**Swindon Safeguarding Partnership Neglect Screening Tool**

**This screening tool should be completed to assist in evidencing neglect concerns and used in line with** [**The\_right\_help\_at\_right\_time\_guidance**](https://safeguardingpartnership.swindon.gov.uk/downloads/file/673/the_right_help_at_right_time_threshold_guidance) **and** [**SSP\_neglect\_framework\_and\_practice\_guidance**](https://safeguardingpartnership.swindon.gov.uk/downloads/file/690/ssp_neglect_framework_and_practice_guidance)

**Definition of Neglect**

Neglect is ‘The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during the pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing or shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger, ensure adequate supervision (including the use of inadequate caregivers); ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.’ (Working Together to Safeguard Children 2018)

**Purpose of Screening Tool**

Is to equip frontline practitioners to:

* identify signs of neglect at an early stage,
* alert the need for further action
* Identify which agency/organisation/practitioner will progress further assessment/intervention as needed.

**Using the tool**

The tool is intended for front line practitioners within all partner agencies to quickly identify areas of concern which may indicate a child/young person is being neglected. It is intended to complement existing assessment tools and should be used accordingly. The tool is designed to be applicable to all ages of children and should help you identify Neglect and associated factors across all age ranges.

In order to complete this tool, it is essential that you can evidence the reasons why you have highlighted concerns for any of the factors indicated. Only complete the parts of the tool you are certain about.

If you are unsure about completing the screening tool seek appropriate help within your organisation. It is essential that where you have highlighted areas where you are **very concerned** or **sometimes concerned** that you provide further information to evidence these concerns and provide details of your next steps.

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| **Person completing this form** |
| **Name, Agency & Role** |  | **Date Completed** |  |

|  |  |  |
| --- | --- | --- |
| **Have you discussed your concerns with parent/carer?** | **Yes** | **No** |

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| **Child’s Details** |
| **Child’s Name** |  | **Address** |  |
| **DOB or EDD** |  | **Details of any siblings/step siblings living in the home** |  |
| **Mother’s Name** |  | **Mother’s Contact Details** |  |
| **Father’s Name** |  | **Father’s Contact Details** |  |
| **Carer’s Name and Contact Details (if not living with parents)** |  |

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| --- | --- | --- | --- | --- |
| **Category: Emotional and behaviour** | **Very concerned** | **Sometimes concerned** | **Not concerned** | **Not Known** |
| Relationships with peers/support networks are poor |  |  |  |  |
| Child feels or is excluded by family  |  |  |  |  |
| Evidence of emotional withdrawal |  |  |  |  |
| Attachment disorder: anxious, avoidant, socially unresponsive |  |  |  |  |
| High criticism, low warmth from parent/ carer |  |  |  |  |
| Non-biological partner appears to resent the child |  |  |  |  |
| Child seeks inappropriate Physical comfort from a stranger/professional *(please specify which)* |  |  |  |  |
| Under-stimulation evident |  |  |  |  |
| Exposed to inappropriate films, websites, games or materials |  |  |  |  |
| Shows reluctance to go home |  |  |  |  |
| Self-harm |  |  |  |  |
| Episodes of missing or running away |  |  |  |  |
| Child has Inappropriate carer responsibilities for other family members |  |  |  |  |
| **Emotional and Behaviour****Issues Noted?** **Please Provide Details:** | **Yes** | **No** | **Not Sure** |  |
| **Any additional comments/analysis:**  |
| **Category: Environmental factors** | **Very concerned** | **Sometimes concerned** | **Not concerned** | **Not Known** |
| Human and animal excrement  |  |  |  |  |
| Unsafe unhygienic home environment  |  |  |  |  |
|  Little or no bedding/furniture  |  |  |  |  |
| Rural isolation/Poverty  |  |  |  |  |
|  Animals pose a level of risk |  |  |  |  |
| Poor housing |  |  |  |  |
| Unidentified adults or young people in the home |  |  |  |  |
| Inadequate supervision in and outside of the home  |  |  |  |  |
| **Environmental Factors****Issues Noted?** **Please Provide Details:** | **Yes** | **No** | **Not Sure** |  |
| **Any additional comments/analysis:**  |
| **Category: Health/Physical Care** | **Very concerned** | **Sometimes concerned** | **Not concerned** | **Not Known** |
| Frequent attendance at Emergency Department and/or hospital admission |  |  |  |  |
| Delay in seeking medical care & attention |  |  |  |  |
| Failure to Thrive, *e.g. poor weight gain* / Faltering Growth *e.g. nutrition* |  |  |  |  |
| Dietary concerns including obesity  |  |  |  |  |
| Untreated or persistent head lice or other infestation |  |  |  |  |
| Refusing help/services |  |  |  |  |
| Poor personal hygiene of child |  |  |  |  |
| Substance abuse of child/adult/household member |  |  |  |  |
| Continuously failing appointments, not addressing health needs/treatments  |  |  |  |  |
| Inappropriately dressed for time of year clothes are not clean and do not fit. |  |  |  |  |
| Not Registered with a G.P  |  |  |  |  |
| Dental hygiene poor/not registered with a dentist |  |  |  |  |
| **Health/Physical Care****Issues Noted?** **Please Provide Details:** | **Yes** | **No** | **Not Sure** |  |
| **Any additional comments/analysis:**  |
| **Category: Parenting** | **Very concerned** | **Sometimes concerned** | **Not concerned** | **Not Known** |
| Poor inappropriate family support  |  |  |  |  |
| Inappropriate language/poor boundaries for own behaviour |  |  |  |  |
| Fails to give child appropriate boundaries for behaviour |  |  |  |  |
| Lack of supervision by carer |  |  |  |  |
|  Substance misuse  |  |  |  |  |
| Parental learning disability impacting on parenting  |  |  |  |  |
| Disguised compliance -involves a parent or carer giving the appearance of co-operating with agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention |  |  |  |  |
| Aggressive or threatening behaviour towards professionals |  |  |  |  |
| Leaving children with inappropriate carers/babysitters |  |  |  |  |
| Unsure of child’s whereabouts |  |  |  |  |
| Lives from day to day *(e.g. lack of forward planning)*  |  |  |  |  |
| Unrealistic expectations of child |  |  |  |  |
| **Parenting****Issues Noted?** **Please Provide Details:** | **Yes** | **No** | **Not Sure** |  |
| **Any additional comments/analysis:**  |
| **Category: Education** | **Very concerned** | **Sometimes concerned** | **Not concerned** | **Not Known** |
| Non-attendance at school/nursery/college |  |  |  |  |
| Developmental delay |  |  |  |  |
| Inadequately prepared for nursery/school/college  |  |  |  |  |
| Lack of parental/carer engagement with nursery/school/college |  |  |  |  |
| Withdrawn/lethargic |  |  |  |  |
| Unexplained extremes of behaviour |  |  |  |  |
| **Educational Needs****Issues Noted?** **Please Provide Details** : | **Yes** | **No** | **Not Sure** |  |
| **Any additional comments/analysis:**  |
| **Category: Feeding and eating** | **Very concerned** | **Sometimes concerned** | **Not concerned** | **Not known** |
| Little or no food in cupboards |  |  |  |  |
| Stealing/scavenging food |  |  |  |  |
| Presents at nursery/school/college as hungry  |  |  |  |  |
| Does not have a breakfast |  |  |  |  |
| Excessively hungry |  |  |  |  |
| Inadequate / Inappropriatediet  |  |  |  |  |
| Excessive weight gain/weight loss |  |  |  |  |
| Inadequate area to prepare food |  |  |  |  |
| **Food and Eating Habits** **Issues Noted?****Please provide details:** | **Yes** | **No** | **Not Sure** |  |
| **Any additional comments/analysis:**  |  |

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| --- | --- | --- |
| **Have you identified an immediate safeguarding concern?**  | **Yes** | **No** |
| **Date RF1 sent to MASH:** |  |
| **Have you identified an unmet need within the family?** | **Yes** | **No** |
| **If you answered ‘Yes’ is your service able to provide the appropriate support?**  | **Yes** | **No** |
| **If you answered ‘No’ what are your next steps?** **Please provide details:**  |  |

***If your concerns need referring to Contact Swindon, please attach this screening tool to the*** [***Request for Help and Support Form***](https://safeguardingpartnership.swindon.gov.uk/downloads/file/630/referral_form_-_rf1) ***when making the request.***

***Please note this tool should always be sent with a referral form and not in isolation.***

For further information please refer to the SSP webpage [Request for help and support guidelines and contact information - Swindon Safeguarding Partnership](https://safeguardingpartnership.swindon.gov.uk/info/15/for_professionals/34/request_for_help_and_support_guidelines_and_contact_information)