**APPENDIX 1:**

 **NEGLECT THRESHOLD MATRIX**

**1. PARENTING CAPACITY**

|  |
| --- |
| **PHYSICAL CARE** |
| **Universal** | **EHA** | **Child in Need** | **Child Protection** |
| Physical needs areprovided for – e.g. food, drink, appropriate clothing, medical and dental care | Basic physical care needs are not providedconsistently | Inconsistent availability of food in the house and no regular mealtimes/ routines | Empty cupboards,decaying food, children go unfed |
|  | Parent/s strugglingwithout the provision of support/ resources | Sporadic loss of heating and lighting | Regular absence of heating/lighting, house is cold and unlit |
|  | Young, inexperiencedparents with inadequate support from family/ friends | Inappropriate weaning, prop fed with bottle | Unweaned child regularly given solids and dangerous food items |
|  |  | Child sometimes presents in school as hungry | Child often in school reporting no breakfast |
|  |  | Inconsistent application of essential medication | Critical medication not given |
|  |  | Child regularly presents as cold and pale | Child presents as anaemic without medical assessment. |
|  |  | Child dressed in poorly fitting clothes, wrongsize shoes | Child constantly inadequately clothed for the weather conditions |
|  |  | Child has poor hygiene, sometimes smells and has untreated sores/ injuries take time toheal | Child often has persistent untreated head lice, infected injuries, and has a very strong smell of urine, damp or body odour. |
|  |  | Child presents in school with significant illness but no explanation from parents | Child sent to school with acute illness |
|  |  | Child often arrives late for schooland is last to be collected | Poor school attendance |
|  |  | Child has poorly maintained dental health | Child has untreated severe tooth decay |
|  |  | Evidence that parent/carer is prioritising own needs over needs of the child | Child not taken for essential medical appointment or investigations that may have a long term effect on health |

|  |
| --- |
| **SAFE CARE** |
| **Universal** | **EHA** | **Child in Need** | **Child Protection** |
| Parent/s protect fromdanger and harm at home andelsewhere | Inconsistent supervision, parentsunaware of child/young person’s whereabouts | Parent inconsistently allows child to play at greatrisk of physical injury e.g. in the road, onwalls/ high level activities | Child sustains injuries whilst playing dangerously, fallsoff play equipment, isknocked down by cars |
|  | Safety equipment, e.g. fireguards and stair gates, not usedconsistently | Child under 10 years sometimes left alone either at home or in thestreet without appropriatesupervision | No active supervision, leftto own devices, seeks company of much olderchildren. Found wandering in the street or aroundshops |
|  | Lack of awareness ofdangers and risks tochild/ young person | Child has access to dangerous equipment,fire, hot objects, drugsetc | Child sustains scalds, ingests harmful drugs/chemicals,in possession of knives and other dangerousobjects |
|  | Inappropriate childcare arrangements –e.g. carers tooyoung/inexperienced,too many differentcarers | Child has a number of recentadmissions to Accident & Emergency due to lack of supervisionfrom parents/carers | Child has multiple admissions toAccident & Emergency andparents ignore advice |
|  | Parent/s offerinconsistentboundariesChild has inappropriate levels of sexual knowledge  | Child left in care of young children | Child left with inappropriatecarers e.g. who are under the influence of drugs andalcohol. Child is injured whilst being cared for by carers due to lack ofsupervision |

| **EMOTIONAL CARE** |
| --- |
| **Universal** | **EHA** | **Child in Need** | **Child Protection** |
| Parent/s show warmth, praise and encouragement | Parent’s emotionalresponse inconsistent | Child often made the scapegoat | Child is family scapegoat |
|  | Parent/s have unmetemotional needs | Child not given praise | Child singled out for punishment |
|  | Child unable to develop emotional relationships with parents | Child given inconsistentphysical contact andreassurance | Child rarely comforted/ reassured physically |
|  | Parent occupiedwith sibling/s with higher level needs,e.g. disabilities, and needs additionalsupport | Few age appropriatetoys in the house | Absence of age appropriate toys |
|  | Child spendsconsiderable amount of time alone, and haslimited access toleisure facilities | Child spends long, regular periods in their bedroom | Child spends all their time in their bedroom |
|  | Child/ young person’s key relationships with family members not always maintained | Parent sometimes ignores child, child displays attention seekingbehaviour | Parent goes out of their way to ignore verbal/non verbal signals from the child. |
|  | Complex familydynamics result inongoing levels of instability | Child is rarely comfortedwhen distressed | Parent always ignores child’s distress and becomes angry |
|  |  | Parent often indifferent to child’s presence | Parent ignores child’s presence |
|  |  | Parent rarely refereesdisputes between siblings | Parent encourages sibling conflicts and fails to preventinjuries |

**2. ENVIRONMENTAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Universal** | **EHA** | **Child in Need** | **Child Protection** |
| Housing has basicamenities andappropriate facilities, and appropriate levelsof cleanliness/hygieneare maintained | Housing is poor or notadequate for family’sneeds | Poorly maintainedbed/bedding | No beds/bedding or inadequate sleepingarrangements |
|  | Parent/s struggling to maintain standards ofhygiene/repair in thehouse | Threat of eviction andsporadic periods ofhomelessness | Unable to maintainaccommodation, accommodated byfriends/neighbours |
|  | Parents accruing rentarrears which mayjeopardise tenancy ifaction is not taken | Poorly maintainedwashing/toilet facilities,unhygienic conditions | Blocked toilets, broken bathing and washingfacilities |
|  |  | Keeping of pets which pose a threat to youngchildren | Pets, dogs etc bite children and soil the floors etc |
|  |  | Accommodation requires repair - brokenwindows, doors, bare electrical cables, intermittent heating/ lighting etc, house sparsely furnished | House unsecured, numerous serious health & safety hazards for children/ adults, no heating/lighting,no curtains, furniture etc |

**3. CHILD DEVELOPMENT/HEALTH**

|  |  |  |  |
| --- | --- | --- | --- |
| **Universal** | **EHA** | **Child in Need** | **Child Protection**  |
| Child/ young person in good health and developing appropriately for age. | Child/ young person not reaching developmental milestones | Child not encouraged to reach developmental milestones | No attempts made to encourage/assist child to reach developmental milestones |
|  | Child has persistent minor health problems resulting in poor school attendance | Child left in pram/car seat for inappropriate periods of time | Child left for extended periods of time in pram/car seat |
|  | Inconsistent attendance at key health appointments | Infrequent attendance at key health appointments | Failure to attend key health appointments |
|  | Dental care not sufficient – poor attendance for checks/treatmentChild inconsistently wears prescribed glasses or other eye sight correctional aids or hearing devices  | Fails to consistently follow critical medication regimesHearing and visual aids not always used | Critical medication not administeredChild prevented from wearing prescribed glasses or other correctional aids/hearing devices |
|  | Inappropriate response to minor injuries | Minor injuries left untreated | Failure to seek medical attention for serious injuries e.g. scalds, head injuries |

**Indicators of Neglect**

|  |  |  |
| --- | --- | --- |
| **Physical** | **Development** | **Behaviour** |
| Failure to thriveRecurrent and persistent minorinfectionsFrequent attendances at the Accident and Emergency department or admissions to hospitalUnexplained bruisingSevere nappy rashShort stature - where there is not an underlying medical reason Including genetic factorsUnkempt and dirty | General delay – more explanation neededLanguage delayed – more explanation neededAttention span limitedSocio – emotional immaturityLearning difficultiesLack of self esteemPoor coping skills | Attachment disorders, anxious, avoidantLack of social responsivenessOveractiveAggressive and impulsiveSeeks physical contact from strangersDisordered or few relationshipsSelf stimulating or self injurious behaviour or bothUnusual patterns of defecation or urination or both |