

GRADED CARE PROFILE

Child's Name		Date of Birth		Age	
Agency		Date completed		Client Number	

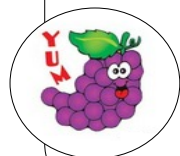
Using the Graded Care Profile

The Graded Care Profile is an assessment tool which can be used to assist in the assessment of neglect. The tools will identify strengths and difficulties across a number of child development areas. It is likely to be triggered by concerns about the care the child is receiving. Whilst it may be focussed on assessing difficulties, the Graded Care Profile also identifies strengths. Focussing on strengths assists the assessor to appreciate the potential that exists within the family for change and improvement. This potential will inform decisions about possible support or interventions to meet areas of need.

The Graded Care Profile has been adopted by the LSCB in Cheshire West and Chester where neglect is an area of concern for a child's welfare. The 'tools' can be used across the Children's Continuum of Need and Response model and by practitioners from various agencies.

How to use the Graded Care Profile:

- Work through the four areas, ticking the description that best describes the care that the child receives
- Use the Scoring Grid at the end of each area section to record a baseline score for each item
- Use the Scoring Grid to record an 'overall score' for each sub-area (see Summary Guidance)
- Use the Scoring Grid to record any areas that you consider should be flagged for attention/intervention.
- Use the Scoring Grid to record relevant comments/ evidence in relation to strengths and difficulties.
- Transfer the sub-area scores to the Summary Score sheets
- Use the 'Areas flagged for intervention' sheet to identify the needs assessed and action/ interventions indicated.
- Record your decisions and further actions on the final sheet.
- Needs and interventions can then be incorporated into the care planning processes of the relevant agency or inserted into the Common Assessment Form.
- Guidance notes are available to support the use of this tool.

A**Area of Physical Care****Sub-areas****1****All Needs Met****2****Essential Needs Met****3****Some Essential Needs Unmet****4****Many Essential Needs Unmet****5****Most/ all Essential Needs Unmet****1) Nutrition****A. Quality**

Provides excellent quality and healthy food and drink

☐

Provides reasonable quality and healthy food and drink.

☐

Provides reasonable quality healthy food but inconsistently.

☐

Provides poor quality food or an unhealthy diet through lack of awareness or effort. Improves when prompted.

☐

Does not consider the health or quality of diet. When prompted, very little improvement.

☐**B. Quantity**

Enough food all of the time.

☐

Enough food nearly all of the time.

☐

Enough food most of the time.

☐

Sometimes not enough food.

☐

Not enough food most of the time.

☐**C. Preparation**

Always carefully prepared or cooked for the child.

☐

Well prepared and usually taking account of the child's needs.

☐

Prepared mainly to meet the parent's needs. The child's needs sometimes accommodated.

☐

Often little preparation. The child's needs and tastes are not accommodated or the child inappropriately prepares their own meal.

☐

Hardly ever any preparation. Child lives on snacks/cereals/junk food and is expected to prepare their own food.

☐**D. Organisation**

Meals organised and well timed. Family sitting together. Good manners apparent.

☐

Well organised, often seating together and regular timing of meals. Manners are fine .

☐

Poorly organised, irregular timing, no proper seating. Occasional good manners.

☐

Ill organised, no clear meal times. Manners lacking.

☐

Chaotic, eat when and whatever food is there. Poor manners.

☐

A

Area of Physical Care



Sub-areas

1

All Needs Met

2

Essential Needs Met

3

Some Essential Needs Unmet

4

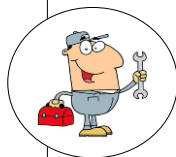
Many Essential Needs Unmet

5

Most/ all Essential Needs Unmet

2) Housing (The 'Home Conditions Assessment' tool provides considerably more detailed information)

A. Maintenance



Very well maintained
Additional features that benefit the child. e.g. insulation, double glazing, draught proofing and house safe for children.

☐

Well maintained and some additional features. Efforts made to benefit the child only lacking if issues such as money interfere

☐

No additional features but well maintained.

☐

In disrepair. Some repairs could be carried out by the parents

☐

Dangerous disrepair (exposed nails, live wires) and some repairs could be carried out by the parent/carer

☐

B. Decor



Excellent. Child's development age and choice is evident.

☐

Good. Some evidence of child's development age and choice.

☐

In need of some decoration but age appropriate and reasonably clean.

☐

In urgent need of decoration. Little or no evidence of age appropriate décor. Dirty.

☐

In very urgent need of decoration with no evidence of age/taste appropriateness. Very dirty and/or an unpleasant smell.

☐

C. Facilities



Both essential facilities, central heating, shower and bath, play and learning space.

☐

Essential facilities. Effort to maximise benefit for the child. Lacking only due to practical constraints e.g. finance.

☐

Essential to bare. Little effort to maximise benefit to the child.

☐

Essential to bare. Adult needs are met first and child needs met if anything is left.

☐

Child dangerously exposed or not provided for e.g. lack of heating, electricity.

☐

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.

A**Area of Physical Care**

Sub-areas

1

All Needs Met

2Essential Needs
Met**3**Some Essential
Needs Unmet**4**Many Essential
Needs Unmet**5**Most/ all Essential
Needs Unmet**3) Clothing****A. Insulation e.g.
harm, warm
clothing**Well protected with
garments made from
good quality material.☐Well protected even
if garments are made
with poorer quality
material.☐Adequate to variable
weather protection.☐Inadequate weather
protection.☐Dangerously
inadequate. Child is
exposed to bad
weather.☐**B. Fitting**Clothing fits very
well.☐Properly fits even if
handed down.☐Sometimes
inadequate fit.☐

Often inadequate fit.

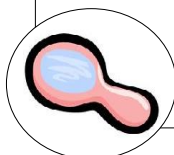
☐Completely
inadequate fit.☐**C. Appearance**Appears almost new,
clean and cared for.☐Appears to look clean
and cared for.☐Appears alright but
not always clean or
cared for.☐Appears worn,
sometimes dirty and
crumpled.☐Appears to be dirty,
badly worn and
crumpled/and or
unpleasant odour.☐

A**Area of Physical Care**

Sub-areas

1

All Needs Met

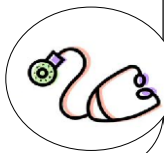
2Essential Needs
Met**3**Some Essential
Needs Unmet**4**Many Essential
Needs Unmet**5**Most/ all Essential
Needs Unmet**4) Hygiene****Child aged 0 - 4**Cleaned, bathed and
hair cared for daily.☐Clean, bathed and
hair cared for most
days.☐Bathing is less regular
but babies are usually
clean. Older toddlers
less so.☐Occasionally bathed
but often can be
dirty and hair can be
uncared for.☐Rarely bathed, clean
or hair cared for.☐**Child Aged 5 - 7**Some independence
with keeping clean and
bathing but always
helped and
supervised.☐Reminded to keep
clean and bathe.
Supervised and
helped if needed.☐Not always reminded
to keep clean and
bathe or routinely
monitored.☐Reminded only now
and then with
minimum supervision.☐No concerns shown
about keeping
personal hygiene.☐**Child Aged 7 +**Reminded, helped and
monitored.☐Reminded regularly
and followed up if not
done.☐

Sometimes reminded.

☐Usually left to their
own initiative.☐No concerns shown
about personal
hygiene.☐

A**Area of Physical Care****Sub-areas****1**

All Needs Met

2Essential Needs
Met**3**Some Essential
Needs Unmet**4**Many Essential
Needs Unmet**5**Most/ all Essential
Needs Unmet**5) Health****A. Opinion sought
and professional
advice given**Appropriate opinion
sought not only on
illnesses but also
other genuine health
matters. All advice
followed.☐Opinion sought on
issues of genuine
and immediate
concern about child
health. Advice
followed.☐Opinion sought on
illness of any
severity. Advice
followed.☐Help sought but
delayed even when
illness becomes
quite serious.☐Help sought but
delayed or ignored
even when illness
becomes critical or an
emergency. Advice
may be not followed.☐**B. Follow Up**All appointments
kept. Re-arranged if
there is a problem.☐Fails one in two
appointments
because they doubt
their importance or
have other pressing
practical priorities.☐Fails one in two
appointments even if
there are important
because it's
inconvenient for the
parent.☐Attends third time
after reminder.
Contests its
importance even if
it's of benefit to the
child.☐Fails a needed follow
up a third time
despite reminders.
Misleading or
doubtful
explanations.☐**C. Surveillance
and oversight of
health matters**Visits in addition to
the standard
checks. Up
to date with
immunisations unless
valid
reservations.☐Up to date with
standard checks and
immunisation unless
parent refuses for
no obvious reason.☐Omissions for
reasons of adult's
personal convenience
but takes up if
persuaded.☐Omissions because
of carelessness,
accepts service if it
is provided at home.☐Clear disregard of
child's welfare.
Frustrates home
visits.☐

A**Area of Physical Care****Sub-areas****1**

All Needs Met

2Essential Needs
Met**3**Some Essential
Needs Unmet**4**Many Essential
Needs Unmet**5**Most/ all Essential
Needs Unmet**5) Health****D. Disability /
chronic illness (3
months after
diagnosis)**

Compliance with
treatment and
advice is excellent.
Any issues due to
differences of
opinion. Very good
affection shown.

☐

Compliance is good.
Any issues relate to
practicality or
finance. Good
affection shown.

☐

Compliance is
sometimes lacking
for no apparent
reasons.
Inconsistent
affection shown.

☐

Compliance is
frequently lacking
and trivial reasons
offered as excuses.
Little affection
shown.

☐

Serious compliance
failure. Medication
not given.
Inexplicable
deterioration. Any
affection appears
contrived.

☐

Scoring Grid		1	2	3	4	5	Flagged for Attention	Overall Score
Area of Physical Health	A1 Nutrition	A Nutrition Quality						
		B Nutrition Quantity						
		C Nutrition Preparation						
		D Nutrition Organisation						
	A2 Housing	A Housing Maintenance						
		B Housing Décor						
		C Housing Facilities						
	A3 Clothing	A Clothing Insulation						
		B Clothing Fitting						
		C Clothing Appearance						
	A4 Hygiene	A Child Hygiene						
	A5 Health	A Health opinion sought						
		B Health Follow Up						
		C Health Surveillance and oversight of health matters						
		D Disability / chronic illness (3 months after diagnosis)						

Comments / Evidence (e.g. what you have observed). Recording strengths as well as the difficulties ensure that the potential of the family to change is recognised and their achievements built upon.

B**Area of Safety****Sub-areas****1**








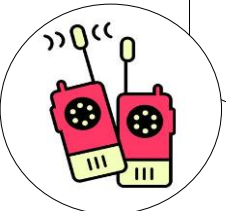
All Needs Met

2Essential Needs
Met**3**Some Essential
Needs Unmet**4**Many Essential
Needs Unmet**5**Most/ all Essential
Needs Unmet**1) In Presence of Parent****A. Awareness of
Safety**Very aware of
appropriate safety
and risk issues.☐Aware of important
safety and risk
issues.☐Poor awareness of
safety and risk
except for immediate
danger.☐Rarely notices
safety or risk issues
risks.☐Unconcerned about
safety or risks.☐**B. Practice at
Pre-mobility age**Always cautious with
handling and laying
down child. Baby
seldom left
unattended.☐Cautious whilst
handling and laying
down child. Frequent
checks if
unattended.☐Handling of child is
uncertain. Frequently
unattended when in
the house.☐Handling of child is
uncertain.
Unattended during
care chores e.g.
feeding bottle
left in mouth.☐Dangerous handling.
e.g. left dangerously
unattended whilst
feeding or bathing.☐**B. Practice at
Acquisition of
mobility**Constant alertness
and effective
measures against any
dangers.☐Alert and effective
measures against any
danger.☐Action taken to
prevent danger are
of limited use.☐If action is taken it
is ineffective. Short
term improvement
after mishaps soon
lapses.☐Inadvertently
exposes to serious
dangers. E.g. hot iron
left near by.☐**B. Practice at
Infant School**Close supervision
indoors and
outdoors.☐Supervision indoors.
No direct
supervision outdoors
if known to be at a
safe place.☐Little supervision in
or out of doors.
Intervenes only if in
considerable danger.☐No supervision.
Intervenes after
mishaps which soon
lapses.☐Minor mishaps ignored
or the child is blamed.
Intervenes casually
even after major
mishaps and lapses.☐

B**Area of Safety****Sub-areas****1**

All Needs Met

2Essential Needs
Met**3**Some Essential
Needs Unmet**4**Many Essential
Needs Unmet**5**Most/ all Essential
Needs Unmet**1) In Presence of Parent****B. Practice
Junior and Senior
School**Allows out in known
safe surroundings
with agreed time
limits and checks.☐Allows out in
unfamiliar
surroundings if felt
to be safe. Sets
reasonable time
limits and checks.☐Not always aware of
whereabouts
outdoors. Believing
it is safe as long as
the child returns on
time.☐Unconcerned about
daytime outings but
concerned about
late nights in case
of child younger
than 13.☐Unconcerned despite
knowledge of
dangers outdoors.
E.g. railway lines,
ponds, unsafe
building, or staying
away until late
evening☐**C. Traffic
Age 0-4**Well secured in the
pushchair or pram or
walks at child's pace
with hand firmly
held.☐3 to 4 year old
allowed to walk, but
close by parent.
Always in sight, hand
held firmly if
necessary e.g.
crowds or by roads.☐Infants not secured
in pram. 3 to
4 year old expected
to keep up with
adult when walking.
Occasional glance
back if left behind.☐Babies not secured
in pushchair. 3 to 4
year old child left
far behind when
walking.☐Babies, toddlers
unsecured, careless
with pram or
pushchair. 3 to 4
year old child left to
wander
unsupervised.☐**C. Traffic
Age 5 and above**5 to 10 year old
escorted by adult
when crossing a busy
road. Walk closely
together.☐5-8 year old allowed
to cross road with a
13+ child. 8-9 year
old allowed to cross
alone if they are
safe to do so.☐5-7 year old allowed
to cross with a child
who is under 13. 8-9
year old allowed to
cross alone.☐5-7 year old allowed
to cross a busy road
alone because they
are believed to be
safe.☐At age 7 child
crosses a busy road
alone without any
concerns regarding
safety.☐

B Area of Safety		      				
Sub-areas	1 All Needs Met	2 Essential Needs Met	3 Some Essential Needs Unmet	4 Many Essential Needs Unmet	5 Most/ all Essential Needs Unmet	
1) In Presence of Parent						
D. Safety Features This item along with other safety provisions which are not fixtures, such as bike helmets or safety car seats can be used to help to score Item 1 (Awareness of safety)	All relevant safety features. Gates, guards, secure windows, locked medicine cabinets, smoke alarms, household chemicals secured, electrical and gas safety devices, intercom, safety within garden e.g. pond.	Most essential features. Improvisation and DIY safety features when they cannot be afforded.	Lacking in essential features, very little improvisation or DIY is ineffective.	No safety features and some hazards through lack of repair or concerns.	No safety features and dangerous hazards or disrepair. E.g. exposed electric wires and sockets, unsafe or broken windows, dangerous household chemicals or no smoke alarms.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B**Area of Safety****Sub-areas****1**

All Needs Met

2Essential Needs
Met**3**Some Essential
Needs Unmet**4**Many Essential
Needs Unmet**5**Most/ all Essential
Needs Unmet**2) Safety in Absence of Parent**

Child is left in care
of a competent and
safe adult. Never in
the sole care of a
young person under
16.

☐

Child aged 1-12
years is left for a
short time with a
young person over 13
who is familiar,
competent with no
significant problems.
The above applies to
babies only in urgent
situations.

☐

When out playing
leaves a 0-9 year old
with a child aged 10-
13 or a person not
known to be
competent.

☐

When out playing a
0-7 year old is left
with an 8-10 year
old or person not
known to be
competent.

☐

When out playing a
0-7 year old is left
alone or with a
slightly older child
i.e. 8 or less, or with
an unsuitable young
person or adult.

☐

Scoring Grid			1	2	3	4	5	Flagged for Attention	Overall Score
Area of Safety	B1 In Presence of Parents	A Awareness							
		B Practice							
		C Traffic							
		D Safety Features							
	B2 Safety in Absence of Parents								

Comments / Evidence (e.g. what you have observed). Recording strengths as well as the difficulties ensure that the potential of the family to change is recognised and their achievements built upon.

C**Area of Responsiveness****Sub-areas****1****All Needs Met****2****Essential Needs Met****3****Some Essential Needs Unmet****4****Many Essential Needs Unmet****5****Most/ all Essential Needs Unmet****1) Carer****A. Sensitivity**

Anticipates or picks up very subtle signals both verbal or nonverbal expressions including emotions or mood.

☐

Understands distinct verbal or clear nonverbal expressions including emotions or mood.

☐

Not sensitive enough. Signals have to be intense to be noticed e.g. child crying.

☐

Insensitive. Needs repeated or prolonged and intense signals to be noticed e.g. screaming.

☐

Insensitive to even repeated and prolonged intense signals or is even averse to signals.

☐
B. Timing of response

Responses well timed with signals or even anticipates those signals.

☐

Responses mostly timely except when occupied by essential chores.

☐

Not timely if distracted. Timely if they are not otherwise occupied or if the child is distressed.

☐

Responses delayed even when child is in distress.

☐

No responses unless there is a clear mishap.

☐
C. Appropriate responsiveness to the child

Warm emotional and practical responses appropriate to the signal.

☐

Practical responses e.g. treats are lacking but emotional responses are warm and reassuring.

☐

Emotional and practical responses warm if in good mood. Otherwise flat.

☐

Emotional response is brisk, flat and functional. Annoyance if child in moderate distress but attentive if in severe distress.

☐

Unpleasant/punitive even if child in distress. Acts after a serious mishap mainly to avoid criticism. Any warmth or remorse is deceptive.

☐

C**Area of Responsiveness**

Sub-areas

1

All Needs Met

2Essential Needs
Met**3**Some Essential
Needs Unmet**4**Many Essential
Needs Unmet**5**Most/ all Essential
Needs Unmet**2) Mutual Engagement****A. Overtures -
two way
communication**Two way with parent
usually going first
and engaging child.
☐
Equally positive by
both. Parent
responds even if
the child is defiant.
☐
Approaches mainly
by child and,
sometimes by the
carer. Negative
response if the
child's behaviour is
defiant.
☐
Mainly by the child.
Seldom by the
carer.
☐
Child appears
resigned or
apprehensive and
does not make
approaches.
☐
B. QualityBoth engage and
enjoy it.
Frequent pleasure
shown.
☐
Both engage and
enjoy it.
Pleasure is usually
shown.
☐
Sometimes engaged
and pleasure shown.
The child gets most
enjoyment and the
carer passively joins
in and occasionally
gets enjoyment.
☐
Engagement mainly
practical.
Indifferent when
child attempts to
engage. Child can
derive some
pleasure e.g.
attempts to sit on
knees, tries to show
toys.
☐
Dislikes approaches
by the child. Child is
resigned or plays on
its own. Carer
engages only if told
to do so.
☐

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 C/1 (Carer) and problem noted as comments.

Scoring Grid			1	2	3	4	5	Flagged for Attention	Overall Score
Area of Responsiveness	C1 Carer	A Sensitivity							
		B Timing of response							
		C Appropriate responsiveness to the child							
	C2 Mutual Engagement	A Overtures two way communication							
		B Quality							

Comments / Evidence (e.g. what you have observed). Recording strengths as well as the difficulties ensure that the potential of the family to change is recognised and their achievements built upon.

D

Area of Esteem



Sub-areas

1

All Needs Met

2

Essential Needs
Met

3

Some Essential
Needs Unmet

4

Many Essential
Needs Unmet

5

Most/ all Essential
Needs Unmet

1) Stimulation

Age 0 - 2 years



A great deal of appropriate stimulation. E.g. talking, touching, reading & looking. Many positive educational toys.

☐

Adequate and appropriate stimulation. Some positive educational toys.

☐

Inadequate and/or inappropriate. Baby left alone while carer does what they want. Occasional interactions with the baby.

☐

Baby left alone while carer pursues own interests unless the baby demands attention.

☐

None. Even mobility restricted e.g. confined in chair/pram for the carer's convenience. Irritated if the baby demands attention.

☐

Age 2 - 5 years

i Interactive stimulation

talking to and playing with the child. Reading stories and discussion.

Plenty and good quality.

☐

Sufficient and of satisfactory quality.

☐

Variable.

☐

Deficient even if the carer is totally unoccupied

☐

No stimulation.

☐

Age 2 - 5 years

ii Toys and gadgets items of uniform, sports equipment books etc.



Excellent provision.

☐

Provides all that is necessary and tries for more. Adapts if carer can't afford.

☐

Essentials only. No effort to improvise if unaffordable.

☐

Lack of even essential toys.

☐

None unless provided by others e.g. gifts or grants.

☐

D

Area of Esteem



Sub-areas

1

All Needs Met

2

Essential Needs
Met

3

Some Essential
Needs Unmet

4

Many Essential
Needs Unmet

5

Most/ all Essential
Needs Unmet

1) Stimulation

Age 2 - 5 yearsiii *Outings*
taking the child out
for recreational
purposesFrequent visits to
child centred places
both locally and
further away.
☐
Enough visits to child
centred places
locally (e.g. parks)
and occasionally
further away.
☐
Child accompanies
carer going where
carer decides but
usually in child
friendly places.
☐
Child accompanies
carer e.g. local
shopping. Plays
outside and outings
to keep up with
others.
☐
No outings for the
child. May play in the
street if carer goes
out locally e.g. to
pub.
☐
Age 2 - 5 yearsiv *Celebrations*
seasonal and personal.Notable, happy, fun
and appropriate.
☐
Very good but may be
limited e.g. by
finances.
☐
Mainly seasonal and
low key personal e.g.
birthdays.
☐
Only seasonal. Low
key to keep up with
other people.
☐
Even seasonal
festivities absent or
dampened.
☐
Age 5+ years

Education

Active interest in
school which is
supported at home.
☐
Active interest in
school. Support at
home when carer is
free of essential
tasks.
☐
Some interest in
school. but little
support at home,
even if carer has
spare time.
☐
Little interest and
poor support in
school. Interest for
other reasons e.g.
free meals.
☐
Disinterested or
even discouraging.
☐
Age 5+ yearsii *Sports and leisure*Well organised
outside school hours
e.g. clubs and
swimming.
☐
All support that is
affordable.
☐
Not active in finding
activities, but will
use local facilities.
☐
Child finds activities
for themselves
Parent/carers is
indifferent.
☐
Disinterested even if
the child is involved
in other unsafe or
unhealthy activities.
☐


D

Area of Esteem



Sub-areas

1

All Needs Met

2

Essential Needs
Met

3

Some Essential
Needs Unmet

4

Many Essential
Needs Unmet

5

Most/ all Essential
Needs Unmet

1) Stimulation

Age 5+ years

iii *Peer/friend
interaction*Assisted and new
friends checked.
☐
Some assistance and
new friends checked.
☐
Supports if a child is
from a family who
are friendly with
carer.
☐
Child finds own
friends. No help from
carer unless serious
problems e.g.
bullying.
☐
Disinterested,
indifferent or even
discouraged.
☐

Age 5+ years

iv *Provision equipment*Fully provided e.g.
sports gear or
computer.
☐
Well provided and
tries to provide
more.
☐
Some limited
provision.
☐

Poor provision.

☐
No provision made
and even discouraged.
☐

2) Approval

Talks about the
child with pleasure
and praises without
prompting.
Appropriate
emotional and
practical rewards
for achievement.
☐
Talks fondly about
the child when
asked. Generous
praise and emotional
reward, less
practical reward e.g.
financial constraints.
☐
Agrees with other
people's praise of
the child. Gives low
key praise and some
emotional rewards.
☐
Uninterested if the
child is praised by
others.
Indifferent to the
child's achievement
which is only briefly
acknowledged.
☐
Undermines if the
child is praised.
Achievements are
not acknowledged.
Reprimanded or
mocking is the only
response.
☐

D

Area of Esteem



Sub-areas

1

All Needs Met

2

Essential Needs
Met

3

Some Essential
Needs Unmet

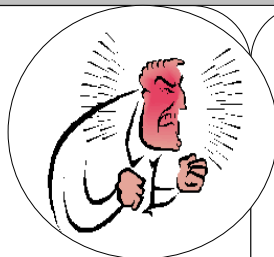
4

Many Essential
Needs Unmet

5

Most/ all Essential
Needs Unmet

3) Disapproval



Mild and consistent
verbal disapproval if
a set limit is
crossed.

☐

Consistent verbal
and low level
physical and other
sanctions if any set
limits are crossed.

☐

Inconsistent
boundaries or
methods. Shouts or
ignores child. Low
level physical and
moderate other
sanctions.

☐

Inconsistent.
Shouts/harsh
verbal or moderate
physical, or severe
other sanctions.

☐

Terrorised.
Ridiculed, severe
physical or cruel and
spiteful other
sanctions.

☐

4) Acceptance



Unconditional
acceptance. Always
warm and supportive
even if child is
failing.

☐

Unconditional
acceptance, even if
temporarily upset by
child's behaviour.
However, always
warm and
supportive.

☐

Annoyance at child's
failure.

☐

Unsupportive or
rejecting if the
child is failing.

☐

Indifferent if child
is achieving and
rejects or belittles
if the child makes
mistakes or fails.

☐

Scoring Grid			1	2	3	4	5	Flagged for Attention	Overall Score
Area of Esteem	D1 Stimulation	A Age 0 - 2 years							
		B Age 5 + years							
	D2 Approval	D2							
	D3 Disapproval	D3							
	D4 Acceptance	D4							

Comments / Evidence (e.g. what you have observed). Recording strengths as well as the difficulties ensure that the potential of the family to change is recognised and their achievements built upon.

Graded Care Profile (GCP) - Summary Scores

Area	Sub-Area	Sub-Area Score
A Physical	1. Nutrition	
	2. Housing	
	3. Clothing	
	4. Hygiene	
	5. Health	
B Safety	1. In Carer's Presence	
	2. In Carer's Absence	
C Responsiveness	1. Carer	
	2. Mutual Engagement	
D Esteem	1. Stimulation	
	2. Approval	
	3. Disapproval	
	4. Acceptance	

Areas flagged for attention - Physical, Safety, Responsiveness, Esteem

[illegible]

Decisions

Please record your decisions after completing the Graded Care Profile. Areas identified at level 4 and 5 may be indicative of neglect. Where this harm is considered 'significant', Child Protection Procedures must be followed. This should be discussed with your supervisor.

<input type="checkbox"/>	Concerns about neglect in this case have not been substantiated.
<input type="checkbox"/>	Some concerns about neglect in this case have been substantiated, but I do not consider that this child is suffering significant harm.
<input type="checkbox"/>	Concerns about neglect in this case have been substantiated and I am concerned that this child is suffering significant harm.

Further Action arising from this assessment

In the Graded Care Profile you may have recorded items 'flagged for attention'. These flagged items may indicate the need for discussions with your supervisor to confirm actions, decisions and interventions. Many agencies will have systems to record plans and interventions to meet the needs of children. Alternatively, agencies may wish to use the Common Assessment Form to manage these processes.

On-going work. Choose one or more of the following options:

⇒ This agency will undertake on-going work with this family.	<input type="checkbox"/>
⇒ This agency will undertake on-going work with this family with the support, advice and guidance of other agencies.	<input type="checkbox"/>
⇒ This is not appropriate for this agency and a referral will be made to a more appropriate agency.	<input type="checkbox"/>
⇒ Referral to Children's Social Care due to Child Protection concerns	<input type="checkbox"/>
⇒ No further action	<input type="checkbox"/>

Consent

For sharing information or referral to another agency the consent of the child/parent is usually required. Please confirm whether the consent of the child/parent has been obtained.

⇒ I have obtained consent to share information/refer to another agency.	<input type="checkbox"/>
⇒ I do not have consent to share information/refer with another agency but have Child Protection concerns and obtaining consent may harm the child.	<input type="checkbox"/>

Comments / Evidence

Worker's name

Date Completed