Quality of Care Tool - Structured Judgement Tool developed by Jane Wiffin

The Quality of Care tool helps assess neglect and identifies strengths and difficulties across a number of child development areas. It's likely to be triggered by concerns about the care the child is getting. Neglect is a significant area of concern for children and professionals in Hammersmith and Fulham and early assessment and intervention is crucial. The Quality of Care tool gives a consistent approach to working with families where there's neglect.

The Quality of Care tool is an assessment tool based on psychologist Maslow’s hierarchy of needs used to assess neglect.

The tool explores areas or “domains” adapted by Maslows Hierarchy of needs (1943)

1. Physical care 3. Love

2. Safety 4. Esteem

The assessment tool is to judge the parenting which is observed against simple predetermined criteria. The results of the assessment pinpoint those areas of deficit which require further attention.

This current tool has been adapted by West London NHS Trust and Hertfordshire LSCP, and initially developed by Jane Wiffin. The original concept came from work undertaken by Dr Leon Polnay and Dr O P Srivastava at Bedfordshire and Luton Community NHS Trust and Luton Borough Council. The areas explored have adapted Maslow’s domains and have in addition considered the stimulation & education of a child and parental/carer motivation to change.

**Why the Quality of Care tool?**

Judging the quality of care is an essential component of any assessment. But how well do we do it?

* Judgements we use are often subjective and prone to bias
* Intangible: It is often difficult to capture and compare
* Cumulative evidence is difficult to capsulate.

**Benefits:**

* Child focused
* High threshold for recognition
* Evaluates strengths and weaknesses
* Allows progress to be assessed
* Helps target support to where it’s needed

**How do we know the Quality of Care Assessment works?**

* Srivastava and colleagues from the local safeguarding community and the University of Bedfordshire have been evaluating the use of the Quality of Care tool since its adoption by Luton Area Child Protection Committee in 1999 and have been impressed with the results achieved.
* For many users, the most important aspect of the tool’s success has been the fact that it can be employed by practitioners from any agency involved in child welfare.
* The profile gives the agencies a common language, a common frame of reference.
* Another advantage often cited during evaluations is the profile’s user-friendliness.
* Parents comments include that they value the time spent with the practitioner completing the QoC tool, and the type of dialogue used enables them to understand why the concern and how to rectify or improve the situation.
* Its suggested that the learning from the tool is as beneficial long term. It is easy to learn and use. It has been found that experienced practitioners need as few as two hours’ training to become competent in using it. They find it so easy to apply in practice that it can be used by parents and carers to rate themselves and to identify their own difficulties, and by children to assess the parenting which they receive.
* The structure of the assessment process means that strengths are highlighted alongside weaknesses, and areas of concern are identified sufficiently precisely to allow intervention to be targeted specifically at areas of weakness, which can result in considerable resource savings.

**Additional support Documents:**

* **Consent Form**
* **Flow chart**
* **Feedback Form**



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| **Information gathering and analysis:** | | |
| 1 | Child focused care giving | Child's needs 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 | Adult prioritises 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 |

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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. |
| **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. |
| 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?** | | |  | | |

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| 4 | Child’s needs not considered | Child’s needs disregarded, level of indifference or hostility to advice |

Please use the guidance below to support your assessment

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| --- | --- | --- | --- | --- | --- |
| **Child Full Name:** |  | **Please Tick the Relevant box** | | | |
| **ID Number:** |  |
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| Physical care | Food |  |  |  |  |
| Housing Stability |  |  |  |  |
| Child’s Clothing |  |  |  |  |
| Hygiene |  |  |  |  |
| Safe Sleeping for babies |  |  |  |  |
| Co-sleeping and sleeping arrangements and use of alcohol and drugs |  |  |  |  |
| Animals. |  |  |  |  |
| Health | Seeking advice/intervention |  |  |  |  |
| Disability and Illness |  |  |  |  |
| Attitude to disability and illness |  |  |  |  |
| Safety and Supervision | Safety awareness and Features |  |  |  |  |
| Traffic Awareness |  |  |  |  |
| Supervision |  |  |  |  |
| Care by other adults |  |  |  |  |
| Safety awareness and Features |  |  |  |  |
| Love and Care | Carer’s attitude to child |  |  |  |  |
| Warmth and care |  |  |  |  |
| Boundaries |  |  |  |  |
| Positive Values |  |  |  |  |
| Gangs |  |  |  |  |
| Young Caring |  |  |  |  |
| Adult Behaviour | Adult arguments and violence |  |  |  |  |
| Adult depression |  |  |  |  |
| Drugs and alcohol |  |  |  |  |
| Divorce and separation |  |  |  |  |
| Stimulation and Education | Pre School |  |  |  |  |
| Stimulation |  |  |  |  |
| Education |  |  |  |  |
| Sports and Leisure |  |  |  |  |
| Friendships |  |  |  |  |
| Parental Motivation to Change and Persistence | Overall parental attitude to their responsibility and any change that might be needed to meet their child’s needs. |  |  |  |  |
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| Over all SUMMARY: What is the impact on the child? |  | | | | |