**Wokingham Children’s Services Neglect Screening Tool**

Neglect is the most common form of abuse and NSPCC research suggests around 1 in 10 children in the UK have been neglected.  Supporting professionals to have the knowledge, skills, and confidence in identifying and responding to concerns of neglect is fundamental in addressing this.

**Working Together to Safeguard Children 2018** defines neglect as: The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of a child’s health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

* Provide adequate food, clothing, and shelter (including exclusion from home or abandonment).
* Protect a child from emotional and physical harm or danger.
* Ensure adequate supervision (including the use of inadequate care givers).
* Ensure access to appropriate medical care or treatment.
* It may include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Neglect can be a difficult concept for both practitioners and families and differs in its presentation from other forms of abuse. There is rarely a unique incident or critical event; more commonly there is a repetition of neglecting behaviour which causes incremental damage to the child(ren). This can undermine the child’s resilience, leading to avoidable health and developmental problems, distress and unhappiness for the child, harm and poorer life chances. Understanding its repercussions and the potential for both prevention and intervention is vital.

Neglect is directly linked to the parent or carer’s capacity to recognise and respond to the child’s needs whatever their age. Adults in a child or young person’s life may not recognise the signs of neglect and the child may be too young, too scared or feel ashamed to tell anyone what is happening to them.

This tool is intended as a checklist/list of prompts to consider/assess the needs of a child aged 0-18 years. The term ‘parent’ refers to the primary carer(s) for the child. The tool can be used to gather and clarify concerns regarding a child to support a referral to Children’s Services. Following a referral, the tool should be used by the assessing Social Worker within the assessment process for all cases where neglect has been flagged as a concern.

The full Berkshire West Safeguarding Children Partnership Information and Guidance on Neglect can be found [here](https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/scp/professionals/neglect-information-and-guidance) or you can download a PDF version [**here**](https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/assets/1/bwscp_neglect_information_and_guidance.pdf)**.**

**The Tool**

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| **Date** | **Child’s Name** | **Child’s ID** | **Practitioner** | **Agency** | **With family member** | **Other** |
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**Additional/Complicating Factors**

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|  | **Details** | **Support/Action In Place or Needed** |
| **Children: additional/specific needs:** |  |  |
|  Case history – previous referrals/plans |  |  |
|  Any cumulative impact/harm?  |  |  |
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| **Parental Factors: include previous personal & case history, cumulative harm:** |  |  |
|  Specific needs – diagnoses/LDs/physical disability etc |  |  |
|  Family history including care experience  |  |  |
|  DV/MH/Sub use etc |  |  |
|  Engagement with professionals |  |  |
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| **Environmental Factors:** |  |  |
| Housing/employment |  |  |
| Poverty  |  |  |

**Level of Concern:**

**3: Not Concerned**

**2: Sometimes Concerned**

**1: Often/Very Concerned**

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| --- | --- | --- |
| **Category** | **Level of Concern** | **Evidence/Observations/Comments** *Must be provided if rating 1 or 2* |
| **Category 1:****Home** |  |  |
|  The area immediately around the home is safe eg balcony, stairwell, garden.  |   |  |
|  The home is safe and hazard free (no fire risks, sharp objects, needles). |  |  |
|  Dangerous substances/items eg bleach, cleaning products, medication, drugs and needles are kept safely.  |  |  |
|  The child cannot access dangerous household equipment eg knives, lighters, electrical appliances. |  |  |
|  Appropriate safety equipment is in use eg fireguards, stairgates.  |  |  |
| Are there any concerns about the way the house smells? |  |  |
|  The home environment has all essential amenities eg heating, cooking facilities. |  |  |
| What sort of state of repair in the house in?  |  |  |
|  The home is clear and tidy with areas for the child to play safely.[Clutter/Hoarding Scale](https://hoardingdisordersuk.org/wp-content/uploads/2014/01/clutter-image-ratings.pdf)  |  |  |
|  The child has an adequate bed, clean and dry bedding. |  |  |
|  Hygiene in the home is of a safe standard:* Cooking
* Fridges/food storage
* Floors
* Bathroom
* Toilet
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|  Rubbish/animal faeces is disposed of promptly and safely.  |  |  |
|  There are no concerns about family pets/animals in the home.  |  |  |
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| **Category 2:** **Physical care – nutrition, health, clothing – age breakdown**  |  |  |
|  The child is of expected height and weight for their age. |  |  |
|  The child, on observation, appears well nourished. |  |  |
|  The child has access to the outdoors and exercise. |  |  |
|  The child eats a balanced diet and sugar intake is limited.  |  |  |
|  The parent or child do not express concerns in relation to child’s appetite: eating too much or too little. |  |  |
|  Meals are prepared for young children and there is a routine. |  |  |
|  There is food in the cupboards/fridge. |  |  |
|  The child does not hoard or steal food. |  |  |
|  The child is registered with a local GP. |  |  |
|  The parent follows up on health or child development worries. |  |  |
|  Health appointments with GP or specialist are attended.  |  |  |
|  If child has a medical condition eg diabetes, asthma, this is well managed.  |  |  |
|  The child is registered with a dentist and parents promote dental hygiene.  |  |  |
|  The child appears clean and washes/bathes regularly - hair, skin |  |  |
|  Skin infections and head lice are treated. |  |  |
|  The child wears correctly fitting clothes and shoes that are appropriate for the weather. |  |  |
|  The child does not have recurrent infections such as impetigo, scabies.  |  |  |
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| **Category 3: Development, stimulation, education – age breakdown**  |  |  |
| [Child Development Information](https://www.ccinform.co.uk/learning-tools/child-development-practice-support-tool/?learning_tools=child-development-practice-support-tool#038;post_type=learning_tools&)  |  |  |
|  **0-5:** |  |  |
|  The child is meeting their developmental milestones.  |  |  |
|  Developmental checks are attended and follow up action is taken where needed.  |  |  |
|  The parent plays with/stimulates the child and provides access to age-appropriate toys or activities. [Play Resource](https://www.earlyyearsmatters.co.uk/eyfs/a-unique-child/play-learning/)  |  |  |
|  **School aged children:** |  |  |
|  There are no ongoing concerns about the child’s attendance, lateness or them arriving alone – attendance percentage needed. |  |  |
|  The child has the correct uniform and equipment for school.  |  |  |
|  The child does not go missing from school and there are not unexplained absences.  |  |  |
|  Behaviour is not a concern at school.  |  |  |
|  The child has access to age-appropriate activities and toys, and the parent plays with/spends quality time with the child.  |  |  |
|  There are no concerns about the child’s screen time. [Screen Time Guide](https://www.rcpch.ac.uk/sites/default/files/2018-12/rcpch_screen_time_guide_-_final.pdf)  |  |  |
|  The child is supported to learn outside of school eg homework, reading.  |  |  |
|  There are no concerns about the child’s development or progress in school; they are at the expected attainment level for their age  |  |  |
|  The parent provides guidance/support about education, employment, training post 16yrs.  |  |  |
|  The parent provides support to the child to prepare for independence/adult life.  |  |  |
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| **Category 4: Supervision & boundaries**  |  |  |
|  **Supervision:** |  |  |
| The child experiences care arrangements which mean they have safe, consistent adults with whom they live.  |  |  |
|  Alternative carers (childminder, family member, nanny etc.) are always considered appropriate.  |  |  |
|  Supervision of the child in the home/garden is clearly in place and is not causing any concerns in line with child’s needs.  |  |  |
|  The child does not have recurrent or frequent accidents. |  |  |
|  Safety outside the home is in place: * Traffic/road safety
* Car safety eg car seats
* The parent knows the child’s whereabouts, who they are with, and keeps in touch
 |  |  |
|  The child never goes missing. |  |  |
|  There are no concerns about the child being exploited, and if there are parents are responsive and protective.* Sexually
* Criminally
* Gang involvement

(Link to CE tool)  |  |  |
|  Online safety is in place – parental controls, supervision, social media access, in-game messaging. There are no concerns about the child’s use of a mobile phone, including overnight.[Child Exploitation Online Protection Guidance](https://www.thinkuknow.co.uk/)  |  |  |
|  The child only has access to TV/films/video games that are age appropriate.  |  |  |
|  **Boundaries:** |  |  |
|  Daily routines for the child are established and healthy. [Daily Routines Resource](https://www.bbc.co.uk/tiny-happy-people/routines) |  |  |
|  The parent has age-appropriate expectations of the child. |  |  |
|  The child has a regular age-appropriate bedtime with a healthy bedtime routine.  |  |  |
|  Clear, age-appropriate boundaries are consistently in place for the child.  |  |  |
|  Discipline is fair and well managed and is not causing any concern.  |  |  |
|  Age-appropriate curfews for an older child are in place and not causing any concern.  |  |  |
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| **Category 5: Relationships & emotional wellbeing, nurture** |  |  |
|  The parent shows appropriate nurture and warmth towards the child and speaks warmly of the child.  |  |  |
|  The parent is aware of/responsive to the child’s emotional wellbeing.  |  |  |
|  The parent helps the child to manage their emotions in healthy and safe ways.  |  |  |
|  The parent is receptive to advice about the child’s emotional and behavioural needs. |  |  |
|  The child is seen as part of the family and unconditionally accepted by the parent.  |  |  |
|  The parent supports the child to have a positive sense of identity.  |  |  |
|  The parent recognises the child’s unique characteristics, strengths and abilities and does not put excessive pressure on the child to be a high achiever. |  |  |
|  The child has age-appropriate responsibilities for chores in the home and in caring for family members.  |  |  |
|  The parent supports the child to have close, supportive friendships and the child is not isolated. |  |  |
|  There are no concerns about the child experiencing bullying in any context.[NSPCC Bullying Information](https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/bullying-and-cyberbullying/)[Childline Bullying Information](https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/bullying-and-cyberbullying/)  |  |  |
|  The child is happy to be at and return home from school and other settings. |  |  |

**Summary:**

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|  | **Target Areas** | **Priority**  | **Timescale** |
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