

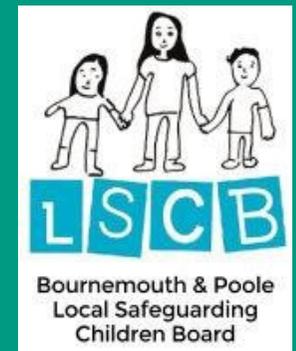


Adolescent Graded Care Profile – Guidance Notes

This document is intended to be used for young people from the age of 13 years up to the age of 18.

Adapted from The Graded Care Profile designed by Dr Leon Polnay and Dr O P Srivastava, Bedfordshire and Luton Community NHS Trust, Luton Borough Council, and Rochdale Borough Council..

DSCB 
Dorset Safeguarding Children Board



Introduction

The original Graded Care Profile (GCP) was developed as a practical tool to give an objective measure of the care of children and young people across all areas of need by Drs. Polnay and Srivastava.

The profile was developed to provide an indication of care on a graded scale. 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.

It is a descriptive scale. The grades indicate quality of care and are recorded using the same 1 to 5 scale 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.

It can be used to improve understanding about the level of concern and to target areas of work as it highlights areas of greater risk of poorer outcomes. It should be used in all cases where neglect is identified as an issue. The Profile can be used with the family by individual workers, or groups of workers, to inform TAF/CIN/CP meetings.

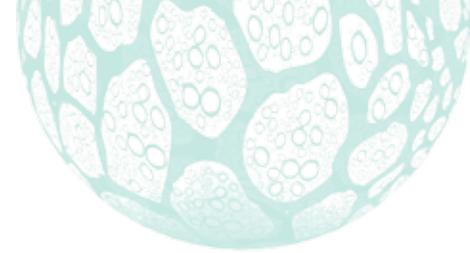
Finally it should be remembered that it provides a measure of care as it is actually delivered irrespective of other interacting factors.

The Adolescent Graded Care Profile should be completed with the following in mind:-

- Using a **'Think Family'** approach, one profile can be completed for all young people over the age of 13 years.
- If the young person(s) is part of a sibling group where there are younger children you will also need to complete the 0-11 GCP.
- It is necessary to visit the home to undertake the GCP.
- Families should have a clear understanding of what questions are being asked of them and why.
- When undertaking the GCP it's important to always remain child focussed and consider impact upon them, over and above the needs of the adults.
- Observations should be undertaken in a non-invasive and sensitive manner.
- The profile questions must be shared with the care giver(s) **and young person where appropriate.**
- In relation to grading, if it is deemed that the grade is between say for example a 3 and a 4, then the highest score prevails, therefore 4.
- This profile is designed to allow for both handwritten and typed assessments. The boxes will expand as you type.

The profile is organised into 4 main components:

- 1) **The Graded Care Profile – is an assessment tool and is laid out into 4 topic areas as follows:**
 - A) **AREA OF PHYSICAL CARE, such as food, clothes and health.**
 - B) **AREA OF CARE OF SAFETY, such as how safe the home is, road safety and suitable supervision for the young person.**
 - C) **AREA OF CARE OF LOVE, such as the relationship between the carer and the young person.**
 - D) **AREA OF CARE OF ESTEEM, such as if the young person is encouraged to learn, and if they are praised for doing something good.**
- 2) **Targeted action plan – identifies areas of work to be completed with the whole family in order to reduce the grading once the assessment is completed.**
- 3) **Family details & overall grading – provides a summary of the grades in each area of care for each young person in the family home.**
- 4) **Summary Sheet – provides a breakdown of individual grades for each area of care separately for each young person.**



Obtaining information (include young person(s) views during assessment):

A) AREA OF PHYSICAL CARE

Nutrition:

Observation of a mealtime is useful but not always possible. Information can therefore be gained by asking questions sensitively and respectfully about foods given, whether set mealtimes, routines etc. and the answers given backed by observation of the kitchen, working utensils, storage, and supply of food. It is important that this is not perceived as intrusive. Score on amount of food offered and intended rather than how much consumed. Consider whether the young person is preparing meals for younger siblings and if this is appropriate. If young person is a registered young carer then some meal preparation may be appropriate for the family. You should expect some level of independence and contribution to daily living as an older teenager.

Housing:

If deficient, note what effort has been made to remedy and whether it is possible for the care giver to take practical remedial steps to improve.

Clothing:

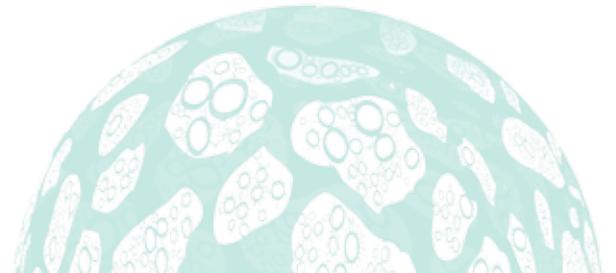
Base this on whether the care giver(s) cleans, repairs, replaces outgrown clothing. Be mindful as to whether the carer challenges clothing worn by the young person which may not be age appropriate. Observe whether the clothing is appropriate for the weather. Observe whether shoes fit and are appropriate – this also may depend on age and whether the young person(s) is deciding what is worn.

Hygiene:

Observe what is temporary, acceptable dirtiness from normal day to day activities and what seems to be ingrained “long term dirt” e.g. behind ears, washing/bathing, body odour - according to age appropriate needs. Consider puberty needs, provision of appropriate toiletries including sanitary wear.

Health including mental and sexual health:

Check on the reasons for non-attendance at health appointments. If immunisations are missed what is the reason? If failure to attend for a routine screening appointment (i.e. dental appointment or developmental assessment) or follow up appointments/investigations, what is the reason given? E.g. is there a problem with transport, costs etc. Does the young person have a disability/ongoing medical needs? Are prescriptions for medication obtained and administered appropriately to the young person? If not what are the reasons given. Consider whether the caregiver's/young person's views are reasonable/unreasonable; ask yourself whether this is wilful medical neglect. What is the impact on the young person? If health professionals are involved are plans and appointments supported by the carer? Has the carer discussed health choices/contraception with the young person? Consider Gillick competency and Fraser guidelines. The Health section may also throw up other issues e.g. inappropriately high levels of visits to A&E.



B) AREA OF CARE OF SAFETY

In the presence of the caregiver:-

- What is their awareness of safety?
- Is there safety equipment? e.g. smoke alarms.
- Is there evidence of hazardous substances?
- Does the caregiver have an apparent conscious awareness of the young person, what he/she is doing, whether there may be danger?
- Ask about what the young person is told about road safety, hotspot local areas.
- If possible, observe whether the young person's behaviour or actions gives an indication of being told or made aware of any safety issues.
- What measures are in place around internet safety, in particular social media and inappropriate websites/material?
- Electronic devices (mobile phones, gaming consoles etc.) including frequency of use/age appropriate gaming?
- Where self-harm or substance misuse is a concern, are carers implementing an appropriate safety plan? (Include alcohol use/binge drinking/smoking/e-cigarettes, safe storage of drugs or medication)
- Are friends appropriate? Are measures taken to get to know young person's friends/ensure they are appropriate?
- If the young person is involved in an intimate relationship is this age appropriate, safe and appropriately monitored by the carer?
- Is there a consistent and safe routine in place in the home and is the young person getting enough sleep?

In the absence of caregiver:-

- What are the child-care arrangements when the care-giver is away?
- Are babysitters always familiar to the young person, are they competent and of a reasonable age and maturity? The NSPCC recommends that a babysitter should not be under the age of 16 years and should be suitable person to care for the young person.
- Does the caregiver leave a contact number for the babysitter?
- Is the young person looking after younger siblings or other people's children and is this appropriate?
- Is there a safe plan in place when the young person is out in the community such as safe routes home, set time to be in etc.?
- Are checks undertaken where young person doesn't come home on time or isn't where they say they should be?
- Is the young person often missing from home/education? Do carers react appropriately?
- Is the young person safe crossing the roads and have been show how?
- Is the carer aware of CSE risks? Such as money/ clothes/gifts that are unaccounted for.
- Is the young person aware of what a healthy relationship looks like?
- Is the young person involved in ASB/criminality in the community? Do carers react appropriately?
- Does the carer check if young person stays away from home/ who they are staying with/appropriate friendship groups?
- Does the young person have a working mobile phone if appropriate?
- Is the young person at risk of or involved in radicalisation?
- Has consideration been given to young person's views regarding issues such as forced marriage, FGM or honour based violence?

C) AREA OF CARE OF LOVE

1 (a) Carer Sensitivity (b) Timing of response (c) Reciprocation

This section relates mainly to the carer.

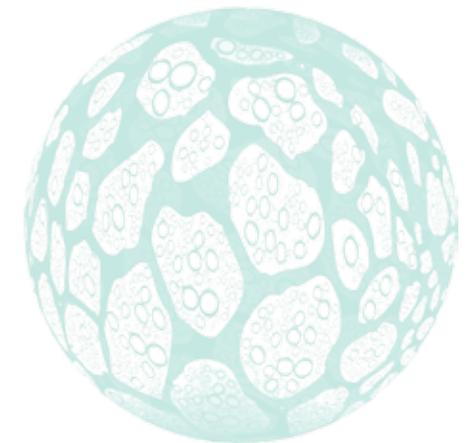
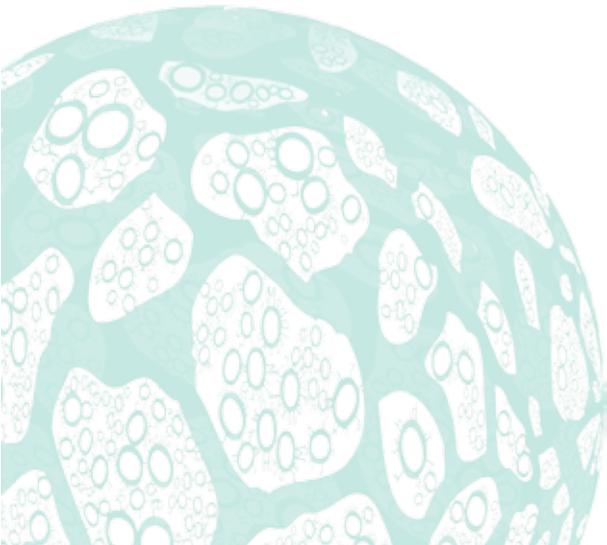
- Sensitivity is defined as whether the carer is aware of the young person's emotional signals and whether they respond.
- Timing of response is defined as the timing of the carer's response and the form of the action the carer takes.
- Reciprocation relates to the depth of the response on an emotional level (e.g. does the parent give appropriate responses to the young person's signals –verbal and non-verbal for reassurance, affection or praise in a timely way?)
- Does the caregiver have realistic expectations of adolescent behaviour? Do they work through mood swings and defiance effectively?

2 Mutual engagement – (a) Interactions (b) Quality

This relates to the emotional exchanges between the young person and caregiver.

- Observe the interaction and what happens when the young person seeks comfort/attention, seeks reassurance from the carer.
- What is the quality of interaction – verbal and non-verbal?
- Note if there is pleasure expressed by either; or an absence of response/an inability to notice the young person's signals.

(High scoring in this area may indicate emotional abuse).



D) AREA OF CARE OF

ESTEEM 1 Stimulation

- Is the young person encouraged to learn and supported in their education?
- Does carer work in partnership to support good attendance and positive behaviour in school/college? Does the carer attend parents evenings and other school/college events? Is the carer aspirational for the young person?
- Does the carer provide the educational establishment with emergency contact details and inform of any changes in family dynamics/circumstances?
- Does the carer work with the educational establishment to support policies and actions/decisions?
- Is the young person provided with social rules and boundaries?
- Does the young person have access to appropriate resources?
- Is the young person encouraged and supported to engage in age appropriate sports and leisure activities?
- Does carer ensure positive friendships are safe and appropriate?
- What significance is placed on celebrations (seasonal/religious/birthdays) and if not acknowledged/celebrated what impact does this have on the young person?

2 Approval

- Are the young person's achievements rewarded or ignored?

3 Disapproval

- How is the young person shown disapproval?
- Ask what happens when the young person misbehaves?
- Beware of any discrepancy between what is said and what is **actually done**. Speak to the young person to ascertain their views.
- Does the young person have clear messages about right/wrong and what kind of behaviour brings disapproval? Ask for an example from both the caregiver and the young person.

4 Acceptance

- How does the carer feel when they have reprimanded the young person or others have reprimanded the young person (e.g. a teacher)?
- Is the young person belittled or accepted?
- Is their response a considered one or is there over-reaction?

How to use the Graded Care Profile – Assessment Tool

Start with each area for example: NUTRITION, look at each sub area such as ‘quality’ with the caregiver. Discuss and explain your assessment and insert the Young Person(s) name in the box provided. In this example, mum is a single parent of two teenagers: Carl (age 13) & Hannah (age 16).

1) NUTRITION					
Sub-areas	1 – Young Person priority	2 – Young Person first	3 – Young Person and carer equal	4 – Young Person second	5 – Young Person not considered
1.a. Quality	Aware and thinks ahead; provides excellent quality food & drink (5 food groups).	Aware and manages to provide reasonable quality food and drink (3-4 food groups).	Provision of reasonable quality food, inconsistent through lack of awareness or effort (at least 3 food groups).	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.
Carer's view – add young person(s) in appropriate box			Hannah 16 & Carl 13		
Assessor's view – add young person(s) name(s) in appropriate box				Hannah & Carl	

Record your assessment in the appropriate section and add the date. Please note that it is important to obtain the child's view as part of the assessment. Further information can be added by other professionals to the same document – it is important to indicate which professional have added their comments.

Comments: (Assessor/ Carer/ Young person)	<p>Assessment 1: 14/11/16 – Mum advised that she cannot afford to buy fruit or vegetables. Observations carried out at mealtimes identify that mum makes meals such as hot dogs, processed chicken based foods and chips and other frozen potato based foods (waffles, smiley faces, shapes etc). Mum does not usually plan ahead for meals. Mum said that she is not aware of how to cook a nutritious meal but would be interested in learning. Mum reports that Carl & Hannah have takeaways when she receives her benefits as a treat. Hannah is not always present at mealtimes and told me that she does not really like the meals that mum makes as they are repetitive and she therefore often prefers to make her own snacks. This is mainly pot noodles/super noodles or toast. Hannah states that she can't cook a healthy meal and wouldn't know how to. She can use the oven. Carl said that he does not like vegetables, salad or fresh potatoes and prefers chips and other potato based processed foods that he enjoys eating with tomato ketchup.</p> <p>Assessment 2 (date):</p> <p>Assessment 3 (date):</p>
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Targeted Action Plan:

Once the assessment is completed, and areas of further work identified, this can be included on the targeted action plan. The action plan is agreed by assessor and carer and will provide a clear plan of work to be carried out in order to improve grade which will identify improvements/deterioration at the next assessment (usually after a period of approximately 6 -12 weeks). An example of a targeted action plan is as follows:

Targeted Action Plan (Family Name): _____

Session No.	Area of work	Date completed/Comments
1	The food diary & food/meal planning including budgeting and shopping. Benefits of family meal times & nutritional advice/information. Healthy family cookery book to be purchased.	Finance/Budgeting completed on 28/11/16. Meal planning /nutritional advice/ healthy cooking session completed on 01/12/16 & 08/12/16.
2	Home maintenance & facilities including action planning. Complete referral to Fire Safety Service (smoke detectors)	Smoke detectors fitted/wiring & socket checks completed by Fire safety service on 19/11/16.
3	Staying healthy & hygienic session to include washing/bathing/showering (Carl).	Session completed on 15/12/16. Promoting teeth brushing completed on 20/11/16 & at the time of dental appointment.

Family details & overall grading:

The profile can be completed over a number of sessions, and once the assessment is completed, an overall grade can be given as follows in the chart below:

Grading (the HIGHEST overall grade for each area of care applies once the assessment is complete)				
Assessment 1: 14/11/16	A) Area of Physical Care - add young person's name(s) & overall grade. Hannah - Grade 4, Carl - Grade 4.	B) Area of Safety - add young person's name(s) & overall grade. Hannah - Grade 3, Carl - Grade 4.	C) Area of Love - add young person's name(s) & overall grade. Hannah - Grade 3, Carl - Grade 3.	D) Area of Self Esteem - add young person's name(s) & overall grade. Hannah - Grade 3, Carl - Grade 4.

Summary Sheet: (one sheet per child, per assessment)

This collates the all the scores and allows comments to be added which may have influenced the assessment; it is necessary to use one summary sheet per child. Example as follows:

Carl aged 13

ASSESSMENT DATE: 14/11/16							
AREA	SUB AREA	GRADES					COMMENTS
(A) PHYSICAL	1. Nutrition	1	2	3	4	5	Meal times inconsistent, lack of forward planning, healthy snacks are not readily available, food groups not always met.
	2. Housing	1	2	3	4	5	Home well presented, however lacking essential features i.e. smoke detectors and overloaded plug sockets.
	3. Clothing	1	2	3	4	5	Carl Seen a number of times with ill-fitting clothes/shoes and often not suitable for weather conditions.
	4. Hygiene	1	2	3	4	5	Carl has seen at school and home appearing unkempt and body odour evident, hair sometimes unkempt, toiletries not always available/purchased.
	5. Health	1	2	3	4	5	Carl's health needs mostly met, immunisations up to date, dental appointments outstanding.

Evaluating the score:

- Poor scores in some areas can be identified and targeted with work undertaken to improve and rectify.
- A score of 4/5 in any one area MAY indicate that a young person is at risk of significant harm and consideration should be given to a referral to children's social care where necessary, following consultation with your safeguarding lead.
- If the scores are 3 in one or more area, a response is needed to prevent further deterioration and identify how improvements can be made. Consider an Early Help Assessment (EHA) if one is not already in place to facilitate an early help response and coordinated support plan.
- Scoring less than 3 in any area indicates no immediate cause for concern.

Referrals to Children's Social Care:

When referring a young person who is suffering or likely to be suffering significant harm from neglect a completed multi agency referral form needs to accompany the graded care profile. The written referral needs to site specific examples of the issues which were identified during the completion of the assessment tool.

Ask yourself the question - What is life like for the young person in this family? Is there a persistent ailure to meet a young person's basic physical and psychological needs? Is this situation likely to result in the **serious** impairment of the young person's physical and psychological health and development?

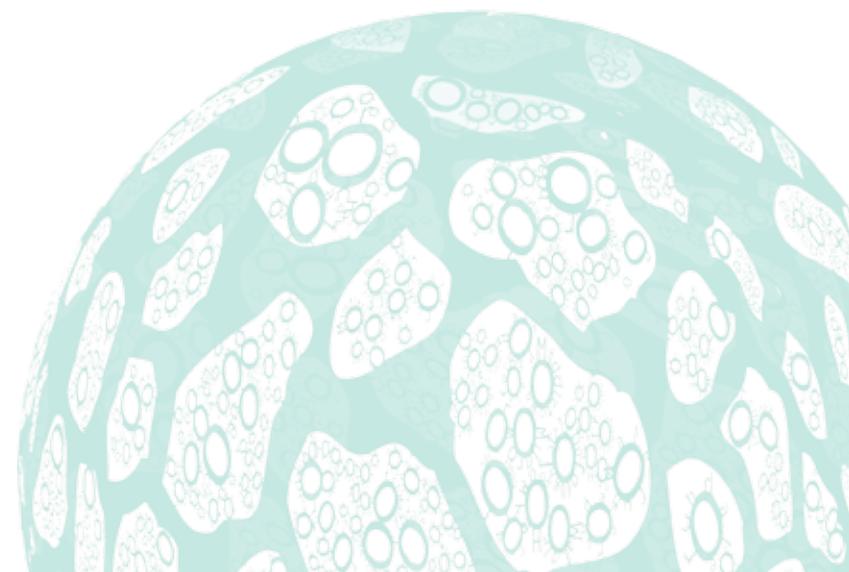
Review:

It is necessary to complete a review profile to measure improvements, no improvement or deterioration in care following service support and advice in areas of need. The decision on time-scale for the review is made on an individual basis (maximum 3 months).

Signatures & consent:

Ensure you have obtained informed consent from the carer and young person to share information/refer to another agency.

If you do not have consent to share information/refer with another agency, but have safeguarding concerns and obtaining consent may harm the young person speak to your safeguarding lead and share the assessment and concerns.





Children's, Young People and Families Services