



Introduction

QUALITY OF CARE AND NEGLECT TOOLKIT

(2nd Edition)

This "Toolkit" looks at quality of care

It will identify if there should be concerns about neglect

It should help identify if support and intervention is needed

CONTENTS of Toolkit

Introduction

Guidance

Checklist

PART 1 OF 3: INTRODUCTION

The Second Edition, and who has helped

This is the second edition of the Toolkit. You will see many changes, both to the layout and to what is in it. Thanks to parents, young people and professionals who have taken part in updating it. Professionals who have contributed are from schools, health visiting, school nursing, midwifery, social work, early intervention support, mental health services, drug and alcohol support, disability specialist support, violence/exploitation/CSE support, and the young carer initiative. Over 100 professionals who came to training also took part in invaluable discussion and made suggestions. Harrow originally adopted guidance from Islington, adapted from Hounslow and further refined by Brent. The original concept came from work done by Dr L Polnay and Dr O P Srivastava (Bedfordshire and Luton Community NHS Trust/Luton Borough Council).

The Toolkit will be reviewed again in future. Suggestions for the next edition are very welcome at any time. Please send them to:

CPCONFERENCETEAM@harrow.gov.uk

Head your email: *For the attention of QCN Toolkit Co-ordinator*

2nd Edition, Harrow October 2016

Quality Assurance & Service Improvement

Harrow Children & Families

for Harrow Safeguarding Children Board

What is the Toolkit?

This Toolkit is to help parents and carers, with professionals, to look at and think about the quality of care given to children, and whether the care meets the children's needs. It will help them to think about concerns as well as identify strengths and where care giving is good. This needs to be for a purpose. After completing the Toolkit, the aim is most likely to be to offer support with parenting/caring in order to improve some areas of care.

Using the Toolkit should not normally be a one-off exercise. A review date should be set. Completing the Checklist again will track improvements in care, as well as deterioration or 'drift'.

When quality of care is regularly poor, there is a real risk of neglect of the child's needs, affecting them both now and in the future. Using this Toolkit will help to make clear where there is neglect. If neglect is highlighted, professionals need to be open and clear with parents/carers about that. Professionals must take safeguarding action. This is most likely to be about working with parents/carers to help them make significant changes. Sometimes using the Toolkit will highlight an area where a child is being abused or is at risk of abuse. Then professionals must take action to prevent that abuse.

The Toolkit can help with decision-making, assessments and planning. It has been designed for use with families, but can also be used by professionals in one-to-one discussions with managers or in supervision. It will help with assessments but does not replace them (examples of assessments are the *CAF (Common Assessment Framework)*, *Early Help Assessment* or a *Social Work Assessment*).

The Toolkit is expected to be used by workers across a range of different services. We suggest that where a number of professionals are working together to support a family, they think together about whether the Toolkit should be used, and which lead worker(s) will do this. The completed Checklist may then be shared with the other professionals.

Workers need to understand the child's view of the care they are given. The worker may fill in the Checklist with the parent/carer, but needs to have spoken to the child or children, and may complete it with them as well.

Workers may know very little about the family's culture. They need to be able to acknowledge this and be respectful and ready to learn. They should gain wider understanding from other sources as well as from the family they are working with, and not make assumptions. They should definitely take cultural differences into account when using the Toolkit. Workers should also be aware that real or assumed cultural factors have sometimes resulted in acceptance of a parent/carer's neglect or abuse. This must not happen.

Issues for children with disabilities are addressed throughout the Guidance, not just in section 2.2. Children with disabilities are more likely to be neglected, and the neglect is less likely to be identified. Neglect of a child with a disability may be more difficult to identify where there are communication issues or the child has significant learning needs. Workers may only be relying on a parent/carer's view of the situation.

In all cases the Worker should gain wider understanding from other sources, for example extended family and professionals. They should value what the parent/carer has to say but not rely on their view alone.

Why do we need a Quality of Care and Neglect Assessment Toolkit in Harrow?

We know that concerns about quality of care are regularly present where a Child in Need Plan is put in place. At the end of 2015/16, 325 children in Harrow had Child In Need Plans. There has been a real increase since 2010 in the number of Child Protection Plans where neglect has been the primary concern. At end of 2015/16, 67 children in Harrow were on Child Protection Plans under the category of neglect. Research shows that neglect is the most common reason for taking child protection action. It is a factor in 60% of serious case reviews [source: NSPCC].

Practitioners need to have the tools to assess quality of care and neglect concerns with parents/carers in order to:

- Give parents/carers a greater understanding of quality of care concerns, and to make specific areas of concern clear
- Discuss and plan with parents/carers what actions will achieve better outcomes for their children
- Improve involvement of parents/carers in identifying care issues, and in making and carrying out plans to achieve change
- Have a clear and structured approach to identifying “indicators” of neglect

What is Neglect?

This is the definition of neglect in *Working together to safeguard children* (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.

Neglect issues which have been highlighted in recent Serious Case Reviews and Learning Lessons, nationally and in Harrow, include nappy rash, tooth decay, neglect and abuse of animals, poor supervision, numerous moves, lack of attention to unborn baby's needs and force feeding children under the age of 5.

How is Abuse different?

Neglect and **abuse** both harm children. Abuse is defined separately from neglect in thinking about safeguarding, although there are clear overlaps. “*Working together*” 2015 defines abuse as, “*A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm*”. Using this Toolkit could highlight abuse. Immediate safeguarding action should be taken to address this if found. A safeguarding plan is likely to include work with parents/carers, who can often be supported to understand and stop abuse in the same way that they can be supported to understand and stop neglect.

For example, it is always a risk for a child to be forced to eat and swallow in a way that means they can choke. This is physical and/or emotional abuse, and the child may be harmed. Safeguarding action must be taken. Cultural factors may or may not be present. This is a practice which takes place across a number of different communities/countries. Harrow's Early Intervention Service can support with feeding and meal management - they do so on a one-to-one basis and in parenting programmes.

Using the Toolkit

There are three parts to the Toolkit: **Introduction**, **Guidance** and **Checklist**.

There are eight **areas of care** to consider, each divided into **sections**. To help you think about the care offered, colour coding is used:

GREEN	Needs met
ORANGE	Needs sometimes met
RED	Needs not met

When completing the Toolkit:

- Always think if there are any other areas which should be covered. Add these in **Area 8**
- Think about each child. If a parent/carer's approach is very different for each child, you may want to use each child's initials separately in the Checklist columns
- Complete with key carers. Make sure you know who provides care. If you know about one parent, find out whether a second parent or new partner, or extended family members, are present and involved
- Children's views must be gathered and taken into account, and you may complete the Checklist with them as well
- As long as you record what you are doing and why, use your professional judgment to work with the Toolkit in the best way possible for this family

Practical points:

- Please print out IN COLOUR
- The Toolkit is long. You shouldn't usually try to do it all in one sitting. Plan with the person you are working with how many sessions you need. The Guidance can be split into separate sections if you think this is helpful (take a copy of the whole document with you)
- The Checklist can be completed on screen. Upload the form from www.harrowlscb.co.uk or from tri.x (Harrow Council staff)
- Do print out the Guidance to help, including if you are completing the Checklist on screen. Scrolling up and down to find the Guidance is difficult, and it is hard to compare sections
- Strike through sections not relevant to this family, in advance (eg due to ages of children)
- Record when the Checklist was completed, and who was there
- Plan and record a review date
- Harrow workers should upload the completed Checklist to Framework I (MOSAIC from April 2017). Other workers should store it according to their organisation's recording and confidentiality procedures
- Some areas will not need completing – please put N/A here

If any REDS (*Needs not met*) are ticked, this is an alert regarding neglect at the threshold level of significant harm. A number of ORANGES (*Needs sometimes met*) should also alert professionals to a significant level of risk. Bear in mind that one or more ORANGES may be extremely risky for a baby, whereas the risk may be present but not as immediate for an older child. The worker may need to think about next steps before the Toolkit has been completed.

Referral to or escalation in Children's Services

Workers must immediately discuss neglect or abuse with their service's Named/Designated Child Protection Officer and make a referral to the **MASH** team on **020 8901 2690**. Forms can be found at www.harrowlscb.co.uk. If they are social workers they should discuss concerns straight away with their line managers.

If workers have any concerns at all and would like advice, they can contact MASH for a discussion.

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