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| Child Name  **Barnsley Safeguarding Children Partnership Neglect Screening Tool** |  | Date of Birth | Banner logo |
| Professionals Name & Role |  | Date form being completed |  |
| NHS Number |  | Contact e-mail |  |

**Area of care: Scaling: Evidence/Reasoning:**

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| 1=Immediate action needed 5 = some action needs to be taken/requires attention 10 = no concerns at all |
| **Physical Care Scaling Guidance What are you worried about?** |

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| The home environment is safe, with no significant disrepair, clutter, or overcrowding (link to the clutter scale for guidance). | **0**  **10**  **5** | 0 = Unsafe, overcrowded, unhygienic, severe  disrepair  5 = Some clutter or minor repair issues  10 = Clean, safe, adequately maintained |  |
| The household is equipped with necessary items such as tables, a cooker, and seating. | **0**  **10**  **5** | 0 = Lacks basic furniture or cooking facilities  5 = Some missing or broken essential items  10 = Home fully equipped with age-  appropriate items |  |
| The outdoor space surrounding the home is secure, including fences, gardens, and waste disposal | **0**  **10**  **5** | 0 = Unsafe Garden, broken fencing, poor  waste management  5 = Some hazards or supervision concerns  10 = Secure, clean, and child-friendly space |  |
| The child has clean weather-appropriate clothing that fits properly. | **0**  **10**  **5** | 0 = Dirty, ill-fitting, or inappropriate clothing  5 = Occasional issues with hygiene or  seasonal suitability  10 = Clean, well-fitting, and weather-  appropriate clothing |  |
| The child's appearance is well-maintained, with clean hair, brushed teeth, and good hygiene. | **0**  **10**  **5** | 0 = Poor hygiene, unwashed, untreated  conditions  5 = Inconsistent grooming or hygiene  concerns  10 = Well-groomed and clean appearance |  |
| The child's health needs are being met appropriately. They receive necessary medical, dental, and mental health care, including regular check-ups, vaccinations, treatment for illnesses, management of ongoing conditions | **0**  **10**  **5** | 0 = Health needs unmet; missed  appointments  5 = Some delays or inconsistencies in care  10 = All health needs met with regular access  to services |  |
| The child/young person has access to adequate food, ensuring they are neither underweight nor overweight. | **0**  **10**  **5** | 0 = Child is underweight/overweight due to  poor diet; signs of hunger  5 = Some concerns re. diet variety or  frequency  10 = Balanced, age-appropriate diet; no signs  of concern |  |

**Safety Scaling Guidance: What are you worried about?**

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| The parent complies with home safety rules (e.g. smoke alarms are present) | **0**  **10**  **5** | 0 = No smoke alarms or dangerous hazards  5 = Some basic safety measures missing  10 = Home meets safety standards, alarms  fitted |  |
| Online safety measures are in place, including parental controls, monitored screen time and guidance on responsible internet use. | **0**  **10**  **5** | 0 = No supervision, access to harmful  content  5 = Partial monitoring or unfiltered access  10 = Parental controls, guidance, supervised  use |  |
| When the parent is absent, the child receives appropriate and considerate supervision. | **0**  **10**  **5** | 0 = Left alone inappropriately; unsupervised  5 = Sometimes inadequate supervision  10 = Supervised with age-appropriate freedom |  |

**Emotional Care Scaling Guidance: What are you worried about?**

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| The parent provides warmth and engages positively with the child/young person. | **0**  **10**  **5** | 0 = Detached, hostile or emotionally  unavailable  5 = Sometimes emotionally inconsistent  10 = Warm, responsive, emotionally attuned  parenting |  |
| The parent shows interest in the child's activities and responds attentively. They are available and actively engaged in meeting the child's emotional needs. | **0**  **10**  **5** | 0 = Ignores or minimally engages in child’s  needs  5 = Inconsistent attention or interest  10 = Engaged, supportive and responsive consistently |  |

**Development Care Scaling Guidance: What are you worried about?**

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| The parent actively expresses joy and pride in the child or young person’s achievements, reinforcing positive development. | **0**  **10**  **5** | 0 = Rare or negative responses to success  5 = Occasionally praises or shows interest  10 = Frequently shows pride and  encouragement |  |
| The parent provides encouragement, stimulation, and resources to help the child engage with school and learning opportunities. | **0**  **10**  **5** | 0 = No engagement with school; lacks  learning resources  5 = Some support but limited stimulation  10 = Encourages school attendance and  learning |  |
| The child attends school regularly without concerns related to attendance or disengagement. | **0**  **10**  **5** | 0 = Persistent non-attendance or poor  engagement  5 = Some concerns re. disengagement or  attendance  10 = Good attendance; engaged in education |  |
| If necessary, the parent acknowledges and responds to the child's SEND needs | **0**  **10**  **5** | 0 = Denies or fails to respond to needs  5 = Acknowledges but inconsistently  supports  10 = Aware and appropriately responsive |  |
| The parent manages the child or young person’s behaviour with consistency, clear boundaries and appropriate guidance | **0**  **10**  **5** | 0 = Harsh, neglectful, or no boundaries  5 = Inconsistent or unclear discipline  10 = Clear, consistent, age-appropriate  strategies |  |

**Causal Factors Scaling Guidance: What are you worried about?**

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| Are there any concerns regarding the parent's use of drugs or alcohol that may impact their ability to provide appropriate care for the child or young person? | **0**  **10**  **5** | 0 = Active misuse affecting parenting  5 = Previous or occasional use causing  Concern  10 = No substance misuse impacting care |  |
| Are there any concerns regarding domestic abuse within the adult relationship? |  | 0 = Ongoing or recent incidents affecting  **0**  **10**  **5**  child  5 = Historical or unresolved conflict  10 = No evidence of domestic abuse |  |
| Are there any concerns in relation to debt or financial difficulties within the home? | **0**  **10**  **5** | 0 = Severe debt impacting basic care needs  5 = Some financial stress, affecting routines  10 = Financially stable or appropriately  managed |  |

Please discuss your results with your manager or designated safeguarding lead.

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| Agreed actions: |  |
| By whom? |  |
| When? (Date) |  |