



Children's Safeguarding and Social Work
Neglect: practice guidance for social workers

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1 Introduction and purpose of guidance

Neglect is one of the key areas of social work practice; 40% of child protection plans in Camden in 2015/16 were under the category of neglect and 26% of looked after children were accommodated because of concerns about neglect. However the nature of neglect can make cases difficult to manage and vulnerable to drift and delay.

This guidance provides a framework for the assessment, planning and review and management oversight of CSSW neglect cases that ensures:

- thorough assessment and analysis through use of the Graded Care Profile and other assessment tools;
- planning and review that is evidence-based, focussed on the needs of the child and carefully monitors progress and outcomes;
- management oversight of cases that enables timely and well-informed decision-making and avoids drift and delay;
- step-down provision on case closure to ensure continued support and monitoring for the family from Early Help services where required so that re-referral is avoided.

2 Camden's neglect strategy

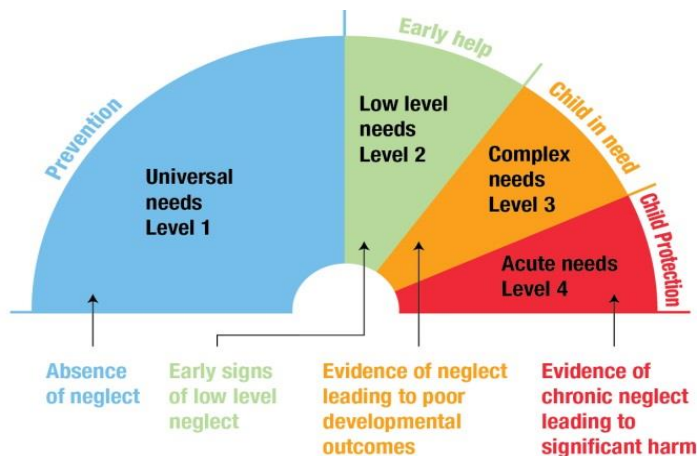
The Camden Safeguarding Children Board (CSCB) has developed a neglect strategy that sets out the multi-agency response to neglect in the borough and provides guidance for the children's workforce in Camden: www.cscb.org

Social workers should refer to this document for detailed information on neglect including:

- indicators
- risk factors
- protective factors
- children's vulnerabilities
- impact of neglect
- the role of the multi-agency professional network.

The strategy sets out the threshold for services based on the level of neglect and the child's corresponding needs so that families receive the right response.

This includes the role of the Early Help service in working with families to prevent neglectful parental behaviour escalating and providing on-going support where a CSSW neglect case is being stepped down. The figure below sets out the levels of intervention and responsible services.



3 CSSW thresholds for neglect

Child in need cases:

These will be cases where neglect is having a direct impact on the child's developmental progress, and where for example:

- parenting is inconsistent;
- the child's developmental needs are not being met;
- parents do not have the capacity to meet the child's basic needs;
- the home is in poor condition;
- parents are unable to provide adequate supervision or fail to recognise risk or protect their children from dangers within and outside of the home.

Child protection cases:

These are cases involving persistent and long-standing neglect where the impact is causing the child significant harm and where:

- parenting is absent or severely compromised due to parental issues such as substance misuse, mental ill health, learning disability or high levels of domestic abuse and violence;
- there is a persistent failure to meet the child's basic physical and developmental needs and/or a lack of emotional availability;

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- the child is failing to thrive;
- there is a serious lack of supervision and boundary-setting leading to the child being at risk of accident or injury or teenagers becoming involved in risky behaviour and being beyond parental control;
- the home environment is seriously unsafe or unsanitary;
- parents are non-engaging or are hostile towards professionals working with the family.

Although traditionally neglect is perceived to mainly involve a failure to meet children's physical care needs, many cases in Camden are now more likely to involve parental failure to be available for their child emotionally. Social workers should be aware that even where the child seems materially well provided for they may be suffering emotional neglect.

4 Assessment

Good assessment is crucial to measuring the extent, frequency and severity of neglect and its impact on the child's development as this provides clear evidence to inform timely decision-making on levels of intervention. Social workers should refer to the division's assessment policy for further guidance.

[..\Assessment\Assessment policy and practice guidance.doc](#)

4.1 Framework of neglect assessments

Assessments in neglect cases should provide the following:

- A description of the current state of the family, indicators of neglect, the level of persistence of neglect and how it affects family functioning;
- A review of the underlying risk factors for the child and parents including a summary of the family's history, their involvement with agencies and how the family responded to previous interventions;
- An assessment of the parent's capacity to change.

Areas to consider in assessments are:

- how long the neglect has been going on for and any patterns of neglect that are emerging;
- what form the neglect takes in terms of the individual child's needs and the severity of the neglect;
- the impact of the neglect on the individual child's development including attachments;

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- the impact of neglect on the child's physical care and the state of the home;
- the link between neglect and parent's own issues such as substance misuse, mental health difficulties;
- the impact of neglect on child development at specific points, for examples babies and teenagers;
- parental capacity to change and their ability to sustain changes;
- the presence of risk factors including poverty;
- the child's vulnerability due to age, disability etc;
- any differences in how neglect is affecting individual children in sibling groups.

The assessment should also consider what strengths are present, for example support from extended family or community, as these can be utilised to effect change.

4.2 Practice points

When carrying out assessments, social workers should bear the following in mind:

- Neglect is pervasive and all child and family assessments should consider whether the standard of parenting provided is neglectful.
- New research emphasises the need to recognise the indicators and evidence of on-going neglect and how the presence of environmental and other risk factors and vulnerabilities that may affect parenting such as domestic abuse, substance misuse and mental health difficulties may raise the likelihood of the child suffering significant harm.
- Social workers should be clear on the differences between emotional neglect (where parents have a lack of interaction with or interest in the child) and emotional abuse (which involves clear, specific actions that constitute abusive behaviour) as there is some overlap between them.
- Assessments should be multi-agency with information gathered from all agencies working with the family including those agencies working with parents in order to build a picture of the child's lived experience.
- Use of the assessment framework to underpin the assessment makes it possible to measure how the neglect is affecting specific aspects of child development.

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- Chronologies can help social workers identify patterns of neglectful behaviour that helps them gain an understanding of the cumulative effect of neglect; chronologies can also ensure social workers take into account the family's social history so that they can build on the knowledge of previous neglect episodes, particularly where cases are re-referred.
- Because neglect can be cumulative over time, the child and family assessment should build on any previous assessments carried out, including any assessments carried out by Early Help services.
- Direct observation of the family and their interactions can provide evidence of the level and quality of care provided and can challenge parent's own perceptions of this.
- Direct observations of the parent's interaction with children can also provide evidence of the quality of attachment and whether parents are attuned to their child's emotional needs and able to meet them.
- Assessment should look at the extent to which the child's educational needs are being met and focus particularly on those children who are not attending regularly or do not appear to have a school place as this can be a key indicator of neglect.

4.3 Link with other forms of harm and abuse

Because neglect is pervasive and can affect all areas of the child's development and is likely to be more long-standing and chronic than other forms of abuse, it can have a damaging effect on the young person's emotional wellbeing and self-esteem. This can make them more vulnerable to exploitation and make it harder for them to withdraw from an exploitative relationship.

It is essential that social workers understand the link between neglect and other forms of harm and abuse as the experience of neglect can make children and young people significantly more vulnerable. Social workers should consider where neglect may be a contributory factor in any cases involving child sexual abuse, child sexual exploitation and where young people are involved in gangs.

5 Assessment tools

5.1 Graded care profile

The graded care profile is the main tool for the assessment and planning of neglect cases as it provides a framework for the objective measurement of care provided to a child across all areas of need. An overall profile of the care given across all aspects of the child's development can lead to a better understanding of how neglect is affecting the child's development and what threshold of intervention is appropriate.

The profile provides a "sliding scale" of neglectful behaviour across a continuum and measures parent's commitment to the child's care, the level of care provided and whether it meets the child's needs. This can help social workers to analyse what factors are reducing or enhancing a parent's capacity to care.

The graded care profile can:

- be used as a standardised tool across agencies;
- provide vital evidence of the impact of neglect;
- inform decision-making on levels of intervention and thresholds for child protection as well as evidence for care proceedings;
- help social workers decide when it is safe to step-down cases;
- be used as a tool by social workers and parents to focus on care giving during direct work and to measure progress towards agreed goals;
- be used alongside the Signs of Safety model as it can help identify risks and strengths within the context of the neglect;
- be used by the professional network to monitor outcomes of interventions.

Further guidance for use of the tool are at appendix 1.

5.2 Systemic practice framework

Camden's model of systemic practice is based on an understanding of family structures, relationships and dynamics and how these can determine the nature and complexity of issues and lead to families being "stuck" in a way of doing things.

This is particularly relevant for neglect cases as it can explain how a pattern of family life that brings about neglectful parenting can become embedded. This pattern can lead to an unbreakable cycle of behaviours that do not respond to short-term interventions that only treat the symptom rather than the cause.

Systemic practice can facilitate social workers to work directly with families to explore the complex and inter-related issues that drive neglect and help families to come to an understanding of what they can do to find solutions and improve family resilience.

5.3 Signs of Safety

Signs of Safety is one of the key social work models used in Camden and provides the framework for decision making in child protection cases. The model involves assessing risks against strengths in order to inform decisions on interventions and enables social workers to harness family strengths in order to keep the child safe.

In neglect cases, this approach can help social workers identify risk and build on strengths within the family network. Materials for the approach are available at:

[..\Assessment scales and questionnaires\Signs of Safety materials](#)

5.4 Home inventory

The Home Observation for Measurement of the Environment (HOME) inventory is a set of questions and observations to be completed with families that aims to measure the level of support a child is receiving for their welfare and development within the home environment.

This in turn can give an indication of areas of neglect in the child's care and can help social workers understand how difficulties within the family may be driving neglect.

5.5 Assessing parental capacity to change

Making timely decisions about when to escalate neglect cases based on parental capacity to change that are in the right time-frame for the child can be one of the most difficult aspects of managing neglect cases. Sometimes social workers may need to predict the future trajectory of cases on the basis of whether parental capacity may improve or decline over time in order to plan effectively for the child's future care.

When carrying out an assessment of future parenting capacity, it is essential that information is sought from relevant agencies working with parents. Social workers may wish to use the following models for assessing parental capacity to change:

[..\Assessment scales and questionnaires\Assessing parental capacity for change.docx](#) (the Prochaska and Di Clementi model of change)

[..\Assessment scales and questionnaires\C Change assessment of parenting capacity manual.pdf](#) [..\Assessment scales and questionnaires\C Change assessment of parenting capacity manual.pdf](#)

6 Planning and interventions

Camden's Resilient Families programme aims to support families to be able to deal with problems by empowering them to find their own solutions and to access community-based support in order to lessen dependence on council services. This approach should underpin interventions in neglect cases, with a focus on providing sustainable longer-term solutions in order to break the cycle of neglect.

- Interventions will need to be proportionate to the frequency, duration and severity of neglect and the extent to which the parent's neglectful behaviour has become entrenched.
- Neglect is likely to be the result of a variety of factors that interact to impact on child's development and may be complex in nature. It is important that this is recognised when planning interventions so that it is possible to co-ordinate services over a number of agencies that can have the greatest impact on the drivers of neglect.
- Some neglect cases can be characterised by periods of calm punctuated by a crisis and this may become a regular feature of the case. Social workers need to be able to reflect on these cases in order to gain an understanding of cause and how to address this pattern of neglect before the cycle becomes entrenched.
- For children, social work interventions need to build resilience and help them recover from their experiences. Interventions need to be age-appropriate and tailored to meet their individual identified needs.
- For parents, interventions should motivate and support them to address any issues affecting parenting and develop their parenting skills so they are able to recognise and meet their child's needs and have high aspirations for their future.
- Some parents may need to attend parenting courses aimed at modelling good parenting and helping them learn specific parenting skills. This may be the case where parents have learning difficulties or where parent's experience of parenting is poor due to inter-generational neglect where there have been no positive parenting models.
- Family Group Conferences can be offered to families to help them explore and plan how the family and friends network can be harnessed to support parents in caring for their children.

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- Therapeutic interventions can be used to improve attachments and inter-family relationships damaged through neglect. Systemic practice could provide the best tool for this.
- The Signs of Safety approach can be used to identify and harness protective factors within the family and friends network so that a system of support can be put in place. Having such support that can provide some stability for children can help build their resilience.
- The graded care profile can be used to build parent's reflective capacity so that they are able to recognise how their behaviour impacts on their child's welfare, what changes they need to make to improve parenting and how to sustain these changes in the long term.
- Children's plans in neglect cases must be SMART, with clarity around objectives for interventions and regular monitoring and review of progress so that the professional network is able to recognise potential drift and delay in cases. Social workers should refer to the division's policy on planning for further details: [..\..\Children in need\Referral, assessment, planning and review procedures.doc](#)

7 Working with parents

Social workers should work in partnership with parents and should always be clear about what the concerns are and what parents are expected to do to bring about the necessary change. Parents should be informed of the next steps in the case and what action will be taken by CSSW if they do not manage to bring about required change in the timescale set out in the plan.

Use of the graded care profile tool can help explain to parents how their current care of their child fails to meet the expected standards of parenting and what they need to do to achieve this standard.

Parents may find it difficult to talk about neglect and family life but use of the graded care profile can be helpful to prompt discussion and help parents understand why their care is neglectful. It can also provide parents with evidence of neglect where they are challenging social worker assessment as well as evidence of improvements to care over time.

8 Working with children

Direct work with children is essential to find out about the child's daily experience of neglect and its impact. In order to build a picture of the child's experience the following need to be addressed:

- Children should be seen within their family unit and on their own. Work should involve speaking to and observing the child with and determining the level of attachment they have to their parents and siblings and other members of the family.
- Consideration should be given to each child within the family. How are they different or similar? Are any of the children in this family more resilient than others to the care they are receiving and if so how and why?
- Children may be reluctant to speak about their home life out of loyalty to their parents or anxiety about repercussions particularly in the early stages of the work where the social worker is an unknown quantity, so developing rapport is essential. This means social worker observations may be crucial to determining the level and impact of neglect.

9 Working with teenagers

Historically, neglect has tended to focus on younger children and ignored the neglect of teenagers as it is often thought that this age group are more likely to be able to meet their own care needs.

Social workers should be aware that teenagers are likely to experience neglect differently to younger children but the outcomes can be just as poor, for example mental health problems, non-engagement with school or risky behaviours such as substance misuse, offending, early sexual activity or sexual exploitation and running away.

The four aspects of care of teenagers where neglect is most likely to have an effect on their wellbeing are:

- emotional support
- educational support
- physical care
- supervision.

Recent research has shown lower parental input into these areas of care leads to lower levels of emotional wellbeing in teenagers and can lead to higher levels of truancy and risky behaviours. A questionnaire for young people that can help social workers gauge levels of neglect in these areas is shown at appendix 2.

However there is also some evidence to show that higher levels of parental input in educational support and supervision can also have a detrimental effect on wellbeing after the mid-teens, perhaps reflecting the need to allow young people a chance to exercise increasing levels of autonomy as they get older. These were also the areas where there was likely to be conflict between young people and their parents.

It may be harder to spot signs of neglect for teenagers but social workers should be aware that some of the behaviours exhibited by teenagers may be an indicator of long-standing neglect and the impact in particular on their emotional wellbeing.

Engagement with this age group may also be problematic and social workers may need to identify another worker such as a mentor or youth worker who may be better placed to engage the young person and work directly with them.

Young people may be more responsive to a structured programme of intervention around mentoring and activities to help them build confidence and resilience and therapeutic help that can enable them to reflect on their experiences. They may also benefit from family-based interventions or mediation to help improve relationships with parents.

10 Working with disabled children

Where the child has a disability, social workers should be aware of the need for extra vigilance from parents around the child's health and whether they are meeting the child's complex health needs. Often social workers identify too closely with the parent's situation and potentially overlook neglect of the disabled child's needs.

Social workers need to be aware of parents:

- being unable or unwilling to accept the child's diagnosis
- not understanding the consequences of the child's condition
- having their own complex needs to deal with
- having difficulty with attending medical appointments
- having to deal with other issues arising in the family for example the birth of another child.

11 Difficulties in working with neglectful families

Social workers may find it difficult to work with neglectful families for a variety of reasons and should be aware of these:

- Because of the lack of any specific incident to focus on and the varying degrees of severity, neglect can be difficult to measure objectively and it may be difficult to get consensus between professionals on what is neglect and whether thresholds for statutory intervention have been met. Consequently, the cumulative impact of neglect on the child over time may be overlooked.
- This lack of objectivity and consensus can mean families are more likely to challenge the professional view that their care is neglectful and minimise concerns.
- Due to pressure on resources, and in the light of more pressing cases involving actual harm and abuse, social workers may be tempted to downgrade low-level neglect cases on the assumption that the level of risk of harm to the child is low leading to higher thresholds for intervention on neglect cases.
- Social workers own values may lead to them to make assumptions about the level of care provided and whether that care is neglectful. This may be based on a view of a particular family or on the family's cultural background, and research shows there is a higher tolerance of neglect in certain cultures and ethnicities, for example the Traveller community.
- With time, social workers may become desensitised to neglect and more accepting of poor standards of care in certain families. There may also be a fear of appearing too judgemental, particularly where families face issues such as poverty or isolation.
- A focus on parental problems where they are experiencing their own difficulties can mean losing sight of the child and failing to understand their lived experience.
- The “rule of optimism” means that in their desire to see change, social workers may over-estimate the real impact of small changes and this can lead to decreased intervention and monitoring or case closure before issues have been resolved.

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- Neglect can often be perceived differently by individuals and agencies and may find that professional differences emerge during the course of working with families as to the level and extent of neglect. It is therefore important that there is an opportunity to discuss these differences and challenge assessments and decisions within a clear framework. In the event of any professional disagreements, social workers should refer to the CSCB escalation policy available at:

<http://www.cscb-new.co.uk/wp-content/uploads/2016/05/CSCB-escalation-policy-final-amended-May-161.pdf>

12 Step-down provision

Neglect often involves a pattern of behaviours over time and it may be necessary to accept that for some families, low levels of neglect may always be feature of parental care. To ensure continued monitoring of the child, and to help families to sustain positive change made whilst receiving a service from CSSW, it is important that at case closure social workers make provision for continued support for the family from a suitable Early Help service where this is appropriate to the case.

Social workers should refer to the division's "Referral, assessment, planning and review" policy for details on planning step-down provision when closing cases.

[..\Children in need\Referral, assessment, planning and review procedures.doc](#)

13 Dealing with non-engagement

One of the key difficulties in working with neglectful families is recognising and dealing with non-engagement and disguised compliance as it can be both a risk factor and a sign of neglect.

The difficulty for social workers is in judging when to escalate cases in response to this. There are specific aspects of neglect cases, such as the lack of incident-driven intervention that make drift and delay more likely as social workers struggle to demonstrate that thresholds for more robust intervention have been met.

Social workers should refer to the division's "Working with non-engaging, resistant and hostile families" guidance for details on how to recognise non-engagement and taking action to engage families. [..\Working with non-engaging, resistant and hostile families.doc](#)

14 Quality assurance and managerial oversight of neglect cases

There is a real need to proactively manage neglect cases in order to avoid drift and delay and to ensure children are not left in neglectful situations. The following points can provide a framework of management, oversight and quality assurance of neglect cases for social workers, supervisors, managers and Independent Reviewing Officers.

- There needs to be a regular re-appraisal and re-assessment of the child's situation and daily experience of neglect. This should take place via the formal statutory framework for review and through discussions in case supervision. Reflective supervision is particularly important for neglect cases and neglect cases should regularly feature in Reflective Group supervision. Social workers and supervisors must be confident that they understand and can address the underlying concerns that lead to neglect.
- Discussions in reflective group supervision and referral to the Complexity Panel can help social workers get a fresh perspective on neglect cases, particularly where cases seem "stuck" and social workers are unsure of what further action they can take. It may be useful in these cases to re-assess whether thresholds have been met for escalating cases.
- Assessments and updated assessments that are presented to CIN review meetings and child protection conferences must be clear on the evidence of neglect and its impact on the child and the impact of the child's plan in addressing neglect. Supervisors, managers and IROs should ensure the quality of assessments and reports and all assessments/reports should be shared with parents in advance so that any differences of opinion or inaccuracies can be raised ahead of the review.
- There should be robust service planning and intervention and regular review of children's plans in order to monitor the impact of services and interventions on outcomes for children over time using agreed forms of measurement (for example centiles or levels of school attendance). The graded care profile can also be used as a measurement of progress.
- There must be clarity for parents and professionals around what needs to change and the timescales for change, as well as the roles of agencies in delivering services and monitoring outcomes.

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- Joint working, particularly home visits, with other professionals in the network can help social workers get a new perspective on the evidence of neglect and its impact on the child. Members of the extended family and friends can also provide useful information and insight into the child's experience.
- Managers and supervisors must ensure that there is timely decision making in cases and escalation takes place as appropriate. The use of forums of discussion and decision making such as the Care Pathways Panel and the Support and Challenge Panel should be considered in order to explore issues and test thresholds for more robust intervention.
- Managers and Independent Reviewing Officers should include neglect cases in the audit programme on a 3 monthly basis in order to measure objectively whether interventions and services are achieving good outcomes for the child.
- Where families are chaotic with frequent changes of address social workers and the professional network should share information to ensure the network can keep track of the family's whereabouts and whether they are in contact with universal services.

Graded care profile (GCP) guidance

Using the GCP tool

- Use of the GCP needs to be child focussed, looking at their development needs and how well parents are meeting these needs.
- It is recommended that the tool is used jointly with parents (and children and young people where appropriate) as it provides a high level of transparency and can help forge better working relationships.
- The tool should be used to measure care given by the main care giver but if care is shared both carers need to have their care graded.
- For disabled children social workers will need a good understanding of their specific needs arising from their disability and what care parents should be providing within the context of the disability.
- If there is more than one child in the family, social workers should consider whether it is possible to gather accurate information by focussing on one child or whether there are discernible differences between the quality of care for children within the family. It may not be possible where there are a spread of ages as some sub areas are relative to the age of the child, for example safety in traffic.
- Consideration needs to be given to the best venue for carrying out the GCP assessment but scoring in some areas would need to involve a home visit so that these conditions can be seen.
- To ensure the integrity of scoring and in order to show changes over time, scoring should only be based on observations made at that time and the GCP should only be used during a relatively stable period for the family, not during a crisis, and when observations reflect a normal day.

When to use the GCP

The GCP assessment should be carried out by the allocated social worker in the long term CIN team following the completion of the child and family assessment where neglect has been identified as an issue.

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However the assessment may also be carried out by the Brief Intervention Team where the case will be brought to conference and there are concerns about neglect or where the case that is being held by the Brief Intervention Team for short term work with the family and neglect is an issue.

Good practice is for the assessment to be carried out at home visits over an 8 week period with the first visit used to introduce the tool, 6 visits to carry out the assessment and the final visit to share the outcome of the assessment with the family.

Areas of measurement

The tool provides a measurement of the quality of care ranging from 1 (excellent) to 5 (poor) across a number of areas of care and enables social workers to recognise which areas of need are being neglected and to what extent.

Areas of care that are measured are:

Area A	Physical care	Nutrition Housing Clothing Hygiene Health
Area B	Safety	Awareness Practice Online safety Safety in traffic Home safety Safety in parents absence
Area C	Emotional care	Sensitivity Response timing Reciprocation (quality)
Area D	Developmental care	Stimulation Approval Disapproval Acceptance

Quality of care is scored as:

Score	Type of care	Level of neglect
1	Needs always met	No neglect
2	Needs met	No neglect
3	Needs met most of the time	Mild neglect
4	Needs not met most of the time	Moderate neglect
5	Needs never met	Severe neglect

Scoring

- Scores should be based on observations of care and on multi-agency records that can be verified, for example health records and school records.
- Scores should be based on the standard of care provided only and should not take into account any factors that may affect this care, for example parental issues such as mental ill health or substance misuse.
- If there is not enough information about care in a particular area do not score.
- To score, consider any observations or verifiable evidence against the description of care quality given for that sub-area and match the evidence to the closest description to give the care, for example:

A1 Nutrition	1 – always met	2 – met	3 – met most of the time	4 – not met most of the time	5 – never met
1.1 Quality	provides excellent quality food and drink	provides reasonable quality food and drink	Provides reasonable quality food and drink but inconsistent through lack of awareness/effort	Mainly provides poor quality or fattening or sugary foods	Quality is not considered at all or lies about quality

- Score each sub area and from these calculate the area score.
 - Look at spread of scores from 1-5
 - If a sub area has a score of 3, 4 or 5 use the **highest** score as that will supersede any lower score in that sub area
 - If the score is between 1 to 3 use the most frequently occurring figure (mode)
 - If the scores are made up of 2 figures for example 1 and 2, use the most frequently occurring (mode) or the highest figure where there is no clear mode.
 - Use this method to calculate the area score.

For example:

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Area A: Physical care	Sub area	Score	Sub area score	Area score
Nutrition	Quality	2	2	4
	Quantity	2		
	Dietary requirements	1		
	Preparation	1		
	Organisation	2		
Housing	Facilities	1	1	
	Maintenance	2		
	Decor	1		
Clothing	Appropriateness	1	3	
	Fit	2		
	Look	3		
Hygiene	0-4	3	3	
	5-10			
	Age 11+			
Health	Seeking medical help	2	4	
	Follow up	2		
	Health/development checks	4		
	Disability/chronic illness	2		
Safety	Awareness	2	4	
	Practice	3		
	Online safety			
	Safety in traffic	2		
	Home safety	3		
	Safety in parents absence	4		

- Explain your judgement to parents (and the child if of age and understanding) and note any disagreements. Review all previous evidence each time the tool is used.

Analysis and intervention

GCP can be used to grade care and may show specific areas of care that are strong or weak but the tool will not explain why care is as it is or how parental issues or environmental factors impact on the standard of care given; these must be factored in separately as part of the hypothesis.

Scores given may be uniform and conclusive in all areas but may also be unevenly spread across aspects of care and professional judgement will be needed to decide on what the appropriate level of intervention should be.

As the GCP can demonstrate areas of strength and difficulties in care aspects it can be used with Signs of Safety and to plan services and interventions that are well targeted and at a suitable level of intervention.

The GCP can be used to support the following:

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- Prevention of neglect by universal services where the tool shows areas where there is some deficiency in care (1/2).
- Working with families through early help services to improve and standardise care where there is uneven care across areas (3).
- Taking action under the Children Act 1989 where neglect means the threshold for CIN or CP intervention has been reached (4/5).

Thresholds

Score	Type of care	Level of neglect	Level of intervention
1	Needs always met	No neglect	Universal
2	Needs met	No neglect	Universal
3	Needs met most of the time	Mild neglect	Early help
4	Needs not met most of the time	Moderate neglect	CIN
5	Needs never met	Severe neglect	CP

**Multi-dimensional Neglect Behaviour Scale
(Straus, Kinard and Williams 1995)**

In the last year how often did your parent....? <i>(Response options – Never/almost never/sometimes/a lot)</i>		
<ul style="list-style-type: none"> • Made sure you bathed regularly • Made sure you saw a doctor if you needed one • Gave you enough to eat • Kept the house clean • Gave you enough clothes to keep you warm • Took care of you when you were sick • Had something for you to eat when you were hungry 		Physical needs
<ul style="list-style-type: none"> • Did things with you just for fun • Took an interest in your hobbies or activities • Comforted you when you were upset • Helped you to do your best • Helped you when you had problems • Praised you • Told you they loved you 		Emotional support
<ul style="list-style-type: none"> • Wanted to know what you were doing if you were not at home • Cared if you got into trouble at school • Took an interest in the kind of friends you had • Cared if you did bad things like shoplifting • Left you home alone after dark • Left you home alone during the day 		Supervision
<ul style="list-style-type: none"> • Helped you with your homework • Made sure you always went to school • Helped you when you had trouble understanding something • Showed an interest in what you were doing at school • Attended parents evening • Kept track of how you were doing at school like reading reports asked you about what you wanted to do in the future 		Educational support