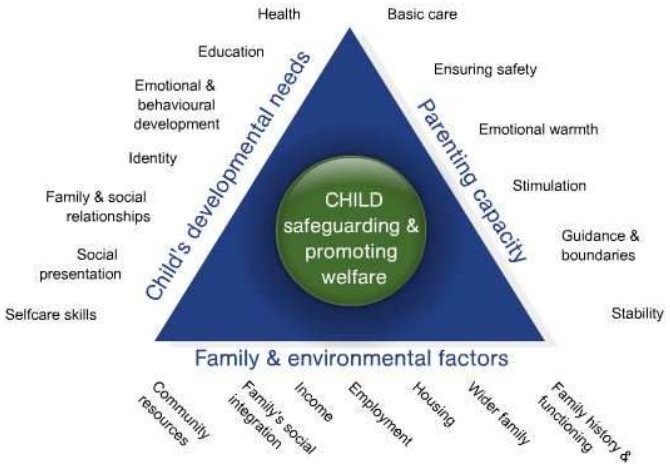
6.0 Assessment of Neglect

An assessment must address the most important aspects of the child's needs and the capacity of the parents or carers to respond to those needs within the wider family and community context. These are the three domains of the Assessment Framework, shown below. An important principle of the Assessment Framework is that assessments are based on inter-agency collaboration and contribution and are not the sole responsibility of one agency. The assessment should be informed by a variety of relevant sources, develop a critique and an analysis, draw conclusions about risks and protective factors and create plans for a way forward. These plans need to be implemented, monitored and reviewed.



The Framework for the Assessment of Children in Need and their Families, DH, 2000.

Key areas to consider when undertaking an assessment:

- **Understand the family's circumstances:**
  A clear understanding of the family's background and previous involvement with services is required at the start of assessment and this can be gained by completing a Genogram (family tree), social history and starting a chronology.

- **Isolated incidents of neglect are rare:**
  It is likely that there will be several incidences of neglect, which over time begin to identify patterns of parenting and heighten concerns. It is important to identify and analyse any patterns of neglectful behaviour within the family context and therefore the usefulness of compiling chronologies cannot be over stated.

- **Talking with parents about the neglect:**
  It is often difficult to raise issues with parents about neglect because it requires practitioners to question their own value base and to communicate with parents on matters which are personal and difficult to raise, for example, smells, dirt or hazards in the house. As part of the assessment process practitioners need to ensure that their specific concerns are clearly and explicitly understood by parents who can then be informed about what needs to change in the care of their children, why and in what timescales. It is important to be honest, clear and sensitive, not to use jargon and check that parents have understood what has been said to them. The whole family is key to the process of assessment, they need to know what the assessment is going to involve, why it is happening, what their role is within it and possibilities in terms of outcomes.

- **Involve fathers, father-figures and the wider family:**
  Fathers, father figures and the wider family need to be engaged in the assessment in order to understand the role they have in the child's life. Care of children is likely to be more effective where there is positive support from fathers and most children want and benefit from this contact. Where fathers may pose a risk to the child, it is imperative that they are engaged with the assessment process so that risks are identified, understood and managed.

- **Parents are likely to have many needs of their own:**
  Examples of these could include substance misuse, learning disability, mental health difficulties, domestic violence and abuse, all requiring high levels of support. It is important to offer support and services to parents and carers who will ultimately enhance the care of their children, however this must never be allowed to compromise the clear focus on the needs of the child.

- **Avoid drift and lack of focus:**
  It is important to plan the assessment and have clear time-scales for finalising written assessments. Remember that before, during and after undertaking formal assessments, the safeguarding interventions and service delivery still need to be inputted as required to protect the child. These services and interventions can inform the assessment process.

- **Guard against becoming immune to neglect:**
  Professionals who work regularly with families where there is neglectful parenting can become de-sensitised and can tend to minimise or normalise situations which in other contexts would be viewed as unacceptable. Sound supervision, which involves reflective discussion and evaluation, is vital to prevent workers becoming desensitised. It is also valuable for workers from different agencies to meet, e.g. in professionals meetings or Case Learning Meetings to discuss issues, share concerns and keep neglect issues in focus.

- **Use assessment tools as a means of focussing and reviewing:**
  Assessment tools can be used as a means of evidencing concerns and will give clarity and a transparent basis to any planning of interventions or legal proceedings if they become necessary. Assessment tools can highlight where more in-depth work needs to be undertaken or joint working with specialist services. It is important to remember that assessment tools should not be used as a tick-box but will require an application to the child and family's unique circumstances and will always warrant use of professional judgement.

- **Consider at an early point the likelihood of the parents capacity for change:**
  Practitioners involved with child neglect should guard against being overly optimistic about the potential for parents to effect lasting change and consistently provide well enough parenting. Change is not always possible and even when positive change occurs, practitioners need to be mindful of the degree of improvement experienced by the child, which may be relatively minor, and to monitor to ensure that positive changes are sustained over time.

  Families may co-operate with plans although their motivation in doing so may be related to a wish to be seen to be compliant to remove the safeguarding work rather than any understanding or acceptance of the need for change to meet their child's needs. Such motivation is less likely to lead to sustained change and therefore outcomes for the child remain unaltered.

  The assessment of positive change needs to be made on the basis of timely outcomes for the child. The *rule of optimism* can come into play, whereby practitioners are reluctant to consider possible signs of abuse or minimise the significance of what children say, because the parents are perceived to be making improvements. Practitioners should also be careful not to implement 'start again syndrome' with families and (re)commence assessment work at points such as change in worker or an incident in the family, without taking into account previous understanding of the family dynamics. 'Start again syndrome' can cause delay and undermine the effectiveness of an assessment or plan.

Appendix 1 contains further information and tools to support practitioners to assess parental motivation to change.

- **Assess sources of resilience as well as risk:**
  Assessments should not overlook the importance of sources of resilience and opportunities for building upon areas of a child's life that reduce the risk. Resilience has been described as *"qualities which cushion a vulnerable child from the worst effects of adversity, in whatever form it takes, and which may help a child or young person to cope, survive and even thrive"* (Gilligan, 1997). There are many aspects of resilience, the key area is secure attachment with one other person and other areas include a sense of self-esteem, a safe friendship group, problem solving skills, social skills, abilities, talents, or interests and hobbies. Assessing resilience in a child needs to be done with care as some children may present as being able to cope or minimise their sense of vulnerability.

- **Observe the parent-child interactions:**
  Observations can inform assessments of attachment and offer insight into the relationships between parents and child, and child and other siblings. Unrealistic expectations or skewed interpretations of a child's behaviour are often a feature of neglectful parenting, for example, a child who cries a lot being described by the parents as nasty – as though the child's crying is a deliberate action designed to irritate the parent.

- **Address the child's basic needs:**
  The assessment process should continue to consider the child's basic needs and routinely check aspects of care e.g. food in the cupboards and fridge, sleeping arrangements, hazards in the home, toilet and bathing facilities. Practitioners will need to look into rooms and cupboards to observe these aspects rather than take what parents say at face value. Gaining agreement to do this is important and relates to discussions held with the parents at the engagement stage of the work.

- **Assess each child within the family unit as a unique individual:**
  Not all children in a family will be treated the same or have the same roles or significance within a family. For example there may be a child who is perceived to be different, perhaps due to an association by the parent/s with a difficult birth, the loss of a partner, the child's age or needs, an unplanned child, a stepchild or a change in life circumstance. Negative feelings may be projected onto one child but not others in the family.

- **Maintain a focus on the child:**
  In complex situations such as working with neglect, it is easy to lose sight of the child whose needs can be over-shadowed by the needs of the parents or where parents are reluctant for professionals to have access to the child. The significance of seeing and observing the child cannot be overstated in such complex and chaotic circumstances. Guidelines for keeping the child in focus include:

  - Children should be seen in their family unit and in other settings, i.e. school, nursery, respite care, to observe any differences in their demeanour and behaviour. They should be seen on their own. The child's views should be sought in relation to where they would be comfortable to meet with safeguarding professionals.
  - It is important to use age and interest appropriate tools, games and other methods to communicate with children. These can help to begin the process of engaging with the child and get to know them as a person so that there is an understanding about what life is like for the child everyday in their home. Remember that neglect is less about an event or an incident but about the daily lived experience of a child who doesn't get their needs met.
  - Speak with the child in their first language or using the communication methods with which they are comfortable. This may require you to use interpreters or to seek specialist advice.
  - Children value being treated with respect, honesty and care. This involves listening to them and showing that you have heard, remembered and have taken into account what they have expressed. It also involves making sure that they are not let down e.g. missing appointments with them or making last minute changes to plans that have been agreed with them. These behaviours can impair any relationship that they want to form with you and reinforce any negative feelings about themselves.
  - Children should be spoken to and observed to determine the quality 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, e.g. in appearance and personality? Are any of the children in the family more resilient than others to the care they are receiving? What can be discovered about their health and development (using the dimensions of the Assessment Framework)? Theories of child development should be used as a benchmark by which to measure concerns about a child's presentation and welfare.
- Give children age appropriate explanations about why you are involved and what information you will discuss with their parents.

- **Be confident about the assessment:**
  A good assessment that practitioners can be confident in is one that includes:

  - All relevant information (and comments on any gaps).
  - An evidence base, including tools, guidance, research.
  - Analysis and evaluation of the information. Analysis is key to any assessment and involves interpreting and attaching meaning and significance to the information that has been gained and to observations that have been made. If the information that has been gathered is a description of 'what' has happened, the analysis should reflect on 'so what' does that mean for the individual child now and in the future.
  - Reasoned conclusions and professional judgements.
  - Plans for the logical next steps and timeframes, i.e. the 'now what'. It is imperative that those next steps are implemented and their effectiveness monitored and measured.
  - Update and revision (assessments have to be an ongoing process not a single event) in the light of new and emerging information

- **Specialist assessments:**
  These can be useful but should only be commissioned in specific, agreed circumstances where there are additional complexities. Examples of such situations may include:

  - Children born to parents with additional needs such as chronic mental ill-health difficulties, parents with a disability or long term illness who may face particular challenges which may impact on their parenting capacity. Joint working between professionals working with adult and children's services should occur.
  - Children born to mothers who use drugs during pregnancy may suffer from withdrawal and exhibit distressed or restless behaviour which parents find difficult to manage. Parents may lack motivation because of drug use and may find meeting the needs of their children difficult. A pre–birth assessment may be required in these cases to inform planning. Joint working between professionals working with adult and children's services should occur.
  - Babies born prematurely or with low birth weight may mean that parents find coping with the high dependency needs of the baby to be very stressful and this may have a negative effect on the ability of the carer to form attachments to the baby. These children are more likely to have feeding difficulties, chronic illness, and neurological, behavioural and cognitive disabilities than other children.
  - Children with disabilities are more vulnerable to abuse and neglect but are unrepresented in child protection figures. Research indicates that children with disabilities are 3.4 times more likely to be abused than non-disabled children and 3.8 times more likely to be neglected (Sullivan and Knutson, 2000). Reasons for this are varied and complex, they may be less able to communicate their needs and concerns, or to be able to access help outside of their families; the stresses of caring for a disabled child may mean the child becomes the outlet for the parents' frustration.

7.0 Assessment Tools to be used in Northamptonshire

7.1 Graded Care Profile (GCP):

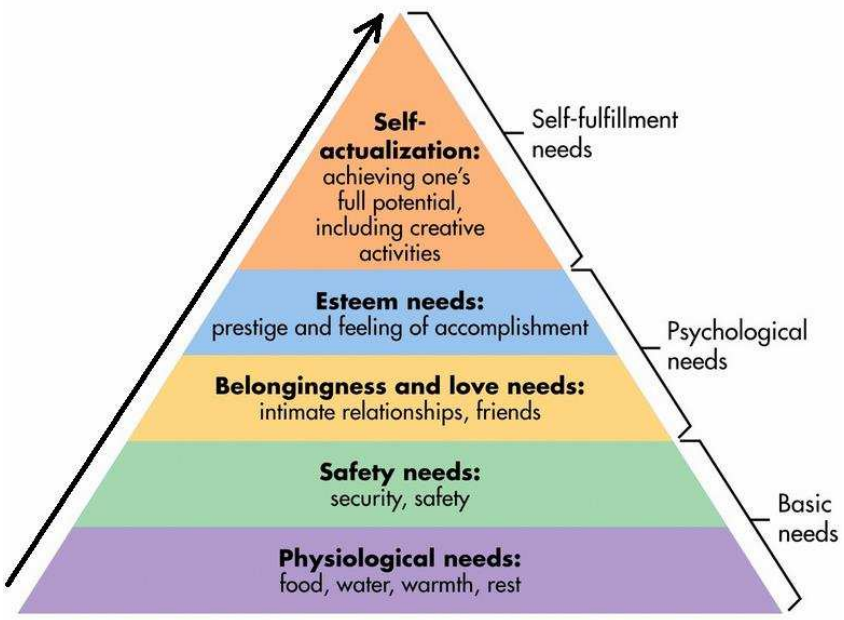
As we have seen, effective assessment of neglect is a key to improving outcomes for children. The Graded Care Profile (GCP), developed by Drs Srivastava and Polnay, is a practice tool which helps practitioners identify neglect and assess the care that is given to children.

The GCP is a tool that gives an objective and graded measure of the quality of care provided to children across four areas of need: Physical, Safety, Love and Esteem. The GCP displays both the strengths and weaknesses in different grades (1-5, with 1 being the best care and 5 being the poorest care) so that it defines the quality of care giving. It helps to target areas of work and can support the understanding of changes after interventions have been made. It is important from the point of view of objectivity because the ill effect of bad care in one area may be offset by good care in another area. It can enable engagement with families because areas of strength as well as weaknesses are highlighted.

The benefits of using the Graded Care Profile are:

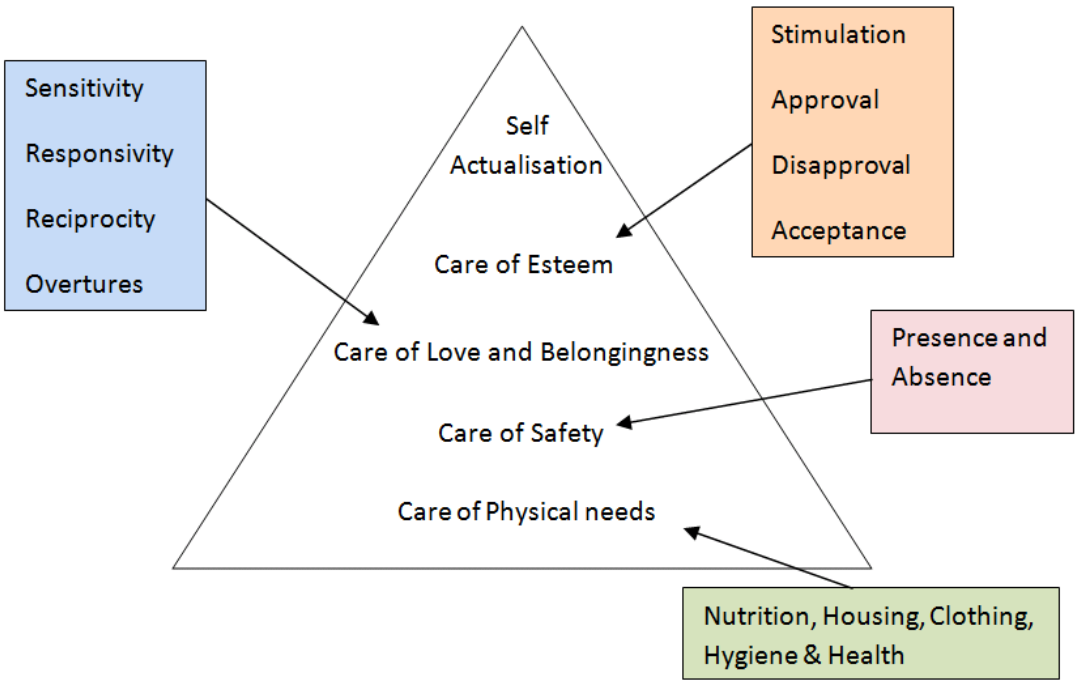
- The early recognition of neglect through the clear identification of environmental risk factors or concerns.
- The categorising of the level of neglect as severe, intermediate or low.
- The early referral of severe neglect and focused intervention in intermediate cases to prevent deterioration.
- The SMART management of neglect.
- The timely referral to Children's Social Services where early intervention has demonstrably failed.
- The immediate referral to Children's Social Work Services where the GCP score grading is in the severe category, thereby minimising length of exposure to the neglect.
- The post-referral use of the GCP scores to complement other statutory assessments.
- Assessing the impact of intervention in measurable steps and the timely initiation of legal proceedings where intervention has demonstrably failed.

The GCP is based on Maslow's *Hierarchy of Needs* represented below:



The GCP develops the Maslow hierarchy by creating sub-sections for the first four levels, which in turn have been translated into a set of descriptive behaviours that can be measured as in the model below:

1. **Physical** - nutrition, housing, clothing, hygiene and health.
2. **Safety** - present and absent.
3. **Love** - sensitivity, responsivity, reciprocity, overtures.
4. **Esteem** - stimulation, approval, disapproval, acceptance.



This gives us 13 sub-sections. Underneath each subsection are a set of factors that need to be observed in terms of the parent-child interaction as follows:

Areas of Need	**Sub-Sections**	**Descriptive Factors**			
Physical	**Nutritional**	Quality	Quantity	Preparation	Organisation
	Housing	Maintenance	Decor	Facilities	
	Clothing	Insulation	Fitting	Look	
	Hygiene				
	Health	Opinion sought	Follow up	Surveillance	Disability
Safety	**In presence**	Awareness	Practice	Traffic	Safety Features
	In absence				
Love	**Carer**	Sensitivity	Response Synchronisation	Reciprocation	
	Mutual Engagement	Overtures	Quality		
Esteem	**Stimulation**				
	Approval				
	Disapproval				
	Acceptance				

The grading table is below and helps to identify how well the child's needs are met in relation to each of the descriptive factors previously noted.

	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
1	All child's needs met	Essential needs fully met	Some essential needs unmet	Most essential needs unmet	Essential needs entirely unmet/ hostile
2	Child first	Child priority	Child / carer at par	Child second	Child not considered
3	Best	Adequate	Equivocal	Poor	Worst

1 = level of care; 2 = commitment to care; 3 = quality of care

You will find the full GCP tool in **Appendix 2** of this guidance (with acknowledgments to Salford and Luton LSCBs) and offers detailed instructions about completing the assessment and scoring the observations.

7.2 Neglect Screening Tool:

The Graded Care Profile (GCP) is the preferred tool for practitioners when assessing neglect in Northamptonshire however it is noted that some practitioners may only come into contact with children, young people and their families for a short period of time so may be unable to complete the GCP; this would included A&E Staff, Ambulance Crews, Police Emergency Staff and many more.

In order to ensure these professionals still have the ability to assess neglect in a timely manner the NSCB have developed a Screening Tool that will determine whether a full assessment using the Graded Care Profile (GCP) is needed and assist with concluding whether or not a referral into MASH is required.

If upon completion of the Screening Tool you still have concerns about the family regarding neglect you should use the screening tool to as evidence in a referral. You may also take a number of steps, including requesting that an appropriate person – usually a designated professional - within your organisation undertakes a full assessment using the GCP with the family. You will need to consult your own agency's procedures for further guidance on how to do this. If as a result of using the Screening Tool you decide on referring to the MASH please see the following section on *How to Make a Referral and Next Steps*. You will also need to be clear on why you feel further assessment using the GCP would be of benefit to the child, young person and family and include a copy of your completed Screening Tool as evidence to support your referral.

A copy of the Screening Tool can be found at **Appendix 3.**