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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C:\Users\herrons\Pictures\KSCB.png**  **Knowsley Neglect Screening Tool**  **Purpose of Tool**  Is to equip frontline practitioners to:   * Identify signs of neglect in both children and adolescents at an early stage * Alert the need for further action * Identify which agency/organisation/practitioner will progress further assessment/intervention as needed   **Child protection/Safeguarding statement**  This screening tool does not replace Knowsley’ s and/or your own safeguarding policy and procedures in cases where you are concerned that a child/young person has been or is at risk of immediate harm.  **Using the Tool**  The tool is intended for front line practitioners within all partner agencies as a means to quickly identify areas of concern which may indicate a child/adolescent is being neglected. It is intended to complement existing tools. 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 are able to 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 assessment seek appropriate help within your organisation. It is essential that where you have highlighted areas of the assessment where you are concerned that you provide further information to evidence these concerns.  **Identifying details:** | | | | | | | | | | | |
| **Name** | | Click here to enter text. | | | | | **Date of birth or Due Date** | | Click here to enter text. | | |
| **Age** | | Click here to enter text. | | |
| **Address** | | Click here to enter text. | | | | | | | | | |
| **Name of practitioner/agency:**  Click here to enter text. | | | | **Date completed:** Click here to enter text. | | | | | | | |
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| **NEGLECT SCREENING TOOL (ADAPTED FROM cHILD aBUSE REVIEW 2008)** | | | **cONCERNED** | | | | | **nOT CONCERNED** | | **DON’T KNOW** | |
| **Category 1: Emotional and behaviour** | | | | | | | | | | | |
| 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 | | |  | | | | |  | |  | |
| Under-stimulation evident | | |  | | | | |  | |  | |
| Lack of online supervision, 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 | | |  | | | | |  | |  | |
| **Category 2: Environmental factors** | | | | | | | | | | | |
| Human and/or 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 | | |  | | | | |  | |  | |
| **Category 3: Health/physical care** | | | | | | | | | | | |
| Frequent attendance at A&E and/or hospital admissions | | |  | | | | |  | |  | |
| Poor weight gain/nutrition (e.g. adolescent hiding weight loss by wearing baggy clothing) | | |  | | | | |  | |  | |
| Untreated or persistent head lice or other infestation | | |  | | | | |  | |  | |
| Refusing help/services | | |  | | | | |  | |  | |
| Poor personal hygiene of child/adolescent | | |  | | | | |  | |  | |
| Substance abuse child/adult/household member | | |  | | | | |  | |  | |
| Continuously failing appointments, not addressing health needs/treatments | | |  | | | | |  | |  | |
| Inappropriately dressed for time of year/weather conditions | | |  | | | | |  | |  | |
| Unclean and Ill-fitting clothes | | |  | | | | |  | |  | |
| **NEGLECT SCREENING TOOL (ADAPTED FROM CHILD ABUSE REVIEW 2008)** | | | **CONCERNED** | | | | | **NOT CONCERNED** | | **DON’T KNOW** | |
| Not registered with a GP | | |  | | | | |  | |  | |
| Not registered with a dentist | | |  | | | | |  | |  | |
| Poor dental hygiene | | |  | | | | |  | |  | |
| **Category 4: Parenting** | | | | | | | | | | | |
| Poor inappropriate family support | | |  | | | | |  | |  | |
| Inappropriate language | | |  | | | | |  | |  | |
| Poor boundaries for own behavior (adolescent) | | |  | | | | |  | |  | |
| Fails to give child appropriate boundaries for behaviour | | |  | | | | |  | |  | |
| Substance abuse | | |  | | | | |  | |  | |
| 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 | | |  | | | | |  | |  | |
| Unrealistic expectations of child/adolescent | | |  | | | | |  | |  | |
| **Category 5: Education** | | | | | | | | | | | |
| Non-attendance at school/nursery | | |  | | | | |  | |  | |
| Developmental delay | | |  | | | | |  | |  | |
| Inadequately prepared for nursery/school/college | | |  | | | | |  | |  | |
| Lack of parental/carer engagement with nursery/school/college | | |  | | | | |  | |  | |
| Withdrawn/lethargic | | |  | | | | |  | |  | |
| Unexplained extremes of behaviour | | |  | | | | |  | |  | |
| **Category 6: Feeding and eating** | | | | | | | | | | | |
| Little or no food in cupboards | | |  | | | | |  | |  | |
| Stealing/scavenging food | | |  | | | | |  | |  | |
| Presents at nursery/school/college as hungry | | |  | | | | |  | |  | |
| Does not have breakfast | | |  | | | | |  | |  | |
| Excessively hungry | | |  | | | | |  | |  | |
| Inadequate diet | | |  | | | | |  | |  | |
| Excessive weight gain/loss | | |  | | | | |  | |  | |
| Inadequate areas to prepare food | | |  | | | | |  | |  | |
| Inappropriate or poor food provision e.g. mouldy (if applicable) | | |  | | | | |  | |  | |
|  | | | | | | | | | | | |
| **Evidence - record any strengths or concerns** | | | | | | | | | | | |
| **STRENGTHS** | | | | | **CONCERNS** | | | | | | |
| 1. | Emotional and behaviour | | | | | | | | | |  |
|  | Click here to enter text. | | | | | Click here to enter text. | | | | |  |
| 2. | Environmental factors | | | | | | | | | |  |
|  | Click here to enter text. | | | | | Click here to enter text. | | | | |  |
| 3. | Health/physical care | | | | | | | | | |  |
|  | Click here to enter text. | | | | | Click here to enter text. | | | | |  |
| 4. | Parenting | | | | | | | | | |  |
|  | Click here to enter text. | | | | | Click here to enter text. | | | | |  |
| 5. | Education | | | | | | | | | |  |
|  | Click here to enter text. | | | | | Click here to enter text. | | | | |  |
| 6. | Feeding and eating | | | | | | | | | |  |
|  | Click here to enter text. | | | | | Click here to enter text. | | | | |  |
|  | | | | | | | | | | | |
| **next steps** | | | | | | | | | | | |
| Can you provide the additional service needed? Yes  No | | | | | | | | | | | |
| Have you identified actions?  Yes  No | | | | | | | | | | | |
| If you have identified concerns and/or it is not clear what support is needed, would an assessment using the Graded Care Profile 2 help?  Yes  No | | | | | | | | | | | |
| If you answered yes to the above question, who will undertake this assessment?  I will  Another practitioner | | | | | | | | | | | |
| Rationale for decision:  Click here to enter text. | | | | | | | | | | | |

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| **Name** | Click here to enter text. | **Date** | Click here to enter a date. |