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| **MSCP NEGLECT TOOLKIT** |

**Working Together 2018 defines neglect as:**

The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of a child’s health or development. Neglect may occur during 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 and shelter (including exclusion from home or abandonment).

Please refer to the following [pan-London Neglect procedures](https://www.londoncp.co.uk/neglect.html#2.1-definition) for further details on how neglect is defined.

* Protect a child from emotional and physical harm or danger.
* Ensure adequate supervision (including the use of inadequate care givers).
* Ensure access to appropriate medical care or treatment.
* It may include neglect of, or unresponsiveness to, a child’s basic emotional needs.

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| **Aim** |

The Toolkit aims to support practitioners in the early identification and assessment of neglect and in recognising the impact of the cumulative harm caused by neglectful experiences on children and young people. Use of the toolkit should facilitate access to appropriate support and interventions.

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| **Scope** |

The toolkit is intended to be used for children and young people at all stages, from pre-birth, pre-school and school ages through to adolescents aged up to 18 years and can be used by all those working with children and their families across different agencies.

The toolkit should be used to aid discussion with families, supporting practitioners to gather the views of family members, identifying strengths and challenges to consider the impact of neglect on the child / young person. Together the practitioner and family should review the different areas of the toolkit and agree next steps for support if needed.

Practitioners using this toolkit should also refer to the MSCP Neglect Strategy – <https://www.mertonscp.org.uk/wp-content/uploads/2022/09/MSCP-Neglect-Strategy-2021-1.pdf>

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| **Areas of Neglect** |

The toolkit is based on six areas of neglect, with an additional area which prompts practitioners to consider the importance of parental and familial history in their assessment

1. **Physical**
2. **Medical**
3. **Nutritional**
4. **Emotional**
5. **Educational**
6. **Supervision and guidance**
7. **Family History**

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| **\*TYPE** | **CLASSICFICATION** | **SUMMARY** |
| **PHYSICAL** | **PHYSICAL NEGLECT** | The child has inadequate or inappropriate clothing (e.g. for the weather conditions), they experience poor levels of hygiene and cleanliness in their living conditions, or experiences poor physical care despite the availability of sufficient resources. The child may also be abandoned or excluded from home. |
| **MEDICAL NEGLECT** | The child’s health needs are not met, or the child is not provided with appropriate medical treatment when needed as a result of illness or accident. |
| **NUTRITIONAL NEGLECT** | The child is given insufficient calories to meet their physical/ developmental needs; this is sometimes associated with ‘failure to thrive’, though failure to thrive can occur for reasons other than neglect. The child may be given food of insufficient nutritional value (e.g. crisps, biscuits and sugary snacks in place of balanced meals); childhood obesity as a result of an unhealthy diet and lack of exercise has more recently been considered a form of neglect, given its serious long-term consequences. |
| **SAFETY** | **LACK OF SUPERVISION AND GUIDANCE** | The child may be exposed to hazards and risks, parents or caregivers are inattentive to avoidable dangers, the child is left with inappropriate caregivers, and/ or experiences a lack of appropriate supervision and guidance. It can include failing to provide appropriate boundaries for young people about behaviours such as under-age sex and alcohol use. |
| **EMOTIONAL** | **EMOTIONAL NEGLECT** | This involves a carer being unresponsive to a child’s basic emotional needs, including failing to interact or provide affection, and failing to develop a child’s self-esteem and sense of identity. Some would distinguish it from emotional abuse by the intention of the parent; from this perspective it is emotional neglect is about parenting capacity, which also considers mental capacity. |
| **DEVELOPMENTAL** | **EDUCATIONAL NEGLECT** | The child does not receive appropriate learning experiences; they may be unstimulated, denied appropriate experiences to enhance their development and/ or experience a lack of interest in their achievements. This may also include carers failing to comply with state requirements regarding school attendance, and failing to respond to any special educational needs. |

\*NSPCC DEFINITION

The toolkit is also based on the Framework for the Assessment of Children in Need and their Families with reference to the following domains and relevant dimensions:

**· Child Developmental Needs (CDN)**

**· Parenting Capacity (PC)**

**· Family/Environmental Factors (FEF)**

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| **Guidance by Age Group** |

The table below provide a helpful of experiences of neglect at different age groups (Experiences of Neglect by Howarth’s classifications)



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| **THE TOOLKIT** |

The toolkit is made up of **seven sections**

Each section has a table which provides descriptors under each area, this is to be used as a guide and to support practitioners with identifying the level of concern.

The evidence heading under each section should be used to record what is going on for the family in relation to that area. This should include views from practitioner and other professionals.

It’s important that the views of the child / parent / carer are also captured throughout this toolkit: what they see, hear and feel in relation to each of the areas. There is a heading under each section to record their views.

A **scale** is provided at the bottom of each section to rate strengths or worries from 1-4 (no concern – significant).

To establish the level of severity of concerns, practitioners should consider the descriptors under each area, as well as the level of intrusiveness, pervasiveness, frequency, duration, modifiability and unusualness.

The toolkit can be used for more than one child by using the children’s initials in the scale rating. Evidence should however be clearly recorded for each child.

A **summary grid** is available at the end of the toolkit to offer an overview of the concerns in all of the areas. This is followed by next steps, which supports practitioners with what to do after they have identified the level of concern.

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| **PHYSICAL NEGLECT** | | | | | |
| **DOMAINS:**  Child Development Need: Health and Social Presentation  Parenting Capacity: Basic Care and Ensuring Safety | | | | | |
| **Areas to be considered:**   * Aspects of the home environment (Kitchen, bathroom, living areas). * Condition of the child’s bedroom. * Floor condition. * Decorative order. * Hygiene of child (skin, hair). * Child clothing. | | | | | |
| **1**  **Universal**  **No concern** | | **2**  **Early Help**  **Emerging** | **3**  **Targeted**  **Moderate** | **4**  **Specialist**  **Significant** | |
| Home environment is clean with all essential amenities such as heating, shower,  cooking facilities, adequate beds and bedding and is in a good state of repair and decoration.  Child/ young person has clean, fitting, weather appropriate clothes.  Child /young person is clean and is either given a bath/washed daily or encouragement to do so. | | Home environment is reasonably clean, and has some essential amenities, but is in need of decoration and requires repair.  Child/ young person has weather appropriate clothes but are sometimes poorly fitting and unclean.  Child/ young person is reasonably clean, but the carer does not bath/wash the child regularly and/or the child/ young person is not consistently encouraged to do. | Home environment is bare and possibly dirty/smelly and there are inadequate amenities such as beds/bedding, lack of clean washing facilities and the whole environment is dirty and chaotic.  Child/ young person has dirty, not well-fitting clothes which are not always weather appropriate.  Child/ young person looks unclean and is only occasionally bathed/ washed or encouraged to do so. | Home environment is dirty and there is a lack of essential amenities such as a working  toilet, showering/bathing facilities, inappropriate and dirty bed and bedding and poor facilities for the preparation of food.  Child/ young person has filthy, smelly, ill-fitting clothes which are not weather appropriate.  Child/young person looks dirty and is not bathed or washed or encouraged to do so. | |
| **Evidence** | | | | | |
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| **Child / Parent / Carer views** | | | | | |
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| **Scale** | | | | | |
| **1**  **No Concern** | **2**  **Emerging** | | **3**  **Moderate** | | **4**  **Significant** |
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| **PHYSICAL - MEDICAL NEGLECT** | | | | | |
| **DOMAINS:**  Child Development Needs: Health  Parenting Capacity: Basic Care | | | | | |
| **Areas to be considered:**   * The child’s general health and development. * Any special health need or disability of the child/ young person. * Medications and treatment. * Dental care. | | | | | |
| **1**  **Universal**  **No concern** | | **2**  **Early Help**  **Emerging** | **3**  **Targeted**  **Moderate** | **4**  **Specialist**  **Significant** | |
| Medical appointments are made and consistently attended.  Preventative care is carried out such as dental/optical and all immunisations are  up to date.  Child/ young person has good dental health and oral hygiene.  Carer ensure medications are regularly taken/ treatment followed.  Carer complies with needs relating to child/ young person’s disability/ medical condition. | | Medical appointments are not consistently attended.  Preventive care is carried out, but appointments are not always consistent.  Immunisations are delayed.  Child/ young person has satisfactory dental health and oral hygiene.  Carer is inconsistent in ensuing medications are regularly taken/ treatment followed.  Carer is inconsistent in their compliance with needs relating to Child/ young person’s disability/ medical condition but does recognise the importance. | Two or more consecutive medical appointments have been missed.  Preventative care such a dental/optical are not routinely attended. Immunisations are not up to date.  Child/ young person has poor dental health and oral hygiene.  Carer does not ensure medications are regularly taken/ treatment followed.  Carer does not ensure compliance with needs relating to child/ young person’s disability/ medical condition, and there is significant minimisation of child/ young person’s health needs. | Medical appointments are not attended.  Preventative care such a dental/optical are not attended.  Immunisations are not up to date.  Child/ young person has extremely poor dental health and oral hygiene.  Carer noncompliance with medication or required treatment.  Carer does not ensure compliance with needs  relating to child/ young person’s disability/ medical condition, which leads to deterioration of the child/young person’s well-being. | |
| **Evidence** | | | | | |
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| **Child / Parent / Carer views** | | | | | |
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| **Scale** | | | | | |
| **1**  **No Concern** | **2**  **Emerging** | | **3**  **Moderate** | | **4**  **Significant** |
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| **PHYSICAL - NUTRITIONAL NEGLECT** | | | | | |
| **DOMAINS:**  Child Development Needs: Health  Parenting Capacity: Basic Care | | | | | |
| **Areas to be considered:**   * Child/young person’s diet according to age / development and any special dietary requirements. * Provision of adequate food in the home. * Young person’s ability to access nutritionally appropriate food. | | | | | |
| **1**  **Universal**  **No concern** | | **2**  **Early Help**  **Emerging** | **3**  **Targeted**  **Moderate** | **4**  **Specialist**  **Significant** | |
| Child/ young person is provided with a balanced diet adequate to age and development stage.  Good provision of food in the home at all times. Meals are organised and there is routine.  Child/ young person’s special dietary requirements are always met.  Child / young person’s weight appropriate to age and developmental stages. | | Child/ young person is provided with a reasonably balanced diet which is mainly adequate to age and development stage.  Good provision of food in the home most of the time. Meals are prepared but there is a lack of routine.  Child/ young person’s special dietary requirements are inconsistently met.  Child / young person underweight / overweight. | Child / young person is not provided with a balanced diet and food is often not adequate to age or development stage. Child/ young person may present as hungry.  A lack of food within the home. Meals are inconsistent with a lack of routine.  Child/ young person’s special dietary requirements are rarely met.  Child / young person worryingly underweight / overweight. | Child/ young person does not receive an adequate quantity of food and often presents as hungry. Child/ young person may be begging for food/ hoarding food or gorging self – eating in large gulps.  Little to no food within the home. The food provided is of a consistently low quality with no routine for preparation or time when food is available.  Child/ young person’s special dietary requirements are never met.  Child / young person constantly underweight or considerably losing weight / seriously obese. | |
| **Evidence** | | | | | |
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| **Child / Parent / Carer views** | | | | | |
|  | | | | | |
| **Scale** | | | | | |
| **1**  **No Concern** | **2**  **Emerging** | | **3**  **Moderate** | | **4**  **Significant** |
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| **SAFETY - SUPERVISION AND GUIDANCE** | | | | | |
| **DOMAINS:**  Child Development Needs: Emotional Development, Identity, Self-Care Skills;  Parenting Capacity: Guidance and Boundaries and Stability | | | | | |
| **Areas to be considered**:   * Parental awareness of children needs for safety within and outside the home * Routines and boundaries * Modelling of behaviour including (for the older children) fostering of independence * Management of behaviour | | | | | |
| **1**  **Universal**  **No concern** | | **2**  **Early Help**  **Emerging** | **3**  **Targeted**  **Moderate** | **4**  **Specialist**  **Significant** | |
| Carer aware of key safety issues (e.g. Safe sleeping, safety equipment for toddlers, parental controls on electronic devises etc.).  Carer has good supervision inside and outside the home.  Child/ young person has good predictable routines with effective age-appropriate behaviour strategies and boundaries.  Child/ young person supported in learning of life/ social skills / fostering of independence through modelling. | | Carer aware of key safety issues (e.g. safe sleeping, safety equipment for toddlers, parental controls on electronic devises etc.) but is inconsistent in use.  Carer understands importance of supervision but does not always know whereabouts of child/ young person.  Child/ young person has reasonably good routines, but carer can be inconsistent especially with effective age-appropriate behaviour strategies and boundaries.  Carer understands importance of support and modelling but is inconsistent around learning of life / social skills / fostering independence. | Carer unaware of key safety issues (e.g. safe sleeping, safety equipment for toddlers, parental controls on electronic devises etc.) and does not recognise the dangers to child / young person.  Carer has little supervision inside or outside and lacks concern of whereabout of child / young person.  Child / young person lacks routine, and behaviour is not always managed with effective age-appropriate strategies or boundaries (Physical chastisement may be used).  Child / young person lacks modelling and support around learning of life / social skills / fostering independence. | Carer unaware of key safety issues (e.g. safe sleeping, safety equipment for toddlers, parental controls on electronic devises etc.) or unable to keep child safe / lack of supervision and guidance.  Carer has complete lack of supervision. Child/ young person left alone for long periods of time. Carer unaware of child/ young person’s whereabouts when out / activity online.  Child / young person has no routine or rules are too rigid and restrictive, and behaviour is not managed with effective age-appropriate stratifies or boundaries. (Physical chastisement is likely used).  Child / young person receives no support / complete lack of modelling around learning of life/ social skills / fostering independence. | |
| **Evidence** | | | | | |
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| **Child / Parent / Carer views** | | | | | |
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| **Scale** | | | | | |
| **1**  **No Concern** | **2**  **Emerging** | | **3**  **Moderate** | | **4**  **Significant** |
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| **EMOTIONAL NEGLECT** | | | | | |
| **DOMAINS:**  Child Development Needs: Emotional and Behavioural Development, Identity, Family and Social Relationship  Parenting Capacity: Emotional Warmth, Stability, Guidance and Boundaries | | | | | |
| **Areas to be considered:**   * Patterns of attachments and relationship between child/young person and parents/carers. * Child /young person’s sense of belonging, self-esteem / self-worth. * Parents responses to child. | | | | | |
| **1**  **Universal**  **No concern** | | **2**  **Early Help**  **Emerging** | **3**  **Targeted**  **Moderate** | **4**  **Specialist**  **Significant** | |
| Child / young person has a good caring relationship / attachment with carer.  Carer provides positive emotional warmth and praise.  Carer is empathic and responsive towards child / young person.  Child / young person has good sense of self-esteem / confidence / self-belonging / self-worth.  Carer appropriately identifies and responds when risky behaviour occurs. | | Child / young person has a reasonably good caring relationship / attachment with carer, but carer can allow own difficulties to impact.  Carer understands the importance of emotional warmth and praise but is inconsistent in this.  Carer is inconsistent in being empathic and responsive towards child / young person.  Chid / young person can sometimes lack confidence / self-esteem / self-belonging / self-worth.  Carer inconsistently responds when risky behaviour occurs. | Child / young person lacks a good caring relationship / attachment with carer.  Child / young person lacks emotional warmth and praise from carer.  Carer seldom provides empathy and at times can be unresponsive towards child / young person.  Child / young person has little to no confidence / self-esteem / self-belonging / self-worth.  Carer recognises risky behaviour but does not always respond appropriately. | Child / young person has no caring relationship with carer. Evidence of insecure or indiscriminate attachments.  Child / young person receives no emotional warmth or praise from carer.  Carer lacks empathy and is unresponsive towards child / young person.  Chid / young person has persistent low self-esteem / low confidence / self-hatred / sense of alienation.  Carer does not recognise risky behaviour and does not have capacity to respond appropriately. | |
| **Evidence** | | | | | |
|  | | | | | |
| **Child / Parent / Carer views** | | | | | |
|  | | | | | |
| **Scale** | | | | | |
| **1**  **No Concern** | **2**  **Emerging** | | **3**  **Moderate** | | **4**  **Significant** |
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| **DEVELOPMENTAL - EDUCATIONAL NEGLECT** | | | | | |
| **DOMAINS:**  Child Development Needs: Education, Family and Social Relationships  Parenting Capacity: Stimulation, Guidance and Boundaries | | | | | |
| **Areas to be considered**:   * Child/ young person development. * School attendance, punctuality. * Presentation in nursery/school. * Homework, parental support with education. | | | | | |
| **1**  **Universal**  **No concern** | | **2**  **Early Help**  **Emerging** | **3**  **Targeted**  **Moderate** | **4**  **Specialist**  **Significant** | |
| Child / young person is stimulated, and carer is aware of importance of this and development.  Child / young person has toys and age-appropriate learning materials to support development.  Carer engages well with nursery/school and ensures attendance is regular and punctual.  Carer views school important and provides support with homework.  Child / young person is appropriately dressed and equipped for nursery/school. | | Child / young person has adequate stimulation. Carer understands importance but can allow own difficulties/ demands to impact.  Child / young person has essential toys and age-appropriate learning materials, but carer struggles due to environmental factors.  Carer struggles to engage with nursey/ school and allows occasional days off where not necessary.  Carer understands importance of nursey/ school but is inconsistent with this.  Child / young person is mostly dressed appropriately and equipped for nursery /school. | Child / young person receives little stimulation and carer does not understand importance of this or development.  Child / young person lacks essential toys and age-appropriate learning materials. Carer lacks interest / awareness of need.  Carer lacks engagement with nursey /school and will often allow days off where not necessary. Child / young has poor school attendance/ persistent lateness.  Carer does not view education as important and rarely supports with homework.  Child / young person occasionally in non-school uniform and not equipped for school. | Child / young person receives no stimulation and carer is hostile about child/young person’s needs and development.  Child / young person has no toys or age-appropriate learning material to support development.  Carer has a total lack of engagement with nursery/school and will often allow days off where not necessary. Child / young person has extremely poor school attendance.  Carer hostile about education and provides no support with homework.  Child / young person persistently in non-school uniform / correct clothes and not equipped for nursery/school. | |
| **Evidence** | | | | | |
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| **Child / Parent / Carer views** | | | | | |
|  | | | | | |
| **Scale** | | | | | |
| **1**  **No Concern** | **2**  **Emerging** | | **3**  **Moderate** | | **4**  **Significant** |
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| **PARENTS HISTORY AND FUNCTIONING** | | | | | |
| **DOMAIN:**  Family Environment Factors: History and Functioning | | | | | |
| **Areas to be considered:**   * Factors from childhood * Individual health including mental health * Individual learning difficulties/ impairments * Substance misuse * Domestic abuse * Previous harm/ neglect to children * Wider family | | | | | |
| **1**  **Universal**  **No concern** | | **2**  **Early Help**  **Emerging** | **3**  **Targeted**  **Moderate** | **4**  **Specialist**  **Significant** | |
| No neglect / abuse in carer history.  Carer has no current or historical mental / physical health problems.  Carer has no learning disability or difficulties.  Carer has had no previous children social care /FWS involvement.  Carer has no current or historical concerns around substance misuse.  Carer has no history of domestic abuse / parental conflict in this or previous relationships.  Carer has good support from wider family and friends. | | Low-level neglect in carer history.  Carer may have current or historical mental / physical health problems which sometimes impact carer’s functioning.  Carer has learning needs which has some impact on parenting capacity.  Carer has previously been supported by targeted services (FWS).  Carer has some current / historical substance misuse concerns.  Carer has history of parental conflict in current / previous relationships.  Carer has inconsistent support from wider family or friends. | Carer has a history of neglect or abuse as a child.  Carer has current or historical mental / physical health problems which impacts on carer’s functioning.  Carer undiagnosed /diagnosed learning need / disability which impacts parenting capacity.  Child / young person previously on CIN plans.  Carer has current or historical substance misuse which impacts parenting capacity.  Carer has history of domestic abuse in this or previous relationships.  Carer has very limited support from wider family or friends. | Carer has history of significant neglect or abuse as a child.  Carer has current or historical mental / physical health problems significantly impacting on carer’s functioning.  Carer undiagnosed / diagnosed with learning need / disability which significantly impacts parenting capacity.  Carer has had previous children removed or child/ young person previously on CP plans.  Carer has current or historical substance misuse which significantly impacts parenting capacity.  Carer has history of chronic and serious domestic abuse in this or previous relationships.  Carer isolated, no support from wider family or friends. | |
| **Evidence** | | | | | |
|  | | | | | |
| **Child / Parent / Carer views** | | | | | |
|  | | | | | |
| **Scale** | | | | | |
| **1**  **No Concern** | **2**  **Emerging** | | **3**  **Moderate** | | **4**  **Significant** |
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| **Summary Grid** |

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| **AREAS CONSIDERED** | | **1**  **No concern** | **2**  **Emerging** | **3**  **Moderate** | **4**  **Significant** | **EVIDENCE** |
| 1. | Physical Neglect |  |  |  |  |  |
| 2. | Medical Neglect |  |  |  |  |  |
| 3. | Nutritional Neglect |  |  |  |  |  |
| 4. | Supervision and Guidance |  |  |  |  |  |
| 5. | Emotional Neglect |  |  |  |  |  |
| 6. | Educational Neglect |  |  |  |  |  |
| 7. | Parents/ Family History and functioning |  |  |  |  |  |

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| **Next Steps** |

Concern re possible neglect

Discuss with manager or safeguarding lead and complete Neglect Toolkit

**Significant**

Discuss concerns with parents / carers.

Specialsit support / intervention Request for service to C&F Hub

**Moderate**

Discuss concerns with parents/carers.

Targeted support / intervention. Request for service from C&F Hub

**No concerns identified**

No action required, however any new events should be recorded and the toolkit should be reviewed should any concerns arise in the future.

**Emerging**

Discuss concerns with parents/carers. Early Help support / intervention. Measure progress and if no change, consider request for service from C&F Hub

Further information on the Merton’s Children and Families (C&F) Hub can be found [HERE](https://www.mertonscp.org.uk/working-with-children/children-and-families-hub/)

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| **Bibliography and Other Resources** |

Bentley, H et al / **How safe are our Children**. NSPCC 2017

Brandon, M et al / **Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?** DfE 2014

Brandon, M., et al / **Neglect and Serious Case Reviews**. NSPCC 2013

Hicks, L; Stein, M / **Neglect Matters: A multi-agency guide for professionals working together on behalf of teenagers. DfE 2011**

**Neglect and Young People pack** <https://www.egfl.org.uk/sites/default/files/Neglect%20of%20young%20people%20pack.pdf>

Raws, P. / **Understanding Adolescent Neglect: Troubled Teens.** The Children Society

**Exploring how neglect might interact with forms of sexual harm** <https://www.researchinpractice.org.uk/children/news-views/2016/august/exploring-how-neglect-might-interact-with-forms-of-sexual-harm/>

**Tools:**

**Early Help Plan**

<https://www.mertonscp.org.uk/documents/mscp-early-help-plan/>

**Whole Family Assessment**

<https://www.mertonscp.org.uk/documents/mscp-whole-family-assessment/>

**The Adolescent Wellbeing Scale**

[The Adolescent Wellbeing Scale - Free Social Work Tools and Resources: SocialWorkersToolbox.com](http://www.socialworkerstoolbox.com/the-adolescentt-wellbeing-scale/)

**Adult Wellbeing Scale**

<http://www.socialworkerstoolbox.com/adult-wellbeing-scale/>

**The Parenting Daily Hassles Scale**

[The Parenting Daily Hassle Scale - Free Social Work Tools and Resources: SocialWorkersToolbox.com](http://www.socialworkerstoolbox.com/the-parenting-daily-hassle-scale/)

**The Strengths and Difficulties Questionnaire**

[The Strengths and Difficulties Questionnaire - Free Social Work Tools and Resources: SocialWorkersToolbox.com](http://www.socialworkerstoolbox.com/strengths-and-difficulties-questionnaire/)

**Home Condition Scale**

<http://www.socialworkerstoolbox.com/home-conditions-assessment/>