



Hounslow Safeguarding Children Board

Guidance for using Hounslow's Structured Judgement Tool.

Quality of Care Assessment.

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Using Hounslow's Quality of Care (QoC) structured judgement tool.

Background to the tool.

The QoC tool was created for Hounslow by Jane Wiffin. Hounslow's tool is based on the Graded Care Profile developed by Dr Srivastava, a consultant paediatrician. His aim was to provide practitioners with a method of assessing when inadequate care might put a child at risk of harm. The Graded Care Profile is based on Maslow's hierarchy of needs which identified the varied human needs that must be met for a person to flourish.

The QoC tool was introduced to support workers to assess the quality of parental care. In families where concerns about parental care are substantiated the tool supports balanced and considered professional judgement of the extent to which children may be harmed. This clarity in turn assists in developing appropriate and specific plans to assist parents to change.

Bias

Eileen Munro drew attention to the influence of human bias on professional judgement and our tendency to form explanations for a family or individual's circumstances early on. Assessments too often confirm original explanations. Many workers aim to work against this tendency by aiming to be objective and neutral but objectivity is an impossible goal in human interactions. Additionally our tendency to work with our original hypothesis is so strong that we need to do more than aim to be neutral, we need to use processes that actively force us to consider a range of possible ways of understanding a particular set of family circumstances.

Complexity and hindrances.

Assessing the full spectrum of parental care is complex and multi-faceted; national serious case review research has shown professional practice has been hampered by:-

- The overwhelming nature of neglectful parenting particularly if intergenerational.
- Hopelessness in families with multiple difficulties - domestic abuse, substance misuse and mental illness.
- Families exerting an emotional 'pull' creating a reluctance to judge.
- An impulse to take a fresh approach and failure to take full account of family or case history. (So-called 'start again syndrome').

Since December 2015 Hounslow social workers were required to use the QoC tool in cases where neglect is the primary concern. From May 2017 the assessment is included in LCS.

Gathering and organising information

The assessment is in two parts in LCS. Firstly a grid structures information gathering for assessment and helps to organise pre-existing information. The grid offers prompts to gather or organise information into the following five areas of care. A sixth prompt asks about parent's motivation to change:-

1. Physical care	Food. Accommodation. Stability of housing. Child's clothing. Hygiene. Safe sleeping. Co-sleeping (babies). Animals.
2. Health	Seeking advice and intervention in relation to health disability and illness. Attitude to disability or illness
3. Safety/Supervision	Safety awareness. Handling /response to baby. Traffic awareness. Supervision. Care by other adults.
4. Love and Care	Attitude to child. Warmth and care. Boundaries. Positive values. Young caring. Adult arguments and violence. Adult behaviour.
5. Education/stimulation	Sports and leisure. Friendships. Addressing bullying.
6. Motivation to change.	To what extent are the parent/s willing to change and capable of sustaining change.

Analysis.

The tool provides a colour coded framework below to enable workers to gauge and describe the quality of care provided for child/ren giving an overview of the extent to which the parent/s hold in mind and act upon the care of their child/ren . It allows worker and family alike to see where strengths lie, where care might be in need of improvement and where serious concerns lie. A child is anyone under the age of 18.

1.	Child focused care giving.	The child's needs are appropriately prioritised.
2.	Adult focused care giving.	Adult's needs sometimes get in the way of prioritising the child's needs.
3.	Child's needs secondary to adults.	Adults prioritise their own needs, some indifference to child's needs.
4.	Child's needs not considered.	Child's needs disregarded, level of indifference or hostility to advice.

Using the tool in practice.

The social worker will be the best judge of precisely how to use the tool with parents. The tool may be used in collaboration and in discussion with parents. Some parents have welcomed this approach and it has helped some parents to better appreciate professional concerns and see for themselves where their care of their children could improve and how they might achieve this.

However for some families this approach may not be welcomed or helpful. In those cases the tool can be used by the worker to gather information and/or to analyse pre-existing information about the child their daily life and their family.

Structured judgement.

Grading the quality of care using the above framework will give a detailed overview of the care the child receives. When writing up the assessment using the LCS template 'Quality of Care Assessment' social workers are prompted to reflect on the areas below to refine their analysis. This is the second part of the assessment.

Family history.

Is the neglect persistent or chronic or acute? What is the evidence for this view?	Is there an intergenerational pattern? What is the impact of family history?
Is this an isolated incident with potential serious harm to the child?	Which aspects of care raise concerns and which aspects of care are good enough?

The child.

What does the child say about their experience?	What has the child said to others about their circumstances?
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Causal factors.

Socio-economic circumstances and support from family and friends?	What do parents/carers say about causes of the difficulties?
Multiple causes?	What other kinds of abuse is the neglect driving or enabling?

Assessment summary overview.

Once you, partner agencies and where appropriate the child and their parent/s have agreed where the care of the child/ren lies, the following page allows you to create a visual summary showing all areas of care that you consider relevant.

This allows you to clearly see where strengths, positive care and concerns lie. There may be both strengths and concerns in the same area. This page will allow you to share a visual overview with parents and colleagues showing clearly the extent of strengths and concerns. It will show clearly if there is global neglect of the child/rens needs. Your final report will provide the detail and description of the actual care.

For workers who would like to see an overview of the whole assessment this printable version is provided. You may wish to print certain sections to take with you on home visits or to show or work through with parents if you decide this is appropriate for the family in question.

Assessment summary overview.

Physical care					Health				Safety/supervision					Love & care					Education stimulation					C H A N G E						
F O O D	H O U S I N G Q U A L I T Y	H O U S I N G S T A B I L	C L O T H I N G	A N I M A L C A R E	H Y G I E N E	B A B Y S A F E S L E E P	P R E - B I R T H P R E P	S E E K I N G A D V I S E	A T T I T U D E H E A L T H	A W A R E N E S S	R E S P O N S I V E	S U P E R V I S I O N	O T H E R C A R E R S	A D O L E S C E T S	T R A F F I C & C A R S	A T T I T U D E & W A R M T H	B O U N D A R I E S	A R G U M E N T S	Y O U N G C A R I N G	P O S T I T I V E V A L U E S	A D U L T B E H A V I O U R	S U B S T A N C E M I S E	P R E - S C H O O L	S C H O O L	B U L L Y I N G	S P O R T & L E I S U R E	F R I E N D S H I P S	C H A N G E M O T I V A T I O N		
1																														
2																														
3																														
4																														

AREA OF CARE. PHYSICAL CARE. Food.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Child is provided with appropriate quality of food and drink, appropriate to their age and stage of development.</p> <p>Meals are organised and there is a routine which includes the family sometimes eating together</p> <p>Children's special dietary requirements are always met</p> <p>Carer understands importance of foods</p>	<p>Child is provided with reasonable quality of food and drink and seems to receive an adequate quantity for their needs, but there is a lack of consistency in preparation and routine. Children's special dietary requirements are inconsistently met.</p> <p>Carer understands the importance of appropriate food and routine but sometimes their personal circumstances impact on ability to provide.</p>	<p>Child receives low quality food and drink, often not appropriate to their age and stage of development and there is a lack of preparation or routine.</p> <p>Child appears hungry</p> <p>Children's special dietary requirements are rarely met.</p> <p>The carer is indifferent to the importance of appropriate food for the child.</p>	<p>Child does not receive an adequate quantity of food and is observed to be hungry.</p> <p>The food provided is of a consistently low quality with a predominance of sugar, sweets, crisps and chips etc.</p> <p>Children's special dietary requirements are never met and there is a lack of routine in preparation and times when food is available.</p> <p>Carer hostile to advice about appropriate food and drink and the need for a routine.</p>

AREA OF CARE. PHYSICAL CARE. Quality of housing.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>The accommodation has all essential amenities such as heating, shower, cooking facilities, adequate beds and bedding and a toilet and is in a reasonable state of repair and decoration.</p> <p>Carer understands the importance of the home conditions to child's well-being.</p>	<p>The accommodation has some essential amenities, but is in need of decoration and requires repair. Carers are aware of this, and have taken steps to address these issues.</p> <p>The accommodation is reasonably clean, but may be damp, but the carer addresses this.</p> <p>Carer recognises the importance of the home conditions to the child's sense of well-being, but is hampered by personal circumstances.</p>	<p>The accommodation is in a state of disrepair, carers are unmotivated to address this and the child has suffered accidents and potentially poor health as a result.</p> <p>The look is bare and possibly dirty/smelly and there are inadequate amenities such as beds and bedding, a dirty toilet, lack of clean washing facilities and the whole environment is dirty and chaotic.</p> <p>The accommodation smells of damp and there is evidence of mould.</p>	<p>The accommodation is in a dangerous state of disrepair and this has caused a number of accidental injuries and poor health for the child.</p> <p>The look is dirty and squalid and there is a lack of essential amenities such as a working toilet, showering/bathing facilities, inappropriate and dirty bed and bedding and poor facilities for the preparation of food.</p> <p>Faeces or other harmful substances are visible, and house smells.</p> <p>The accommodation smells strongly of damp and there is extensive mould which is untreated and the carer is hostile to advice about the impact of the home circumstances on child's well being.</p>

AREA OF CARE. PHYSICAL CARE: Stability of housing.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Child has stable home environment without too many moves (unless necessary).</p> <p>Carer understands the importance of stability for child.</p>	<p>Child has a reasonably stable home environment, but has experienced house moves/ new adults in the family home.</p> <p>Carer recognises that this could impact on child, but the carer's personal circumstances occasionally impact on this.</p>	<p>Child does not have a stable home environment, and has either experienced lots of moves and/or lots of adults coming in and out of the home for periods of time.</p> <p>Carer does not accept the importance of stability for child.</p>	<p>Child experiences lots of moves, staying with relatives or friends at short notice (often in circumstances of overcrowding leading to children sleeping in unsuitable circumstances).</p> <p>The home has a number of adults coming and going.</p> <p>Child does not always know these adults who stay over. Carer is hostile about being told about the impact on child of instability.</p>

AREA OF CARE. PHYSICAL CARE: Child's clothing.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Child has clothing which is clean and fits appropriately.</p> <p>Child is dressed appropriately for the weather and carers are aware of the importance of appropriate clothes for the child in an age appropriate way.</p>	<p>Child has clothes which are appropriate, but are sometimes poorly fitting, unclean and crumpled.</p> <p>The carer gives consideration to the appropriateness of clothes to meet the needs of the child in an age appropriate way, but their own personal circumstances can get in the way.</p>	<p>Child has clothing which is dirty and crumpled, in a poor state of repair and not well fitting. The child lacks appropriate clothes for the weather and does not have sufficient clothing to allow for regular washing.</p> <p>Carer(s) are indifferent to the importance of appropriate clothes for the child in an age appropriate way.</p>	<p>Child has clothes which are filthy, ill-fitting and smelly. The clothes are usually unsuitable for the weather.</p> <p>Child may sleep in day clothes and is not provided with clean clothes when they are soiled.</p> <p>The carer is hostile to advice about the need for appropriate clothes for the wellbeing of the child.</p>

AREA OF CARE. PHYSICAL CARE. Care of animals.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Animals are well cared for and do not present a danger to children or adults.</p> <p>Children are encouraged to behave appropriately towards animals.</p>	<p>Animals look reasonably well cared for, but contribute to a sense of chaos in the house.</p> <p>Animals present no dangers to children or adults and any mistreating of animals is addressed.</p>	<p>Animals not always well cared for or ailments treated.</p> <p>Presence of faeces or urine from animals not treated appropriately and animals not well trained.</p> <p>The mistreatment of animals by adults or children is not addressed.</p>	<p>Animals not well cared for and presence of faeces and urine in living areas.</p> <p>Animals dangerous and chaotically looked after.</p> <p>Carers do not address the ill treatment of animals by adults or children.</p>

AREA OF CARE. PHYSICAL CARE. Hygiene.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>The child is clean and is either given a bath/washed daily or encouraged to do so in an age appropriate way.</p> <p>The child is encouraged to brush their teeth and head lice, skin complaints etc are treated appropriately.</p> <p>Nappy rash is treated appropriately.</p> <p>Carers take an interest in the child's appearance</p>	<p>The child is reasonably clean, but the carer does not bath/wash the child regularly and/or the child is not consistently encouraged to do so in an age appropriate way.</p> <p>The child does not always clean their teeth, and head lice and skin conditions etc are treated in an inconsistent way.</p> <p>Nappy rash is a problem, but parent treats if given encouragement and advice.</p>	<p>The child looks unclean and is only occasionally bathed/ washed or encouraged to do so in an age appropriate way.</p> <p>There is evidence that the child does not brush their teeth, and that head lice and skin conditions etc are not treated appropriately.</p> <p>Carer does not address concerns about nappy rash and is indifferent to concerns expressed by others.</p> <p>Carers do not take an interest in child's appearance and do not acknowledge the importance of hygiene to the child's wellbeing</p>	<p>The child looks dirty, and is not bathed or washed or encouraged to do so.</p> <p>The child does not brush teeth. Head lice and skin conditions are not treated and become chronic.</p> <p>Carer does not address concerns about nappy rash and is hostile to concerns expressed by others.</p> <p>The carer is hostile to concerns expressed by others about the child's lack of hygiene.</p>

AREA OF CARE. PHYSICAL CARE. Safe sleeping arrangements and co-sleeping for babies.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Carer has information on safe sleeping and follows the guidelines.</p> <p>There is suitable bedding and carers have an awareness of the importance of the room temperature, sleeping position of the baby and carer does not smoke in household.</p> <p>Carer aware of guidance around safe co-sleeping and recognises the importance of the impact of alcohol and drugs on safe co-sleeping.</p> <p>There are appropriate sleeping arrangements for children.</p>	<p>Carer has information on safe sleeping, but does not always follow guidelines, so bedding, temperature or smoking may be a little chaotic and carer may not be aware of sleeping position of the baby. (Be aware this raises risk of cot death).</p> <p>Carer aware of the dangers of co-sleeping and recognises the dangers of drugs and alcohol by the carer on safe co-sleeping, but this is sometimes inconsistently observed.</p> <p>Sleeping arrangements for children can be a little chaotic.</p>	<p>Carer unaware of safe sleeping guidelines, even if they have been provided.</p> <p>Carer ignores advice about beds and bedding, room temperature, sleeping position of the baby and smoking. (Be aware this raises risk of cot death).</p> <p>Carer does not recognise the importance of safe co-sleeping or the impact of carer's alcohol /drug use on safety.</p> <p>Sleeping arrangements for children are not suitable and carer is indifferent to advice regarding this.</p> <p>Carer not concerned about impact on child.</p>	<p>Carer indifferent or hostile about safe sleeping guidance. Sees it as interference and does not take account of beds and bedding, room temperature, sleeping position of the baby and adults smoke in the household. (Be aware this raises risk of cot death).</p> <p>Carer hostile to advice about safe sleeping and the impact of carer's drug and alcohol on safe co-sleeping for the baby.</p> <p>Sleeping arrangements for children are not suitable and carer is hostile to advice regarding this.</p> <p>Carer not concerned about impact on child or risks associated with this, such as witnessing adult sexual behaviour.</p>

AREA OF CARE. HEALTH. Preparation for birth.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>The mother acknowledges the pregnancy and seeks care as soon as her pregnancy is confirmed.</p> <p>The mother attends all her antenatal appointments and seeks medical or other advice if there is a perceived problem.</p> <p>She prepares for the birth of the baby and has the appropriate clothing, equipment and cot in time.</p>	<p>The mother attends antenatal clinic and prepares for the birth of her baby, and she is acutely aware of her mental ill health or substance misuse problems which could negatively impact on her unborn baby.</p>	<p>The mother is unaware of the impact that her mental ill health and/or substance misuse problems might have on her unborn child.</p>	<p>The mother does not attend antenatal clinic appointments; she ignores medical advice during the pregnancy.</p> <p>She has not prepared for the birth of her baby.</p> <p>She engages in activities that could hinder the development, safety and welfare of her baby.</p>

AREA OF CARE. HEALTH. Seeking advice.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Advice sought from professionals/ experienced adults on matters of concern about child's health.</p> <p>Appointments are made and consistently attended.</p> <p>Preventative care is carried out such as dental/optical and all immunisations are up to date.</p> <p>Carer ensures child completes any agreed programme of medication or treatment.</p>	<p>Advice is sought about illnesses, but this is occasionally delayed or poorly managed as a result of carer difficulties.</p> <p>Carer understands the importance of routine care such as optical/dental but is not always consistent in keeping routine appointments.</p> <p>Immunisations are delayed, but eventually completed.</p> <p>Carer is inconsistent about ensuring that the child completes any agreed programme of medication or treatment, but does recognise the importance to the child, but personal circumstances can get in the way.</p>	<p>The carer does not routinely seek advice about childhood illnesses but does when concerns are serious or when prompted by others.</p> <p>Dental care and optical care are not routinely attended to.</p> <p>Immunisations are not up to date, but carer will allow access to children if home visits are carried out.</p> <p>Carer does not ensure the child completes any agreed programme of medication or treatment and is indifferent to the impact on child's wellbeing.</p>	<p>Carer does not attend to childhood illnesses, unless severe or in an emergency.</p> <p>Childhood illnesses allowed to deteriorate before advice/care is sought.</p> <p>Carer hostile to advice from others (professionals and family members) to seek medical advice.</p> <p>Routine appointments such as dental and optical not attended to, immunisations not up to date, even if a home appointment is offered.</p> <p>Carer does not ensure that the child completes any agreed programme of medication or treatment and is hostile to advice about this from others, and does not recognise likely impact on child.</p>

AREA OF CARE. HEALTH. Attitude to disability and/or illness.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Carer positive about child's identity and values him/her.</p> <p>Carer complies with needs relating to child's disability.</p> <p>Carer is proactive in seeking appointments and advice and advocating for the child's well-being.</p>	<p>Carer does not always value child and allows issues of disability to impact on feelings towards the child.</p> <p>Carer is inconsistent in their compliance with needs relating to child's disability, but does recognise the importance to the child, but personal circumstances get in the way.</p> <p>Caregiver accepts advice and support but is not proactive in seeking advice and support around the child's needs.</p>	<p>Carer shows anger and frustration at child's disability. Often blaming the child and not recognising identity.</p> <p>Carer does not ensure compliance with needs relating to child's disability, and there is significant minimisation of child's health needs.</p> <p>The carer does not seek or accept advice and support around the child's needs, and is indifferent to the impact on the child.</p>	<p>Carer does not recognise child's identity and is negative about child as a result of the disability.</p> <p>Carer does not ensure compliance with needs relating to child's disability, which leads to deterioration of the child's well-being.</p> <p>Carer hostile when instructed to seek help for the child, and is actively hostile to any advice or support around child's disability</p>

AREA OF CARE. SAFETY & SUPERVISION. Safety awareness.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Carer aware of safety issues and there is evidence of safety equipment use and maintenance</p>	<p>Carer is aware of safety issues, but is inconsistent in use and maintenance of safety equipment, and allows personal circumstances to get in the way of consistency.</p>	<p>The carer does not recognise dangers to child and there is a lack of safety equipment, and evidence of daily dangers to the child.</p> <p>Carer indifferent to advice about this and does not recognise or acknowledge the impact on the child.</p>	<p>Carer does not recognise dangers to the child's safety and hostile to advice regarding this, does not recognise the importance to the child, and can hold child responsible for accidents and injuries.</p>

AREA OF CARE. SAFETY & SUPERVISION. Handling of baby and response to baby.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Carer responds appropriately to the baby's needs and is careful whilst handling and laying the baby down, frequently checks if unattended.</p> <p>Carer spends time with baby, cooing and smiling, holding and behaving warmly.</p>	<p>The carer is not always consistent in their responses to the baby's needs, because their own circumstances get in the way. Carer is a bit precarious in handling and is inconsistent in supervision.</p> <p>Carer spends some time with the baby, cooing and smiling, but is led by baby's moods, and so responds negatively if baby unresponsive.</p>	<p>Carer does not recognise the importance of responding consistently to the needs of the baby. Handling is precarious and baby is left unattended (bottle left in the mouth).</p> <p>Carer does not spend time with baby, cooing or smiling, and does not recognise importance of comforting baby when distressed.</p>	<p>Carer does not respond to the needs of the baby and only addresses issues when carer chooses to do so.</p> <p>There is dangerous handling and the baby is left dangerously unattended.</p> <p>The baby is strapped into a car seat or some other piece of equipment for long periods and lacks adult attention and contact.</p> <p>Carer hostile to advice to pick baby up, and provide comfort and attention. Carer does not recognise importance to baby.</p>

AREA OF CARE. SAFETY & SUPERVISION. Supervision of the child

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Appropriate supervision is provided in line with age and stage of development.</p> <p>Carer recognises the importance of appropriate supervision to child's well-being.</p>	<p>Variable supervision is provided both indoors and outdoors, but carer does intervene where there is imminent danger.</p> <p>Carer does not always know where child is and inconsistent awareness of safety issues when child away from home.</p> <p>Shows concern about when child should be home.</p> <p>Carer aware of the importance of supervision, but does allow personal circumstances too impact on consistency.</p>	<p>There is very little supervision indoors or outdoors and carer does not always respond after accidents.</p> <p>There is a lack of concern about where child is or who they are with and the carer is inconsistently concerned about lack of return home or late nights.</p> <p>Carer indifferent to importance of supervision and to advice regarding this from others.</p>	<p>Complete lack of supervision.</p> <p>Young children contained in car seats/pushchairs for long periods of time.</p> <p>The carers are indifferent to whereabouts of child, and often do not know where child is or who they are with, and are oblivious to any dangers.</p> <p>There are no boundaries about when to come home or late nights.</p> <p>Carer hostile about advice from others regarding appropriate supervision and does not recognise the potential impact on children's wellbeing.</p>

AREA OF CARE. SAFETY & SUPERVISION. Care by other adults

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Child is left in care of a vetted adult. Never in sole care of an under 16.</p> <p>Parent/child always aware of each other's whereabouts.</p> <p>Out of necessity a child aged 1-12 is left with a young person under 14 who is familiar and has no significant problem for no longer than necessary as an isolated incident.</p>	<p>Child 0-9 year old is sometimes left with a child age 10-13 or a person known to be unsuitable.</p> <p>Parents unsure of child's whereabouts.</p> <p>Carer inconsistent in raising the importance of a child keeping themselves safe from others and provides some advice and support.</p> <p>Carer aware of the importance of safe care, but sometimes is inconsistent because of own personal circumstances.</p>	<p>Child 0-7 year old is left with an 8-10 year old or an unsuitable person.</p> <p>Child found wandering and/or locked out.</p> <p>Carer does not raise awareness of the importance of child keeping themselves safe from others and provides no advice and support.</p> <p>Carer is indifferent to the importance of safe care of the child and leaves the child with unsuitable or potentially harmful adults and does not recognise the potential risks to the child.</p>	<p>Child 0-7 year old is left alone or in the company young child or an unsuitable person.</p> <p>Child often found wandering and/or locked out.</p> <p>Carer does not provide any advice about keeping safe, and may put adult dangers in the way of the child.</p> <p>Carer hostile to advice or professional challenge about giving safe care and impact of children being left with unsuitable and/or unsuitable or dangerous adults.</p>

AREA OF CARE. SAFETY & SUPERVISION. Responding to adolescents.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>The adolescent's needs are fully considered with appropriate adult care.</p> <p>Where risky behaviour occurs it is identified and responded to appropriately by the carer.</p>	<p>The carer is aware of the adolescent's needs but is inconsistent in responding to them.</p> <p>The carer is aware that the adolescent needs appropriate care but is inconsistent in providing it.</p> <p>Where risky behaviour occurs the carer responds inconsistently to it.</p>	<p>The carer does not consistently respond to the adolescent's needs and recognises risky behaviour but does not always respond appropriately.</p>	<p>The adolescent's needs are not considered and there is not enough appropriate adult care.</p> <p>The carer does not recognise that the adolescent is still in need of guidance with protection from risky behaviour i.e. lack of awareness of the adolescent's whereabouts for long periods of time or seeking to address either directly or by seeking support of risky and challenging behaviour.</p> <p>The carer does not have the capacity to be alert to and monitor the adolescent moods for example recognising depression which could lead to self harm.</p>

AREA OF CARE. SAFETY & SUPERVISION. Traffic awareness & in-car safety.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Infant is well secured in pram or pushchair.</p> <p>Where a toddler is walking, their hand is held safely.</p> <p>3-5 year olds are allowed to walk without holding hands but are close and in vision of parent.</p> <p>5-8 year olds are allowed to cross road with 13+ year old.</p> <p>Child is taught developmentally appropriate traffic skills.</p>	<p>Baby/infant not always secured in pushchair and 3-5 year old not fully supervised.</p> <p>7 years onwards are allowed to cross with another young child alone and 8 years old crosses regardless of suitability.</p> <p>Child given some guidance about traffic skills.</p>	<p>Baby/infant not secured in pushchair and 3-5 year old dragged along with annoyance or left to follow behind alone, with supervision.</p> <p>Under 7s onwards are allowed to cross road alone.</p> <p>Child not taught traffic skills.</p>	<p>Babies/infants are unsecured in pram/pushchair and carer is careless with pram.</p> <p>There is a lack of supervision around traffic and an unconcerned attitude.</p> <p>Lacks understanding of why teaching traffic skills might be important for the child.</p>

AREA OF CARE. LOVE AND CARE. Parent/carer's attitude to child, warmth and care

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Carer talks warmly about the child and is able to praise and give appropriate emotional reward.</p> <p>The carer values the child's cultural identity and seeks to ensure child develops a positive sense of self.</p> <p>Carer responds appropriately to child's needs for physical care and positive interaction.</p> <p>The emotional response of the carer is one of warmth.</p> <p>Child is listened to and carer responds appropriately.</p> <p>Child is happy to seek physical contact and care.</p> <p>Carer responds appropriately if child distressed or hurt.</p> <p>Carer understands the importance of consistent demonstrations of love and care.</p>	<p>Carer talks kindly about the child and is positive about achievements most of the time but allows their own difficulties to impact.</p> <p>Carer recognises that praise and reward are important but is inconsistent in this.</p> <p>Carer recognises child's cultural identity and is aware of the importance of ensuring child develops a positive sense of self, but sometimes allows personal circumstances to impact on this.</p> <p>Child is main initiator of physical interaction with carer who responds inconsistently or passively to these overtures.</p> <p>Child not always listened to and carer angry if child seeks comfort through negative emotions such as crying.</p> <p>Does not always respond appropriately if child distressed or hurt.</p> <p>Carer understands the importance of demonstrations of love and care, but own circumstances and difficulties sometimes get in the way.</p>	<p>Carer does not speak warmly about the child and is indifferent to the child's achievements.</p> <p>Carer does not provide praise or reward and is dismissive of praise from others.</p> <p>Carer does not recognise the child's cultural identity and is indifferent to the importance of ensuring that the child develops a positive sense of self</p> <p>Carer seldom initiates interactions with the child and carer is indifferent if child attempts to engage for pleasure, or seek physical closeness.</p> <p>Emotional response is sometimes brisk or flat and lacks warmth.</p> <p>Can respond aggressively or dismissively if child distressed or hurt.</p> <p>Carer indifferent to advice about the importance of love and care to the child.</p>	<p>Carer speaks coldly and harshly about child and does not provide any reward or praise and is ridiculing of the child when others praise.</p> <p>Carer is hostile to advice about the importance of praise and reward to the child.</p> <p>Carer hostile to the child's cultural identity and to the importance of ensuring that the child develops a positive sense of self.</p> <p>Carer does not show any warmth or physical affection to the child and responds negatively to overtures for warmth and care.</p> <p>Responds aggressively or dismissively if child distressed or hurt.</p> <p>Carers will respond to incidents of harm if they consider themselves to be at risk of involvement with the authorities.</p> <p>The emotional response of carers is harsh critical and lacking warmth.</p> <p>Carer hostile to advice about the importance of responding appropriately to the child.</p>

AREA OF CARE. LOVE AND CARE. Boundaries.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Carer provides consistent boundaries and ensures child understands how to behave and to understand the importance of set limits.</p> <p>Child is disciplined appropriately with the intention of teaching proactively.</p>	<p>Carer provides inconsistent boundaries and uses mild physical and moderate other sanctions.</p> <p>The carer recognises the importance of setting boundaries for the child, but is inconsistent because of own personal circumstances or difficulties.</p>	<p>Carer provides few boundaries, and is harsh and critical when responding to the child's behaviour and uses physical sanctions and severe other sanctions. Carer can hold child responsible for their behaviour. Carer indifferent to advice about the need for more appropriate methods of disciplining.</p>	<p>Carer provides no boundaries for the child and treats the child harshly and cruelly, when responding to their behaviour.</p> <p>Carer uses physical chastisement and other harsh methods of discipline.</p> <p>Carer disregards or is hostile to advice about appropriate methods of discipline.</p>

AREA OF CARE. LOVE AND CARE. Adult arguments and violence.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Carers do not argue aggressively and are not physically abusive in front of the children.</p> <p>Carer has a good understanding of the impact of arguments and anger on children and is sensitive to this.</p>	<p>Carers sometimes argue aggressively in front of children, but there is no physical abuse of either party.</p> <p>Carer recognises the impact of severe arguments on the child's wellbeing but personal circumstances sometimes get in the way.</p>	<p>Carers frequently argue aggressively in front of children and this leads to violence.</p> <p>There is a lack of awareness and understanding of the impact of the violence on children and carers are indifferent to advice regarding this.</p>	<p>Carers argue aggressively frequently in front of the children and this leads to frequent physical violence.</p> <p>There is indifference to the impact of the violence on children and carers are hostile to advice about the impact on children.</p>

AREA OF CARE. LOVE AND CARE. Young caring responsibility.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Child contributes to households tasks as would be expected for age and stage of development.</p> <p>Does not take on additional caring responsibilities.</p> <p>Carer recognises the importance of appropriateness regarding caring responsibilities.</p>	<p>Child has some additional responsibilities within household, but these are manageable for age and stage of development and do not interfere with child's education and interfere minimally with leisure/sporting activities.</p> <p>Carer recognises that the child should not be engaged in inappropriate caring responsibilities but is inconsistent in their response.</p>	<p>Child has onerous caring responsibilities that interfere with education and leisure activities.</p> <p>Carer indifferent to impact on child.</p>	<p>Child has caring responsibilities which are inappropriate and interfere directly with child's education/leisure opportunities.</p> <p>This may include age inappropriate tasks, and /or intimate care.</p> <p>The impact on the child's well being is not understood or acknowledged.</p> <p>Carer is hostile to advice about the inappropriateness of caring responsibilities.</p>

AREA OF CARE. LOVE AND CARE. Positive values.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Carer encourages child to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness.</p> <p>Carer understands importance to child's development.</p> <p>This includes an awareness of smoking, underage drinking and drug misuse as well as early sexual relationships.</p> <p>Carer gives clear advice and support.</p> <p>Carer ensures child does not watch inappropriate films/TV or play with computer games which are inappropriate for child's age and stage of development.</p>	<p>Carer inconsistent in helping child to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness.</p> <p>Carer aware of importance to child's development, but not always able to impose framework.</p> <p>Carer has variable awareness of smoking, underage drinking and drug misuse as well as early sexual relationships.</p> <p>Carer gives some advice and support.</p> <p>Carer aware of need to monitor child watching inappropriate material and playing inappropriate computer games, but is inconsistent in monitoring because of own personal difficulties and circumstances.</p>	<p>Carer does not teach child positive values. Is indifferent to issues of right and wrong, kindness and respect to others.</p> <p>Carer does not understand importance to child's development.</p> <p>Carer gives little advice about smoking, underage drinking and drug misuse as well as early sexual relationships.</p> <p>Carer does not monitor the watching of inappropriate materials or playing inappropriate games and is indifferent about the impact on the child.</p>	<p>Carer actively encourages negative values in child and has at times condoned anti-social behaviour.</p> <p>Carer indifferent to the impact on child's development.</p> <p>Carer indifferent to smoking, underage drinking and drug misuse, and early sexual relationships. No advice given, and may, at times, have encouraged some of these activities.</p> <p>Carer allows child(ren) to watch inappropriate TV /film material and inappropriate computer games.</p> <p>Carer hostile to advice about inappropriateness and to the impact on child (s) wellbeing.</p>

AREA OF CARE. LOVE AND CARE. Adult behaviour.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Carer does not talk about feelings of depression /low mood in front of the children and is aware of potential impact.</p> <p>Carer does not misuse drugs or alcohol.</p>	<p>Carer does discuss feelings of depression and low mood, but does not discuss suicide and is aware of the impact of parental mood on children, but their own mood or circumstances means there is inconsistency in awareness of this.</p> <p>Carer uses drugs and alcohol, but ensures that this does not impact on child.</p>	<p>Carer talks about depression and suicide in front of child and is unaware of potential impact on child.</p> <p>Carer indifferent to advice about the importance of not talking about this issue.</p> <p>Carer misuses drugs and/or alcohol, and is not aware of impact on child.</p>	<p>Caregiver has attempted suicide in front of child.</p> <p>Carer can hold the child responsible for feelings of depression and is open with the child and/or others about this.</p> <p>Carer is hostile to advice focussed on stopping this behaviour and carer does not recognise the impact on the child.</p> <p>Carer misuses drugs and alcohol and does not ensure that this does not impact on the child and this impacts on safety and wellbeing.</p> <p>Carer hostile to advice about this.</p>

AREA OF CARE. LOVE AND CARE. Substance misuse.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Alcohol and drugs are stored safely, if in the home.</p> <p>The carer models low consumption or does not drink or use in front of the child. The carer's use does not impact on the child in terms of carer's emotional availability and provides consistency of care or they have physical ability to care or respond to the child.</p> <p>The carer is able to respond to emergency situations should they arise appropriately.</p> <p>The carer talks appropriately about substances to the child, being aware of the child's development, age and understanding.</p> <p>The carer is aware of the impacts of substances on an unborn child and follows recommendations regarding the child's wellbeing. Appropriate antenatal care is sought.</p> <p>Alcohol and substances do not impact on the family finances. The child's needs are fully met and a wide network of family and supportive others are involved.</p>	<p>The carer believes it is normal for children to be exposed to regular alcohol and substance use.</p> <p>The carer maintains boundaries and routines but these are changed and/or adapted to accommodate use at times.</p> <p>The carer understands the importance of hygiene, emotional and physical care of their child and arranges for additional support when unable to fully provide for the child.</p> <p>Finances are affected but the child's needs are generally met.</p> <p>The mood of the carer can be irritable or distant at times.</p> <p>The carer is aware of the impact of substances on an unborn child but inconsistently follows recommendations regarding the child's wellbeing.</p>	<p>The carer lacks awareness of the impact their substance use has on their child and is inconsistent in their engagement with specialist agencies.</p> <p>The carer's use leads to an inconsistency in caring and the child takes on inappropriate responsibilities at home.</p> <p>The carer needs support in order to manage their use during pregnancy and lacks awareness on the impact this may have on their baby in terms of immediate and medium to long term future.</p> <p>Substances can be accessed by the child.</p> <p>The child's access to appropriate medical or dental care is delayed and education is disrupted.</p> <p>The finances are affected and the carer's mood is unpredictable.</p>	<p>The carer holds the child responsible for their use & blames their continual use on the child.</p> <p>The carer significantly minimises and is hostile to advice around their use or refuses to acknowledge concerns.</p> <p>The carer involves the child in their using behaviour (i.e. asking the child to get the substances or prepare the substances).</p> <p>The carer refuses antenatal care or does not attend care offered.</p> <p>The carer cannot respond to the child's needs or shows little awareness of the child's wellbeing (i.e. attending school)</p> <p>There is an absence of supportive family members or a social network.</p> <p>The child is exposed to abusive or frightening behaviour of either the carer or other adults (i.e. delusions/hallucinations). Education is frequently disrupted.</p> <p>The carer does not recognise and respond to the child's concerns and worries about the carer's circumstances.</p>

AREA OF CARE STIMULATION & EDUCATION: Pre-school. 2-5 years.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>The child receives appropriate stimulation such as carer talking to the child in an interactive way, as well as reading stories and the carer playing with the child.</p> <p>Carer provides all toys that are necessary. Finds a way even if things are unaffordable (uniform, sports equipment, books etc).</p> <p>Outings: Carer takes child to child centred places locally such as park, or encourages child in an age appropriate way to make use of local resources.</p>	<p>The carer provides adequate stimulation. Carer's own circumstances sometimes get in the way because there are many other demands made on the carer's time and there is a struggle to prioritise. However, the carer does understand the importance of stimulation for the child's well-being.</p> <p>The child has essential toys and the carer makes an effort to ensure appropriate access to toys even if things are unaffordable, but sometimes struggles.</p> <p>Outings: Child accompanies carer wherever carer decides, usually child friendly places, but sometimes child time taken up with adult outings because of carers needs.</p>	<p>The carer provides little stimulation and does not see the importance of this for the child.</p> <p>The child lacks essential toys, and this is not because of financial issues, but a lack of interest or recognition of the need.</p> <p>Carer allows presents for the child but the child is not encouraged to care for toys.</p> <p>Child may go on adult oriented trips, but these are not child centred or child left to make their own arrangements to plays outdoors in neighbourhood.</p> <p>Child has responsibilities in the house that prevents opportunities for outings.</p>	<p>No stimulation is provided and carer hostile to child's needs or advice from others about the importance of stimulation.</p> <p>The child has no toys and carer may believe that child does not deserve presents. No toys, unless provided by other sources, gifts or grants and these are not well kept.</p> <p>No outings for the child, may play in the street but carer goes out locally e.g. to pub with friends.</p> <p>Child prevented from going on outings with friends or school.</p>

AREA OF CARE STIMULATION & EDUCATION: Education and stimulation. School.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Carer takes an active interest in schooling and support at home, attendance is regular.</p> <p>Carer engages well with school or nursery and does not sanction missed days unless necessary.</p> <p>Carer encourages child to see school as important.</p> <p>Interested in school and support for homework.</p>	<p>Carer maintains schooling but there is not always support at home.</p> <p>Carer struggles to link with school, and their own difficulties and circumstances can get in the way.</p> <p>Can sanction days off where not necessary.</p> <p>Carer understands the importance of school, but is inconsistent with this and there is also inconsistency in support for homework.</p>	<p>Carer makes little effort to maintain schooling.</p> <p>There is a lack of engagement with school. No interest in school or homework.</p> <p>Carer does not recognise child's need for education and is collusive about child not seeing it as important.</p>	<p>Carer hostile about education, and provides no support and does not encourage child to see any aspect positively.</p> <p>Total lack of engagement and no support for any aspect of school such as homework, outings etc.</p>

AREA OF CARE STIMULATION & EDUCATION. Sport and leisure.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Carer encourages child to engage in sports and leisure, if affordable.</p> <p>Equipment provided where affordable, or negotiated with agencies/school on behalf of child.</p> <p>Carer understands the importance of this for child's wellbeing.</p> <p>Recognises when child good at something and ensures they are able to pursue it.</p>	<p>Carer understands that after school activities and engaging in sports or child's interests is important, but is inconsistent in supporting this, because own circumstances get in the way.</p> <p>Does recognise what child is good at, but is inconsistent in promoting a positive approach.</p>	<p>Child makes use of sport through own effort, carer not motivated and not interested in ensuring child has equipment where affordable.</p> <p>Does not recognise the value of this to the child and is indifferent to wishes of child or advice from others about the importance of sports/leisure activities, even if child is good at it.</p>	<p>Carer does not encourage child to take part in activities, and may be active in preventing this.</p> <p>Does not prevent child from being engaged in unsafe/unhealthy pursuits. Carer hostile to child's desire to take part or advice from others about the importance of sports/leisure activities, even if child is good at it.</p>

AREA OF CARE. EDUCATION AND STIMULATION. Friendships.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>This is supported and carer is aware of who child is friends with.</p> <p>Aware of safety issues and concerns.</p> <p>Fully aware of the importance of friendships for the child.</p>	<p>Carer aware of need for friends, does not always promote, but ensures friends are maintained and supported through opportunities for play etc. Aware of importance to child.</p>	<p>Child finds own friendships, no help from carer unless reported to be bullied.</p> <p>Does not understand importance of friendships.</p>	<p>Carer hostile to friendships and shows no interest or support.</p> <p>Does not understand importance to child.</p>

AREA OF CARE. EDUCATION AND STIMULATION. Addressing bullying.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Carer alert to child being bullied and addresses immediately.</p>	<p>Carer aware of likelihood of bullying and does intervene when child asks.</p>	<p>Carer unaware of child being bullied and does not intervene.</p>	<p>Carer indifferent to child being bullied.</p>

PARENTAL MOTIVATION TO CHANGE.

1. Child focused care giving.	2. Adult focused care giving.	3. Child's needs secondary to adults.	4. Child's needs not considered.
<p>Carer is concerned about children's welfare; wants to meet their physical, social, and emotional needs to the extent he/she understands them.</p> <p>Carer is determined to act in best interests of children.</p> <p>Has realistic confidence that he/she can overcome problems and is willing to ask for help when needed. Is prepared to make sacrifices for children.</p>	<p>Carer seems concerned about children's welfare and claims he/she wants to meet their needs, but has problems with own pressing circumstances and needs.</p> <p>Professed concern is often not translated into effective action, but carer expresses regrets about own difficulties dominating.</p> <p>Would like to change, but finds it hard. May be disorganised, does not take enough time, or pays insufficient attention; may misread 'signals' from children; may exercise poor judgement.</p>	<p>Carer is not concerned enough about children's needs to change or address competing demands on their time and money. This leads to some of the children's needs not being met.</p> <p>Carer does not have the right 'priorities' when it comes to child care; may take an indifferent attitude.</p> <p>There is lack of interest in the children and in their welfare and development.</p>	<p>Carer rejects the parental role and takes a hostile attitude toward child care responsibilities.</p> <p>Carer does not see that they have a responsibility to the child, and can often see the child as totally responsible for themselves or believes that harm befalling the child is the child's own fault.</p> <p>Perception that there is something about the child that deserves ill treatment and hostile parenting.</p> <p>May seek to give up the responsibility for children.</p>