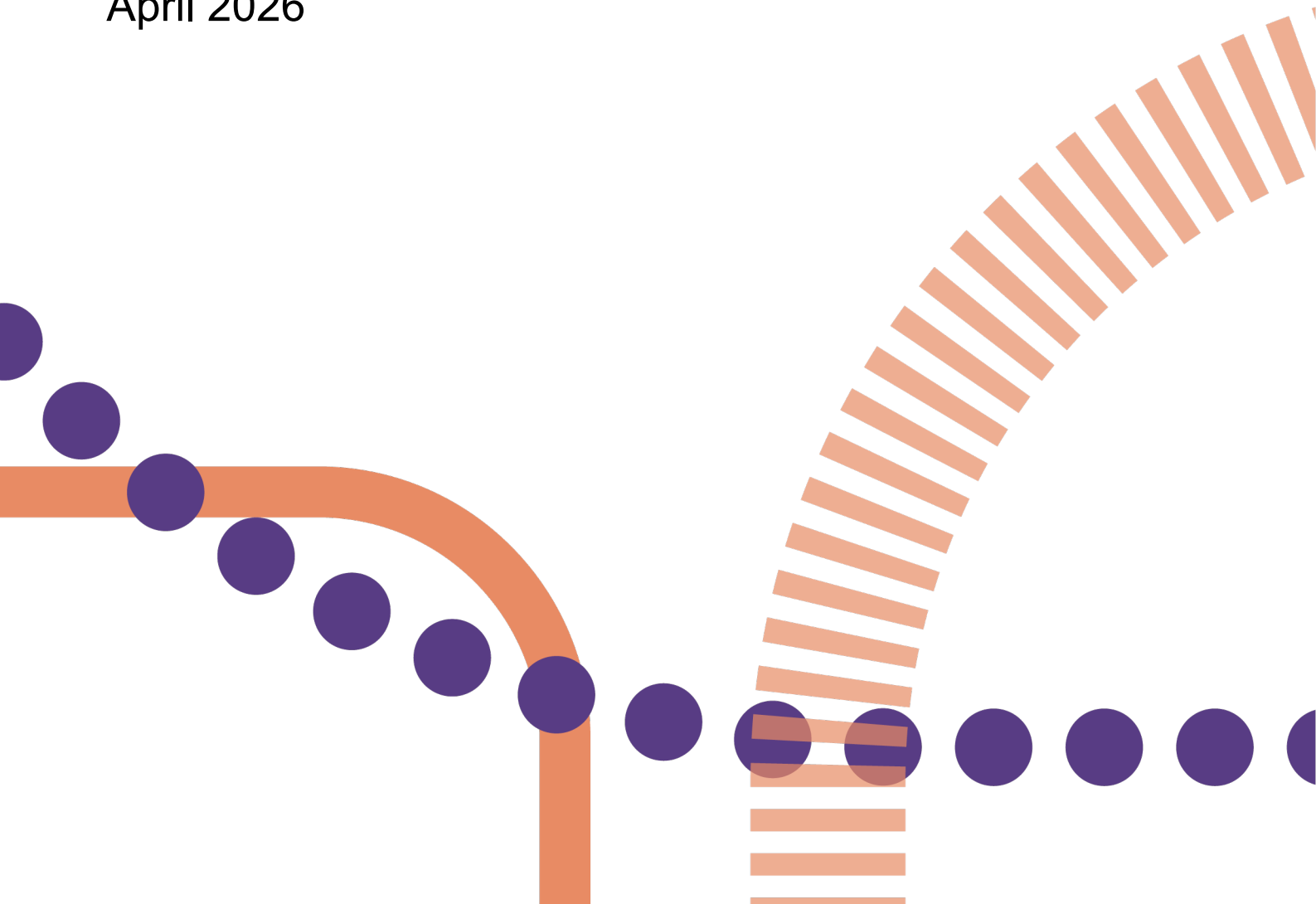


Child neglect

The use of child neglect assessment tools

April 2026



Introduction

The Child Safeguarding Practice Review Panel published a thematic report in Spring 2026 examining multi-agency responses to child neglect in serious child safeguarding incidents. The review identified that whilst a range of tools exist to support multi-agency practitioners to identify neglect, they are seldom used in practice. Where they are used, they can help practitioners to build a shared understanding of a child's lived experience, structure thinking and actively engage parents in constructive conversations.

Who is this document for?

Multi-agency practitioners and managers working in universal services such as schools, health services, police and early years settings, and practitioners in specialist safeguarding and child protection roles (including fostering and adoption).

How to use this resource

Practitioners should use this briefing as a practical guide to strengthen their approach to identifying and responding to neglect. It can support reflective practice, encourage multi-agency collaboration, and embed evidence-informed tools into everyday safeguarding work. Teams can use the briefing to review current practice, identify gaps in the use of tools and plan training or system changes that promote consistency. It can be referenced in supervision, team discussions, and strategy meetings to help practitioners to build a shared understanding of children's lived experience and improve decision-making around neglect.

Why is it important for children and young people?

Understanding the persistent challenge of identifying and responding to neglect is important if we are to protect vulnerable children and improve their outcomes. By referencing and using evidence-informed tools, practitioners can build a shared understanding of a child's lived experience, thus allowing them to make better decisions and intervene earlier. By using this resource, practitioners and safeguarding partnerships can make decisions about embedding neglect tools into everyday safeguarding practices so that children receive timely and coordinated support.

What is the evidence base?

The Panel's thematic analysis included:

- Analysis of one hundred reviews and thirty-four related LCSPRs relating to neglect received by the Panel between 2019 and 2023.
- Five rapid reviews were selected for in-depth fieldwork involving practitioners, experts, and families with lived experience. Group interviews were conducted at each of the five

sites, involving thirty-seven frontline practitioners who had worked directly with the children and families.

- Meetings were held with sixty senior managers from strategic groups, including education and third-sector organisations.
- Roundtable discussions brought together forty experts and leaders from health, police, education, and children's social care/ early help.
- A webinar was convened with twenty-five independent reviewers of LCSPRs and scrutineers from various safeguarding partnerships, focusing on barriers and enablers to effective practice.
- To ensure the inclusion of children and families, the review team conducted interviews with two children and one parent and held two meetings with ten parents from family advocacy groups. These discussions explored their experiences with services, what they found helpful, what they wished had been done differently, and their suggestions for improving practice.
- Policy conversations with the relevant government departments.

Key facts and figures

- In the UK, the best available evidence suggests that one in thirteen children aged 11 to 17 has experienced neglect, with one in ten reporting severe neglect during their lifetime (Radford et al., 2011).
- As of 31 March 2025, neglect was the primary concern for just over half of the 49,400 children in England subject to child protection plans (DfE, 2025).
- Neglect is a common factor in incidents involving death or serious harm. The Panel's data shows that 60% of rapid reviews included neglect as part of the broader context of children's lives (CSPRP Annual Report 24/25).

Common issues

- Tools such as the Graded Care Profile 2 (GCP2) and the Quality-of-Care tool exist to support the assessment of child neglect but they are rarely used at a local level.
- Use of tools by local areas were the exception rather than the norm and there does not appear to be a consistent approach to using assessment tools or consistent and effective ways of implementing them in practice or assessing their impact over time.
- This resulted in missed opportunities to build a shared understanding of neglect and to support effective decision making.
- Barriers identified by multi-agency practitioners include:
 - Lack of training opportunities on using the tools.
 - Unclear expectations and guidance about how and when to use the tools.

- Lack of integration into local systems, audits and frameworks used to identify and respond to incidents of neglect.
- Where tools were used, they were often applied by a single agency rather than as part of a coordinated, multi-agency response. This results in limited effectiveness.
- There was limited evidence of strategic leadership by safeguarding partnerships on the use of neglect tools. Where local neglect strategies were in place, they did not refer to neglect tools such as the two mentioned above.

Hallmarks of good practice

- Evidence from the review highlighted several elements of good practice that strengthen professional judgement, support shared multi-agency understanding, and improve the quality of intervention planning.
- Some areas demonstrated promising practice, such as multi-agency chronologies or shared use of neglect toolkits. Areas that used shared chronologies or multi-agency versions of neglect tools reported that assessments better represented the array of children's experiences and better-informed their planning.
- For example, in Norfolk, combined agency chronologies were used to analyse and reflect on children's needs and the effectiveness of interventions. This approach enabled professionals to see patterns over time and across services, supporting more accurate identification of neglect and more targeted responses.
- Combined chronologies help professionals identify patterns of cumulative harm that may not be evident when incidents are considered in isolation. This supports timely identification and mitigates risks associated with episodic or fragmented responses.
- The effective use of neglect tools depends on practitioners receiving clear guidance on how to use them, training, and ongoing support. Good practice therefore includes providing regular training on how and when to use tools, ensuring staff understand their purpose, and promoting confidence in applying them as part of routine safeguarding practice.
- This responds to widely reported barriers including lack of familiarity, insufficient time, and the absence of clear expectations for tool use and inadequate training.
- A strong indicator of good practice is the integration of neglect tools into local safeguarding policies, procedures, audit frameworks, and workforce development strategies.
- The review notes the absence of such strategic leadership in many areas and highlights the need for safeguarding partnerships to embed and monitor the consistent use of tools to support early identification, intervention, and ongoing review.

Reflective questions and discussion points

- Do you feel equipped to distinguish between neglect and the effects of poverty? What assessment tools or support do you have available to you to help you with this?
- Have you used neglect tools in your work with children and families? If they are available for use withing your safeguarding partnership, do you consider yourself/yourselfs to be fully trained in applying them to safeguarding situations?
- Do you have ongoing support available for you to gain the confidence and consistency in applying neglect tools as routine practice when deemed appropriate?
- Are neglect tools and frameworks embedded in practice across agencies? If they are available to use, how is their effectiveness and impact measured?
- How clear are local expectations for the use of neglect tools?
- Which barriers – time, unfamiliarity, unclear guidance, lack of training - most affect our teams to use tools and what practical steps would reduce these barriers?
- How can we ensure the consistent use of neglect tools across different communities and settings (i.e. schools, health, police, early years) to avoid inconsistent responses?

Reflective questions for leaders

- How are neglect tools embedded in our local safeguarding policies and procedures? Do we have our own neglect toolkit that has been developed in line with cases we have seen and experienced?
- Do we provide regular training and on-going support for all multi-agency practitioners that help them to use neglect tools in a confident and consistent manner?
- How do we ensure that neglect tools are applied consistently across all agencies and settings (schools, health, police, early years)?
- What systems do we have in place to monitor the effectiveness and impact of neglect tools on practice and outcomes?
- How clear are our expectations for using neglect tools and how do we demonstrate strategic leadership in promoting their consistent use?
- What barriers (time, unclear guidance, lack of training) most affect the use of tools in our partnership and what practical steps can we take to reduce them?
- Are we promoting multi-agency approaches such as shared chronologies or joint use of neglect tools to strengthen decision-making?

- How do we ensure that safeguarding assessments concerning neglect considers a family's intersecting factors such as poverty, race and socioeconomic context, so that assumptions or biases about families from marginalised communities do not shape the way their parenting is framed?

Case study

A mother was admitted to hospital showing signs of domestic abuse and neglect, so referrals were made to the multi-agency safeguarding hub (MASH) and adult social care. The MASH referral was closed because of a lack of parental consent, and no direct concerns were identified for the children. The mother's partner reassured hospital staff that he could care for the children with wider family support. The referral to adult social care did not meet the evidential threshold and was also closed.

Concerns were later raised by the children's school and maternal grandmother when the family's whereabouts became unclear. Police visited the home, found it empty and had significant concerns about the living conditions. The older children were later found with their father in another county. The partner's children from a previous relationship had been removed from his care due to neglect.

Learning points:

- An over-reliance on parental consent hindered safeguarding of the children. This meant the partner, who posed a potential risk, was relied upon to make decisions about the children's care.
- The safeguarding hub did not appear to seek broader partnership information that could have led to a better assessment of risk.
- Key indicators of neglect - including missed medical appointments, cancelled home visits and poor hygiene — were not recognised or followed up.
- The children's own experiences and needs were not explored sufficiently, with adult issues taking precedence.

Where can I find out more?

Find more information on the Panel's new learning hub:

www.childsafeguarding.independent-panel.uk, where you can access videos, webinars, podcasts and other content, including the full report.

Other useful resources include:

- NSPCC: [Too little, too late: The multi-agency response to identifying and tackling neglect](#) (pages 6 to 7 apply)
- NSPCC: [Implementation evaluation of Graded Care Profile 2 \(GCP2\)](#). London
- NSPCC: [How the GCP2 assessment tool for neglect supports families and practitioners to achieve change](#)