



Tameside's

# Neglect Strategy

2019 - 2022

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## ACKNOWLEDGEMENT

Thanks to Cheshire East Safeguarding Children Partnership for their help to produce this document.

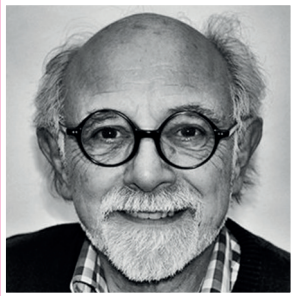
# Foreword

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Neglect continues to substantially contribute to the pattern of safeguarding concerns that are manifest in Tameside. This contribution is not unique to the Borough or to Greater Manchester; it is nation-wide. If, however, we are to meet one of the key strategic objectives of “Working Together”, namely: “The public feel confident that children are protected”, then we must ensure that we continue to focus our efforts on identifying and combating neglect and reducing its impact on creating risk of safeguarding concern.

This revised Tameside neglect strategy seeks to learn from our previous initiatives on neglect, provide tools which can enable practitioners and planners to better understand the local dimensions of neglect and consistently monitor and evaluate the implementation and impact of the strategy. In particular the Tameside Safeguarding Children Partnership is committed to a twin-track approach which seeks to improve both the prevention of situations in which neglect materialises and intervention to relieve and reverse neglectful child care and development. This means that for all those whose role enables them to observe the well-being of children as they develop, along with those with specific roles and responsibilities for child care and development in Tameside, should be aware of the neglect strategy and the tools it contains to recognise and respond to the dimension of risk.

Effective implementation of the strategy in Tameside will be a challenge. It has proved a challenge both in the past and to a large number of safeguarding partnerships throughout the country. Nevertheless the new Tameside Safeguarding Children Partnership is committed to impacting upon neglect in the Borough and ensuring partners are able to account for their contribution to its reduction.



**Dr Henri Giller**  
(Independent Chair Tameside Safeguarding Children Partnership)

# Definition of Neglect

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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 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 and 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 care-givers)
- 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, July 2018)

As well as the statutory definition, it is important to have regard to the specific needs of children that are often subsumed under the term ‘failure to meet basic needs’

These include:

- Medical neglect
- Nutritional neglect (malnutrition that results in being very underweight or being obese)
- Emotional neglect
- Educational neglect
- Physical neglect
- Lack of supervision and guidance

There is an overlap between emotional abuse and many forms of child maltreatment and this is especially true of neglect. So when practitioners are working with children who are experiencing neglect an understanding of emotional abuse is also important.

## Why we need a Strategy

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The impact of neglect on children and young people is enormous. Neglect causes great distress to children, leading to poor health, educational and social outcomes and is potentially fatal. Lives are destroyed, children's abilities to make secure attachments are affected and their ability to attend and attain at school is reduced. Their emotional health and wellbeing is often compromised and this impacts on their success in adulthood and their ability to parent in the future.

In addition to the increasing number of children who are subject to child protection plans, nationally and in Tameside there are also children who are not yet in receipt of statutory child protection services but who are being offered early help due to concerns relating to neglect.

## Purpose of Strategy

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The purpose of this document is to set out the strategic objectives of Tameside's approach to tackling neglect. This strategy also identifies key principles under which work around neglect should be undertaken and identifies key priority areas of work in order to improve the multi-agency response to neglect.

This strategy has been developed in conjunction with multi-agency partners through a task to finish group under Tameside Safeguarding Children Partnership. This strategy should be considered alongside other key strategies, policies and procedures, such as Early Help Strategy and the Threshold Guidance.



# What we know about Neglect

## NEGLECT AS A NATIONAL ISSUE

'In the child's time: Professional Responses to Neglect' – Ofsted's thematic audit (2014) found that "The pervasive and long-term cumulative impact of neglect on the well-being of children of all ages is well documented". Findings from inspections and research evidence the following aims:

- Early recognition
- Robust management oversight and supervision
- Specialist training
- Acknowledgement of complexity
- Effective and timely professional responses both for help and protection

## RISK FACTORS

A number of factors increase the likelihood of neglect in some families. Vulnerable families may have a combination of the following risk factors:

### Child risk factors

- Disability
- Behavioural problems
- Chronic ill health

### Parental risk factors

- Poor mental health, especially maternal mental health difficulties
- Drug and alcohol (substance misuse)
- Domestic abuse
- Parents' own exposure to maltreatment
- Lack of experience of positive parenting in childhood

### Wider Risk Factors

- Poverty
- Unemployment
- Poor social support

## NEGLECT IN TAMESIDE

At the end of March 2019 the percentage of Child Protection plans for neglect was the same as the North West average of 40% which is slightly below the England average of 42%. The percentage has fluctuated around the 40% mark for the last 5 years with a slight rise to 44% in 2018 when the number of child protection cases increased.

### Number of children and young people on child protection plans

Month End	No CP	CP due to Neglect	Percentage due to Neglect
March 2015	212	85	40.10
March 2016	220	91	41.10
March 2017	369	147	39.80
March 2018	486	214	44.00
March 2019	363	146	40.20

### Graded Care Profile

The Graded Care Profile is an assessment tool to identify specific areas of neglect and to measure the overall level of risk that Neglect has on children. Practitioners are encouraged to complete the assessment with family members as soon as they identify Neglect to be of concern (although sometimes that initial identification is not immediately obvious). Training on Neglect and the Graded Care Profile has been delivered in Tameside for several years and 100's of practitioners have attended that training. Feedback from those practitioners tells us that the Graded Care Profile is being used across a range of services and is considered a valuable tool that helps identify and tackle specific aspects of Neglect.

However, in 2018/19 Graded Care Profiles were completed in less than 1% of child protection cases where neglect was the primary factor. There are currently no similar measures for early help cases and our intelligence picture to map and understand Neglect is limited. We need to build a better picture of neglect so that we can determine the most appropriate responses either on a case by case basis, commissioning basis for service provision or as a placed based response. In addition, despite the offer of regular multi-agency training, only a fraction of the children's workforce will complete Neglect training and the use of the Graded Care Profile needs to be established as a standard part of our early help offer so those early signs of neglect are not allowed to become longstanding issues that require statutory social care intervention.

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## Early Help

Early help has a key role to play in supporting parents and preventing children becoming at risk from neglect or abuse. Tameside offers a wide range of support services, programmes and open access groups. Our children's centres, parenting support services, family nurse partnership<sup>1</sup> and voluntary and community sector to name a few all offer much needed support to families. In supporting Parents and carers to understand and meet the needs of their children we offer targeted Early Help support to families in greatest need that in turn should result in the reduction in future demand to Children's Social Care.

Neglect can often become missed, minimised or normalised and there is a risk of agencies not intervening early enough to prevent harm. It is important all agencies play a role in identifying unmet needs and respond as early as possible. The Tameside Early Help Strategy (Sooner, Smarter, Safer, Stronger) sets out the approaches to achieve this by supporting the earlier use of Graded Care Profile and pre-screening tools. Through Team Around and Early Help panels there is a greater opportunity to effectively support families and prevent children experiencing neglect. All professionals working with children should be able to recognise the indicators of neglect and be confident in using the screening tool and/or the Graded Care Profile when neglect is a presenting factor.

## What children, young people and parents/carers think

As part of the Practice Audits of Early Help, Child in Need and Child Protection Plans, children, young people, parents and carers are contacted and asked about their experience of being on a plan. On the whole, young people have been positive about the interventions they have received and have said that they can talk to their Social Workers. They have reported that they have especially good relationships with their Family Support/Intervention Workers.

Parents and carers have had less positive experiences, and have reported that they need more clarity on what is expected of them from the plan, how they can contribute to the plan and the rationale for decisions.

The number of changes in Social Workers was also highlighted as an issue as this makes it difficult for families to understand the process and form a relationship with the Social Worker.

## What frontline practitioners think

An Independent Impact Evaluation of Tameside's Neglect Training Course was completed in 2018. The evidence shows that the course had been of value to participants whose self-assessed knowledge and skills improved significantly. Participants largely felt more confident in their investigative and observational skills. Five had completed GCPs since the course with good effect. Several participants explained the improvement in the lives of the children/young people due to their learning and increased confidence with neglect.



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I did a lot of work with a family on home conditions and the GCP helped break down the issues. It is a good starting point and can lead to other assessments being done.

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I go into working with families with more knowledge of neglect and now look at different areas such as nutrition. The GCP helps me scale the level of concern; the scoring system is good. I have increased confidence to involve the parents so that they 'own it'. The GCP opens doors to other work.

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I worked with a 16 year old who was very guarded. I was more aware of what to look for. I had more confidence in asking the right questions or asking them in a different way, so I got more information from her.

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The following findings came from a multiagency audit of Neglect in September 2017;

- Interventions would have been more effective had they occurred at an earlier time.
- Family engagement is a significant factor in the success of intervention and assessment and support needs to include all family members.
- The use of single agency and in particular combined multi-agency chronologies is especially important in neglect cases due to the pattern of neglect.
- There is still evidence of the Graded Care Profile not being used effectively.

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<sup>1</sup> The Family Nurse Partnership Programme commissioned in 2012 is an intensive programme that targets first time teenage parents from 20 weeks gestation for up to 2 years. It has a prescriptive programme of therapeutically led evidenced based interventions that is backed up by over 30 years of research in the USA.

## What we want from our new strategy

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We want our strategy to.....

- More robustly tackle the 'neglect challenge',
- More effectively mitigate the impact this form of child abuse has on children and young people.
- Be able to identify neglect much sooner when it happens and earlier in children's lives.
- Reduce the number of children that suffer neglect and reduce the impact and time they suffer.
- Elevate child and adolescent neglect to the highest level of awareness and priority that this single most prevalent form of child abuse merits.
- Deliver a well trained workforce confident in tackling neglect and a public that recognises and reports neglect.

## What we've achieved so far

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This is our second Neglect Strategy, having first developed a comprehensive strategy in 2016 and ending in March 2019. So far we have:

- Combined the Neglect training course and Graded Care Profile Training into one as part of the TSCB 2017/18 training programme to promote the consistent use of the Graded Care Profile Tool.
- Raised the awareness of neglect and the importance of understanding the daily lived experience of the child via a Conference in October 2017
- Undertaken a multi-agency Neglect Audit to quality assure professional practice in relation to Neglect.
- Undertaken an assurance exercise in 2018 to enable the LSCB and others to understand and scrutinise the implementation of the Neglect Strategy
- Commissioned an Independent Impact Evaluation of the Neglect training course in 2018
- Introduced a new Multi-Agency Safeguarding Hub and as part of that introduced a Neglect Screening Tool to identify neglect as part of the Multi-Agency Request for Services referral form
- Taken part in the DfE national campaign to encourage the public to report neglect and child abuse.



## Priorities for 2020 - 2022

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A detailed Neglect Implementation Plan can be found in Appendix A. The 4 priority areas are as follows;

### PRIORITY 1

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Secure Strategic commitment across all agencies

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### PRIORITY 2

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Improve awareness, understanding and recognition of neglect

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### PRIORITY 3

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Prevent neglect through early help

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### PRIORITY 4

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Improve effectiveness of interventions to tackle neglect

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## Principles in Tackling Neglect

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One of the key underpinning principles of this strategy is to have a well trained workforce able to identify and intervene in cases of neglect.

The following are principles that will be adopted in tackling neglect in Tameside:

- **Early help** - ensuring the early recognition and identification of the signs and symptoms of neglect and the importance of effective collaboration amongst agencies co-ordinated through the Early Help assessment tool and/or the Graded Care Profile.
- **Child focussed** – all professionals will strive to achieve the ‘Statement of Expectations’ or Tameside Pledge within the Voice of the Child Strategy within their practice.
- **Strengths based** – a Signs of Safety approach will be used in all of assessments, planning, support and interventions.
- **Current position informed by historical events** - all agencies need to maintain a chronology of significant events, and where appropriate combine these into one multi-agency chronology, to inform the present position and identify families at risk of Inter-generational neglect.
- **Outcome focussed** - work with children and young people needs to be measured by its impact on outcomes.
- **Whole family approach** - ensuring a ‘Whole-Family’ approach is owned by all Stakeholders.
- **Shared understanding** - significant regard needs to be given to the overlap between neglect and other forms of child maltreatment such as domestic abuse and substance misuse etc.
- **Collaboration** - working together with other professionals to ensure effective identification, assessment and support.
- **Good quality assessments and plans** - these are key to getting it right for children and young people.
- **Building resilience** - help needs to be of a kind and duration that improves and sustains the safety of children and young people into the future.
- **Consistency of practice** - agencies need to challenge each other about improvement made by families and its sustainability.
- **Inclusive** - children with additional needs such as special education needs and disabilities are potentially more acutely vulnerable.
- **Information sharing** - ensuring effective information sharing to inform assessments and evaluations of risk.
- **Risk management** - suitable statutory action needs to be taken if insufficient progress is achieved and methods have been unsuccessful in addressing levels of risk present.
- **Avoid drift** - decisive action will be taken when improvements are not made.



# Delivering on our Priorities

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## ACTION PLAN

The priorities set out in this strategy will be incorporated into the TSCP Business Plan for 2019-20.

## GOVERNANCE

The TSCP Executive Partnership will provide the initial governance to oversee the neglect strategy, but performance reporting and impact will be the responsibility of the Quality Assurance and Performance Management group.

# Measuring Success

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The success of the strategy will be measured based on a range of quantitative and qualitative measures.

## QUANTITATIVE MEASURES

- Reduction in the % of children on child protection plans for neglect for 12 months or more
- Increase in the % of children on child protection plans for Neglect that have a Graded Care Profile
- Reduction in % of repeat child protection plans for neglect (this is where the 2nd plan category is neglect and the previous plan was also neglect)
- Reduction in % of children and young people subject to a children in need plan for neglect for more than 6 months
- The number of consultations where neglect is identified as the factor
- Number of children and young people 0-5 on CP plan for neglect that are registered and engaged with local Children's centre
- Reduction in the number of children entering care for neglect
- Number of Graded Care Profiles being completed at Early Help, CIN and CP levels

## QUALITATIVE MEASURES

- TSCP multi-agency audits of neglect child protection plans show good impact of the plan and good use of graded care profile tool.
- Early Help Assessment (EHA) Framework and Children's Social Care audits show good use of screening tool and graded care profile.
- Increase in the % of children subject on a child protection plan for neglect where health and school attendance has improved.
- Independent Safeguarding Chair (ISC) Independent Review of children in need plans for neglect shows effective planning and impact and good use of tools.
- Feedback from parents and children collected at children in need, initial child protection case conference, child protection case review meetings and at case closure.

# Appendix A

## NEGLECT IMPLEMENTATION PLAN

### 1. Secure Strategic commitment to delivering the Neglect Strategy across all agencies

Objective	Difference it will make	Timescale	Responsibility	Direction of Travel	Comments
<b>1.1 Develop and consult on draft Neglect Strategy</b>	All partners contribute to the Neglect Strategy	Summer 2019	Neglect Task & Finish Group		
<b>1.2 Sign up and launch of Neglect Strategy</b>	TSCP takes ownership of the Neglect Strategy	Commence Dec-19	TSCP Executive Partnership		
<b>1.3 Ensure Neglect is recognised as a strategic priority in the TSCP Business Plan 2019/20 and Health and Well-Being (Startling Life Well) Strategy.</b>	TSCP and HWBB maintain oversight of the Neglect Strategy and its implementation	Dec-19	TSCP Executive Partnership & HWBB		
<b>1.4 Effectiveness of implementation monitored by TSCP</b>	TSCP and HWBB maintain oversight of the Neglect Strategy and its implementation	Commence May-20	TSCP QAPM & Executive Partnership		

### 2. Improve awareness, understanding and recognition of neglect

Objective	Difference it will make	Timescale	Responsibility	Direction of Travel	Comments
<b>2.1 Identify Neglect champions across the Partnership.</b>	Practitioners are encouraged and supported to use the Neglect Screening Tool and GCP	Apr-20	Neglect Task & Finish Group		
<b>2.2 Promote a common definition of neglect.</b>	Practitioners have a shared understanding of Neglect and provide support at the earliest opportunity	Apr-20	TSCP Learning and Improvement Group		

# Appendix A

## 3. Prevent neglect through early help

Objective	Difference it will make	Timescale	Responsibility	Direction of Travel	Comments
<b>3.1 Establish the use of the Graded Care Profile as standard practice within Tameside's Early Help offer.</b>	GCP used to support families at the earliest opportunity	Mar-20	Early Help Strategic Group		
<b>3.2 Encourage use of the Early Help Assessment across the partnership to identify neglect and the impact of that neglect on children's health and well-being.</b>	The impact of Neglect on children is recognised and responded to	May-20	Early Help Advisors		
<b>3.3 Promote good practice case studies</b>	Practitioners are encouraged to use the Graded Care Profile.	Sept-20	Early Help Strategic Group		

## 4. Improve effectiveness of interventions to tackle neglect

Objective	Difference it will make	Timescale	Responsibility	Direction of Travel	Comments
<b>4.1 Ensure levels of need at the front door is properly integrated across partner agencies</b>	Universal and early help services identify and tackle neglect at the earliest stages using the GCP and use the GCP to escalate to CIN/CP	May 2020 (in line with QAPM Assurance Exercise)	MASH Strategic Group		
<b>4.2 Review existing interventions and agree approach – practitioner guide</b>	Screening Tool and GCP complement the EHA, Early Help Panel and MASH arrangements	Jan-20	Early Help and MASH Strategic Group		
<b>4.3 Ensure continued use of Graded Care Profile for cases that are escalated to Children's Social Care</b>	Families receive continuity in the support offered, know what is expected of them and can be challenged	Jun-20	MASH Strategic Group		
<b>4.4 Sharing good practice and feedback from audits to frontline practitioners</b>	Continual improvement to frontline practice	Sept-20	Early Help Strategic Group		

# Appendix B Neglect Screening Tool

## 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)

## Signs of Neglect

The tool lists possible signs of Neglect however the list is not exhaustive but may include;

- Appearing unkempt
- Lack of supervision
- Failure to attend health appointments
- Hungry at school

## Purpose of 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.

## Child Protection / Safeguarding Statement

This screening tool does not replace 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.

**If you are worried that a child is at immediate risk of significant harm consult with the MASH. Tel: 0161 342 4101**

## 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/young person is being neglected. It is intended to complement existing tools e.g. Early Help Assessment (EHA), Child Sexual Exploitation (CSE) or other screening/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 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 **very concerned** or **sometimes concerned** that you provide further information to evidence these concerns.



# Appendix B Neglect Screening Tool - Identifying details

Name:	Next of Kin:	
Date of birth or EDD:	Contact telephone number:	
Address:		
Have you discussed your concerns with parent/carer?	Yes	No
Does the child have any additional needs?	Yes	No
	If yes, please give details:	
Name of practitioner/agency:	Date form completed:	

## Appendix B Neglect Screening Tool Adapted from Child Abuse Review 2008

CATEGORY: EMOTIONAL AND BEHAVIOUR	Very concerned	Sometimes	Not concerned
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; ENVIRONMENTAL FACTORS	Very concerned	Sometimes	Not concerned
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			

## Appendix B Neglect Screening Tool Adapted from Child Abuse Review 2008

CATEGORY; HEALTH/PHYSICAL CARE	Very concerned	Sometimes	Not concerned
Frequent attendance at A&E and/or hospital admission			
Poor or excessive weight gain/nutrition			
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			

CATEGORY; PARENTING	Very concerned	Sometimes	Not concerned
Poor inappropriate family support			
Inappropriate language/poor boundaries for own behaviour			
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			
Lives from day to day			
Unrealistic expectations of child			

# Appendix B Neglect Screening Tool Adapted from Child Abuse Review 2008

CATEGORY; EDUCATION	Very concerned	Sometimes	Not concerned
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: FEEDING AND EATING	Very concerned	Sometimes	Not concerned
Little or no food in cupboards			
Stealing/scavenging food			
Presents at nursery/school/ college as hungry			
Does not have a breakfast			
Excessively hungry			
Inadequate diet			
Excessive weight gain/weight loss			
Inadequate area to prepare food			





# Appendix B Neglect Screening Tool - Evidence

The boxes below are for you to record any strengths or concerns

<b>FOOD AND EATING HABITS</b>	Yes	No	Not sure
Further comments:			
<b>HEALTH AND PHYSICAL CARE</b>	Yes	No	Not sure
Further comments:			
<b>PARENTING</b>	Yes	No	Not sure
Further comments:			
<b>SAFETY AND SUPERVISION</b>	Yes	No	Not sure
Further comments:			

# Appendix B Neglect Screening Tool - Evidence

The boxes below are for you to record any strengths or concerns

<b>EMOTIONAL BEHAVIOUR</b>	Yes	No	Not sure
Further comments:			
<b>ENVIRONMENTAL FACTORS</b>	Yes	No	Not sure
Further comments:			
<b>EDUCATIONAL NEEDS</b>	Yes	No	Not sure
Further comments:			

# Appendix B Neglect Screening Tool - Evidence

Can you provide the additional service needed?	Yes	No
Have you identified actions?	Yes	No
If you answered 'no' or 'not sure' to any of the previous questions, or it is not clear what support is needed, would an assessment using the Graded Care Profile help?	Yes	No
If you answered 'Yes' to the previous question, who will do this assessment?	I will	Another practitioner will



