**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 andproactive; provides excellentquality food and drink.Parent/carer is awareand manages to providereasonable quality foodand drink.Ample. AdequateSpecific dietaryrequirements are fullymet, proactive butbalanced approach.Specific dietaryrequirements arefully met.Painstakingly cooks andprepares food, the childis always put first.Food is well preparedfor whole family, alwaysmeeting the child’s needs.Meals elaboratelyorganised, family always sitstogether at regular times.Well organised, familyoften sits together atregular times. | Parent/carer providesreasonable quality foodbut inconsistent throughlack of awareness or effort.Most of the time quantityof food is of an adequateamount – but at times canbe variable.Most of the time specificdietary requirementsare met.Most of the time thepreparation is adequatealthough it can be variable.Most of the time thereis some organisation,although timings andseating arrangementsare variable | Parent/carer mainlyprovides poor qualityfattening or sugary foods,occasionally food is ofreasonable standardsif under pressure fromprofessionals.Variable to low or toomuch food is offered.Most of the time the specificdietary requirements arenot met.Most of the time thepreparation is not adequate,child’s needs are not takeninto account.Most of the times mealsare disorganised with noclear mealtimes. | Quality not a considerationat all or lies about quality.Child is mostly starvedor routinely overfed.Specific dietary requirementsnot met or ignored.No preparation or effortis made, the child lives offsnacks and cereals, eatingwhen and what they can.No organisation, chaotic,children eat when and whatthey can. |
| **A2 Housing -** 2.1 Facilities 2.2 Maintenance 2.3 Décor  | Essential and additionalfacilities present.All essential facilitiespresent.Exceptionally wellmaintained.Well maintained.House is exceptionallyclean. Decoratively thechild’s taste especiallycatered for.House is clean. Decoratively,the child’s taste has beenaccommodated (withinpractical constraints) | Most of the essentialfacilities are present.Largely adequate, althoughsome areas of slight repairrequired.Most of the time the houseis reasonably clean, someredecoration is needed. | Most essential facilitiesnot present.In disrepair, despite the factthat the parent could fix it.Most of the house isdirty — including the child’sbedroom. Most of the houseis in need of redecoration. | No facilities present leavingthe child unsafe.Dangerous disrepair despitebeing allowed to repair things themselves, exposed nails, live wires etc.All of the house is dirty,filthy and smelly and in needof complete redecoration. |
| **A3 Clothing** - 3.1 Weather appropriate clothes and footwear 3.2 fit 3.3 look | Child very well protectedfrom all weather conditions.Child has good weatherprotective clothing.Excellent fit. Proper fitting.Clothing exceptionallywell cared for, cleanedand ironed.Clothes well caredfor and clean. | Most of the time the childis adequately protected(dressed) for all weatherconditions.Most of the time, the child’sclothes do not provideadequate protection fromall weather conditions.Most of the time the fittingis fine, however sometimesfitting is improper.Most of the time theclothing is adequatelycared for althoughsometimes not clean. | Most of the time, the child’sclothes do not provideadequate protection fromall weather conditions.Most of the time the fittingis improper.Most of the time the clothesare dirty, crumpled and notcared for. | No suitable clothing —the child is dangerouslyexposed.All of the time the fittingis grossly improper.The child’s clothes aredirty, worn, crumpled andin disrepair. |
| **A5 Health** - 5.1 Seeking medical opinion5.2 Follow up 5.3 Health and Development checks 5.4 Disability/chronic illness (3 months after diagnosis)/illness  | Parent/carer seeks suitablemedical advice when childis ill. Also seeks preventativehealth advice.Parent/carer seeks suitablemedical advice when childis ill. Parent receives healthadvice well.All appointments kept. All appointments kept,quickly rearranges if unableto attend.Visits clinic regularly;parent/carer seeks advicein addition to scheduledhealth checks. Up to datewith immunisations. Visitsdentist and optician asappropriate.Up to date with healthand developmental checksincluding immunisations.Up to date with dental andoptician visits.All of the time parent/carerhas excellent adherence tospecific condition relatedmedical advice.Good adherence to specificmedical condition relatedmedical advice, and if notthis is due to pressingpractical reasons. | Most of the time the parent/carer seeks suitable medical advice when child is ill.Does not attend one or twoappointments, may delayin rearranging, if doubtfulof usefulness.Up to date with mostof the child’s health anddevelopmental checks butneeds to be reminded. Samefor dentist and optician.Most of the time adherenceis generally good, butlacking from time to timefor no acceptable reasons. | Frequent inappropriateor delayed medicalpresentations.Does not attend mostof the child’s follow upappointments. Frequentlyneeds to be reminded —even if it is of clear benefitto the child.Child rarely attends healthand developmental checksdue to lack of awarenessor motivation on part ofthe parent/carer. Needsto be constantly remindedand checking to ensureattendance. Same fordentist and optician.Most of the time pooradherence to specificcondition related medicaladvice, for no acceptablereasons. | Parent/carer only seekshelp or advice when childis critically ill or not at all.Does not attend followup appointments. Alwaysneeds reminding evenwhen the appointmentis necessary. May givemisleading explanation.Only seeks help if childbecomes seriously ill or notat all. Even home visits arenot accepted by parents/carer or avoided.No adherence to specificcondition related medicaladvice or lies aboutadherence. |
| **B2 Safety when parent/carer is absent –** 2.1 Safety in absence  | Parent/carer only leaveschild with suitable adult thatthe child is familiar with.Parent/carer leaves childwith suitable and able adultor older sibling/youngperson. | Most of the time suitablechildcare arrangementsare made. Effort is made tomake sure person is suitable. | Most of the time unsuitablechild care arrangementsare made; parent/carermakes little effort to ensuresuitability or ability of theperson | Careless disregard for childcare arrangements. Parent/carer makes no effort tocheck out suitability orability of carer, or disregardsknown concerns, or leaveschild alone. |
| **C1 Parents/carers responsiveness** 1.1 Sensitivity 1.2 Response timing 1.3 Reciprocation (quality)  | Parent/carer anticipates orpicks up very subtle signals— verbal or nonverbalexpression or mood.Parent/carer understandsclear signals — distinctverbal or clear nonverbalexpression.Parent’s/carer’s responsesare well timed with child’ssignals or even before inanticipation.Parent’s/carer’s responsesare well timed to child’ssignals unless they areinvolved in essential activities.Parent/carer is emotionallyvery warm and responsiveto the child.Parent/carer is emotionallywarm and responsive.  | Most of the time parent/carer has some sensitivity,although signals may haveto be very obvious to makean impact.Most of the time parent/carer responds in a timelyway — occasionally delayedor absent due to nonessential activities.Most of the time theparent/carer is warm andresponsive, occasionallyflat, brisk or abrupt, whenburdened with problems. | Most of the time parent/carer is insensitive; signalsneeds to be repeated orprolonged from child to geta response.Most of the time parent’s/carer’s responses aredelayed, usually due tonon-essential activities.Most of the time theparent/carer is not warmor responsive. Unless childis distressed. | Insensitive to evensustained intense signalsor aversive.No responses from parent/carer even when the childis distressed, unlessself-protective on behalfof the parent.Parent/carer is cold, callous,uncaring or aversive andcan avoid or reject the child.Parent/carer is punitiveeven 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 andchild initiate interaction —although usually more sofrom the parent.Both parent/carer andchild equally initiate theinteraction, parents respondeven if the child is beingdifficult.Both parent/carer andchild gain mutual enjoyment,the parent puts in extraeffort to ensure the child’shappiness.Parent/carer andchild equally enjoythe interaction. | Most of the time parent/carer and child initiate theinteractions — usually moreso from the child; parent isless responsive if the childis being difficult.Most of the time theparent/carer and childgain pleasure from theinteraction, althoughsometimes the parentseems less enthusiastic. | Most of the time the childinstigates the majority of theinteractions; child is anxiousand/or demanding.Most of the time theinteraction is functionalwith little enjoyment fromchild or parent/carer;at times the parent canappear indifferent. | Child is avoidant, resignedor apprehensive.Poor interaction betweenparent and child; parent/carer is aversive oremotionally cold or childplays on own most of thetime. No pleasure frominteractions, for either one. |
| **D1 Stimulation 0 – 2**  1.1 interactive Stimulation  | High quality interactivestimulation.Sufficient stimulationand of good quality | Most of the time parentprovides adequate andappropriate interactivestimulation, however attimes the baby is left alonewhilst the parent pursuesown non-essential activity | Most of the time the babyis left alone while the parentpursues own non-essentialactivity. Unless attentionpersistently demandedby baby. | Parent provides nostimulation, mobility caneven be restricted (confinedto chair, push chair). Parentbecomes irate if attentionsought by baby |
| **2+** 1.1 Interactive Stimulation 1.2 Toys  | Frequent interactivestimulation of excellentquality.Sufficient good qualityinteractive stimulation.Numerous appropriateitems for the child to playwith, whether bought ormade creatively with child.Parent/carer providesall that is necessary andimprovises if required.  | Most of the time interactivestimulation is of adequatequality, however qualityvariable when parentotherwise occupied withown recreational activity.Most of the time appropriate toys are provided however little effort is made to improvise. | Most of the time interactivestimulation is deficient, maybe provided but of poorquality, even if parent istotally unoccupied.Most of the time parent/carer does not provide appropriate toys; noimprovisation. | No interactivestimulation at all.Parent/carer doesn’tprovide toys – unless givenby other professionalsource; may even wantonlydeprive the child of toys. |
| 1.3 Outings  | Frequent child centred outings.Less frequent childcentred outings. | Most of the time outingsare to child friendly places,however parent takes childto adult centred places forown recreational activities. | Most of the time outingsare not to child-friendlyplaces, child simplyaccompanies adult. | No outings to child-friendlyplaces. Child can only playin the neighbourhood. |
| 1.4 Celebrations  | Personal and seasonalevents celebrated withlots of enthusiasm andelaborate preparations.Personal and seasonalevents celebrated althoughless elaborate but stillenthusiastically | Most of the time personaland seasonal events arecelebrated, but mainly ina low key fashion. | Most of the time seasonalevents are celebrated; butthe child’s milestones rarelycelebrated; if they are they’re very low key. | No celebrations for seasonalevents or child’s personalmilestones |
| **Age 5+** 1.1 Educational support  | Parent/carer shows anactive interest in schooling.Joins in school activities tosupport the child at schooland at home.Parent/carer shows interestin schooling, supports thechild at home and in school. | Most of the time essentialelements of the child’sschooling are maintained,however less activeparticipation in child’sschooling. | Most of the time the parent/carer does not supportessential elements of thechild’s schooling; educationis not effectively maintained | Parent/carer gives noeducational support andcan even be obstructive. |
| 1.2 Sport and Leisure  | Parent is constructivelyinvolved, helps withorganisation and takeschildren to venues.Parent is actively supportive,takes children to venues. | Most of the time the parentis supportive of local sporting activity, may or may not attend to support the child. | Most of the time parent isnot supportive of sportingand leisure activities. Childfinds their own activities. | Parent does not supportchild’s sport or leisureactivity, and can evenbe obstructive |
| 1.3 Peer group interaction  | Parent/carer proactivelyorganises, facilitates andsupports child’s peer groupinteractions.Parent/carer encouragesand facilitates child tohave positive peer groupinteractions | Most of the time parent/carer is supportive of child’sinteraction with peer group,unless occupied with ownnon-essential activities. | Most of the time parent/carer doesn’t supportchildren in interaction withpeers; only gets involvedin significant problems. | Parent/carer completelyuninvolved with child’s peergroup; remains so evenif child having problems. |
| **D2 Developmental care** 2.1 Approval  | Parent/carer talksabout child with delightand praises themspontaneously; gives childgenerous emotional rewardfor any achievement.Parent/carer talks fondlyabout the child whenasked. Offers praisespontaneously. | Most of the time the parent/carer agrees when otherspraise the child, but limitedin 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 childbeing praised by others,indifferent or dismissiveof child’s achievementsor may even ridicule them. |
| D3 Disapproval  |  Disapproval measuresare mild verbal sanctionsand are consistent andsuitable for child’s age andunderstanding; responseis always appropriate.Verbal disapprovalmeasures are consistent,occasionally abrupt withsome mild sanctions whichare suitable for child’s ageand understanding. | Most of the time disapprovalmeasures are in placealthough can be appliedinconsistently. Parent/careris abrupt, can shout or evenignore the child. | Most of the time disapprovalmeasures are negative,parent/carer is harsh, tendsto shout with more severesanctions being used. | All of the time parent/carercan terrorise, or ridiculethe child they may usecruel language or physicalpunishment. |
| D4 Acceptance  | Unconditional acceptance.Parent/carer is alwayswarm and supportiveeven if the child is failingor demonstratingbehavioural issues.Unconditional acceptanceof any failure or difficulties.Parent/carer may beappropriately critical. | Most of the time the parentis accepting of the child’sdifficulties, however attimes they can have aninconsistent response ordemonstrate annoyance. | Most of the time the parent/carer doesn’t accept the child, especially whenfailing — but can acceptthe child only when thechild is excelling, Theymay even reject the childif needs are high. | The parent/carer rejects,belittles or denigratesthe child if they makemistakes. Parents mayeven be indifferent toany achievements. |
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