

Blackburn with Darwen

Children's Social Needs and Risk - Local Assessment Protocol

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The Purpose of Assessments

This local assessment protocol sets out how, in Blackburn with Darwen, we will assess, plan and manage cases when there are concerns about a child's needs and the ability of that child to achieve good outcomes without the provision of services. Where it is recognised that there is a need for an assessment and intervention required to assist the child and family, Social Workers and other professionals working with the child and family will use this framework to assess the needs of children and families in the borough.

A consistent message from cases involving harm to children is the importance of identifying problems and difficulties early and taking appropriate timely action to address identified issues before they decline. We also know that no single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help, at the right time in the right place, all professionals who come into contact with the family – midwives, health professionals, GPs, Early Years professionals, school staff, youth workers, Police, voluntary workers, Social Workers and any other identified supporting service – have to play a role by identifying concerns, sharing information and taking prompt action as an individual by jointly working with all other agencies to provide support.

The purpose of an assessment is always:

- To gather information and evidence regarding a child and their family and to identify whether a child has unmet needs.
- To analyse their needs and/or the nature and level of any risk and harm being suffered by the child.
- To decide whether the child is a Child in Need (under Section 17) and/or is suffering or likely to suffer significant harm (as identified under Section 47).
- To deliver support to address and improve the outcomes for the child to make them safer.

An assessment is not an end in itself but the means of informing and identifying those things that need to be addressed to improve the child's circumstances. An assessment under Section 17 or Section 47 of the Children Act (1989) must be carried out by a qualified Social Worker.

A good assessment is one which includes consideration of the following three domains:

- The child's developmental needs, including whether they are suffering or are likely to suffer significant harm.
- The parents or carers capacity to respond to those needs.
- The impact and influence of wider family, community and environmental circumstances.

During the course of all assessments it is important to consider issues in relation to both children's unmet needs (underlying risk factors and high risk factors as identified in the BWD Risk Model) and the possibility that the child may be at risk of harm. The Home Office defines risk as '***the likelihood of a future event, involving a possible negative outcome usually associated with loss, harm or damage***' When implementing the BWD Risk Model it is necessary that staff should be '*risk sensible*' and also recognise that no system can fully eliminate risk of harm. Taking a risk decision is about estimating the likely occurrence (probability) of a future event, the likely impact of that event, upon whom or what and with what outcomes. Workers must carefully balance the benefits of taking protective action with the potential costs of such action in terms of stability and disruption of family life. It is imperative to remember however, that in all circumstances, the safety of the child must be paramount.

Statutory Assessments under the Children Act (1989)

A statutory assessment under the Children Act (1989) will inform decisions about whether a child is a Child in Need or is suffering, or likely to suffer, significant harm as defined in Section 31 of the Act.

A Child in Need is defined under the Act as '*a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, or children who are disabled*'. In these cases, Social Workers carry out assessments under Section 17 of the Act.

Assessment is the process of gathering information regarding children's unmet needs and factors affecting parenting capacity through the process of enquiry, observation and communication with others. Utilising, identified High Risk Indicators and Underlying Risk Factors by clinical and actuarial methods, thus producing a clinically adjusted actuarial assessment. The process of risk assessment links the context of historical information with current circumstances to anticipate possible future risks. The outcome of a risk assessment should answer the following questions:

- What have they done?
- What do they do (when they do it)? With what impact?
- Under what circumstances do they do it?
- How likely are they to do it again?

This information must be used to inform decisions about the multi-agency help needed by the child. The process of evaluating the impact of the child's exposure to underlying risk factors and high risk indicators while taking into account individual and family strengths/resources and available agency services that could reduce the likelihood of future harm. An analysis of this information will reveal if a child is safe, what needs to happen to make a child safe (if it is not), what agency resources may be required and under what circumstances a child should be removed or returned to parental care.

If the Social Worker believes that the child is suffering, or likely to suffer significant harm, then the Local Authority, under Section 47 of the Act, is required to make enquires to decide what action must be taken with partners, to safeguard and promote the welfare of the child. There may be a need for immediate protection whilst the assessment is carried out.

Following an application under Section 31 of the Act, where a child is the subject of a Care Order, the Local Authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.

Where a child is accommodated under Section 20 of the Act, the Local Authority also has a statutory responsibility to assess the child's needs and draw up a care plan which sets out the services to be provided to meet the child's identified needs.

Where a child becomes Looked After, the assessment will potentially trigger various other assessments to plan the long term care of the child, including the possibility of returning home. The Child and Family assessment will be the means by which to decide whether the necessary changes and improvements have been made to ensure the child's safety when they return home.

Whatever legislation the child is assessed under, the purpose of the assessment is always to understand the needs, nature and level of any risk and harm being suffered by the child and to provide help and support to address those needs and make the child safe.

Information Sharing

For all assessments, the collation of information regarding the child, siblings, parents, carers and wider family members is vital to ensure the holistic needs of the child can be met and all risk factors are analysed. Information will be collated, shared and accessed from a variety of agencies to ensure that all current and past issues are analysed to determine the immediate and future needs of the child.

Children are best protected when professionals are clear about what is required of them individually and how they need to work together with the child and the family together with other agencies. For the sharing of information to be lawful and proportionate, professionals need to have clarity about gaining consent from parents, carers and children (in particular if aged 16 or over) to enable key professionals to share information with each other. All professionals should adhere to the statutory requirements in the Human Rights Act and the Data Protection Act.

Consent to share information must be both *'informed'* and *'explicit'*. Informed consent means the person giving consent understands why the information is being shared, who will see the information, and the implications of sharing the information for the person giving consent. Obtaining explicit consent for sharing information is best practice and ideally be gained in writing at the outset of any intervention. In the case of emergency services identifying safeguarding concerns, information will be shared with agencies and this should be explained as required at the start of the intervention of the emergency service provider.

In sharing information, professionals must use their judgement to decide what information they hold is appropriate to share. The government guidance, Information Sharing: Guidance for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers (2015) provides seven golden rules that assist professionals in making complex decisions about information sharing.

The 2015 guidance also outlines the very specific circumstances when the sharing of information without consent (including when consent is refused) can be justified under one of the seven golden rules; sharing information in the public interest. The circumstances are:

- where there is evidence or reasonable cause to believe the child is suffering, or at risk of suffering significant harm
- when there is evidence or reasonable cause to believe that an adult is suffering, or at risk of suffering significant harm
- to prevent significant harm to a child or to an adult, including through

prevention, detection and prosecution of serious crime.

There will be circumstances when seeking consent to share information will not be required (if the seeking of consent places a child at risk of harm, prejudices the detection of a crime or lead to an unjustified delay in making enquiries about an allegation). Where information has been shared without consent, records must be clear about the decision making process for sharing the information, including permissions sought from managers. Where consent is refused and information shared, accurate recording of the refusal must be made.

The Information Sharing Guidance (2015) sets out the following principles to help practitioners in making decisions on what information to share and when.

- Necessary and proportionate to the need and level of risk
- Relevant to the purposes to allow others to do their job effectively and make sound decisions
- Adequate for purpose
- Accurate and up to day and should clearly distinguish between fact and opinion
- Timely to reduce the risk of harm
- Secure
- Record all information sharing decisions whether or not the decision is taken to share.

The most important consideration is whether sharing information is likely to safeguard and protect a child.

The Local Framework for all Assessments

Principle & Values for all Assessments

Work and assessments with children and families should:

- be child centred – analysing the impact of what is happening to the child (where there is a conflict of interest, decisions must be made in the child's best interests);
- be rooted in child development and informed by evidence and research;
- be holistic in approach, addressing the child's needs within their family and wider community using the most appropriate route to plan how the child will be safeguarded and ensuring their needs are met through a Care Plan, CIN Plan and/or a CAF Plan etc.
- be focused on action and outcomes for the child ensuring that the domains of the child's development / parenting capacity / family – environmental factors are fully met (as per model above);
- be timely (a maximum of 45 working days from the point of initial referral, although every attempt should be made to complete the assessment in 10 working days where possible) and responsive, whilst maintaining a focus on quality of the assessment;
- ensure it is proportionate to the needs of the child;
- build on strengths as well as identifying difficulties;
- be informed by other assessments and care planning, including specialist health, education, criminal justice or universal/targeted service assessments and consider the full history of the child and family (Appendix 1 outlines a brief description of a few specialist assessments that practitioners should become accustomed with, and include information from regularly as part of the assessment process) ;
- assessments for some children - including young carers, children with special educational needs (SEN), unborn children where there are concerns, asylum seeking children, children in hospital, disabled children, children with specific communication needs, children considered at risk of gang activity, children who are in the youth justice system - will require particular care. Where a child has dual assessments from other services it is important that these are coordinated so that the child does not become lost between the different agencies involved and their different procedures including subject to multiple

assessment processes

- all assessments where neglect is an issue must include the use of the Graded Care Profile 2 tool to inform the outcome of the assessment (see appendix 1).
- be transparent so that the family understands what is happening, why, what responsibilities the family have and given the opportunity to contribute – be open to professional and family challenge, including complaint procedures.
- lead professional to action, including the provision and review of services.
- be integrated and multi-agency in approach, including integration with other assessment processes.
- utilise a time line of assessment sessions as outlined in the assessment planning case note or in the minutes of the relevant multi-agency meeting (Assessment Planning Meeting, CIN Meeting, Core Group, etc.).
- be a continuing dynamic process with regular reviews.
- encourage multi-agency professional curiosity/challenge based on information from professionals and partners who know/have known the family to avoid '*over optimism*' and ensure progress is within the context of previous involvement with the family.
- share information between professionals and local agencies effectively to ensure the effective identification of need/risk, accurate assessments and service provision that assists the family in safeguarding their children.
- ensure equality of opportunity.
- be recorded accurately, including recording differences in professional views and views/wishes of the child and family.

Children have said that they need:

- **Vigilance:** to have adults notice when things are troubling them.
- **Understanding and action:** to understand what is happening to them, to be heard and understood and to have that understanding acted upon.
- **Stability:** to be able to develop an on-going stable relationship of trust with those helping them.

- **Respect:** to be treated with the expectation that they are competent rather than not.
- **Informed, engaged and outcomes explained:** to be informed about and involved in procedures, decisions, concerns and plans; to be informed of the outcome of assessments and explanations provided about decisions and reasons when their views and wishes cannot be met
- **Support:** to be provided with support in their own right as well as a member of their family.
- **Advocacy:** to be provided with advocacy to assist them in putting forward their views

In addition to what children have said about professionals' involvement in their lives, all assessments and work with children must be in line with the United Nations Convention on the Rights of the Child; the convention covers the following principles:

- the right to life, survival and development
- the right to non-discrimination
- respecting the views of children
- the requirement to give primary consideration to the child's best interests in all matters affecting them
- civil rights and freedoms including the right to have access to information expression of thoughts and the right to a family environment; living and in contact with both parents and where necessary appropriate alternative care
- the right to basic health and welfare services to support an adequate standard of living
- the right to education, leisure and cultural activities
- special protection measures covering the rights of child refugees, children affected by armed conflicts, children's involvement in the criminal justice system, deprivation of liberty and children suffering forms of exploitation.

Risk Assessment and Analysis

When there are concerns that a child may have suffered, or be likely to suffer significant harm, the Local Authority has a duty to conduct enquiries that will include a risk assessment. The purpose of the assessment is to understand the nature and level of risk to which a child is exposed so that it can be managed and the child made safer.

Risk assessment is the process of getting information about the sources of possible harm to a child and balancing these with an assessment of the child's resilience and the family's strengths.

Risk assessments are most effective when they are completed on a multi-agency basis and typically social workers will contact other professionals who have knowledge of the child and family (school, GP, Health Services, Probation and other adult services).

Following the assessment, the information gathered is analysed utilising the BWD risk model to provide an analysis for the assessment looking at the likelihood of future harm. Throughout the assessment period appropriate care planning is implemented to mitigate (reduce) the risk to which the child is exposed. The risk assessments undertaken by Social Work staff will also take account of any risk assessments that have been completed on the adults involved (MARAC, CAADA, OaSys etc.)

All the risk assessments are informed and guided by the Munro principles² which recognise that risk can never be totally prevented and that even the best assessments do not guarantee safe and positive outcomes.

² *Annex A, The Munro Review of Child Protection, Interim Report: The Child's Journey Professor Eileen Munro, DfE (February 2011)*

Reassessment

Child and Family Assessments for children who are subject to Child Protection will be reviewed prior to the Review Child Protection Conference (RCPC). A reassessment should be undertaken if there are proposals to take a child off their Child Protection Plan at the RCPC. Progress against the child's Child Protection Plan will be reviewed every 4 weeks via Core Group Meetings. Child in Need Plans will be reviewed every 6 weeks via Child in Need Meetings. Safeguarding concerns and/or change in circumstances or need would trigger a review/update of the Child and Family Assessment at the appropriate time.

Children open to the Children with Disabilities Team are subject to 3 monthly CIN visits, and a 6 monthly CIN Review with plan reviewed and updated by the Team Manager.

Updating Children and Family Assessments for CIOC

Circumstances that Child and family assessments need to be undertaken include-

- Proposed change of care plan e. g Long term match within foster care; Rehabilitation to care of parents; SGO ,Discharge of Care Order
- Safeguarding concerns (section 47 investigation)
- Potential Placement breakdown in fostering \residential care arrangements
- Change in child\young person's circumstances .e.g. health needs, contact arrangements

Specific circumstances-

- By aged 16 , all young people who are in care **must** have a Pathway Plan (part 1) undertaken
- Every child subject to a Care Order at home **must** have an updated child and family assessment on an annual basis.
- Children with Disabilities Re-Assessment trigger points:
 - s47 investigation
 - Change of child and family circumstances
 - Request for reassessment by family/change to CIN plan required
 - 14 years and 17 years Transition point

Appendix 1 - Specialist Assessments

Early Help Assessment

Early Help means providing support as soon as a problem emerges, at any point in a child's life.

Where a child and family would benefit from a co-ordinated package of support on a multi-agency basis the Child and Family (CAF) approach should be used. The CAF assessment should identify what help the child and family require to prevent their needs escalating to a point where statutory intervention under the Children Act (1989) would be required.

A lead professional should be identified (preferably chosen by the child or family) to coordinate the support plan and act as a single point of contact for the family. For the CAF assessment and plan to be effective, it should be undertaken with the agreement of the child and family and practitioners should actively involve the child and family.

The lead professional should be able to discuss any welfare concerns and Child Protection concerns with a Social Worker; this is facilitated via the Advice and Consultation Social Worker (A&C SW) in the Multi-Agency Safeguarding Hub (MASH).

Where parents and/or the child do not consent to a CAF assessment and plan, the lead professional should make, and record, a judgement as to whether without the coordination of early help support, the needs of the child will escalate. Advice may be sought from the A&CSW as to whether a referral to children's social care should be made.

Health Assessments

Across Blackburn with Darwen there are several health services available in the acute sector (hospital) and primary care (community) for which particular assessments will be carried out for children, young people and adults. These assessments will feed into the Child and Family Assessment as appropriate.

Departments undertaking assessments include: health visitor/ school nursing, mental health, drug and alcohol, GP, Community and hospital paediatrics,

audiology, speech & language, midwifery, emergency department and any other health departments that are involved with the child and family (this includes children/young people with complex health needs whereby a number of departments are involved).

Youth Justice Assessments

The mandatory YJS tool for risk assessment and to formulate intervention plans is ASSET Plus. It is used to determine a young person's likelihood of re-offending, level of safety and wellbeing and risk of harm to others.

ASSET Plus integrates specialist assessments within it and identifies strengths. It is evidenced based.

For young people who are referred to the Youth Disposal Panel, screening tools are used and an Asset Plus assessment is only completed if a young person is dealt with by a statutory Criminal Justice disposal (that is by a Youth Caution or Youth Conditional Caution).

For young people who present with sexually harmful behaviour, there are a number of routes to being assessed. For all those that come via the criminal justice route they will receive an ASSET assessment prior to a specialist assessment based on the Assessment, Intervention, Moving on (AIM2) principles. For young people referred through non-criminal justice agencies a consultation takes place with the referrer and then an assessment is completed based on AIM2 principles.

For young people who are at risk of exploitation by radical ideologues, the service is trained to assess and provide programmes to reduce vulnerabilities in the young person.

Young Carers Assessments

Young carers are children under 18 years of age with caring responsibilities. Their rights to an assessment come mostly from the Children Act 1989 and the

Children and Families Act 2014. Child Action Northwest adopt a '*whole family approach*' which means that the needs of all family members are considered in the assessment. The young people with a caring role have their views taken into account and the views of their parents and any other person the young carer identifies as part of the assessment process are also fully considered.

The assessment which takes place must look at :

- Whether or not the young carer wishes to continue caring and whether it is appropriate to continue caring
- Any education, training, work or recreational activities the young carer wishes to participate in
- Where an assessment concludes that the young carer has needs which require support, Child Action Northwest will :
 - Provide support directly to the young carer (the support provided can take many different forms)
 - Demonstrate that the '*cared for person's*' assessment provides adequate care and support to prevent inappropriate care being required from the young carer.

The caring responsibilities carried out by many young people often go unrecognised and it is vitally important that young carers are identified and an assessment undertaken of their caring responsibilities so that these do not impact significantly on their general wellbeing, education and learning and leisure activities. Referrals for a young carers assessment can be made directly to the integrated carer's service on 01254 688440 or by visiting www.bwdcarers.org.uk and clicking on '*useful links*' and then '*carer's referral and registration form*'. To speak with the Young Carers Team, please ring 01254 692709.

Special Educational Needs

Statutory Assessments for Children and Young People 0-25 years

From 1 September 2014, statements of special educational needs (SEN) were replaced with Education, Health and Care Plans for children with special educational needs and/or disabilities following the introduction of Part 3 of the Children and Families Act 2014, and its associated regulations.

A child or young person has special education needs if they have a learning difficulty or disability which calls for special educational provision to be made for them. A child of compulsory school age or a young person has a learning difficulty if they

- i) have a significantly greater difficulty in learning than the majority of others of the same age, or
- ii) have a disability which prevents or hinders them from making use of facilities generally provided for others of the same age in mainstream schools or mainstream post 16 institutions

There is a significant overlap between children and young people with SEN and those with disabilities and many such children and young people are covered by both SEN and equality legislation.

Categories of Special Educational Needs

There are four broad categories of need for which appropriate provision and interventions should be planned:-

1. Communication and interaction
2. Cognition and learning
3. Social, emotional and mental health difficulties
4. Sensory and/or physical needs

Arranging an Assessment for an Education, Health and Care Plan (EHCP)

Before a child or young person is referred to the EHCP panel for an assessment, they will usually have had a significant period of interventions which have been reviewed and evaluated to see if they have been effective within their nursery, school or college. Once referred, a panel of professionals will consider all the

evidence provided about the child or young person and decide if the assessment will go ahead.

If it is agreed that the assessment can proceed, the family (or young person if over 16 years of age) will be given a key contact along with a named SEN caseworker at the local authority to provide support and advice throughout the process. Their job will be to make sure that the statutory assessment team has all the information that is needed and that you're the family/child's views are included in the assessment. A key part of the process is the 'All About Me' meeting which is a person centred meeting focussing on the child in order to capture views, aspirations and goals for the future. The process from referral to the issuing of an EHCP should be completed within 20 weeks.

Further information and advice can be obtained by contacting the Statutory Assessment Team on 01254 666739 or by visiting the local offer at www.bwd-local-offer.org.uk

Domestic Abuse

The principal assessment used by both the statutory and voluntary sectors is the Coordinated Action Against Domestic Abuse's (CAADA) Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment checklist. The CAADA-DASH risk assessment checklist contains a range of actuarial risk based questions that can be used by practitioners when abuse is disclosed voluntarily, through routine direct questioning and when attending in the provision of emergency protective services.

The checklist assists in identifying and assessing both the level of single-agency service required and in high risk cases, identifying cases requiring referral to a Multi-Agency Risk Assessment Conference (MARAC) for co-ordinated multi-agency monitoring and service provision. The risk identified from the checklist may also lead to referral for specialist assessments on managing/reducing risk from perpetrators and on assessing the impact of domestic abuse on children. The Independent Domestic Violence Advocate (IDVA) will assist and link the assessment to the Child and Family Assessment.

Child Sexual Exploitation (CSE)

Blackburn with Darwen has been at the forefront of innovative practice in relation to CSE since 2007. We continue to review and refine our offer to children and young people who are at risk of Child Sexual Exploitation or who are currently being abused through Child Sexual Exploitation.

The members of the Engage Team work alongside Social Workers and other professionals to safeguard and support children and young people who are experiencing or at risk of child sexual exploitation. The Engage Team work directly with children and young people using person centred and evidence based approaches and tools in order to build trusting relationships with the ultimate aim being to reduce the risk of CSE. Please refer to chapter 1.2.3 Safeguarding Children and Young People from Sexual Exploitation of the Blackburn with Darwen Children's Services Procedures Manual on Tri-X for further details.

The CSE Assessment should be undertaken specifically for children/young people who are at risk of CSE and the information from this assessment must feed into the Child and Family Assessment if the case is open to Children's Social Care. Information from the CSE Assessment needs to inform planning around CSE for the child/young person and this must be an integral part of the Child's Plan (CIN, CP, LAC) if this is an issue of concern.

It is important that all Social Workers who are completing an assessment where there are concerns around CSE are familiar with, and utilise, the Child Sexual Exploitation toolkit, which can be accessed on the following link [https://peopleservices.blackburn.gov.uk/ChildrensServices/GoodPractice/layouts/15/WopiFrame.aspx?sourcedoc={77AF2AF9-0909-4B4B-9D44-858191EBAC41}&file=Child%20Sexual%20Exploitation%20\(CSE\)%20Toolkit%20September%202017%20\(3\).pdf&action=default](https://peopleservices.blackburn.gov.uk/ChildrensServices/GoodPractice/layouts/15/WopiFrame.aspx?sourcedoc={77AF2AF9-0909-4B4B-9D44-858191EBAC41}&file=Child%20Sexual%20Exploitation%20(CSE)%20Toolkit%20September%202017%20(3).pdf&action=default)

This tool is designed to supplement the BwD Risk Assessment Tool to support Social Workers in risk assessment, analysis and risk management for children where there are issues of vulnerability to CSE or where children are suffering CSE.

When a child/young person's needs are thought to be at levels 3 and 4 of the Continuum of Need and Response (CoNR), following referral to MASH or where the child is currently open to CSC and there are identified concerns with regard

to the child or young person being at risk of CSE or they are thought to be a victim of abuse through CSE there will be a joint visit undertaken by the allocated Social Worker and the Young People's Worker from Engage.

The Social Worker will complete a Child and Family Assessment as per existing practices; the assessment being underpinned by the BwD Risk Management Toolkit, but also with reference to the CSE Risk Tool.

The Engage Worker (in lieu of the work being undertaken by the National Working Group for Child Sexual Exploitation, whereby a new tool is expected to be launched in the next few months) will continue to complete the existing CSE Risk Assessment will be attached to the Child and Family Assessment in LCS.

There should be one SMART Plan addressing all aspects of risk and need. This should be jointly worked up by the case holding Social Worker, the Engage Worker and other involved agencies upon completion of the assessments via CIN process or CP processes. The Engage Team will record their involvement in the LCS workspace.

Where a child or young person's needs are assessed as being at level 2 of the CoNR following referral to MASH, MASH will step down to the Early Help Module. An Engage Worker will be identified. The Engage team will record in the Early Help Workspace, a lead professional will be identified and where it is in the best interests of the child/young person, this will be the Engage Worker, who will complete a CSE Risk Assessment.

A CAF Assessment will also be completed, addressing the holistic needs of the child and being underpinned by the CSE Risk Toolkit. The completed CSE Risk Assessment will be attached to the CAF/Early Help Assessment. The Engage worker will formulate the Smart Plan in consultation with other involved agencies via the Team Around the Family (TAF) process and the Engage Worker will complete case recording in the EHM workspace.

Graded Care Profile 2

The Graded Care Profile 2 (GCP 2) is an evidenced based assessment tool for evaluating levels of parental care. It can be used to compliment and support other assessment processes across the CoNR. The tool should be used in all assessments where neglect is an issue

Based on Maslow's hierarchy of need, the tool identifies strengths as well as weakness and using a graded scale (1=best 5=worst) to capture the levels of physical and emotional care provided by parents.

The tool and scoring can be undertaken by any professional working with the family and different professionals can undertake different sections. The tool is visual which support clarity with parents and it provides evidence that informs care and intervention plans targeting neglectful parenting.

Further information and guidance on the GCP2 can be found on the BwD Sharepoint Best Practice site at

<https://peopleservices.blackburn.gov.uk/ChildrensServices/GoodPractice/AP%20Useful%20Documents/Forms/AllItems.aspx?RootFolder=%2FChildrensServices%2FGoodPractice%2FAP%20Useful%20Documents%2FGraded%20Care%20Profile&FolderCTID=0x0120003DEEA39A88E4974AA26679914FB257CA&View=%7B572FFB3E%2DA004%2D4CD0%2D9E4A%2DF3BB47C4D6DD%7D>