**Milton Keynes Safeguarding Children Board**

**Neglect Screening Tool Guidance**

**Definition of Neglect:**

Neglect involves 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 and development.

Neglect may occur during pregnancy as a result of, for example, maternal substance misuse.

Once the child is born, neglect may involve failure to:

• Provide adequate food, clothing or shelter (including exclusion from home or abandonment);

• Protect from physical and emotional harm or danger;

• Meet or respond to basic emotional needs;

• Ensure adequate supervision including the use of adequate care-takers;

• Ensure access to appropriate medical care or treatment. *(Working Together guidance, DfE 2015)*

**Guidance for use:**

This screening tool is intended to provide any professional who may be concerned that a child or children are at risk of or potentially subject to neglect a straightforward way of testing their concerns against some of the key risk factors associated with neglect. The process outlined in the attached flow chart illustrates the actions that can be taken as a response to those concerns.

This screening tool and flow chart does not replace established child protection procedures as set out in the MKSCB multi-agency guidance. Professionals should be alert to the fact that concerns which start out as neglect may indicate other child protection concerns. This tool seeks to help professionals clarify thinking where they are worried that a child is being neglected.

When completing this screening tool, please use the comments section to record your observations, opinions and the factors that you have taken into account. Where possible please provide the frequency and any specific incidents that have worried you. **Please note that this is a multi-agency tool, however, agencies are only expected to complete sections where the information is available to them, for example, Housing may not have information in respect of a child’s health.**

Neglect occurs at every socioeconomic level, across ethnic and cultural lines, within all religions and at all levels of education. It is important for you to know and understand the family’s religion, culture and community and the impact this may have on the care given to the child and to avoid judgements that are not appropriate.

You should be clear whether you are using this tool as a member of staff only to assist your professional thinking, or jointly with the family to explore, share and discuss issues of concern.

Using the tool to assist professional thinking should not deter members of staff from engaging in open and honest communication with families about identified concerns.

* For families with more than one child, complete a tool for each sibling so you can compare and contrast their experiences as they are likely to be different.
* Where relevant, consider the relevance of chronology, the impact of historical events and the reoccurrence of neglectful behaviour
* Acknowledge and take into account any known medical conditions or disabilities
* Consider the parent’s role in meeting the child’s needs in relation to developmental age-appropriate factors
* Use plain English, avoid acronyms , abbreviations and specialist jargon
* Areas that do not apply may be strengths/protective factors, but also consider whether there are friends or other family members that increase the child’s resilience

It will not be necessary in every case to refer on. Providing advice and guidance to a child, young person and/or family to address the concerns may be adequate in some cases.

If there are wider concerns, consider the need for multi-agency planning and intervention and use the normal referral pathway. Maintain ongoing review of risk and re-screen if necessary.

If concerned about the neglect then speak to your Designated Safeguarding Lead within your organisation and seek advice from Children’s Social Care Multi-Agency Safeguarding Hub (MASH): 01908 253169/70.

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**Neglect Screening Procedure**

Neglect identified by professional/agencies

Complete MKSCB Neglect Screening Tool

Provide information and advice to parent/carer and identify what support you can offer

Consideration should be given to arranging a CAF to address the concerns about Neglect

If concerns remain, refer to Children’s Social Care Multi Agency Safeguarding Hub (MASH) using the [Multi Agency Referral Form](http://www.mkscb.org/wp-content/uploads/2016/03/MARF_Sept-2015.doc) (MARF) and include the Neglect Screening Tool.

**When making a referral please refer to the** [MKSCB Levels of Need](file:///C%3A%5CUsers%5Clmellor%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CY5AU33PB%5CB_Levels_of_Need_October_2015.pdf) **Document**

**Neglect Identification Tool**

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| Agency Completing this form: |  | Have concerns been shared with parent/carer?If not please explain why? |  Yes/ No  |
| Name of person completing this form: Designation: |  |
| Phone number: |  |
| Email: |  | Date completed |  |
| Household Composition: |  | Address: |  |
| Name of child: |  | Date of birth: |  |

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| **Child’s Developmental Needs** | **Signs and Symptoms** | **Comments and actions taken** | **Applies** | **Does not apply** | **Not known** |
| **Unborn health** |  |  |  |  |
| Late booking of pregnancy |  |  |  |  |
| Ante-natal appointments missed |  |  |  |  |
| Parent experiencing poor mental health  |  |  |  |  |
| Parent continues to use alcohol/ substances/smoking during pregnancy |  |  |  |  |
| Parent exposed to domestic abuse |  |  |  |  |
| **Health**  |  |  |  |  |
| The child is not registered with a GP locally  |   |  |  |  |
| Medical attention is not sought in a timely manner |  |  |  |  |
| Child misses key health appointments |  |  |  |  |
| Child does not attend all screening appointments regarding hearing, visual or speech & language problems |  |  |  |  |
| The child frequently attends the emergency department in hospital / has frequent accidents |  |  |  |  |
| **Signs and Symptoms** | **Comments and actions taken** | **Applies** | **Does not apply** | **Not known** |
| The child has poor dental hygiene / decay |  |  |  |  |
| The child does not have all appropriate immunisations |  |  |  |  |
| Child has a poorly managed skin / health condition |  |  |  |  |
| The child has not had all developmental checks (0-5yrs) |  |  |  |  |
| There are concerns about child’s health, weight or growth |  |  |  |  |
| The child is known to and/or use alcohol/or other substances |  |  |  |  |
| There is unsafe sexual activity |  |  |  |  |
| Child experiences poor, erratic or inappropriate care relating to his/her disability |  |  |  |  |
| **Education**  |  |  |  |  |
| The child has poor / erratic / late attendance at school or nursey  |  |  |  |  |
| The child is not always collected in time from school or nursery |  |  |  |  |
| The child does not have age appropriately developed language |  |  |  |  |
| The child’s general development is not that expected of a similar child of that age |  |  |  |  |
| The child is regularly tired during the school day  |  |  |  |  |
| The child is not achieving their academic potential (5-16yrs) |  |  |  |  |
| The child is truanting/excluded/missing or withdrawn from education  |  |  |  |  |
|  | **Emotional & Behavioural Development** |  |  |  |  |
| The child is fractious and difficult to settle (0-5yrs) |  |  |  |  |
| Infants lack pre-attachment behaviours of smiling, crying eye contact |  |  |  |  |
| The child is withdrawn, isolated, unwilling to engage or unresponsive  |  |  |  |  |
| The child displays challenging behaviour at school / home / in the neighbourhood |  |  |  |  |
| Child displaying sexualised behaviours or have sexual knowledge which is age inappropriate |  |  |  |  |
| There is evidence of offending behaviour. |  |  |  |  |
| The child may appear street wise, may be roaming late at night or have repeat missing episodes.  |  |  |  |  |
| The child is withdrawn, isolated, unwilling to engage or unresponsive |  |  |  |  |
| Child may appear frightened, anxious, low self-esteem or to have difficulties in regulating emotions.**Child’s Developmental Needs** |  |  |  |  |
|  |  |  |  |  |
| **Family & Social Relationships** |  |  |  |  |
|  | The child has poor/limited relationships with peers and no support networks |  |  |  |  |
| Child does not respond to or seek parent/carer attention |  |  |  |  |
| The child has caring responsibilities for siblings and /or other adults |  |  |  |  |
| Family life appears chaotic |  |  |  |  |
| Child is exposed to one or more of the ‘toxic trio’ (parental substance misuse, domestic abuse and mental health problems) |  |  |  |  |
| **Social Presentation** |  |  |  |  |
| Evidence of attention seeking behaviour or short attention span |  |  |  |  |
| Child may be overfriendly with unfamiliar adults.  |  |  |  |  |
| Child does not accept responsibility for own actions/finds it hard to understand how own actions impact on others or learn from consequences of their behaviour |  |  |  |  |
| Child struggles to adapt their behaviour in different settings |  |  |  |  |
| **Self-Care Skills** |  |  |  |  |
| Child has not developed self-care skills appropriate for their age. |  |  |  |  |
| Child takes little or no responsibility for self-care tasks compared with peers |  |  |  |  |
|  | Child has poor hygiene |  |  |  |  |

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| **Parenting Capacity** | **Signs and Symptoms** | **Comments and actions taken** | **Applies** | **Does not apply** | **Not known** |
| **Basic Care** |  |  |  |  |
| There is little/no food in the cupboards |  |  |  |  |
| The child does not have an adequate and balanced diet |  |  |  |  |
| There is evidence that the child is stealing or hoarding food |  |  |  |  |
| The child has no bed or bedding and/or there are concerns that bedding provided is inadequate/unhygienic |  |  |  |  |
| The child has poorly-fitting clothes and shoes |  |  |  |  |
| The child is often dressed inappropriately for the weather conditions |  |  |  |  |
| Nappies are not changed regularly and there is persistent or recurrent nappy rash |  |  |  |  |
| Parent/carer is not providing appropriate means to ensure child/young person’s hygiene needs are met |  |  |  |  |

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|  | **Signs and Symptoms** | **Comments and actions taken** | **Applies** | **Does not apply** | **Not known** |
| **Parenting Capacity** | **Ensuring Safety** |  |  |  |  |
| The child is exposed to a smoky environment |  |  |  |  |
| There are no clear and clean areas for the child to play |  |  |  |  |
| There is evidence of hazards to the child (*eg* fire risks, sharp objects, needles) |  |  |  |  |
| The child’s home is in a poor state of repair |  |  |  |  |
| The child is left alone inappropriately |  |  |  |  |
| Inappropriate care arrangements are made *eg* teenagers/child left with variety of different carers. |  |  |  |  |
| There is evidence of unexplained injury and/or bruising |  |  |  |  |
|  | Parent does not ensure child engages in education |  |  |  |  |
|  | **Emotional Warmth** |  |  |  |  |
| Parent carer is unresponsive to child’s needs - limited interactions |  |  |  |  |
| Parent/carer is overly critical and/or blames the child for difficulties. |  |  |  |  |
| Parent/ carer has not connected with the child |  |  |  |  |
| Parent/ carer does not intervene in sibling conflict |  |  |  |  |
| Stimulation |  |  |  |  |
| The child is not provided with age appropriate toys/lacks access to opportunities for stimulation or to develop language |  |  |  |  |
|  | Child does not have appropriate equipment for school |  |  |  |  |
| **Parenting Capacity** | Guidance and Boundaries |  |  |  |  |
| The child has little/no routine |  |  |  |  |
| Family life may be disorganised/chaotic |  |  |  |  |
| The child has too many rules or age inappropriate expectations  |  |  |  |  |
| Child is allowed to watch age inappropriate material e.g. fil, internet video games |  |  |  |  |
| Stability |  |  |  |  |
| The house/life is unsettled with unidentified adults or young people in the home |  |  |  |  |
|  | Parent frequently changes partners and introduces new partners to children |  |  |  |  |
|  | Family move frequently/ experience homeless episodes/ found intentionally homeless. |  |  |  |  |

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|  | **Signs and Symptoms** | **Comments and Actions taken** | **Applies** | **Does not apply** | **Not Known** |
| **Family & Environmental Factors** | **Community Resources** |   |  |   |   |
| The family are unable/or do not access community resources |  |  |  |  |
| The family are demanding and dependant or may inappropriately access community resources ( e.g. foodbank) |  |  |  |  |
| **Family & Social Integration** |  |  |  |  |
| The family is involved in ongoing neighbourhood disputes |  |  |  |  |
| Parents and children may display anti-social behaviour |  |  |  |  |
| **Income** |  |  |  |  |
| The family is financially unstable (*ie* significant debts, unable to meet basic care needs) |  |  |  |  |
| Benefits have been suspended due to non- attendance at Dept for Work & Pensions |  |  |  |  |
| Family have unexplained income |  |  |  |  |
| Income is used to fund parental alcohol/substance use. |  |  |  |  |
| **Wider Family** |  |  |  |  |
| The family has no/little support from their wider family |  |  |  |  |
| **Family History & Functioning** |  |  |  |  |
| Parent/s were known to Children’s Social Care (CIN/LAC/CP) |  |  |  |  |
| Parent/s have significant physical health issues |  |  |  |  |
| **Family & Environmental Factors**Parental mental health is a concern |  |  |  |  |
| There is exposure to substance use including alcohol, new psycho-active substances and drugs in the home.  |  |  |  |  |
| There are current concerns around domestic abuse within the family |  |  |  |  |

Summary

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| What are you worried about? |
| What is working well? |
| What is the child’s view of their situation? (If the child is too young to express their views what are your observations of the child within the family setting?) |
| What are the parents’/carers’ views of the situation for the child? |
| What needs to happen?Who is going to do what? |