**Pan Bedfordshire Neglect Screening Tool**

|  |  |
| --- | --- |
| **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.**

|  |  |
| --- | --- |
| **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:**