**Neglect threshold Document**

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| **Heading** | **Level One (Always Met/met** | **Level Two (met most of the time)** | **Level Three (Not met most of the time)** | **Level Four (Never met)** |
| **A1 Nutrition** - 1.1 Quality  1.2 Quantity  1.3 Diet for children with specific requirements  1.4 Preparation  1.5 Organisation | Parent/carer is aware and  proactive; provides excellent  quality food and drink.  Parent/carer is aware  and manages to provide  reasonable quality food  and drink.  Ample. Adequate  Specific dietary  requirements are fully  met, proactive but  balanced approach.  Specific dietary  requirements are  fully met.  Painstakingly cooks and  prepares food, the child  is always put first.  Food is well prepared  for whole family, always  meeting the child’s needs.  Meals elaborately  organised, family always sits  together at regular times.  Well organised, family  often sits together at  regular times. | Parent/carer provides  reasonable quality food  but inconsistent through  lack of awareness or effort  .  Most of the time quantity  of food is of an adequate  amount – but at times can  be variable.  Most of the time specific  dietary requirements  are met.  Most of the time the  preparation is adequate  although it can be variable.  Most of the time there  is some organisation,  although timings and  seating arrangements  are variable | Parent/carer mainly  provides poor quality  fattening or sugary foods,  occasionally food is of  reasonable standards  if under pressure from  professionals.  Variable to low or too  much food is offered.  Most of the time the specific  dietary requirements are  not met.  Most of the time the  preparation is not adequate,  child’s needs are not taken  into account.  Most of the times meals  are disorganised with no  clear mealtimes. | Quality not a consideration  at all or lies about quality.  Child is mostly starved  or routinely overfed.  Specific dietary requirements  not met or ignored.  No preparation or effort  is made, the child lives off  snacks and cereals, eating  when and what they can.  No organisation, chaotic,  children eat when and what  they can. |
| **A2 Housing -** 2.1 Facilities  2.2 Maintenance  2.3 Décor | Essential and additional  facilities present.  All essential facilities  present.  Exceptionally well  maintained.  Well maintained.  House is exceptionally  clean. Decoratively the  child’s taste especially  catered for.  House is clean. Decoratively,  the child’s taste has been  accommodated (within  practical constraints) | Most of the essential  facilities are present.  Largely adequate, although  some areas of slight repair  required.  Most of the time the house  is reasonably clean, some  redecoration is needed. | Most essential facilities  not present.  In disrepair, despite the fact  that the parent could fix it.  Most of the house is  dirty — including the child’s  bedroom. Most of the house  is in need of redecoration. | No facilities present leaving  the child unsafe.  Dangerous disrepair despite  being allowed to repair things themselves, exposed nails, live wires etc.  All of the house is dirty,  filthy and smelly and in need  of complete redecoration. |
| **A3 Clothing** - 3.1 Weather appropriate clothes and footwear  3.2 fit  3.3 look | Child very well protected  from all weather conditions.  Child has good weather  protective clothing.  Excellent fit. Proper fitting.  Clothing exceptionally  well cared for, cleaned  and ironed.  Clothes well cared  for and clean. | Most of the time the child  is adequately protected  (dressed) for all weather  conditions.  Most of the time, the child’s  clothes do not provide  adequate protection from  all weather conditions.  Most of the time the fitting  is fine, however sometimes  fitting is improper.  Most of the time the  clothing is adequately  cared for although  sometimes not clean. | Most of the time, the child’s  clothes do not provide  adequate protection from  all weather conditions.  Most of the time the fitting  is improper.  Most of the time the clothes  are dirty, crumpled and not  cared for. | No suitable clothing —  the child is dangerously  exposed.  All of the time the fitting  is grossly improper.  The child’s clothes are  dirty, worn, crumpled and  in disrepair. |
| **A5 Health** - 5.1 Seeking medical opinion  5.2 Follow up  5.3 Health and Development checks  5.4 Disability/chronic illness (3 months after diagnosis)/illness | Parent/carer seeks suitable  medical advice when child  is ill. Also seeks preventative  health advice.  Parent/carer seeks suitable  medical advice when child  is ill. Parent receives health  advice well.  All appointments kept. All appointments kept,  quickly rearranges if unable  to attend.  Visits clinic regularly;  parent/carer seeks advice  in addition to scheduled  health checks. Up to date  with immunisations. Visits  dentist and optician as  appropriate.  Up to date with health  and developmental checks  including immunisations.  Up to date with dental and  optician visits.  All of the time parent/carer  has excellent adherence to  specific condition related  medical advice.  Good adherence to specific  medical condition related  medical advice, and if not  this is due to pressing  practical reasons. | Most of the time the parent/carer seeks suitable medical advice when child is ill.  Does not attend one or two  appointments, may delay  in rearranging, if doubtful  of usefulness.  Up to date with most  of the child’s health and  developmental checks but  needs to be reminded. Same  for dentist and optician.  Most of the time adherence  is generally good, but  lacking from time to time  for no acceptable reasons. | Frequent inappropriate  or delayed medical  presentations.  Does not attend most  of the child’s follow up  appointments. Frequently  needs to be reminded —  even if it is of clear benefit  to the child.  Child rarely attends health  and developmental checks  due to lack of awareness  or motivation on part of  the parent/carer. Needs  to be constantly reminded  and checking to ensure  attendance. Same for  dentist and optician.  Most of the time poor  adherence to specific  condition related medical  advice, for no acceptable  reasons. | Parent/carer only seeks  help or advice when child  is critically ill or not at all.  Does not attend follow  up appointments. Always  needs reminding even  when the appointment  is necessary. May give  misleading explanation.  Only seeks help if child  becomes seriously ill or not  at all. Even home visits are  not accepted by parents/  carer or avoided.  No adherence to specific  condition related medical  advice or lies about  adherence. |
| **B2 Safety when parent/carer is absent –** 2.1 Safety in absence | Parent/carer only leaves  child with suitable adult that  the child is familiar with.  Parent/carer leaves child  with suitable and able adult  or older sibling/young  person. | Most of the time suitable  childcare arrangements  are made. Effort is made to  make sure person is suitable. | Most of the time unsuitable  child care arrangements  are made; parent/carer  makes little effort to ensure  suitability or ability of the  person | Careless disregard for child  care arrangements. Parent/  carer makes no effort to  check out suitability or  ability of carer, or disregards  known concerns, or leaves  child alone. |
| **C1 Parents/carers responsiveness**  1.1 Sensitivity  1.2 Response timing  1.3 Reciprocation (quality) | Parent/carer anticipates or  picks up very subtle signals  — verbal or nonverbal  expression or mood.  Parent/carer understands  clear signals — distinct  verbal or clear nonverbal  expression.  Parent’s/carer’s responses  are well timed with child’s  signals or even before in  anticipation.  Parent’s/carer’s responses  are well timed to child’s  signals unless they are  involved in essential activities.  Parent/carer is emotionally  very warm and responsive  to the child.  Parent/carer is emotionally  warm and responsive. | Most of the time parent/  carer has some sensitivity,  although signals may have  to be very obvious to make  an impact.  Most of the time parent/  carer responds in a timely  way — occasionally delayed  or absent due to nonessential activities.  Most of the time the  parent/carer is warm and  responsive, occasionally  flat, brisk or abrupt, when  burdened with problems. | Most of the time parent/  carer is insensitive; signals  needs to be repeated or  prolonged from child to get  a response.  Most of the time parent’s/  carer’s responses are  delayed, usually due to  non-essential activities.  Most of the time the  parent/carer is not warm  or responsive. Unless child  is distressed. | Insensitive to even  sustained intense signals  or aversive.  No responses from parent/  carer even when the child  is distressed, unless  self-protective on behalf  of the parent.  Parent/carer is cold, callous,  uncaring or aversive and  can avoid or reject the child.  Parent/carer is punitive  even if child is distressed. |
| **C2 Mutual engagement**  2.1 Initiation of interaction  2.2 Quality of the relationship between parent and chid | Both parent/carer and  child initiate interaction —  although usually more so  from the parent.  Both parent/carer and  child equally initiate the  interaction, parents respond  even if the child is being  difficult.  Both parent/carer and  child gain mutual enjoyment,  the parent puts in extra  effort to ensure the child’s  happiness.  Parent/carer and  child equally enjoy  the interaction. | Most of the time parent/  carer and child initiate the  interactions — usually more  so from the child; parent is  less responsive if the child  is being difficult.  Most of the time the  parent/carer and child  gain pleasure from the  interaction, although  sometimes the parent  seems less enthusiastic. | Most of the time the child  instigates the majority of the  interactions; child is anxious  and/or demanding.  Most of the time the  interaction is functional  with little enjoyment from  child or parent/carer;  at times the parent can  appear indifferent. | Child is avoidant, resigned  or apprehensive.  Poor interaction between  parent and child; parent/  carer is aversive or  emotionally cold or child  plays on own most of the  time. No pleasure from  interactions, for either one. |
| **D1 Stimulation 0 – 2**  1.1 interactive Stimulation | High quality interactive  stimulation.  Sufficient stimulation  and of good quality | Most of the time parent  provides adequate and  appropriate interactive  stimulation, however at  times the baby is left alone  whilst the parent pursues  own non-essential activity | Most of the time the baby  is left alone while the parent  pursues own non-essential  activity. Unless attention  persistently demanded  by baby. | Parent provides no  stimulation, mobility can  even be restricted (confined  to chair, push chair). Parent  becomes irate if attention  sought by baby |
| **2+**  1.1 Interactive Stimulation  1.2 Toys | Frequent interactive  stimulation of excellent  quality.  Sufficient good quality  interactive stimulation.  Numerous appropriate  items for the child to play  with, whether bought or  made creatively with child.  Parent/carer provides  all that is necessary and  improvises if required. | Most of the time interactive  stimulation is of adequate  quality, however quality  variable when parent  otherwise occupied with  own recreational activity.  Most of the time appropriate toys are provided however little effort is made to improvise. | Most of the time interactive  stimulation is deficient, may  be provided but of poor  quality, even if parent is  totally unoccupied.  Most of the time parent/carer does not provide appropriate toys; no  improvisation. | No interactive  stimulation at all.  Parent/carer doesn’t  provide toys – unless given  by other professional  source; may even wantonly  deprive the child of toys. |
| 1.3 Outings | Frequent child centred outings.  Less frequent child  centred outings. | Most of the time outings  are to child friendly places,  however parent takes child  to adult centred places for  own recreational activities. | Most of the time outings  are not to child-friendly  places, child simply  accompanies adult. | No outings to child-friendly  places. Child can only play  in the neighbourhood. |
| 1.4 Celebrations | Personal and seasonal  events celebrated with  lots of enthusiasm and  elaborate preparations.  Personal and seasonal  events celebrated although  less elaborate but still  enthusiastically | Most of the time personal  and seasonal events are  celebrated, but mainly in  a low key fashion. | Most of the time seasonal  events are celebrated; but  the child’s milestones rarely  celebrated; if they are they’re very low key. | No celebrations for seasonal  events or child’s personal  milestones |
| **Age 5+**  1.1 Educational support | Parent/carer shows an  active interest in schooling.  Joins in school activities to  support the child at school  and at home.  Parent/carer shows interest  in schooling, supports the  child at home and in school. | Most of the time essential  elements of the child’s  schooling are maintained,  however less active  participation in child’s  schooling. | Most of the time the parent/  carer does not support  essential elements of the  child’s schooling; education  is not effectively maintained | Parent/carer gives no  educational support and  can even be obstructive. |
| 1.2 Sport and Leisure | Parent is constructively  involved, helps with  organisation and takes  children to venues.  Parent is actively supportive,  takes children to venues. | Most of the time the parent  is supportive of local sporting activity, may or may not attend to support the child. | Most of the time parent is  not supportive of sporting  and leisure activities. Child  finds their own activities. | Parent does not support  child’s sport or leisure  activity, and can even  be obstructive |
| 1.3 Peer group interaction | Parent/carer proactively  organises, facilitates and  supports child’s peer group  interactions.  Parent/carer encourages  and facilitates child to  have positive peer group  interactions | Most of the time parent/  carer is supportive of child’s  interaction with peer group,  unless occupied with own  non-essential activities. | Most of the time parent/  carer doesn’t support  children in interaction with  peers; only gets involved  in significant problems. | Parent/carer completely  uninvolved with child’s peer  group; remains so even  if child having problems. |
| **D2 Developmental care** 2.1 Approval | Parent/carer talks  about child with delight  and praises them  spontaneously; gives child  generous emotional reward  for any achievement.  Parent/carer talks fondly  about the child when  asked. Offers praise  spontaneously. | Most of the time the parent/  carer agrees when others  praise the child, but limited  in their own praise. | Most of the time the parent/carer does not praise their child’s achievements and is mostly indifferent to others praise of their child. | All of the time parent/  carer is aversive to the child  being praised by others,  indifferent or dismissive  of child’s achievements  or may even ridicule them. |
| D3 Disapproval | Disapproval measures  are mild verbal sanctions  and are consistent and  suitable for child’s age and  understanding; response  is always appropriate.  Verbal disapproval  measures are consistent,  occasionally abrupt with  some mild sanctions which  are suitable for child’s age  and understanding. | Most of the time disapproval  measures are in place  although can be applied  inconsistently. Parent/carer  is abrupt, can shout or even  ignore the child. | Most of the time disapproval  measures are negative,  parent/carer is harsh, tends  to shout with more severe  sanctions being used. | All of the time parent/carer  can terrorise, or ridicule  the child they may use  cruel language or physical  punishment. |
| D4 Acceptance | Unconditional acceptance.  Parent/carer is always  warm and supportive  even if the child is failing  or demonstrating  behavioural issues.  Unconditional acceptance  of any failure or difficulties.  Parent/carer may be  appropriately critical. | Most of the time the parent  is accepting of the child’s  difficulties, however at  times they can have an  inconsistent response or  demonstrate annoyance. | Most of the time the parent/carer doesn’t accept the  child, especially when  failing — but can accept  the child only when the  child is excelling, They  may even reject the child  if needs are high. | The parent/carer rejects,  belittles or denigrates  the child if they make  mistakes. Parents may  even be indifferent to  any achievements. |
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