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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 – \***ADD LINK**\*

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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 to be completed, which provides descriptors of possible strengths (right) and worries (left).

The centre column should be used to record what is in going on for the family in relation to each area. This should include the views of the family and the practitioner: what they see, hear and feel in relation to each of the areas.

A **scale** is provided to rate strengths or worries from 1-4 - at the bottom of each table.

To establish the level of severity of worries, practitioners should consider the level of intrusiveness, pervasiveness, frequency, duration, modifiability, unusualness.

A **summary grid** is available at the end of the toolkit to offer an overview of the concerns in any of the areas.

The toolkit can be used for more than one child using in the rating the different children’s initials.

Evidence should however be clearly provided for each child.

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| **PHYSICAL NEGLECT** |
| **DOMAINS:** Child Development Need: Health and Social PresentationParenting Capacity: Basic Care and Ensuring Safety |
| **Good enough** | **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.
 | **Higher level of concern** |
| The kitchen floor and surfaces are clean. No large amounts of leftover food or washing up left on surfaces and sink.Living area’s floor clean, surfaces and sitting areas uncluttered.Bathroom appliances working and clean.Child has own bed (older children may have own bedroom). Bedding is clean, there are curtains on the windows.The home is in general good decorative order.The child/young person has clean, fitting, weather appropriate clothesThe child/young person’s skin is clean and the hair washed.  |  | The kitchen floor is stained and sticky. Surfaces are stained. Leftover food on surfaces. Sink cluttered with unwashed dishes and pans.Living areas floor stained and sticky. Surfaces and sitting areas cluttered.Bathroom appliances blocked or not in good working order. Appliances stained/dirty.Poor decorative order throughout the home.Child does not have a bed or shares a bed. No beddings on the bed or stained bedding/ wet smelling matrass or bedlinen. No curtains on windows.Child skin dirty, unwashed. Strong body odour.Inappropriate, ill-fitting clothes or unsuitable for the weather.  |

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| SCALE |
| 1 no concern | 2 | 3 | 4 high concern |
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| Family Views |
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| **PHYSICAL - MEDICAL NEGLECT** |
| **DOMAINS:** Child Development Needs: HealthParenting Capacity: Basic Care |
| **Good enough** | **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.
 | **Higher level of concern** |
| Most medical appointments and checks kept.Disability or child’s medical condition (specify) managed satisfactorily managed.Medications regularly taken/ treatment followed.Child/ young person registered with GP.Child/ young person registered with a dentist.Child/ young person has good dental health and hygiene. |  | Several medical appointments and checks missed.Disability or medical condition (specify) not managed and further impacting on child’s everyday life.Noncompliance with medication or required treatment.Child/ young person not registered with GP.Child/ young person not registered with a dentist.Child/ young person has poor dental health and hygiene. |

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| SCALE |
| 1 no concern | 2 | 3 | 4 high concern |
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| Family Views |
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| **PHYSICAL - NUTRITIONAL NEGLECT** |
| Child Development Needs: HealthParenting Capacity: Basic Care |
| **Good enough** | **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.
 | **Higher level of concern** |
| Balanced diet adequate to age, development stages and any special needs of the child/ young person.Child/young person has regular meals daily.Diet includes reasonable quantity of fruit and vegetables.Child / young person’s weight appropriate to age and developmental stages.Content of pack lunch appropriate, varied and balanced.Good provision of food in the home at all times. |  | Child/ young person reported to be begging for food.Child/ young person often reported hungry.Child /young person hoarding food.Child /young person gorging self, eating in large gulps.Loss of weight.Overweight. No food in the home. |

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| SCALE |
| 1 no concern | 2 | 3 | 4 high concern |
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| Family Views |
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| **SAFETY - SUPERVISION AND GUIDANCE**  |
| Child Development Needs: Emotional Development, Identity, Self-Care Skills; Parenting Capacity: Guidance and Boundaries and Stability |
| **Good enough** | 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
 | **Higher level of concern** |
| Parent aware of key safety issues (e.g. safe sleeping, safety equipment for toddlers, parental controls on electronic devises etc.).Good parental supervision inside and outside the home (describe).Child/ young person has reasonably predictable routines.Boundaries and rules not too rigid and age appropriate.Behaviour problems and difficulties managed in age appropriate way without use of physical chastisement.Child supported in learning of life/ social skills through modelling. For young people independence fostered with modelling and support.  |  | Parent unaware or unable to keep child safe through provision of adequate equipment and measures or for lack of supervision and guidance.Child left alone for long periods of time (including in cot) or frequently. Parent unaware of child/ young person’s whereabouts when outParent mostly unaware of child’s activities (including on line).No or up-hazard routines; lack of predictability in the child’s life. Rules too rigid and restrictive.Behaviour problems and difficulties dealt by physical punishment, rigid or harsh punishment inappropriate for the age.Lack of modelling/ fostering of independence.Inappropriate expectations. |

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| SCALE |
| 1 no concern | 2 | 3 | 4 high concern |
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| Family Views |
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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 |
| **Good enough** | **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.
 | **Higher level of concern** |
| Evidence of good attachment between child and main carer. Good relationship (collaborative, caring, etc.) between parent/s and young person.Parent able to show emotional warmth and praise Regulated arousals, moods appropriately variable, reasonably compliant, empathic and responsive.Demonstrates trust in relationships.Good sense of self-esteem, confidence, self of belonging, self-worth, positive self-regard |  | Evidence of insecure or indiscriminate attachments (describe).Parent negative towards child / young person. Unable to praise or show emotional warmth.Anxious or hostile presentation. Poor sleeping patterns.Poorly modulated arousal states; persistent mood disturbances, aggressive or oppositional behaviour, lack of empathy. Over-dependency, unsatisfactory relationships, sustained withdrawal, over-dependency, hostile, unresponsive, exploitative, fighting, controlling, anti-social, rivalrous, indiscriminate, precocious sexuality, untrusting in relationships. Persistent low self-esteem low confidence, sense of alienation, self-hatred. |

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| SCALE |
| 1 no concern | 2 | 3 | 4 high concern |
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| Family Views |
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| **DEVELOPMENTAL - EDUCATIONAL NEGLECT**  |
| **DOMAINS:**Child Development Needs: Education, Family and Social RelationshipsParenting Capacity: Stimulation, Guidance and Boundaries |
| **Good enough** | **Areas to be considered:*** Child/ young person cognitive and language development.
* Play.
* Learning skills.
* School attendance, punctuality.
* Presentation in nursery/school.
* Social skills, relationships with adults and other children.
* Homework, parental support with education.
 | **Higher level of concern** |
| Satisfactorily unfolding of cognition and language.Good/ age and developmental appropriate learning skills (including play).Provision by parent/carer of age appropriate learning material.Regular attendance to nursery /playschool.Regular and punctual attendance to school.Appropriately dressed and equipped with the right kit.No concerns about homework or support with school work.Positive relationship with school staff and/ or peers.Good parental engagement with school. |  | Concerns about physical and/ or cognitive development. Poor delayed language skills.Poor learning /play skills.Lack of age appropriate learning equipment and material.Poor, irregular nursery/ pre-school attendance.Poor school attendance.Persistent lateness. Parents not ensuring the education of the child.No school uniform, wrong clothes, regularly turning up without the right kit.Homework irregularly produced, poor parental support with education.Poor parental engagement with school. |
| SCORING |
| 1 no concern | 2 | 3 | 4 high concern |
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| Family Views |
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| **PARENTS HISTORY AND FUNCTIONING** |
| **DOMAIN:**Family Environment Factors: History and Functioning  |
| **Good enough** | **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
* Current relationship
* Wider family
 | **Higher level of concern** |
| No neglect / abuse in parent’s historyNo current or historical mental health problems.No current problems with own physical healthNo learning disability or difficultiesNo other children previously removed or on CIN/CP plansNo current or historical concerns about substance misuseNo history of domestic abuse in this or previous relationshipsSupport from wider family and friends |  | Parent’s history of neglect or abuse as childrenCurrent or historical mental health problems impacting on parent’s functioningCurrent health problemsDiagnosed learning disability or learning difficultiesPrevious children removed/ children previously on CIN/CP plansCurrent or historical concerns about substance misuseHistory of domestic abuse in this or previous relationshipsSocially isolated, no support from wider family and friends |

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| SCALE |
| 1 no concern | 2 | 3 | 4 high concern |
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| Family Views |
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| **Summary Grid** |

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| **AREAS CONSIDERED** | **1 low concern** | **2** | **3** | **4 high concern** | **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

High / Very High level concern

Discuss concerns with parent / carer Request for service to C&F Hub

Discuss with manager or safeguarding lead and complete Neglect Toolkit

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

**No concerns identified**

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

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.rip.org.uk/news-and-views/blog/how-neglect-interacts-with-forms-of-sexual-harm/>

**Tools:**

**The Adolescent Wellbeing Scale** <https://www.cafcass.gov.uk/media/215234/adolescent_well-being_tool.pdf>

**The Parenting Daily Hassles Scale** <https://www.cafcass.gov.uk/media/215160/parenting_daily_hassles_scale.pdf>

**The Strengths and Difficulties Questionnaire** <http://www.sdqinfo.com/>

**Home Condition Scale** <https://www.cafcass.gov.uk/media/215157/home_conditions_assessment.pdf>

**The family Pack of Questionnaires and Scales** <http://www.teescpp.org.uk/scales-and-questionnaires>

**Adolescents and Neglect** (Adapted from the Multidimensional Neglect Behaviour Scale Form: Adolescent and Adult Recall (Straus, Kinard and Williams, 1995)

**Assessment Framework**