**Tameside Neglect action plan.**

**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 signs of neglect are split into the categories below;

• Physical i.e. appearing unkempt

• Safety i.e. lack of supervision

• Love i.e. No quality time or communication

• Esteem i.e. not promoting education

• Parenting i.e. Inability to meet basic needs

**Purpose of Plan**

Is to equip frontline practitioners to:

* identify signs of neglect at an early stage,
* alert the need for further action
* Identify which agency/organization/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 Plan**

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 organization. It is essential that where you have highlighted areas of the assessment where **any concerns are identified and** that you provide further information to evidence these concerns.

**Child/Young person details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Next of Kin |  |
|  |  |  |  |
| Date of birth or EDD |  | Contact tel. no. |  |

|  |  |
| --- | --- |
| 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

|  |
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|  |

**Name of practitioner/agency Date completed form**

|  |  |
| --- | --- |
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**Screening tool:**

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| --- | --- | --- | --- | --- | --- |
|  | 1. **No concerns** | 1. **Low level concerns** | 1. **Many concerns** | 1. **High level of concerns** | 1. **Immediate concerns** |
|  | **No intervention required** | **Advice and signposting** | **Low level intervention required** | **Intervention required** | **Intense intervention required** |
| **Category: Physical** |  |  |  |  |  |
| Child has inappropriate caring responsibilities for other family members |  |  |  |  |  |
| Human and animal excrement |  |  |  |  |  |
| Unsafe/unhygienic home environment |  |  |  |  |  |
| Little or no bedding/furniture |  |  |  |  |  |
| Rural isolation/Poverty |  |  |  |  |  |
| Animals pose a level of risk |  |  |  |  |  |
| Poor housing |  |  |  |  |  |
| Frequent attendance at A&E and/or hospital admission |  |  |  |  |  |
| Under-stimulation evident |  |  |  |  |  |
| Poor or excessive weight gain/nutrition |  |  |  |  |  |
| Untreated or persistent head lice or other infestation |  |  |  |  |  |
| Poor personal hygiene of child |  |  |  |  |  |
| 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 |  |  |  |  |  |
| 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 |  |  |  |  |  |
| **Category; Safety** |  |  |  |  |  |
| Inadequate supervision inside and outside |  |  |  |  |  |
| Self-harm |  |  |  |  |  |
| Episodes of missing or running away |  |  |  |  |  |
| **Category; Love** |  |  |  |  |  |
| Evidence of emotional withdrawal |  |  |  |  |  |
| Attachment disorder: Anxious, avoidant, socially unresponsive |  |  |  |  |  |
| Non biological partner appears to resent the child |  |  |  |  |  |
| Shows reluctance to go home |  |  |  |  |  |
| **Category; Esteem** |  |  |  |  |  |
| Relationships with peers/support networks are poor |  |  |  |  |  |
| Child feels or is excluded by family |  |  |  |  |  |
| High criticism, low warmth from parent/carer |  |  |  |  |  |
| Non-attendance at school/nursery |  |  |  |  |  |
| Inadequately prepared for nursery/school/college |  |  |  |  |  |
| Lack of parental/carer engagement with nursery/school/college |  |  |  |  |  |
| Unexplained extremes of behaviour |  |  |  |  |  |
| **Category; parenting** |  |  |  |  |  |
| Refusing help/services |  |  |  |  |  |
| Substance abuse of child/adult/household member |  |  |  |  |  |
| Parental mental health poses a risk or impact to the child |  |  |  |  |  |
| Parental Health |  |  |  |  |  |
| Parental environmental factors |  |  |  |  |  |
| Parental behaviours |  |  |  |  |  |
| Poor inappropriate family support |  |  |  |  |  |
| Inappropriate language/poor boundaries for own behaviour |  |  |  |  |  |
| Fails to give child appropriate boundaries for behaviour |  |  |  |  |  |
| Disguised compliance |  |  |  |  |  |
| Aggressive or threatening behaviour towards professionals |  |  |  |  |  |
| Unrealistic expectations of child |  |  |  |  |  |
| **Esteem/Love;** |  |  |  |  |  |
| Child seeks inappropriate Physical comfort from a stranger/professional |  |  |  |  |  |
| **Physical health/Esteem;** |  |  |  |  |  |
| Developmental delay |  |  |  |  |  |
| Withdrawn/lethargic |  |  |  |  |  |

**Evidence**

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

**Physical**

|  |
| --- |
|  |

**Safety**

|  |
| --- |
|  |

**Love**

|  |
| --- |
|  |

**Esteem**

|  |
| --- |
|  |

**Parenting**

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| --- |
|  |

|  |  |
| --- | --- |
| **Area of Need** | **Score/Grading (Highest score or most common if no ‘4 or 5’ met).** |
| **Physical** |  |
| **Safety** |  |
| **Love** |  |
| **Esteem** |  |
| **Parenting** |  |

Can you provide the additional service needed? **Yes No**

Have you identified actions? **Yes No**

**Action Plan for Pre-screening**

|  |  |  |
| --- | --- | --- |
| **DESIRED OUTCOMES** | **ACTIONS** | **BY WHO AND BY WHEN** |
|  |  |  |
|  |  |  |
|  |  |  |

If you have identified needs for the Child/young person, which are not being met, or there are high level of concerns, or it is not clear what support is needed, would an assessment using the Tameside Neglect assessment help?

**Yes No**

If you answered ‘Yes’ to the previous question, who will do this assessment?