**Pan Bedfordshire Neglect Screening Tool**

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| **Date of completion;** | **Name and role of person completing the form:** |

**Only complete the sections where you are able to evidence what you have seen and/or heard.**

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| **Any details you have of the child, young person, parent or carer? For example, names, ages, dob, home address, school attended or physical description?** |  | |
|  | **Detail of your concerns, please describe what you have seen and why you are concerned** | **Is the parent or carer aware of your concerns?**  **YES/NO** |
| **Does the child or young person’s presentation concern you? For example, unkempt, obese underweight, rotting teeth.** |  |  |
| **Are you concerned about the child or young person’s behaviour you have observed? For example, risk taking, anxious, avoidant, socially unresponsive.** |  |  |
| **Is the child or young person being brought to all their appointments? (e.g., GP, Dental)** |  |  |
| **Are pets/animals sufficiently cared for? Do they pose a level of risk?** |  |  |
| **Are there any vulnerable adults living within the household?** |  |  |
| **Are there stair gates, electricity point covers, unattended prescribed medications/alcohol/drugs and/or, cleaning substances, baby equipment?** |  |  |
| **Would you describe the family home conditions as poor and unhygienic? For example; no bedding, holes in walls/doors, animal excrement, piles of washing.** |  |  |
| **Any observations the child, young person or adults in the family home in regard to their reading or writing ability, toys, books and other simulation?** |  |  |

**Discussion with manager - Key points:**