Graded Care Profile

for

Wirral Children and Young People

A qualitative scale for the measure of care of children

WIRRAL SAFEGUARDING CHILDREN BOARD

Adapted from The Graded Care profile designed by Dr Leon Polnay and Dr O P Srivastava, Bedfordshire and Luton Community NHS Trust

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INTRODUCTION

The Graded Care Profile (GCP) scale was developed as a practical tool to give an objective measure of the care of children across all areas of need. The GCP scale was conceived to provide a profile of care on a direct categorical grade. It is important from the point of view of objectivity because the ill effect of bad care in one area may be offset by good care in another area.

In this scale there are five grades based on levels of commitment to care. Parallel with the level of commitment is the degree to which a child's needs are met and which also can be observed. The basis of separation of different grades is outlined in table 1 below.

Table 1.

	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
1	All child's needs met	Essential needs fully met	Some essential needs unmet	Most essential needs unmet	Essential needs entirely unmet/ hostile
2	Child first	Child first, most of the time.	Child/carer at par	Child second	Child not considered
3	Best	Adequate	Borderline	Poor	Worst

1= level of care 2 = commitment to care 3 = quality of care

These grades are then applied to each of the four areas of need, based on Maslow's hierarchy of needs – physical, safety, love and esteem.

To obtain a score, follow the instructions in the **Instructions and Guidance Manual**. The explanatory tables in the guidance give brief examples of care in all sub-areas/items for all the five grades. From these, scores for the areas are decided. The GCP uses a descriptive scale. The grades are qualitative and on the same bipolar continuum in all areas. Instead of giving a diagnosis of neglect it defines the care showing both strengths and weaknesses as the case may be. It provides a unique reference point. Changes after intervention can demonstrably be monitored in both positive and negative directions.

In practice the GCP can be used by professionals across the continuum of need in a variety of situations where care for children is of interest. Appropriate referral pathways based on the achieved scores are described in the **Instructions and Guidance Manual**. In children's social care it can be used in conjunction with conventional methods in assessment of neglect and monitoring; in other forms of abuse it can be used as an adjunct in risk and need assessment. In families below level 4 on Wirral's Continuum of Need it will safeguard the child by flagging up the issues, if it is good it will relieve any anxiety that there might be.

Where risk is high and care profile is also poor it will strengthen the case and care will not be a forgotten issue, but if it is good it should not be used to downgrade the risk on its own merit as yet. In the context of children in need, it can help identify appropriate resources (depending on area of deficit) and target them.

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Graded Care Profile Summary Sheet

Name (Child)_____ Date of Birth _____

Main Carer/s _____

Carer/s signature/s of consent to complete a GCP _____

Scorer's Name _____ Scorer's Signature _____ Date _____

Area	Sub-Area	Scores					Area Score	Comments
A Physical	1. Nutrition	1	2	3	4	5		
	2. Housing	1	2	3	4	5		
	3. Clothing	1	2	3	4	5		
	4. Hygiene	1	2	3	4	5		
	5. Health	1	2	3	4	5		
B Safety	1. In carer's presence	1	2	3	4	5		
	2. In carer's absence	1	2	3	4	5		
C Love	1. Carer	1	2	3	4	5		
	2. Mutual engagement	1	2	3	4	5		
D Esteem	1. Stimulation	1	2	3	4	5		
	2. Approval	1	2	3	4	5		
	3. Disapproval	1	2	3	4	5		
	4. Acceptance	1	2	3	4	5		

Targeting Particular Item of Care:
Any item with disproportionately high score can be identified by reference to the explanatory table by writing the area, sub area and item i.e. physical/nutrition/quality in the table below.

	Targeted items (area/sub area/ item)	Current score	Period for change	Target score	Actual score after 1st review
1					
2					
3					

I have seen the completed GCP scores for my child.

Signed _____ Date _____

Parent/ carer comments:

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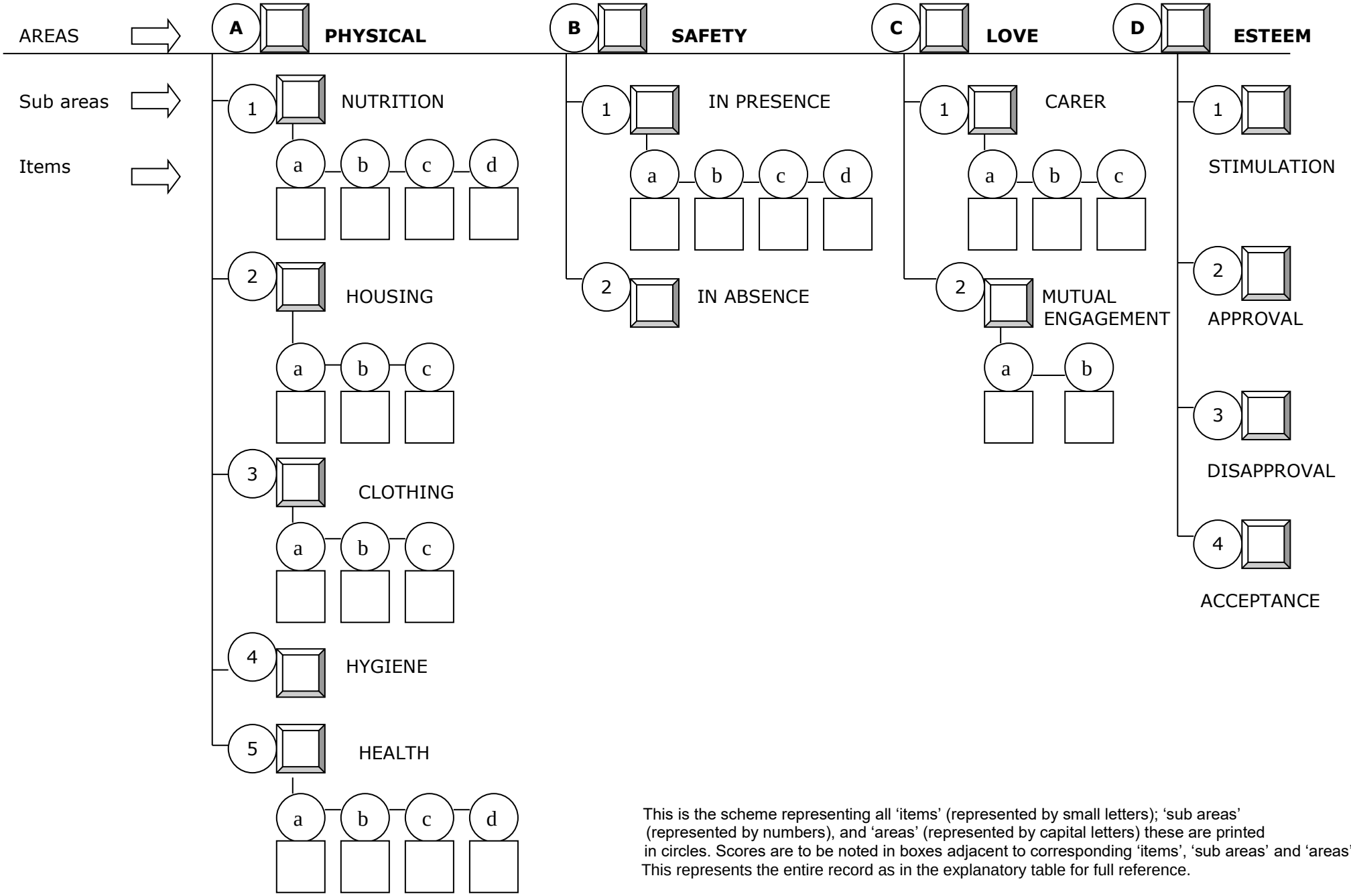
GCP Scoring Sheet



This is the scheme representing all 'items' (represented by small letters); 'sub areas' (represented by numbers), and 'areas' (represented by capital letters) these are printed in circles. Scores are to be noted in boxes adjacent to corresponding 'items', 'sub areas' and 'areas'. This represents the entire record as in the explanatory table for full reference.

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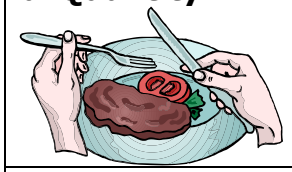
A AREA OF PHYSICAL CARE

Sub-areas	1 Child priority	2 Child first	3 Child & care equal	4 Child second	5 Child not considered
1. Nutrition					
a. **Quality** 	Aware and thinks ahead; provides excellent quality food and drink.	Aware and manages to provide reasonable quality food and drink.	Provision of reasonable quality food inconsistent through lack of awareness or effort.	Provision of poor quality food through lack of effort; only occasionally of reasonable quality if pressurised.	Quality not a consideration at all or lies about quality.
b. **Quantity** 	Ample	Adequate	Adequate to Variable	Variable to Low	Mostly low or starved
c. **Preparation** 	Freshly cooked/ prepared for the child.	Well prepared for the family. Always thinking of the child's needs.	Preparation infrequent and mainly for the adults, child sometimes thought about.	More often no preparation. If there is, child's need or taste not thought about.	Hardly ever any preparation. Child lives on snacks, cereals or takeaways.
d. **Organisation** 	Meals carefully organised – child's seating, timing & manners.	Well organised- child often seated, regular timing.	Poorly organised - irregular timing, child not encouraged to sit down to eat.	Ill organised- no clear mealtime.	Chaotic – eat when and what one can.

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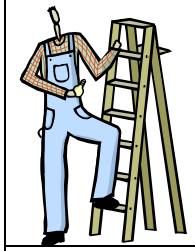
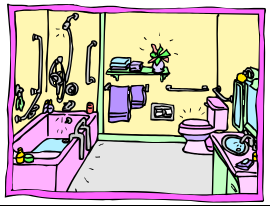
Sub-areas	1 Child priority	2 Child first	3 Child & care equal	4 Child second	5 Child not considered
2. Housing					
a. **Maintenance** 	Additional features benefiting child- safe, warm and clean	No additional features but well maintained.	State of repair adequate.	In disrepair- but could be repaired easily	Dangerous disrepair- but could be repaired easily (exposed nails, live wires).
b. **Décor** 	Excellent, child's taste specially considered.	Good, child's taste considered (practical constraints prevent a score of 1).	In need of decoration but reasonably clean.	Dirty, cluttered and unhygienic	Long term engrained dirt. (Bad odour/ no clear spaces).
c. **Facilities** 	Essential and additional fixtures and fittings- good heating, shower or bath, play and learning facilities.	All essential fixtures and fittings; effort to consider the child. If lacking, due to practical constraints (child comes first).	Essential to bare - child's needs overlooked.	Adults needs for safety, warmth and entertainment come first.	Child dangerously exposed or not provided for.
NOTE: Discount any direct external influences like repair done by other agency but count if the carer has spent a loan or a grant on the house or had made any other personal effort towards house improvement.					

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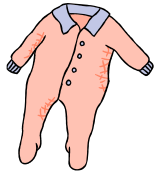
Sub-areas	1 Child priority	2 Child first	3 Child & care equal	4 Child second	5 Child not considered
3. Clothing					
a. **Insulation** 	Well protected and dressed appropriately for weather.	Well protected, adequate for the weather.	Adequate to variable weather protection.	Inadequate weather protection.	Dangerously exposed.
b. **Fitting** 	Appropriate fitting and design.	Adequate fitting even if handed down.	Clothes a little too large or too small.	Clothes clearly too large or too small.	Grossly improper fitting.
c. **Look**- ***age 0-5*** 	Good condition and clean.	Effort to restore any wear and clean.	Repair lacking, usually not quite clean.	Worn, somewhat dirty and crumpled.	Dirty, badly worn and crumpled, odour.
c. **Look**- ***age 5+*** 	As above	As above, odour if bed wetter, not otherwise.	Worse than above, unless child does own washing.	Same as above unless child does own washing.	Child unable to help him/herself therefore same as above

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Sub-areas	1 Child priority	2 Child first	3 Child & care equal	4 Child second	5 Child not considered
4. Hygiene					
Age 0 to 4 	Cleaned, bathed and teeth brushed more than once a day	Regular bathing and teeth brushed daily.	No routine. Sometimes bathed and teeth brushed.	Occasionally bathed, poor dental hygiene and occasional odour	Seldom bathed or clean. Bad dental hygiene and strong odour.
Age 5 to 7 	Some independence at above tasks but always helped and supervised.	Reminded and products provided for regularly. Watched and helped if needed.	Irregularly reminded and products provided. Sometimes watched.	Reminded only now and then, minimum supervision.	No supervision or encouragement. No products provided.
Age 7+ 	Reminded, followed, helped regularly.	Reminded regularly and encouraged if lapses.	Irregularly reminded, Products not provided consistently.	Left to their own initiatives. Provision minimum and inconsistent.	No encouragement. No products provided.

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Sub-areas	1 Child priority	2 Child first	3 Child & care equal	4 Child second	5 Child not considered
5. Health	Compliance = accepting professional advice at any venue and carrying out advice given.				
a. **Opinion sought** 	Not only on illnesses but also other genuine health matters thought about in advance and with sincerity.	From professionals/ experienced adults on matters of genuine and immediate concern about child health.	On illness of any severity. Or frequent unnecessary consultation and/ or medication.	Only when illness becomes moderately severe (delayed consultation).	When illness becomes critical (emergencies).
b. **Follow up** 	All appointments kept. Rearranges if problems.	Fails one in two appointments due usefulness or due to pressing practical constraints.	Fails one in two appointments even if it of clear benefit for reasons of personal inconvenience	Attends third time after reminder. Doubts its usefulness even if it is of clear benefit to the child	Fails to keep appointments despite reminders. Misleading/ inconsistent explanations for not attending.
c. **Health checks and immunisation** 	Visits in addition to the scheduled health checks, up to date with immunisation unless genuine reservations.	Up to date with scheduled health checks and immunisation unless exceptional or practical problems. Plans in place to address this.	Omission for reasons of personal inconvenience, takes up if persuaded.	Omissions because of carelessness, accepts if accessed at home.	Clear disregard of child's welfare. Blocks home visits.
d. **Disability/ chronic illness** (3 months after diagnosis) 	Compliance excellent, any lack of compliance is due to pressing practical reason. Compassion for child's needs.	Any lack of compliance is due to difference of opinion, or pressing practical reason. Compassion for child's needs.	Compliance is lacking from time to time for no pressing reason (excuses). Shows some compassion for child's needs.	Compliance frequently lacking for trivial reasons, very little affection, if at all. shows little compassion for child's needs.	Serious non-compliance, medication not given. Can lie, inexplicable deterioration. Shows no compassion for child's needs.

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B AREA OF CARE OF SAFETY

Sub-areas	1 Child priority	2 Child first	3 Child & care equal	4 Child second	5 Child not considered
1. In Presence					
a. Awareness 	Excellent awareness of safety issues however remote the risk.	Excellent awareness of safety issues.	Poor awareness and perception except for immediate danger.	Inadequate response to safety risks.	Oblivious to safety risks.
NOTE: Please refer to the item 'd (Safety Features)' and the note below it.					
b. Practice					
Pre-mobility age 	Very careful with handling and laying down. Seldom unattended	Careful whilst handling and laying down. Frequent checks if unattended	Handling careless. Frequently unattended.	Handling unsafe. Unattended even during care chores (bottle left in mouth)	Dangerous handling, left dangerously unattended during care chores like bath
Acquisition of mobility 	Constant attention to safety and effective measures against any perceived dangers when mobile.	Effective measures against any danger about to happen.	Inconsistent measures taken against danger.	Ineffective measures if at all. Improvement from mishaps soon lapses.	Inadvertently exposes to dangers (dangerously hot iron near by).
Infant school 	Close supervision indoors and outdoors.	Adequate supervision indoors and outdoors.	Little supervision indoors or outdoors. Acts if in noticeable danger.	No supervision, intervenes after mishaps which soon lapses again.	Minor mishaps ignored or the child is blamed; intervenes casually after major mishaps
Junior & senior school 	Allows out in known safe surroundings within appointed time. Checks if goes beyond set boundaries.	Knows where child is, appropriate boundaries. Reasonable time limit. Checks if worried.	Not always aware of whereabouts outdoors believing it is safe as long as they return in time.	Not bothered about daytime outings, concerned about late nights in case of child younger than 13.	No boundaries despite knowledge of dangers outdoors. Staying away until late evening/nights.

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Sub-areas	1 Child priority	2 Child first	3 Child & care equal	4 Child second	5 Child not considered
c. Traffic					
Age 0-4 	Well secured in the pram, harnesses, or when walking, hand clutched. Walks at child's pace.	3-4 year old allowed to walk but close by, always in vision, hand clutched if necessary i.e. crowd.	Infants not secured in pram. 3-4 year old expected to catch up with adult when walking, glances back now and then if left behind.	Babies not secured, 3-4 year olds left far behind when walking or dragged with irritation.	Babies unsecured, careless with pram, 3-4 year old left to wander, lack of supervision.
5 and above 	5-10 year old escorted by adult crossing a busy road, walking close together.	5-8 year old allowed to cross road with a 13+ child: 8-9 allowed to cross alone if they reliably can.	5-7 year olds allowed to cross with an older child, (but below 13) and simply watched: 8-9 crosses alone.	5-7 year old allowed to cross a busy road alone.	A child left to cross a busy road alone without any concern or thought.
d. Safety Features 	Excellent safety features- gate, guards, drug lockers, electrical safety devices, intercom to listen to the baby, safety with garden pond and pool etc.	Good safety features- secure doors, windows and any heavy furniture item. Safe gas and electrical appliances, drugs and toxic chemicals out of reach, smoke alarm. Improvisation and DIY if cannot afford.	Lacking in essential safety features, very little improvisation or DIY (done too causally to be effective).	No safety features. Some possible hazards due to disrepair (tripping hazard due to uneven floor, unsteady heavy fixtures, unsafe appliances).	Definite hazards exposed electric wires and sockets, unsafe windows (broken glass), dangerous chemicals carelessly lying around.
Note: this item, along with other safety provisions which are not a fixture like a bicycle helmet/safety car seat etc, can be used to score for item 'a' (awareness of safety)					

Sub-areas	1 Child priority	2 Child first	3 Child & care equal	4 Child second	5 Child not considered
2. Safety In Absence 	Child is left in care of a vetted adult. Never in sole care of an under 16.	Out of necessity a child aged 1-12 is left with a young person over 13 who is familiar and has no significant problem, for no longer than necessary. Above arrangement applies to a baby only in an urgent situation.	For recreational reason leaves a 0-9 year old with a child aged 10-13 or a person known to be unsuitable.	For recreational reason a 0-7 year old is left with an 8-10 year old or an unsuitable person.	For recreational reason a 0-7 year old is left alone or in the company of a relatively older but less than 8 year old child or an unsuitable person.

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C CARE OF LOVE

Sub-areas	1 Child priority	2 Child first	3 Child & care equal	4 Child second	5 Child not considered
1. Carer					
a. Sensitivity 	Looks for or picks up very subtle signals- verbal or nonverbal expression or mood.	Understands clear signals – distinct verbal or clear nonverbal expression.	Not sensitive enough – messages and signals have to be intense to make an impact e.g. crying.	Quite insensitive – needs repeated or prolonged intense signals.	Insensitive to even sustained intense signals or dislikes child.
b. Timing of response 	Responds at time of signals or even before in anticipation	Responds mostly at time of signals except when occupied by essential chores.	Does not respond at time of signals if during own leisure activity. Responds at time of signals if fully unoccupied or child in distress.	Even when child in distress responses delayed.	No responses unless a clear mishap for fear of being accused.
c. Reciprocation (quality) 	Responses fit with the signal from the child, both emotionally (warmth) and materially (food, nappy change). Can get over stressed by distress signals from child. Warm.	Material responses (treats etc.) lacking, but emotional responses warm and reassuring.	Emotions warm towards child if in good mood (not burdened by strictly personal problem), otherwise flat.	Emotional response brisk and flat. Annoyance if child in moderate distress but attentive if in severe distress.	Disliking and blaming even if child in distress, acts after a serious mishap mainly to avoid being accused, any warmth/guilt not genuine

Sub-areas	1 Child priority	2 Child first	3 Child & care equal	4 Child second	5 Child not considered
2. Mutual Engagement	CAUTION: If child has temperamental/behavioural problems, scoring in this sub-area (mainly quality item) can be affected unjustifiably. Scoring should be done on the basis of score in area of 'carer' (C/1) alone and problem noted as comments				
a. Beginning interactions 	Carer starts interactions with child. Child starts interactions with carer. Carer does this more often.	Carer starts interactions with child. Child starts interactions with carer. Equal frequency. Positive attempt by carer even if child is defiant.	Child mainly starts interactions. Sometimes the carer. Carer negative if child's behaviour is defiant.	Child mainly starts interactions. Not very often the carer.	Child does not attempt to start interaction with carer. Carer does not start interactions with child. Child appears resigned or apprehensive.
b. Quality 	Frequent pleasure of engagement, both enjoy it.	Quite often and both enjoy equally.	Less often engaged for pleasure, child enjoys more. Carer passively joins in getting some enjoyment at times.	Engagement mainly for a practical purpose. Indifferent when child attempts to engage for pleasure. Child can get some pleasure (attempts to sit on knees, tries to show a toy).	Dislikes it when child tries to enjoy interactions, if any. Child resigned or plays on own. Carer's engagement for practical reasons only (dressing, feeding).

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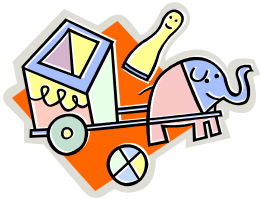
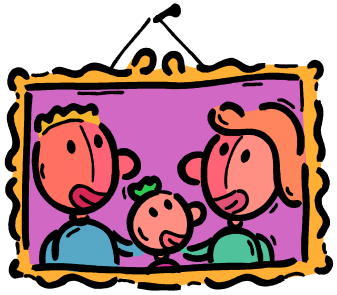
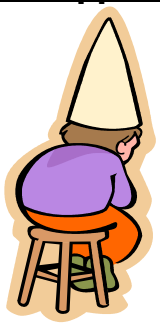
D CARE OF ESTEEM

Sub-areas	1 Child priority	2 Child first	3 Child & care equal	4 Child second	5 Child not considered
1. Stimulation					
Age 0-2 years 	Plenty of appropriate stimulation (talking, touching, looking). Plenty of equipment	Enough and appropriate intuitive stimulation. Appropriate toys, gadgets, outings and celebrations	Inadequate and inappropriate- baby left alone while carer pursues own amusements; sometimes interacts with baby.	Little stimulation. Baby left alone while adult gets on with pursuing own amusements unless strongly sought out by the baby.	Absent- even mobility restricted (confined in chair /pram) for carer's convenience. Inappropriate response if baby demands attention.
Age 2-5 years 	i Interactive stimulation (talking to, playing with, reading stories and topics) plenty and good quality. ii Toys and gadgets (items of uniform, sports equipment, books etc.) – Plenty and good quality iii Outings (taking the child out for recreational purposes) – frequent visits to child centred places locally and away. iv Celebrations– both seasonal and personal, child made to feel special	i Sufficient and of satisfactory quality. ii Provides all that is necessary and tries for more. iii Enough visits to child centred places locally (e.g. parks) and occasionally away (e.g. zoos). iv Equally keen and eager.	i. Variable – adequate if usually doing own thing. ii. Essentials only. No effort to make do if unaffordable. iii. Child accompanies carer wherever carer decides, usually child friendly places. iv. Mainly seasonal (Christmas) low key personal (birthday)	i. Scarce – even if doing nothing else. ii. Lacking on essentials. iii. Child simply accompanies carer. iv. Only seasonal – low key to keep up with the rest	i Nil. ii Nil, unless provided by other sources- gifts or grants. iii No outings for the child, may play in the street. iv Even seasonal festivities absent or dampened.

Sub-areas	1 Child priority	2 Child first	3 Child & care equal	4 Child second	5 Child not considered
1. Stimulation cont.					
Age 5+ years 	i Education– active interest in schooling and support at home. ii Sports and leisure well organised outside school hours e.g. swimming, clubs etc. iii Friendships encouraged and checked out iv Provision– plentiful	i Active interest in schooling, support at home when can. ii All affordable support. iii Carer offers some help. iv Adequate	i. Maintains schooling but little support at home. ii. little effort in finding out but takes up opportunities at doorstep. iii. Accepts iv. Poorly provided	i Little effort to maintain schooling or mainly for other reasons like free meals etc. ii Child makes all the effort, carer not interested. iii Child finds own friends, no help from carer unless reported to be bullied. iv Under provided.	i Not interested or can even be discouraging. ii Not bothered even if child is doing unsafe/ unhealthy activity. iii Not bothered. iv No provision.
NOTE: Whichever describes the case best should be ticked as the score; in the event of a tie choose the higher score.					
2. Approval 	Talks about the child with delight/ praise without being asked; material and generous emotional reward for any achievement.	Talks fondly about the child when asked, generous praise and emotional reward, less of material reward.	Agrees with other's praise of the child, low-key praise and damp emotional reward.	Indifferent if child praised by others, indifferent to child's achievement, which is quietly acknowledged.	If the child is praised by someone else, successes rejected. Achievements not acknowledged, lack of reprimand or ridicule is the only reward if at all.

Sub-areas	1 Child priority	2 Child first	3 Child & care equal	4 Child second	5 Child not considered
3. Disapproval 	Mild verbal and consistent disapproval if any limit is crossed.	Consistent terse verbal, mild physical, mild sanctions if any set limits are crossed.	Inconsistent boundaries or methods terse/shouts or ignores for own convenience, mild physical and moderate other sanctions.	Inconsistent, shouts/ harsh verbal, moderate physical, or severe other sanctions.	Terrorised. Ridicule, severe physical or cruel other sanctions.
4. Acceptance 	Unconditional acceptance. Always warm and supportive even if child is failing.	Unconditional acceptance, even if temporarily upset by child's behavioural demand but always warm and supportive.	Annoyance at child's failure, behavioural demands less well tolerated.	Unsupportive and/or rejecting if child is failing or if behavioural demands are high. Accepts if child is not failing.	Indifferent if child is achieving but rejects if makes mistakes or fails. Exaggerates child's mistakes
NOTE: If the style of parenting (over protective, permissive to foster independence, authoritarian) or type of values instilled is of concern, please make a note in the corresponding comment box on the record sheet.					