|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Neglect Screening Tool - for Social Workers** | | | | |
| **Child’s name:**  **Practitioner:**  **Agency/Team:**  **Date:** | | | | |
| **What is neglect?**  *Neglect is when a child is not getting all of the things that they need to be happy and healthy, and to grow and develop well (e.g. a balanced diet, regularly washing, regularly attending school, affection from parents/carers, rules and routines).*  **When to use the screening tool?**  This screening tool should be completed by all those who encounter children[[1]](#footnote-1) in their work, and who have concerns that a child’s needs are not being met by their parents,[[2]](#footnote-2) or who have concerns that a family are experiencing poverty.  **Completing the screening tool**  Depending on how many children in a family you have contact with, and the family’s circumstances, it may be that you complete a screening tool for only one of the children in a family; or that you complete one screening tool for all the children in a family; or that you complete a different screening tool for each child in a family. If you are also completing an EHA or statutory social work assessment for this family/child, this completed screening tool should inform your assessment.  **Completing the screening tool WITH families**  You should try to complete this screening tool in collaboration with parents and families as much as possible. This could include doing the scoring with parents, or it could mean sharing your scoring with parents and asking them what the barriers might be to them meeting certain needs. Your plan to address neglect should always be developed in collaboration with parents.  **Reviewing the screening tool**  You should review and complete the screening again every 6 months, or when there is a significant change in circumstances for the child/ren. | | | | |
| **1. Child Physical Care Needs** | **1.Child needs met by parent** | **2.Some needs unmet by parent.** | **3.Significant unmet needs and impact on child evident.** | **4.Most needs unmet, impact on child evident, parent’s hostile to advice.** |
|  | **Consider step down** | **Consider continued CSC involvement, or step down to Early Help** | **Continued CSC involvement with targeted support to address neglect** | **Consider escalation** |
| Child is clean and in clean and appropriate clothing | ☐ | ☐ | ☐ | ☐ |
| Child is provided with enough food/ balanced diet and there are no concerns about the child seeking food from others/is not described as stealing by parents or others. Children’s special dietary requirements are met. Child neither losing weight or obese. | ☐ | ☐ | ☐ | ☐ |
| Child’s housing is clean, free from hazards, there are adequate beds/bedding, kitchen and washing facilities. | ☐ | ☐ | ☐ | ☐ |
| Lots of different adults do not move in and out of the house and there is no adult’s sofa surfing. | ☐ | ☐ | ☐ | ☐ |
| Child/YP has stable home environment without too many moves (unless necessary). | ☐ | ☐ | ☐ | ☐ |
| Child has routine, and support to get enough sleep – ready for nursery/school. | ☐ | ☐ | ☐ | ☐ |
| Child is supported to sleep, settle, and calm distress kindly and without anger or dangerous frustration. | ☐ | ☐ | ☐ | ☐ |
| Child does not take on inappropriate caring responsibilities. | ☐ | ☐ | ☐ | ☐ |
| Parent recognises neglect of older child (e.g. poor self-hygiene or diet) and seeks to address or seeks help. | ☐ | ☐ | ☐ | ☐ |
| Financial concerns are well known and addressed including no recourse to public fund. | ☐ | ☐ | ☐ | ☐ |
| **Comments and observations:** | | | | |  | ☐ |
| **2.Safety and supervision provided by parents** | **1.Child needs met by parent** | **2.Some unmet needs by parent.** | **3.Significant unmet needs and impact on child evident.** | **4.Most needs unmet, impact on child parent’s hostile to discussion/advice.** |
| Parents are aware of safety issues and accident prevention; the parents recognise likely hazards and dangers in the home for the child. There is evidence of age-appropriate safety equipment in use. | ☐ | ☐ | ☐ | ☐ |
| Child is free from unexplained/ repeated injuries. | ☐ | ☐ | ☐ | ☐ |
| Child is only left with other carers who are safe and/or known to child and they are protected from risky adults. | ☐ | ☐ | ☐ | ☐ |
| Child is not impacted by domestic abuse, parental substance use, mental health or learning disability. | ☐ | ☐ | ☐ | ☐ |
| Child is encouraged/supported to avoid anti-social behaviour, gang affiliation alcohol, or drug misuse. When these are concerns parents ensures child facilitated to attend services. | ☐ | ☐ | ☐ | ☐ |
| When there are concerns about child sexual exploitation or child sexual abuse/harmful sexual behaviours./sibling sexual abuse these are responded to. | ☐ | ☐ | ☐ | ☐ |
| Child is not exposed to adult films, websites, material, or adult sexual activity. | ☐ | ☐ | ☐ | ☐ |
| Child’s on-line activity is monitored by parents. | ☐ | ☐ | ☐ | ☐ |
| Child’s location and supervision are overseen by parent if e.g., child is visiting friends, staying out at night. | ☐ | ☐ | ☐ | ☐ |
| Parent takes action when child missing and reports to the police. | ☐ | ☐ | ☐ | ☐ |
| **Comments and observations:** | | | | |
| **3. Health and disability needs responded to by parents.** | **1.Child needs met by parent** | **2.Some unmet needs by parent.** | **3.Significant unmet needs and impact on child evident.** | **4.Most needs unmet, impact on child parent’s hostile to discussion/advice.** |
| Child is brought for all medical appointments and developmental checks | ☐ | ☐ | ☐ | ☐ |
| Child’s health needs are identified and met promptly e.g., asthma, diabetes, constipation, wetting, eczema, headlice. | ☐ | ☐ | ☐ | ☐ |
| Child is registered with GP, and dentist and parent seeks dental/medical/optical attention when needed. | ☐ | ☐ | ☐ | ☐ |
| Child is not brought to accident and emergency departments instead of seeking routine GP advice. Comment on how often A&E attended where appropriate. | ☐ | ☐ | ☐ | ☐ |
| Child has expected growth and development for age and/or parent is seeking suitable support for growth and development. There are no concerns about slow growth or significant obesity. | ☐ | ☐ | ☐ | ☐ |
| Child is living in a smoke-free environment, any smokers in household take care not to expose child to smoke. | ☐ | ☐ | ☐ | ☐ |
| Child is supported to look after their mental health and mental health support needs are identified and addressed. | ☐ | ☐ | ☐ | ☐ |
| Child’s disability needs are appropriately responded to, all services are engaged with and child brought to or facilitated to attend appointments. | ☐ | ☐ | ☐ | ☐ |
| Parents seek advice regarding developmental delay including speech and communication concerns. Child facilitated to attend support services. | ☐ | ☐ | ☐ | ☐ |
| **Comments and observations:** | | | | |
| **4. Emotional Needs of child met by parents** | **1.Child needs met by parent** | **2.Some unmet needs by parent.** | **3.Significant unmet needs and impact on child evident.** | **4.Most needs unmet, impact on child parent’s hostile to discussion/advice.** |
| Parents speaks fondly of child, recognises their strengths and emotional warmth is observed. | ☐ | ☐ | ☐ | ☐ |
| Child has a sense of being valued and is positive about their individual (ethnic, religious, cultural etc.) identity | ☐ | ☐ | ☐ | ☐ |
| Child is supported by caring adults around behaviour, boundaries, teaching them right from wrong. Appropriate disciplinary approaches are used which do not humiliate the child and physical harm is not inflicted. | ☐ | ☐ | ☐ | ☐ |
| Child seeks comfort from parent/carer when distressed/hurt, parent responds to child’s behaviours/feelings/crying and help child regulate emotions. | ☐ | ☐ | ☐ | ☐ |
| **Comments and observations:** | | | | |
| **5.Stimulation and education** | **1.Child needs met by parent** | **2.Some unmet needs by parent.** | **3.Significant unmet needs and impact on child evident.** | **4.Most needs unmet, impact on child parent’s hostile to discussion/advice.** |
| Child is/was school ready with communication skills, toilet training (considering age, stage and any disability) and when older is ready for learning and exploring the world: they are not tired, hungry or pre-occupied. | ☐ | ☐ | ☐ | ☐ |
| Child has access to toys, social contact with others and age-appropriate activities | ☐ | ☐ | ☐ | ☐ |
| Child is spoken to regularly and encouraged to talk and develop speech/language. | ☐ | ☐ | ☐ | ☐ |
| Child is brought to pre-school/nursery/supported and encouraged to attend school and parents are engaged, attend meetings, supports attendance. | ☐ | ☐ | ☐ | ☐ |
| Child is able to engage in learning activities and is making progress towards goals, home environment supports learning. | ☐ | ☐ | ☐ | ☐ |
| Child is achieving educational progress considering neurodiversity, age and stage of development. | ☐ | ☐ | ☐ | ☐ |
| Child’s school attendance is good and child arrives on time with suitable clothes and any equipment. | ☐ | ☐ | ☐ | ☐ |
| **Comments and observations:** | | | | |
| **6. Pre-Birth/ Ante Natal Care and early baby care – *only applicable to families with babies*** | **1.Child needs met by parent** | **2.Some unmet needs by parent.** | **3.Significant unmet needs and impact on child evident.** | **4.Most needs unmet, impact on child parent’s hostile to discussion/advice.** |
| Parent(s) attend antenatal appointments, are engaged with midwife/health services. | ☐ | ☐ | ☐ | ☐ |
| There is a sufficient focus on mother and father | ☐ | ☐ | ☐ | ☐ |
| Parents have made sufficient preparation for birth – practical and emotional. | ☐ | ☐ | ☐ | ☐ |
| The parents recognise the needs of the unborn baby including no smoking/drugs/alcohol or engagement with services to support. Stress is minimised and no domestic abuse. | ☐ | ☐ | ☐ | ☐ |
| Parent(s) own needs are supported/previous safeguarding concerns have been successfully supported. | ☐ | ☐ | ☐ | ☐ |
| **Care of baby** |  |  |  |  |
| Parent/s can demonstrate basic care for the baby – such as suitable feeding, sufficient hygiene | ☐ | ☐ | ☐ | ☐ |
| Home circumstances appropriate and hazards for baby addressed. | ☐ | ☐ | ☐ | ☐ |
| Parents are aware of safety issues and accident prevention; the parents recognise likely hazards and dangers in the home for the baby. There is evidence of age-appropriate safety equipment in use. | ☐ | ☐ | ☐ | ☐ |
| Parents handle baby with care, using eye contact and smiles. Baby not left for long periods of time in car seat/walker/pushchair etc. | ☐ | ☐ | ☐ | ☐ |
| Parent has information on safe sleeping and follows the guidelines including suitable beds and bedding, awareness of the importance of room temperature, sleeping position of the baby, not smoking, not co-sleeping and recognition of the impact of alcohol and drugs when co-sleeping. | ☐ | ☐ | ☐ | ☐ |
| Parent/s bonding and attachment behaviour observed. | ☐ | ☐ | ☐ | ☐ |
| Adult unmet needs are adequately addressed – post natal depression, finance, trauma, mental ill health, substance misuse | ☐ | ☐ | ☐ | ☐ |
| Parent/s engaging positively and openly with health visitor/GP/nurse with advice taken and acted on | ☐ | ☐ | ☐ | ☐ |
| Baby’s nappies are changed regularly, any nappy rash treated, toilet training undertaken at appropriate age and stage. | ☐ | ☐ | ☐ | ☐ |
| The non-mobile infant free from bruising. | ☐ | ☐ | ☐ | ☐ |
| Baby has access to toys, social contact with others and age-appropriate activities | ☐ | ☐ | ☐ | ☐ |
| **Your analysis: What is life like for this child/ren, and what are the implications for their short and long term outcomes?**  **If there are unmet needs, why are they not being met? Are there any financial barriers? What is the parent’s account for these needs not being met?** | | | | |
| **Your plan: What needs to be done?** | | **Who will do it, and when will they do it by?** | | |
| **1.**  **2.**  **3.**  **4.** | | **1.**  **2.**  **3.**  **4.** | | |
| **Review date:** | | | | |
| **Some things to think about:**  **Talking to parents and offering help.**  It can be difficult to talk to people about their parenting. The intention of the screening tool is not do this in an accusatory or shaming way, but to notice when parents are struggling and offer help.  **Having a plan – neglect by parents does not go away without help.**  When neglect is identified it will not GO AWAY without a plan of action. The early signs of neglect which are left unaddressed WILL lead to parenting approaches that are increasingly ineffective, which become entrenched and more difficult to change over time. This leads to children’s developmental needs being delayed and damaged. An unhelpful circular pattern can develop where children have not been enabled to manage their emotional or behavioural needs and parents report them as being difficult or blame the child for the struggles with parenting. This leads to very poor outcomes for children.  **Think about cultural context and impact of poverty.**  When using the screening tool, it is important to think about the cultural context of the family and talk to them about how this shapes their parenting approach. However, if parenting is impacting negatively on children, it must be addressed. Some of the aspects of children’s lives will be impacted by poverty and issues such as poor housing and impoverished neighbourhoods. Parents must not be held responsible for issues outside their control. Always ask about benefits and signpost to advice agencies such as Island Advice Centre and First Love Foundation. | | | | |

1. Child means anyone under the age of 18. [↑](#footnote-ref-1)
2. Parents means anyone in a caregiver role. [↑](#footnote-ref-2)