



Neglect Identification Measurement Tool (NIMT)

Updated 2017

WSSCB wishes to acknowledge NHS West Sussex's Neglect Risk Assessment and Portsmouth LSCB Development Checklist from which elements of this tool have been developed.

With you, with the child...Every step of the way

NIMT Guidance

- Neglect occurs at every level in society, across ethnic and cultural lines, within all religions and at all levels of education. It is important for you to know and understand the family's religion, culture and community and the impact this may have on the care given to the child, and to avoid judgements that are not appropriate.
- You should be clear whether you are using this tool as a member of staff only to assist your professional thinking, or jointly with the family to explore, share and discuss issues of concern. Using the tool to assist professional thinking should not deter members of staff from engaging in open and honest conversations with families about identified concerns, but should help you to look at what the parents could be doing differently.
- Familiarise yourself with the questions before you meet to discuss your concerns. Identify those will you not be able to answer and which other agency/professional you need to contact.
- Describe frequency, severity and time span clearly.
- For families with more than one child, complete a tool for each sibling so you can compare and contrast their experiences as they are likely to be different.
- Consider the relevance of chronology, the impact of historic events and the reoccurrence of neglectful behaviour
- Acknowledge and take into account any known medical conditions or disabilities.
- Consider the parent's role in meeting the child's needs in relation to developmental age appropriate factors
- Use everyday language; avoid acronyms, abbreviations and specialist jargon.
- Areas that do not apply may be strengths/protective factors, but also there may be friends or other family members that increase the child's resilience

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Confidentiality and Information Sharing

- i. Be open and honest with the family from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so. Record this discussion and ask the parent/carer to sign this record and give them a copy to take away with them.
- ii. Information about an individual or family is confidential to the agency as a whole, and not to individual practitioners. However, individual practitioners do have a responsibility to maintain the confidentiality of the information. They should only share confidential information with other practitioners in the same agency or team for genuine purposes, for example, to seek advice on a particular case or ensure cover for work while on leave. This should be explained clearly to the individual or family at the start of the involvement
- iii. Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- iv. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information.
- v. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest for example when there is evidence that the child is suffering or is at risk of suffering Significant Harm; or where there is reasonable cause to believe that a child may be suffering or at risk of Significant Harm; or to prevent Significant Harm arising to children or serious harm to adults, including through the prevention, detection and prosecution of serious crime, i.e. any crime which causes or is likely to cause Significant Harm to a child or serious harm to an adult.
- vi. In deciding whether the public interest justifies disclosing confidential information without consent, you should be able to seek advice from your line manager or the nominated safeguarding adviser in your organisation.
- vii. You will need to base your judgment on the facts of the case. You should record your decision and the reasons for it and whether or not you decide to share information. If the decision is to share, record what information was shared and with whom.

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Agency completing this form		Has parental consent been sought	
Name of person completing this form		Date completed	
Name of child		Date of birth	
Address			

	Signs and Symptoms	Applies	Not known	Describe what happened and/or what your concerns were and the impact this had on the child
Being Healthy	Health			
	The child has recurrent minor infections			
	The child frequently attends the emergency department in hospital			
	The child is not registered with a GP locally			
	The child does not have all appropriate immunisations			
	The child has not had all developmental checks (0-5yrs)			
	Child has a poorly managed skin condition			
	The child has poor dental hygiene			
	The child misses key health appointments			
	Child does not attend all appointments regarding hearing, visual or speech & language problems			
Medical attention not sought in a timely manner				

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	Learning and Achievement			
	The child has Special Educational Needs or Disability (SEND) and their needs are not being met.			
	The child does not have age appropriately developed language			
	The child's general development is not that expected of a similar child of that age			
	The child has poor/erratic/late attendance at school or nursery			
	The child is not always fetched in time from school or nursery			
	The child is not achieving their academic potential (5-17yrs)			
	Emotional & Behavioural Development			
	The child is fractious and difficult to settle (0-5yrs)			
	There is evidence of offending behaviour (5-17yrs)			
	The child runs away (5-17yrs)			
How I grow and Develop	Family & Social Relationships			
	The child has poor/limited relationships with peers and no support networks			
	Child does not respond to or seek mothers attention			
	Child does not respond to or seek fathers attention			
	The child has caring responsibilities for siblings and/or other adults			
	Social Presentation			
	Evidence of attention seeking behaviour or short attention span			
	Evidence of any behaviour problems or destructive behaviour			
	Self- Care Skills			
	The child misuses substances (5-17yrs)			

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Summary	Analyse the risks that you have identified above against the strengths and protective factors that exist:			
What I need from the People Who Look After Me	Basic Care	Applies	Not known	Describe what happened and/or what your concerns were
	The child's growth is not appropriate for age or there is no organic reason for this.			
	The child appears under nourished			
	The child's height and weight are out of proportion			
	There is evidence that the child is stealing or hoarding food			
	The child does not have an adequate and balanced diet			
	The child is often dressed inappropriately for the weather conditions			
	The child has poorly fitting clothes and shoes			
	There is evidence that the child has poor personal hygiene (i.e. dirty, unkempt, smelly)			
	There is little/no food in the cupboards			
	The child has no bed and/or bedding			
	Nappies are not changed regularly and there is persistent or recurrent nappy rash			
	Ensuring Safety			
	The child is exposed to a smoky environment			
	There are no clear and clean areas for the child to play			
	There is evidence of hazards to the child (e.g. fire risks, sharp objects, needles)			

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The child's home is in a poor state of repair			
The child is left alone inappropriately			
Inappropriate carers/babysitters are used			
There is evidence of bruising on children who are not mobile (0-1yrs)			
There is evidence of unexplained injury			
Emotional Warmth			
Mother shows inappropriate response to child's emotional or physical needs			
Father shows inappropriate response to child's emotional or physical needs			
Stimulation			
The child is lacking in stimulation			
Guidance and Boundaries			
The child has a little/no routine			
The child has few/no age boundaries			
The child has few/no boundaries when accessing the internet			
The child is exposed to inappropriate films or materials			
Stability			
The house/life is unsettled with unidentified adults or young people in the home			

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Summary	Analyse the risks that you have identified above against the strengths and protective factors that exist:			
My Family and Environment		Applies	Not known	Describe what happened and/or what your concerns were and the impact this had on the child
	The family are unable/or do not access community resources			
	The family are inappropriately accessing community resources			
	Family & Social Integration			
	The family is involved in ongoing neighbourhood disputes			
	Income			
	The family is financially unstable (i.e. significant debts, unable to meet basic care needs)			
	The family are at risk of being evicted or having their home repossessed			
	The family are not able to pay their utility bills			
	Wider Family			
	The family has no/little support from their wider family			
	Family History & Functioning			
	Parental physical health is poor			
Parental mental health is a concern				

Their parents have problems with drug or alcohol use			
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	There are current concerns around domestic abuse		
	There is a history of frequent house moves		
Summary	Analyse the risks that you have identified above against the strengths and protective factors that exist:		

What is this summary telling you about neglect and this family and what is your analysis of the risks, strengths and protective factors? Consider Howe's 4 types of neglect.

What risks are you most concerned about?

What is the child's view of their situation?

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What are the parents/carers views of the situation for the child?

What action are you going to take now? If no action, then state why.

NB please see information on page 3 regarding confidentiality and information sharing