

SUTTON LSCB NEGLECT PRACTICE TOOLKIT

This neglect practice toolkit is organised into two parts: the practice guidance and the neglect screening tool template. Additional resources to identify and respond to neglect are available

on the LSCB website. The neglect tool can be used to support section 47 and child in need risk assessments, and planning and reviewing processes alongside a specialist assessment.

PART ONE – PRACTICE GUIDANCE

What is neglect?

Neglect is defined in Working Together to Safeguard Children (2015) as:

The persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the 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);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate caregivers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Identifying neglect in middle childhood and adolescence can be complex because these

children experience and respond to neglect in different ways. Some children between the ages of seven and 11 years may show challenging behaviours because of neglect, while others may suppress their feelings so that it is not obvious that they have been or are neglected. At this critical age in a child's development, it is crucial that neglect is identified and responded to. As children move from primary to secondary education and into adolescence, they need support to manage these changes. If this support is not in place at home and they are being neglected, children will find this time in their life particularly difficult. This can lead to long-term problems.

Recent research by the Children's Society found that 'adolescent's problem behaviours and the personal issues they face may often be linked to neglect'. 'Older children who have been neglected may be at risk of going missing or being exploited. They may exhibit challenging behaviours and neglect may have a detrimental effect on their physical and emotional health. Professionals do not always identify the underlying cause of these behaviours and therefore children do not always get the support they need. Sometimes, the public and professionals assume that older children are better able to cope with neglect.'

¹ 'Troubled Teens; Understanding Adolescent Neglect'; The Children's Society, 2016: www.childrenssociety.org.uk/what-we-do/research/troubled-teens-understanding-adolescent-neglect

CLASSIFICATIONS OF NEGLECT²

1.	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 experience poor physical care despite the availability of sufficient resources. The child may also be abandoned or excluded from home.
2.	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.
3.	NUTRITIONAL NEGLECT	The child is given insufficient calories to meet their physical/ developmental needs; this is sometimes associated with faltering growth ³ , although faltering growth 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.
4.	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 emotional neglect is about parenting capacity, which also considers mental capacity.
5.	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.
6.	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.

² Horwarth, 2007

³ NICE guidance 'Faltering growth - recognition and management of faltering growth in children' due to be published in October 2017

EXPERIENCES OF NEGLECT BY HORWATH'S CLASSIFICATIONS

Age group	Medical	Nutritional	Emotional
Infancy: 0-2 years	Includes failure to notice that a baby is unwell, and failure to seek medical treatment. Not attending routine health screening appointments may be indicative.	Under-nourishment leads to restricted growth and brain development. There can be a link between neglect and obesity e.g. if parents use sweets as 'pacifiers'.	Lack of stimulation can prevent babies from 'fixing' neural connections. Infant attachments are damaged by neglect, which makes learning skills more difficult.
Pre-school: 2-4 years	May include missed health and dental appointments, and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints.	Not eating 1200-1500 calories per day, and/or unregulated amounts of fat and sugar in the diet, which can lead to heart problems, obesity and tooth decay.	Neglected children without a secure attachment may experience difficulties playing with their peers, sharing feelings and thoughts, coping with frustration and developing empathy.
Primary: 5-11 years	Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention e.g. through hand washing, good diet or adequate sleep.	Food isn't provided consistently, leading to unregulated diets of biscuits and sweets. Concerns should not just focus on weight; children of normal weight could still have unhealthy diets.	Insecure attachment styles can lead to children having difficulties forming relationships, and may express their frustration at not having friends through disruptive behaviour.
Adolescent: 12+ years	Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing services. There may also be risk-taking behaviour e.g. in sexual activity.	Adolescents may be able to find food, but lack of nutritious food and limited cooking experience can lead them to unhealthy snacks, which affects both health and educational outcomes.	Peer groups and independence are important at this age; young people who are isolated by neglect (e.g. through poor hygiene) will struggle. Conflict with carers may also increase.

EXPERIENCES OF NEGLECT BY HORWATH'S CLASSIFICATIONS

Age group	Educational	Physical	Lack of supervision
Infancy: 0-2 years	Some parts of the brain, e.g. cortex, are dependent on experience and stimulation to develop. Language relies on reinforcement and feedback from carers.	Dirty home conditions may affect infant immune system; lack of changing and nappy rash; lack of encouragement may delay skill development.	Babies should be supervised at all times, particularly when lying on surfaces they could fall from or in the bath. If babies feel abandoned, this can affect the development of attachments.
Pre-school: 2-4 years	Neglect can be a significant factor in delaying a child's language development e.g. through the amount and quality of interactions with carers. This delay affects their education.	Child may present as dirty or malnourished, and living conditions may be poor. Child may not have been toilet trained, sleeping sufficiently or have adequate boundaries.	Home may lack safety devices e.g. stair gates, dangerous items such as drugs or knives may be within reach, child may not have appropriate car seat, child may be left home alone.
Primary: 5-11 years	Neglected children can experience a number of disadvantages at school, including low educational aspirations, lack of encouragement for learning and language stimulation.	Ill-fitting, inadequate or dirty clothing, poor personal hygiene, lack of sleep, lack of routines or boundaries which can lead to frustration with school rules and boundaries.	Primary school children may be left home alone after school, or expected to supervise younger children. They may be left to play outside alone or to cook meals without supervision.
Adolescent: 12+ years	Likely to experience cognitive impairment e.g. in managing emotion, challenging behaviour in school. Low confidence and academic failure can reinforce negative self-image.	Adolescents' social development is likely to be affected by their living conditions, inadequate clothing, poor hygiene and body odour. This can affect their self-esteem.	Neglected adolescents may stay out all night with carers not aware of their whereabouts, which can lead to opportunities for risk-taking behaviours that can result in serious injury.

PART TWO – NEGLECT SCREENING TOOL

How to use the neglect screening tool

The screening tool helps you to consider the six types of neglect with a seventh area to consider whether the parent/s' family history has a negative impact on the child. **The experience of the child** should be the focus throughout the screening. The two domains of 'parenting capacity' and 'family and environmental factors' should be considered in the context of **the impact on the child's development and wellbeing**.

The screening tool **should be used by everyone who is in direct contact with children** as soon as there are concerns about neglect. It covers the ages of 0-18 years and the term 'child' is used throughout unless it specifically relates to a young person. 'Parent' also includes 'carers' with parental responsibility.

The screening tool can also be used as a **supervision tool** to clarify any concerns following a home visit or an observation of a child in a nursery or a class room setting.

This tool can be used to inform assessment, planning, and reviewing of work on **open cases** to social workers and others in the multi-agency professional network. For example, when preparing a report for a Child Protection Conference.

An **evidence based approach** is required which could involve checking out observations with colleagues or those in the professional network. Often important pieces of information are missed because information is not shared across the partnership. **Information sharing** is a duty under Department of Education (DfE) information sharing guidance.⁴

A **professional judgement** will be needed about the type of support or service that is needed to promote and safeguard a child's development and wellbeing. The guiding principle is that no child should be left without support when concerns have been identified.

The screening tool has a **summary table** to help determine what tier of intervention is required (1 to 4). If an assessment is required, you would need to complete an Early Help assessment or contact MASH to make a referral for a social work assessment.

Sutton LSCB's Threshold for Referral and Assessment guidance, Early Help assessment guidance and template and MASH referral form is available on the LSCB website: www.suttonlscb.org.uk

LSCB THRESHOLDS FOR INTERVENTION

Tier 1	No Additional Need
Tier 2	Early Help
Tier 3	Children with Complex Multiple Needs
Tier 4	Children in Acute Need

⁴ DfE information sharing guidance <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

The screening tool is designed around the three domains of the Framework of Assessment for Children in Need and their Families (social work assessment):

1. **Child Developmental Needs**
2. **Parenting Capacity**
3. **Family and Environmental Factors**

The guiding principle is that a holistic approach is required to fully consider the impact of neglect on the child. It involves taking account of the context of parenting, family, and the environment when working through the indicators of neglect in the screening tool.

The tool covers six areas of neglect and an additional seventh area of 'parent's history and family functioning'.

The six areas of neglect

1. **Physical neglect**
2. **Medical neglect**
3. **Nutritional neglect**
4. **Emotional neglect**
5. **Educational neglect**
6. **Lack of supervision and guidance**

If one area does not apply, cross it over with a pen or type in that it does not apply. It is suggested to put the child's initials into the box but notes can also be kept on a separate piece of paper if preferred.

The toolkit can be used for more than one child, by inserting each child's initials in the table for each area of neglect, and in the summary grid at the end. **Evidence** should however be clearly provided for each child and it is important to keep in mind that the impact could be different for individual children in the family.

The screening tool has a 10 point scale to **rate issues** from *seriously worried (low numbering)* to

mildly worried (high numbering), the same rating is used in the Multi-Agency Safeguarding Hub (MASH) referral form.

A summary grid is available at the end to review the issues in any of the seven areas relating to neglect against the four tiers of interventions. This is to help make a judgement about whether to undertake an Early Help Assessment or make a MASH referral or whether support can be provided without a support or care plan.

It is important to consider **the balance of evidence of neglect** from the point of *impact on the child or young person's development and wellbeing*. It is well established that neglect is usually an accumulation of issues and concerns over time rather than an isolated single incident.

This should not be taken to mean that the screening tool should not be used when there is a serious incident of neglect but in these circumstances there is usually sufficient evidence to consider statutory interventions at Tier 4 and **children in acute need should be referred immediately to MASH without any delay**.

NEGLECT SCREENING TOOL

This is a screening tool to identify worries that relate to the child's development needs not being met that relate to parenting capacity and for some areas the family environment. It is suggested to put the child's/children's initials into each box and also in the scoring box at the end. The scale is between 0-10 with 0 being the most serious worries and 10 no worries. After screening the seven areas, write down the evidence in the summary grid at the end of this tool. The grid is to help provide a comprehensive overview of worries to make a balanced judgement about the child's or young person's experiences of neglect.

1. PHYSICAL NEGLECT

DOMAINS AND SCREENING AREAS

Child Development Need: Health and Social Presentation

- Child's presentation
- Child's state of health
- Child's behaviour and social interaction

Parenting Capacity: Basic Care and Ensuring Safety

- Awareness and understanding about the child's needs and how to meet these
- Capacity to protect the child from harm

Family and Environmental factors:

- | | |
|--|--|
| <ul style="list-style-type: none"> ■ Issues in the home that have an impact on the child's welfare and safety ■ Condition of the child's bedroom | <ul style="list-style-type: none"> ■ Decorative order ■ Issues about hygiene and cleanliness ■ Living environment putting the child at risk |
|--|--|

Tier 1

The child/young person has clean, fitting, weather-appropriate clothes. The child/young person's skin is clean, their hair is washed, and they have good hygiene.

Tier 2 and above

Inappropriate, ill-fitting clothes, or unsuitable for the weather. Child's skin is dirty, unwashed. Strong body odour. Lack of sleep, lack of routines and adequate boundaries. Social development affected by lack of appropriate parenting and poor home environment.

The parent provides appropriate boundaries and recognises the child's needs for provision.

The parent is persistently unable to recognise and respond to the child's needs, placing the child at risk of developmental delay and harm.

The child has their own bed (older children may have their own bedroom). Bedding is clean, there are curtains on the windows. 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. The home is in general good decorative order.

The child does not have a bed or shares a bed. No bedding on the bed or stained bedding/ wet smelling mattress or bedlinen. No curtains on windows. Floors are stained and sticky. Surfaces stained and sitting areas cluttered. Bathroom appliances blocked or not in good working order. Appliances stained/ dirty. Poor decorative order throughout the home.

SCORING

1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○
Seriously worried							Mildly worried		

NEGLECT SCREENING TOOL

2. MEDICAL NEGLECT

DOMAINS AND SCREENING AREAS

Child Development Need:

- Health, medical and disability needs
- Variations in developmental milestones
- Child's ability to manage health condition, medication and any disability aid

Parenting Capacity:

- Responsiveness to child's health and medical needs
- Ability to take responsibility for seeking help and following the recommendations of health professionals

Tier 1

The child is registered with a GP and/or dentist and attends regular health screening and dental appointments. The parent manages dental care and any health or medical condition appropriately.

The child has reached its developmental milestones and is in good health.

A child with a disability or a long term health condition is taken to appointments and is receiving the recommended medical and therapeutic treatment.

The child does not put their health at risk and knows how to seek help and take responsibility for managing a health or medical condition.

Tier 2 and above

The child is not registered with a GP and/or dentist and is not taken to regular screening appointments to monitor their health and development. The child is more ill or unwell than their peers due to poor treatment or lack of prevention.

Several screening and medical appointments missed. The child has poor dental health and becomes more ill than peers because health conditions are not managed.

The parent does not notice that a child is unwell or has an injury. Fails to care or seek health or medical advice to manage a health or medical condition. Medication or/and disability aid is not managed appropriately or at all.

The child is putting themselves at risk of harm or injury. Lack of engagement with health or other recommended services. Risk taking behaviour resulting in injuries or medical conditions not being managed.

SCORING

	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○	10 ○
Seriously worried							Mildly worried		

NEGLECT SCREENING TOOL

3. NUTRITIONAL NEGLECT

DOMAINS AND SCREENING AREAS

Child Development Need:

- Child's weight
- Emotions and behaviour affecting food intake
- Access to nutritious food
- Social skills around mealtimes

Parenting Capacity:

- Understanding about healthy lifestyle and what food is nutritious
- Financial planning and budgeting
- Guidance and boundary setting to encourage healthy eating

Family and Environmental factors:

- Unhygienic kitchen and home environment
- Lack of equipment to sterilise bottles or keep the home clean

Tier 1

The child is having a balanced diet adequate for their age, development stages, and any special needs of the child.

The child is observed to have a healthy attitude to food and behaves appropriately when eating with other children.

The child's weight is appropriate to their age and developmental stages.

Regular meals daily, and diet includes a reasonable quantity of fruit and vegetables. Content of packed lunch is appropriate, varied, and balanced.

The young person has developed good self-care skills and recognises what is a well-balanced nutritious diet and how to prepare adequate meals.

Tier 2 and above

The child is denied access to food or cannot rely on nutritious food being provided regularly. The child is reported to be begging for food or taking other children's food at nursery or school. The child is hoarding food or observed to be gorging self, eating in large gulps.

Parent resorts to bribes and threats to make the child eat. Lack of engagement with recommended services to address problematic child behaviour around food and eating.

Health professionals are concerned about weight loss or obesity and lack of engagement with recommended services.

Irregular or poor meals or packed school lunches due to irresponsible financial planning and budgeting.

Unregulated amounts of food with low nutritional value and high sugar and fat content affecting the child's physical and emotional development.

SCORING

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriously worried							Mildly worried		

NEGLECT SCREENING TOOL

4. EMOTIONAL NEGLECT

DOMAINS AND SCREENING AREAS

Child Development Need:

- Developmental milestones being met
- Sleeping patterns
- Emotional containment
- Behaviour

Parenting Capacity:

- Ability to form appropriate attachment to child
- Responsiveness to the child's basic needs and ability to provide provision for play and enjoyment
- Management of parental stresses

Tier 1

The parent is able to show emotional warmth and praise and enjoys the child's company. Good collaborative, caring relationship between parent and child.

Evidence of secure attachment and age appropriate positive emotional and social interaction between parent and child. The child is observed to manage separation appropriately when left in nursery or school. The child/young person demonstrates trust in relationships and manages transition to adult life appropriately.

The child demonstrates the ability to regulate moods and adapt behaviour and be appropriately compliant, empathic, and responsive in social situations.

Good sense of self-esteem, confidence, self of belonging, self-worth, and positive self-regard. Ability to form sound and positive emotional and social relationships with peers.

Tier 2 and above

The parent is unable to praise or show emotional warmth towards the child. Poor interaction and the parent undermines the child's confidence. Blaming or scapegoating behaviour observed in the interaction with the child.

The child's relationship with the parent shows signs of over-dependency, unresponsiveness, and sustained withdrawal and indiscriminate behaviour towards adults. Untrusting in relationships.

The child has difficulty in making and sustaining friendships and struggles or is unable to regulate emotions and behaviour. Lack of empathy and appears emotionally cold towards peers.

The child presents with persistent poor self-esteem and negative sense of self. Struggles or is unable to regulate moods. Regularly displays anxious, hostile, aggressive or violent behaviour. Easily alienates peers in social situations.

SCORING

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriously worried							Mildly worried		

NEGLECT SCREENING TOOL

5. EDUCATIONAL NEGLECT

DOMAINS AND SCREENING AREAS

Child Development Need: <ul style="list-style-type: none"> ■ Language development ■ Play and learning skills ■ Cognitive awareness and ability ■ Social and emotional interactions in a learning environment 	Parenting Capacity: <ul style="list-style-type: none"> ■ Management of educational attendance and homework ■ Provision of play and age appropriate toys and kit for school ■ Interest and involvement in child's education
Tier 1	Tier 2 and above
Play and learning skills developing as expected. Satisfactorily unfolding of cognition and language.	Cognitive impairment or difficulties because of difficulty in managing emotion and behaviour at nursery, school, or college. Delay in language development through the amount of and quality of interaction with their parent.
Regular and punctual school attendance.	Attendance is on or below the persistent absence threshold and the parent is unwilling or unable to manage attendance.
Appropriately dressed and equipped with the right kit to engage in educational activities.	Inappropriate clothes, wrong size or in poor condition. Regularly turning up to school without the right kit.
Good parental engagement with school and no concerns about homework or support with school work.	Irregular handing in of homework or persistent failure to complete homework and parents not engaged or opposed to support provided by the school.
Positive relationship with peers and teachers and education staff. Responds appropriately to learning situations that are challenging. Accepts help to achieve educational potential.	Lack of engagement with school and support services to address significant emotional and behavioural issues affecting the child's education.

SCORING

1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○
<i>Seriously worried</i>							<i>Mildly worried</i>		

NEGLECT SCREENING TOOL

6. LACK OF SUPERVISION AND GUIDANCE

DOMAINS AND SCREENING AREAS

Child Development Need: <ul style="list-style-type: none"> ■ Child feeling secure and contained ■ Child not taking on adult responsibilities ■ Child's confidence and self-esteem ■ Child's ability to anticipate risks and danger and consequences. 	Parenting Capacity: <ul style="list-style-type: none"> ■ Confidence and ability to set and reinforce boundaries ■ Parental supervision that recognises the needs of the child or young person. ■ Relationship with the child or young person
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Family and Environmental factors: <ul style="list-style-type: none"> ■ Lack of safety devices in the home ■ Unsafe outdoor area or neighbourhood

Tier 1	Tier 2 and above
Good parental supervision inside and outside the home. The parent is aware of key safety issues (e.g. safe sleeping, safety equipment for toddlers, parental controls on electronic devices etc.).	The child is left alone for long periods of time, including in their cot, or frequently. The parent is unaware or unwilling to respond to safety advice e.g. co-sleeping, smoking indoors, fixing stair gates, and use of car seats.
The child has reasonably predictable routines and responds well to boundaries and rules, and these are age appropriate and not too rigid. Behaviour problems and difficulties managed in age appropriate ways without use of physical chastisement.	The child is unresponsive to calls and alerts to risks and danger. Adults struggle or are unable to control or stop the child from being hurt, or hurting others.
The child is supported in learning of social and life skills through modelling.	The child or young person is unable to detect threats or discriminate danger appropriate to their age and development.
The young person has developed sound independence skills and is able to recognise personal safety risks.	The parent is unaware of the child or young person's whereabouts when out.
The young person responds well to parental guidance and can trust parents to help out if in trouble.	Family relationships are characterised by dispute and conflict.
The young person has age appropriate rules about staying out and knows that the parent or carer will respond if contacted for advice or help.	The young person is exposed to sexual exploitation and at risk of going missing or being harmed because of hanging out in unsafe places or being out late.

SCORING

1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○	10 ○
Seriously worried							Mildly worried		

NEGLECT SCREENING TOOL

7. PARENTS HISTORY AND FAMILY FUNCTIONING

DOMAINS AND SCREENING AREAS

Areas to be considered from the point of the impact of neglect experienced by the child or young person

<ul style="list-style-type: none"> ■ Factors from childhood ■ Individual health including mental health ■ Individual learning difficulties/ impairments ■ Substance misuse 	<ul style="list-style-type: none"> ■ Domestic abuse ■ Previous harm/ neglect to children ■ Current relationship ■ Wider family
Tier 1	Tier 2 and above
The parent is in a stable, caring relationship.	The parent is in unstable or uncaring relationship.
The father, or other significant male, cares for and supports the child.	Insecure, uncaring or unsafe relationship with father, step-father, or other male in the household or who regular visit the home.
There is support from wider family and friends.	Socially isolated, no support from wider family and friends.
The parent's childhood and history is free from neglect and abuse.	The parent has a history of neglect or abuse as children. The parent is a care leaver.
The parent has no current or historical mental health problems and has good physical health.	Current or historical physical and/or mental health problems impacting on the parent's functioning.
The parent has no learning disability or difficulties.	Diagnosed learning disability or learning difficulties
The parent has no previous involvement with children's social care or police.	The children were previously on a child protection or a child in need plan. The parent is in prison and/or violent offences.
The parent has a healthy lifestyle and is not engaged in alcohol or substance misuse.	Current or historical concerns about alcohol and substance misuse.
The parent shows no sign of being a victim of coercive control or domestic abuse in this or previous relationships.	History of coercive control and domestic abuse in this or previous relationships.
Financial and housing stability.	Financial and housing stresses that has an impact on the child.

SCORING

1	2	3	4	5	6	7	8	9	10	
○	○	○	○	○	○	○	○	○	○	
Seriously worried							Mildly worried			

SUMMARY OF EVIDENCE TO SUPPORT DECISION-MAKING

NEGLECT AREAS	TIER 4	TIER 3	TIER 2	TIER 1	EVIDENCE
1. PHYSICAL NEGLECT					
2. MEDICAL NEGLECT					
3. NUTRITIONAL NEGLECT					

4. EMOTIONAL NEGLECT					
5. EDUCATIONAL NEGLECT					
6. LACK OF SUPERVISION AND GUIDANCE					
7. PARENT'S FAMILY HISTORY AND FUNCTIONING					

EARLY HELP AND MAKING A REFERRAL

For guidance about undertaking an Early Help assessment please follow this link, or to discuss a concern contact the Early Help Co-ordinator:

- Telephone: 0208 770 4128
- Email: ehat@sutton.gov.uk

If you are seriously worried and need to discuss your concerns with the Multi-Agency Safeguarding Hub (MASH) please contact:

- Telephone: 0208 770 6001
- Email: [mash@sutton.gov.uk\(.cjsm.net\)](mailto:mash@sutton.gov.uk(.cjsm.net))

FURTHER INFORMATION

For more information and guidance on Neglect please refer to the following resources:

- NSPCC: <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/>
- Research in Practice: <https://www.rip.org.uk/>
- Department for Education (DfE): <https://www.gov.uk/government/organisations/department-for-education>
- National Institute for Health and Care Excellence (NICE) guidance on child abuse and neglect: <https://www.nice.org.uk/guidance/ng76>

Sutton LSCB details:

- Email: suttonlscb@sutton.gov.uk
- Website: <http://suttonlscb.org.uk/>

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The Neglect Practice Toolkit was developed by the Sutton LSCB Policy & Practice Subgroup through a working group chaired by Helen Matt, Head Teacher, and involved representatives from Sutton Homestart, Sutton Community and Voluntary Services, Health, Royal Marsden Community Services, Early Help and Children's Social Care. Expert guidance was provided by Carla Thomas, Refocus on Practice.

