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| Brief Quality of Care tool. Partner agency version.  Brief assessment and analysis. Parental care of children.  **This brief assessment tool is provided by HSCB for use by Children’s Social Care partner agencies. It forms an important element of Hounslow’s Neglect Strategy.**  **The tool is a brief version of the Quality of Care structured judgement tool that is in use from 2017 by Children’s Social Care in all cases in which neglect is the primary concern. It is provided to assist partners to clarify initial thinking about the quality of care that parents or carers may be providing to their children. Partner agencies are likely to be the first to notice concerns about standards and quality of parenting and the possibility of unmet children’s needs. It is helpful for partners to have a reasonable overview of the circumstances leading to them contacting Children’s Services and an initial view of their level of concern in terms of thresholds. This brief tool can assist in forming this view**  **The brief Quality of Care tool is designed to help professionals to: -**   * Collate an overview of the quality of parental care in families that concern you * Plot where your concerns lie and to be clear about strengths * Clarify the level of concern that you may have about different aspects of parental care   **Levels of application: -** The brief tool can be used at all safeguarding threshold levels namely   1. Early Help, preventative level. 2. Child in Need level. 3. Significant harm, Child Protection level.   **Using this brief tool: -**  The tool can be used as a paper exercise to review and analyse information that your agency possesses about a family.  The tool can also be used directly with parents and children to explore their views.  **Child neglect is defined as below in ‘Working together 2015’**  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 care-givers or ensure access to appropriate medical care or treatment * It may also include neglect of, or unresponsiveness to, a child's basic emotional needs   The definition leads us to five questions that you are prompted to address on the final page and which inform the basis of the brief tool.   1. Persistence of neglectful care giving and capacity for change 2. Aspects and elements of neglectful care giving in these areas   **Physical Care Health**  **Safety and supervision Love and care**  **Stimulation and education Adult behaviour and motivation to change**   1. What is the impact from the child’s point of view and from the evidence before us. Is it global neglect of all or most of the child’s needs? What can we predict for this child’s future. Is other harm enabled? Unsure if this is needed? Is it Global? 2. Causal Factors 3. Is this an act of omission or commission?   You may find page 4 helpful to create a visual overview of the child’s care.  This brief Quality of Care tool is designed to assist partners to order thinking about this complex area of practice and create plans for parents to care well for children. |

**Overview of Quality of Care. This page enables a comprehensive visual overview of parental care of children**

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| **Area of care**  **Physical care** | | | | | | **Area of care**  **Health** | | | **Area of care**  **Safety + supervision** | | | | | | **Area of care.**  **Love + care** | | | | | | | | **Area of care.**  **Adult behaviour** | | | | **Area of care**  **Education + Stimulation** | | | | | | | **C**  **h**  **a**  **n**  **g**  **e** |
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| 1. **AREA OF CARE. PHYSICAL CARE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **1. Child focused care giving** | | | | | | | **2. Adult focused care giving** | | | | | | | | | **3. Child’s secondary to adults** | | | | | | | **4. Child’s needs not considered** | | | | | | | |
| Food | | | | | | Appropriate | | | | | | | Reasonable | | | | | | | | | Low quality the carer is indifferent | | | | | | | Inadequate, carer hostile to advice | | | | | | | |
| Stability of Housing | | | | | | Child has stable home environment. | | | | | | | Child has a reasonably stable home environment, but has experienced house moves/ new adults in the family home. | | | | | | | | | Child does not have a stable home environment, experienced lots of moves and/or lots of adults coming in and out of the home. | | | | | | | Child experiences lots of moves and/or adults coming in and out of house. Carer is hostile about being told about the impact on child of instability. | | | | | | | |
| Child’s Clothing | | | | | | Child has clothing that is clean and fits appropriately. | | | | | | | Child has clothes that are usually appropriate, some concerns. | | | | | | | | | Child has clothing, which is dirty and in a poor state of repair, carers are indifferent to advice/concern. | | | | | | | Child has clothes that are filthy, ill-fitting and smelly and the carer is hostile to advice/concern. | | | | | | | |
| Hygiene | | | | | | Child well cared for and encouraged with hygiene. | | | | | | | The child is reasonably clean and encouraged. | | | | | | | | | The child looks unclean. | | | | | | | Child extremely unkempt, carer angry and hostile about advice. | | | | | | | |
| Safe Sleeping for babies | | | | | | Carer has information on safe sleeping and follows guidelines. | | | | | | | Carer has information on safe sleeping, but does not always follow guidelines. | | | | | | | | | Carer unaware of safe sleeping guidelines and ignores advice. | | | | | | | Carer indifferent or hostile about safe sleeping. | | | | | | | |
| Co-sleeping and sleeping arrangements and use of alcohol and drugs | | | | | | Carer follows guidance. | | | | | | | Carer aware of the dangers of co-sleeping but is inconsistently observed. | | | | | | | | | Carer does not recognise the importance of safe co-sleeping. | | | | | | | Carer hostile to advice about safe sleeping uses drugs/alcohol. | | | | | | | |
| Animals | | | | | | Animals are well cared for, and do not present a danger | | | | | | | Animals look reasonably well cared for, but contribute to a sense of chaos in the house | | | | | | | | | Animals not always well cared for and presence of faeces or urine which are not addressed | | | | | | | Animals not well cared for, presence of faeces and urine and animals dangerous and chaotically looked after | | | | | | | |
| **SUMMARY**  What is the impact on the child? | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 1. **AREA OF CARE. HEALTH** | | | | |
|  | **1. Child focused care giving** | **2. Adult focused care giving** | **3. Child’s secondary to adults** | **4. Child’s needs not considered** |
| Seeking advice and Intervention | Advice sought appropriately. | Advice is sought about illnesses, but this is occasionally delayed or poorly managed. | The carer does not routinely seek advice about childhood illnesses but does when prompted by others. | Carer does not address childhood illnesses which are allowed to deteriorate before advice/care is sought. Carer hostile to advice. |
| Disability and Illness | Carer addresses appropriately | Carer inconsistent | Minimisation of child’s needs. Carer is indifferent to the impact on the child. | Carer does not meet needs/leads to deterioration. Carer is actively hostile to any advice or support |
| Attitude to disability and illness | Carer positive about child’s identity and values him/her. | Carer does not always value child/allows issues of disability to impact on feelings towards the child. | Carer shows anger and frustration at child’s disability. Often blaming the child and not recognising identity. | Carer does not recognise child’s identity and is negative about child as a result of their disability. |
| **SUMMARY**  What is the impact on the child? |  | | | |

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| 1. **AREA OF CARE. SAFETY AND SUPERVISION** | | | | |
|  | **1. Child focused care giving** | **2. Adult focused care giving** | **3. Child’s secondary to adults** | **4. Child’s needs not considered** |
| Safety awareness and Features | Carer aware of safety issues. | Carer is aware of safety issues, but is inconsistent in use and maintenance. | The carer does not recognise dangers, lack of safety equipment, and is indifferent to advice. | Carer does not recognise dangers to the child’s safety and hostile to advice. |
| Traffic Awareness | Good awareness. | Inconsistent. Baby/infant not always secured in pushchair and 3- 5 year old not fully supervised. | Baby/infant not secured in pushchair and 3- 5 year old dragged along with annoyance or left to follow behind alone. | Babies/infants are unsecured in pram/pushchair. There is a lack of supervision around traffic and an unconcerned attitude. |
| Supervision | Appropriate supervision is provided. | Variable supervision is provided both indoors and outdoors, but carer does intervene where there is imminent danger. | There is very little supervision indoors or outdoors. | Complete lack of supervision. Young children contained in car seats/pushchairs for long periods of time. |
| Care by other adults | Child is left in care of appropriate adult carers. | Inconsistent but appropriate. | Carer leaves the child with unsuitable or potentially harmful adults. | Children left with unsuitable and/or dangerous adults.  Carer hostile to advice/comment. |
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| **SUMMARY**  What is the impact on the child? |  | | | |

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| 1. **AREA OF CARE. LOVE AND CARE** | | | | |
|  | **1. Child focused care giving** | **2. Adult focused care giving** | **3. Child’s secondary to adults** | **4. Child’s needs not considered** |
| Carer’s attitude to child | Carer talks warmly about the child and is able to praise and give appropriate emotional reward. | Carer talks kindly about the child and is positive about achievements most of the time. | Carer does not speak warmly about the child and is indifferent to the child’s achievements. | Carer speaks coldly and harshly about child, does not provide any reward or praise and is ridiculing of the child when others praise. |
| Warmth and care | Carer responds appropriately and easily to child’s needs for physical care and positive interaction. | Child is main initiator of physical interaction with carer who responds inconsistently. | Carer seldom initiates interactions with the child and carer is indifferent if child attempts to engage for pleasure, or seek physical closeness. | Carer does not show warmth or physical affection to the child and responds negatively to overtures for warmth and care. |
| Boundaries | Carer provides consistent boundaries and ensures child understands how to behave. | Carer provides inconsistent boundaries and unclear advice about behaviour. | Carer provides few boundaries, and is harsh and critical when responding to the child’s behaviour. | Carer provides no boundaries for the child and treats the child harshly and cruelly, when responding to their behaviour. |
| Positive Values | Carer encourages child to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness. | Carer inconsistent in helping child to have positive values.  Low awareness of smoking, underage drinking and drug misuse as well as early sexual relationships/watching inappropriate TV/Films/games. | Carer does not teach child positive values and gives no advice or guidance about smoking, underage drinking, drug misuse, early sexual relationships, watching inappropriate TV etc. | Carer actively encourages negative values in child and has at times condoned anti-social behaviour. |

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| Gangs | Good advice given and concerns responded to. | Does not always provide clear advice about the issue of gangs and gang culture. | Carer not interested/aware of gangs and gang culture and provides no appropriate advice. | Carer indifferent to concerns or advice about children/young people’s involvement in gangs and gang culture. |
| Young Caring | Child helps as would be expected for age and stage of development. | Child has some additional responsibilities within household, but these are manageable for age and stage of development | Child has onerous caring responsibilities that interfere with education and leisure activities. Carer indifferent to impact on child. | Child has caring responsibilities which are inappropriate and interfere directly with child’s education/leisure opportunities. This may include age inappropriate tasks, and /or intimate care. |
| **SUMMARY** What is the impact on the child? |  | | | |

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| 1. **AREA OF CARE. ADULT BEHAVIOUR** | | | | |
|  | **1. Child focused care giving** | **2. Adult focused care giving** | **3. Child’s secondary to adults** | **4. Child’s needs not considered** |
| Adult arguments and violence | Carers do not argue aggressively and are not physically abusive in front of the children. | Carers sometimes argue aggressively in front of children, but there is no physical abuse. | Carers often argue aggressively in front of children and this leads to violence. | Carers argue aggressively frequently in front of the children and this leads to frequent physical violence with lack of concern for children. |
| Adult depression | Adults do not talk about feelings of depression /low mood in front of children | Discusses feelings of depression and low mood, but does not discuss suicide. | Carer talks about depression and suicide in front of child and is unaware of potential impact on child. | Caregiver has attempted suicide in front of child. Carer often holds the child responsible for feelings of depression. |
| Drugs and alcohol | Does not misuse drugs or alcohol. | Uses drugs and alcohol, but ensures that this does not impact on child. | Carer misuses drugs and/or alcohol, and is not aware or indifferent to impact on child. | Carer misuses drugs and alcohol does not ensure this does not impact on the child and is hostile to advice. |
| Divorce and separation | Considers needs of child during separation and divorce. | Struggles to keep child out of adult conflict and arguments at times. | Does not consider the needs of and uses the child occasionally in arguments and adult conflicts. | Carer uses children in arguments and hostile exchanges in battles regarding divorce and separation. |
| **SUMMARY**  What is the impact on the child? |  | | | |

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| 1. **AREA OF CARE. STIMULATION AND EDUCATION** | | | | |
|  | **1. Child focused care giving** | **2. Adult focused care giving** | **3 Child’s secondary to adults** | **4. Child’s needs not considered** |
| Stimulation | Child is well stimulated. | There is inadequate stimulation. | Little stimulation provided. | There is inadequate stimulation and parental hostile to this need. |
| Education | Carer takes an active interest and ensures attendance. | Carer maintains schooling but there is not always support at home. | Carer makes little effort to maintain schooling or be interested. There is a lack of engagement with school. | Carer hostile about education, and provides no support/does not encourage child. Total lack of engagement. |
| Sports and Leisure | Carer encourages child to engage in sports and leisure where affordable. | Inconsistent in supporting child to engage in sports and leisure where affordable. | Carer not motivated and not interested. | Carer does not encourage child to take part in activities, and may be active in preventing this. |
| Friendships | Supported and carer aware of who child is friends with. | Carer aware of need for friends, does not always promote. | Child finds own friendships, no help or interest from carer unless Does not understand importance of friendships. | Carer hostile to child friendships and shows no interest or support. |
| **SUMMARY**  What is the impact on the child? |  | | | |

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| **AREA OF CARE. PARENTAL MOTIVATION TO CHANGE AND PERSISTENCE** | | | | |
|  | **1. Child focused care giving** | **2. Adult focused care giving** | **3 Child’s secondary to adults** | **4. Child’s needs not considered** |
| Overall parental attitude to their responsibility and any change that might be needed to meet their child’s needs. | Carer is determined to act in best interests of children. | Seems concerned about children’s welfare but this is not translated into effective action, carer aware that their own difficulties dominate. | Carer is not concerned enough about children’s needs to change or address concerns. | Carer rejects the parental role and takes a hostile attitude toward childcare responsibilities. |
| **SUMMARY**  What is the impact on the child? |  | | | |

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| **ADDITIONAL QUESTIONS AND PROMPTS.** | |
| **If the quality of care is of concern, does this represent global neglect of the child’s needs?** |  |
| **Is the neglect of the child persistent and ongoing or is it acute? Is there evidence that it may be intergenerational?** |  |
| **What appear to be the underlying causal factors of neglectful care?** |  |
| **What is the impact of this poor or unacceptable quality of care from child’s perspective?** |  |
| **Is neglectful care enabling other risks e.g. child going missing, sexual exploitation, gang involvement, exposure to extremism or radicalisation?** |  |