**[](https://www.hscb.org.uk/)**

|  |
| --- |
| **Hounslow Quality of Care (Brief) Assessment Tool**  ***To be used by partner agencies in the assessment of neglect***  **Contents**   1. **The assessment tool 3-10**   ***Before completing the tool please read the supporting guidance which can be found at*** [***https://www.hscb.org.uk/professionals/neglect-2/***](https://www.hscb.org.uk/professionals/neglect-2/) |

**The brief Quality of Care Assessment Tool**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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? |  | | | |
| 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? |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. |
|  |  |  |  |  |
| **SUMMARY**  What is the impact on the child? |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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? |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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? |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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? |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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? |  | | | |

|  |  |
| --- | --- |
| **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?** |  |