsley - Practitioner Guidance

(link on tri-x)

SCOPE OF THIS CHAPTER

This chapter details information and guidance with regard to neglect and highlights the complexity and difficulty of practice in this area, whilst identifying the evidence of the significant and lasting impact upon children as young people and adults. The chapter acknowledges the importance of appropriate sharing of information and discussion with partner agencies to avoid 'neglect' becoming an accepted 'normality' for identified children and use 'professional curiosity' as a tool when considering a child's day-to-day life experience. It is important to note that where there are concerns about the quality of care being provided to a child (ren) professionals should undertake the Graded Care Profile2 tool to determine what intervention/support is needed.

RELEVANT CHAPTERS

Neglect Procedures

Knowsley Safeguarding Children Partnership Multi-Agency Neglect Strategy (2019 - 2021)

Knowsley Graded Care Profile

Knowsley Helping Children Thrive

This was amended in September 2020

1. Purpose of this Chapter

The aim of this multi-agency practice guidance is to establish a common understanding and a common threshold for intervention in cases where the neglect of children is a concern. For the purposes of this document, a child is person under the age of 18 years.

This document is aimed at practitioners working with children and families in Knowsley to support an improved understanding of child neglect and how we can respond more effectively to achieve better outcomes for children.

This document is supported by KSCB's Child Neglect Strategy (see Knowsley Safeguarding Children Partnership Multi-Agency Neglect Strategy (2019 - 2021)) and should be read alongside the Knowsley Helping Children Thrive document. Research findings from Serious Case Reviews, both nationally and locally, show that neglect is often the highest category for Child Protection Plans and is often the backdrop for physical, emotional and sexual harm.

2. What is Neglect?

Working Together to Safeguard Children 2018 offers a commonly accepted definition of neglect as: The persistent failure to meet a child's basic physical and/or psychological 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 care-givers); or,
- Ensure access to appropriate medical care or treatment.

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

Neglect is often about cumulative harm over a period of time but single or episodal neglect can be just as damaging.

3. Neglect in Knowsley

On 16th September 2020

- 53% of children subject to Child Protection Plans under the category of neglect (this is a 3% increase since 2016);

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- Of the 1198 children categorised as Children in Need 59% were categorised as experiencing abuse or neglect (this is a significant increase of 20% since 2016);
- Of the 320 Children Looked After 53% were categorised as experiencing abuse or neglect (this is a 4% increase since 2016).

Neglect is a persistent feature of family difficulty in the Borough and it is a priority for the Knowsley Safeguarding Children Partnership.

4. What are the different types of Neglect?

Neglect can take several, sometimes overlapping forms and these are categorised by the NSPCC as:

Educational	Lack of a stimulating environment or failure to show an interest in the child's education; this includes failure to respond to their additional needs and/or requirements regarding school readiness or attendance. Knowsley has developed its own supplementary definition of Educational Neglect which identifies attendance under 75% where other familial factors are involved as an indicator.
Emotional	Failing to meet a child's needs for nurture and stimulation, perhaps by ignoring, humiliating, intimidating or isolating them. It's often the most difficult to prove.
Medical	Failing to provide appropriate health care, including dental care and refusal of care or ignoring medical recommendations.
Physical	Failing to provide for a child's basic needs such as food, clothing or shelter. Failing to adequately supervise a child or provide for their safety.

Additional Risk Factors

A number of factors can increase the likelihood of neglect in some families

Child Risk Factors	Parental Risk Factors	Wider Risk Factors
Disability Behavioural Problems Chronic ill-health Poor Mental Health Criminality	Poor Mental Health (especially maternal) Substance misuse Domestic Abuse Criminality Learning difficulties Lack of positive parenting in childhood Being obese or underweight Disguised compliance	Poverty Unemployment Lack of social networks and support

5. What are the Signs of Neglect?

Being withdrawn	Problems sleeping
Sudden changes in behaviour	Eating disorders and nightmares
Anxiety	Bed wetting
Being clingy	Obsessive behaviours
Depression	Risk taking including drug and alcohol use

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Aggression	Missing school
Self-harm and thoughts of suicide	Unkempt appearance

This list is not exhaustive and the signs of neglect are also influenced by the child's age and stage of development. The NSPCC provides Core Information Leaflets on indicators of neglect in children who are pre-school, 5-14 years and older teens. Further information is available on the NSPCC website.

6. What is the Impact of Neglect?

Chronic and serious neglect can have a damaging effect on all aspects of childhood and have serious repercussions throughout the life of the child. The persistent nature of neglect is corrosive and cumulative and can result in irreversible harm and even death.

Neglected children have some of the poorest long term health and developmental outcomes and are:

- At high risk of accidents;
- Vulnerable to sexual abuse and sexual exploitation;
- Likely to have insecure attachment patterns;
- Less likely than other children to develop characteristics associated with resilience or have access to wider protective factors.

The Impact on brain development

"Our brains are sculpted by our early experiences. Maltreatment is a chisel that shapes a brain to contend with strife, but at the cost of deep, enduring wounds." (Teicher, 2000)

Poor brain development can lead to difficulties in regulating emotion, lack of cause-effect thinking, inability to recognise emotions in others, memory, focus and lack of conscience.

The Impact on the child's relationships and emotional development

The early infant-parent/primary carer relationship or 'attachment' is key to determining a child's capacity to develop positive relationships for the rest of their life. A secure attachment, whereby a child feels confident in their carer's availability and care-giving responses, allows a child to feel safe enough to explore the world, to become more autonomous and to manage difficult feelings and emotions. This helps them to develop their resilience, coping mechanisms and self-confidence as they grow and interact with others.

A neglected child, by contrast, may develop an insecure attachment with a parent/primary carer who is uninterested, inconsistent, unpredictable or even hostile and so will develop coping strategies which will impact on later capacity to form relationships through mistrust, anger, frustration, emotional detachment and anxiety.

The Impact on a the child as a learner

Neglect can impair learning throughout a child's life and this can begin even before the child is born. Poor nutrition, lack of stimulation, unmet health and educational needs, poor routines, living in chaotic or frightening environments all contribute significantly to limiting learning, performance and educational outcomes.

The Impact on physical development

There are many ways in which neglect can have a negative impact on a child's physical development and this can begin pre-birth with factors such as foetal addiction to substances and delayed prenatal growth.

Postnatal, and as children grow, they may fail to thrive, be vulnerable to illness/infections/accidents, have poor access to medical care and suffer non-treated routine conditions such as eczema or headlice. Some may suffer poor nutrition and poor sleep patterns and it is likely that many neglected children will continue to suffer poor health in later life as a result of their childhood experiences in contrast to the non-neglected population.

7. What to do if you suspect a child is being Neglected

All professionals, volunteers and agencies working with children and families have a duty to be aware of the signs of neglect and in some cases to 'think the unthinkable' and question whether there is a possibility that a child is being neglected. They should refer to the Knowsley Helping Children Thrive document for further guidance on indicators of neglect.

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It is important to note that where there are concerns about the quality of care being provided to a child (ren) professionals should undertake the Graded Care Profile² tool to determine what intervention/support is needed.

As matter of good practice all agencies working with children should be committed to tackling Neglect and making children SAFER through:

- Sharing Information;
- Assessing and analysing risk;
- Focussing on the child and thinking family;
- Evidencing decisions and reasons for actions;
- Recording work accurately.

The National Multi-Agency Strategic Steering Group on Neglect also recommends that all Practitioners should be prepared to be Professionally Curious

This means:

- Being alert to potential indicators of abuse or neglect and be prepared to act in the child's best interest. This will include referral to Children's Social Care in the Multi Agency Safeguarding Hub (MASH) if a child is at or is likely to at risk of Significant Harm as a result of neglect;
- Without pressing or leading the child, they should be prepared to hear the child's Voice and understand their lived experience to be alert to the risks neglectful or abusive carers pose. They should also be aware of what the impact of such maltreatment might be;
- They should be prepared to talk to parents/care givers (where this does not put the child at risk) to discuss concerns and offer challenge as well as support in seeking their consent and co-operation for intervention from universal, targeted and specialist services (including Children's Social Care when required);
- Think Family and be prepared to sign-post or refer to services which support adults and particularly so if they are experiencing one or more of the 'of Domestic Abuse, mental ill-health of substance misuse' trio of symptoms;
- Be prepared to gather, share and analyse information as part of an assessment of the child's needs. And record this accurately describing concerns and issues in sufficient detail to inform decision making. This should be by completing a Graded Care Profile² unless you have not been trained in its use.

8. When to use the Graded Care Profile

In Knowsley the Graded Care Profile 2 (GCP2) is the agreed tool to assess Neglect across the safeguarding partnership and it is a requirement that services supporting families use the GCP2 to address actual or suspected neglect and devise an intervention/support plan with families.

Where there are any concerns about the quality of care being provided to a child (ren) professionals should undertake the Graded Care Profile² tool. This may be required when children are failing to thrive physically and emotionally, reports are received about poor, unhygienic home conditions, parents are suffering mental ill-health and unable to put their children first or where children are missing from home/education frequently.

The tool identifies areas of parental strength as well as difficulty. It can be used in early intervention with parents and carers to promote their strengths and recognise the areas in which they need to improve. It can also be used with children at higher levels of need to provide evidence of what must change if the child is to develop and be safe. The Graded Care Profile 2 gives clear evidence of neglect and identifies improvement or deterioration in the situation.

See Link Graded Care Profile (GCP2) and tool

If you have not been trained to undertake a GCP2 you can use the Knowsley Neglect Screening tool as a pre GCP2 assessment tool to inform decision making. The Screening tool can be found here:

<https://www.knowsleyscp.org.uk/neglect-and-the-graded-care-profile-2/>

9. The Role of Early Help Services

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Early Help services such as schools, nurseries and health services, are also mandated to use the GCP to provide consistency in the assessment and identification of risk associated with Neglect. A GCP2 may be undertaken when a nursery or school notices a change in a child's behaviour, their appearance or that they seem unusually hungry for example.

In addition the Early Help Assessment should be considered as the primary tool for all practitioners delivering services to families with additional needs, to provide consistency in how the whole range of a families unmet needs are identified and addressed through collaborative multi-agency, Team Around the Family (TAF) processes

Partner agencies in Knowsley have also identified the following examples of tools and approaches which can support the practice of identifying potential Neglect at the earliest opportunity: These could be used as a trigger to alert professionals of the need to undertake a GCP2, and should be used to inform the completion of a GCP2 but must not replace it.

Early Years summative assessment progress check for 2 year olds	Ages and Stages Questionnaires
Attachment Questionnaires	Observations of behaviour
Well-being measures such as Ferre Laevers Involvement Scale	Strengths and Difficulties Questionnaires
Parenting Programmes	Home conditions check lists
Worry logs	Child Protection concern logs (schools)
Pupil Attitude to School and Self (PASS) surveys	Checking key indicators such as lack of registration with dental health or GP
Follow up home visits for non-attendance (Early Years Settings and Children's Centres	Direct work to elicit wishes and feelings such as the 3 Houses exercise

Early single or multi-agency support for children experiencing Neglect in Knowsley can reduce the likelihood of Children's Social Care, police and other specialist services becoming involved in the lives of children and their families. However, if a child is at risk of Significant Harm all practitioners must make a referral via the Multi Agency Safeguarding Hub (MASH) to Children's Social Care using the Knowsley MASH (Multi-Agency Referral Form) (MARF) or calling 0151 443 2600.

Appendix 1: Ten Top Tips for Practitioners

*(It is important to note that the use of the GCP2 enables professionals to apply these tips)

After a Community Care survey revealed many social workers don't feel confident dealing with cases of child neglect, Dr Ruth Gardner, NSPCC head of strategy for neglect came up with the following top tips:

1. The child is the top priority

The key question to ask is, 'are this child's needs being met?' If the answer is no, then meeting the child's needs is the first priority, whether or not the neglect is intentional. Individual children can be lost for a number of reasons – for example, where there are several children or practitioners waiting to see if parents can change or meeting parents' needs first.

2. Give parents clear messages

Parents usually want the best for their children. They want a clear explanation of what needs to change, by when, and why, as well as the support they can expect to achieve this. Parents' motivation, understanding and capacity for change need to be ascertained as soon as possible if the plan is to be

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realistic. Small achievable steps often work best but the plan and time frame have to be centred on the child's age and needs.

3. The child's key relationships

How each parent relates to the child on a day-to-day basis is central to secure and consistent care – both necessities for healthy development. If one parent does not, or cannot, respond to the child, or worse actively dislikes them, then the other adult may feel conflict and the child may end up ignored or victimized. Where you have concerns of this kind, the interactions between key adults and a child should be observed by a trained professional.

4. Understand the child

Children who are neglected are used to not making demands. They can still appear happy at times, such as when they feel less threatened (perhaps at school), but they are sometimes under threat not to complain. Or complaining seems pointless. The child's daily experiences, and their wishes and feelings, should be sought in a neutral setting by a professional skilled in working directly with children.

5. Good physical care is a right

Children have a right to basic essentials at all times. A clean bed and bedding, clean clothes and shoes are a top priority. It is essential to see the child's environment. Children who are permanently infested, dirty or smelly may be at risk of infection as well as bullying. It is vital you help families increase their resources and, sometimes, challenge parents' priorities.

6. Escalate

Punitive child neglect involves deprivation of necessities, like food and water, or enforcement, such as locking a child in a room. It may also involve severe physical punishment or a child not receiving necessary medical care or suffering other abuse. If you have concerns about such treatment, an immediate referral into the MASH must be made.

7. Research helps

Being aware of the research can help in explaining why change is necessary, and what form of intervention may be most helpful to tackle neglect. There is now strong evidence on the lasting effects of child neglect, which are less easily reversed as the child gets older. Physical and Emotional Neglect are inter-connected and can leave children socially isolated, depressed and/or very angry. This can affect their lives as seriously as any other abuse.

8. Review the history and look for patterns as you work

It's worth looking at any past history of involvement with a family. For instance, it may save repeating an intervention or assessment that has already been carried out, or a significant event may come to light. Behaviour and events need to be recorded and reviewed – for example, the child who is hungry and sleepy or has 'accidental' injuries or marks on a regular basis. Individually these may seem minor, but repeat patterns are significant.

9. Test assumptions and be ready to question

Expectations of parenting, and children, differ widely, not only between but within cultures. The culture of the family is the child's daily experience, so question what you are told and check out your understanding with others. It is reasonable to challenge adult behaviour that appears neglectful of a child's needs, and to test explanations you receive against a wider understanding of good parenting.

10. Reflect, discuss, work together

Professionals from all disciplines tell us that, however experienced they are, neglect can still become accepted as 'normal' and difficult to challenge. Take opportunities to discuss cases with supervisors or colleagues, through group supervision or case presentations. This can provide new insights and ideas. It can also assist a less reactive, more planned approach;

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Managers have a vital role in supporting active decision-making. Inertia and low expectations are the main enemies to action on neglect. Professionals often find ways to help parents turn their children's lives around, but need their managers' active support in taking decisions when the child's situation is not improving. (Community Care 1.10.2012).

6.1 Knowsley Graded Care Profile 2

The NSPCC GCP2 is the validated, recommended tool used in Knowsley which is mandated for use where there are any concerns about the quality of care being provided to a child(ren). Please note training is required before using the GCP2 – see the KSCP website for more details:

<https://www.knowsleyscp.org.uk/neglect-and-the-graded-care-profile-2/>

SCOPE OF THIS CHAPTER.

This chapter identifies and details the validated a practical tool which seeks to provide an objective measure of the care of children across all areas of need when there are concerns of Neglect

The GCP2 is the updated version of the original GCP tool — building on the NSPCC national evaluation — which retains the core concepts, design and structure of the original GCP but adds value in relation to new, more accessible language. The GCP2 hasn't lost the weight of gradation but now also includes new 'items' such as obesity and online safety. The NSPCC have also enhanced the guidance for the tool to make sure the tool is easier for practitioners to understand and use, and it fits into the current legislative context.

A link to a managers and practitioners guidance provides further advice and support.

RELEVANT CHAPTER

[Knowsley Safeguarding Children Partnership Multi-Agency Neglect Strategy \(2019 - 2021\)](#)
[Responding to Child Neglect in Knowsley - Practitioner Guidance](#)

AMENDMENT

This chapter was amended in September 2020

Link:

[Knowsley Graded Care Profile](#)

<https://www.knowsleyscp.org.uk/neglect-and-the-graded-care-profile-2/>

Link:

[Guidance for All Managers and Practitioners: Assessing Child Neglect - The Graded Care Profile2](#)

One of the priorities for the Knowsley Safeguarding Children Partnership is to assist all who work with children and families in assessing child neglect. Many children with additional needs experience neglect a variety of levels and it is vital that we all recognise and assess this. Research findings from Serious Care Reviews, both nationally and locally, show that neglect is the second highest category for Child Protection Plans and is often the backdrop for physical, emotional and sexual harm.

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The GCP2 is the updated version of the original GCP tool — building on the NSPCC national evaluation — which retains the core concepts, design and structure of the original GCP but adds value in relation to new, more accessible language. The GCP2 hasn't lost the weight of gradation but now also includes new 'items' such as obesity and online safety. The NSPCC have also enhanced the guidance for the tool to make sure the tool is easier for practitioners to understand and use, and it fits into the current legislative context.

It can be used in early intervention with parents and carers to promote their strengths and recognise the areas in which they need to improve. It can also be used with children at higher levels of need to provide evidence of what must change if the child is to develop and be safe. The Graded Care Profile 2 gives clear evidence of neglect and its impact on children of all ages.

It must be used in early help to families when neglect appears to be an issue, and referrals for Children in Need due to neglect must be accompanied by a GCP2. Where a child protection referral is made there should be no delay in making that referral and the completion of a GCP2 will be agreed as part of the Child Protection process.

Wherever possible, the Graded Care Profile should be used in partnership with parents or carers and completed with them. They are then more likely to recognise and agree the changes needed to help meet children's needs. The GCP2 can also be used as a reflective tool by practitioners to gain a full picture of neglect and consider the evidence in supervision and reflective practice.

Please ensure that the following guidance is used to assist those using the Graded Care Profile 2.

Training with regard to neglect and the use of this tool will be available via the Knowsley Safeguarding Partnership Training Website: <https://www.knowsleyscp.org.uk/neglect-and-the-graded-care-profile-2/>

Using the Graded Care Profile 2 to Assess and Review Neglect

When to use the GCP2

- Whenever there is concern about a child/young person being neglected.
- In Early Help and for children with additional needs related to neglect
- For children in need, where neglect is at a more concerning level and is starting to impact on the child's development Any referral to another agency should be accompanied by a GCP2.
- Where children are at risk of significant harm and neglect is a feature, there must be no delay in referring to Children's Social Care. If a GCP2 has already been completed it should be attached to the referral. If not, the Graded Care Profile2 will have to be completed as part of the child protection process after referral.
- The GCP can be used to review progress with a child and family. Once completed the GCP should be revisited in an agreed period of time to assess progress made. (This is usually a period of 6-8 weekly)
- The GCP can be used when a child is returning home after a period of being looked after – this can help establish levels of care on offer and identify strengths and areas for improvement.
- The GCP is suitable for all ages of children & young people, involving young people in the assessment can be beneficial.
- The GCP has been welcomed as evidence in Care Proceedings and courts are increasingly requesting such evidence.

Who can complete the Graded Care Profile 2?

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- All practitioners working with children, young people and adults who are carers or parents can complete a GCP once they have completed the training.
- Access to the home and the opportunity to observe parent and child together is necessary to fully complete a GCP.
- Some practitioners will recognise the impact of neglect on a child – for example a teacher, but not be in a position to complete a GCP. In such cases the practitioner should complete the domains in the GCP which are relevant to their concerns and the remaining domains can be completed an allocated Early Help/Targeted Services/Social Care professional as part of the assessment process. (However if the professional has not been trained to undertake a GCP2 the Knowsley Neglect Screening tool can be used as a pre GCP2 assessment tool to inform decision making):
<https://www.knowsleyscp.org.uk/neglect-and-the-graded-care-profile-2/>
- The assessment can be co-worked between two workers who have different types of involvement with a family – for example, an adult mental health worker and a worker offering early help could complete a GCP. Joint assessments of this kind have been shown to lead to better assessment and outcomes.
- Whenever it is recognised that a child/young person is experiencing neglect, the practitioner who recognises this must ensure that a GCP2 is completed, even if they are not able to do so.

Engaging parents/carers and children/young people with the Graded Care Profile 2.

Whenever there is concern that a child’s needs are not fully met it is crucial to involve the parent fully and engage them in meeting the child’s Parents (as long as it is safe to do so).

Parents will need information about the GCP2 and an explanation of why it will be useful. Explaining that a GCP2 helps to show areas of parental strength as well as difficulty will help with engagement.

The following will also help:

- Providing written explanation about the GCP2 as well as verbal.
- Assuring a parent that they will be involved in the completion of the assessment and will have a copy.
- Being clear about who the information will be shared with and why.
- Working with informed consent – the parent needs to know how the GCP2 will be used to improve life for the child and that they will play the major role in that improvement.
- Giving examples of how using the GCP2 has had positive outcomes for other children and families.
- Carefully going over the format with parents and showing them how it works.
- Completing the assessment via conversations with the parent and observations of the child and parent together, rather than ‘filling the form in’.
- Giving regular feedback to the parent during and after assessment about what is going ok and where work will be needed.
- Using the tool as a working document to assess, implement and evaluate interventions with the family at agreed intervals (usually 6-8 weekly)
- Using the tool to step-up or step-down service provision according to need.

Response and Referral Pathway

The table below provides a descriptive definition of each grade and appropriate action to be taken. This includes guidance on the referral pathway.

What action will be taken will depend on the needs, risks and vulnerabilities of individual children. However, a score of 5 in any domain should at least prompt a consultation with the MASH

GCP2 Grade	Description	Response/ Referral Pathway
1	No neglectful parenting	Normal universal access

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	Consistent good quality parenting where the child's needs are always paramount or a priority.	
2	No neglectful parenting Consistent good quality parenting where the child's needs are always paramount or a priority.	Normal universal access Further assessment/ signposting as and when indicated.
3	Mild neglect Failure to provide care in one or two areas of basic needs, but most of the time a good quality of care is provided across the majority of the domains.	Support through Early Help likely to be beneficial
4	Moderate neglect Failure to provide good quality care across quite a number of the areas of the child's needs some of the time. Can occur when less intrusive measures such as community or single agency interventions have failed, or some moderate harm to the child has or is likely to occur (for example, the child is consistently inappropriately dressed for the weather — wearing shorts and sandals in the middle of winter).	A multi-agency intervention is required. This can be through Early help or through a Social Care assessment if a child is in need. Consultation with the MASH advised. Where no improvement (or decline) is evidenced referral to Children's Social Care required.
5	Severe neglect Failure to provide good quality care across most of the child's needs most of the time. Occurs when severe or long-term harm has been or is likely to be done to the child or the parents/ carers are unwilling or unable to engage in work.	Consultation with the MASH needed. Referral to Children's Social Care through the MASH may be required. If child subject to CP plan, repeat tool for each review

Link:

Knowsley Neglect Screening tool



Knowsley Neglect
Screening Tool 2020.c

Decision making flowchart



Assessing Neglect
Decision making flowc