

Graded Care Profile Guidance

Introduction

This Guidance provides a brief overview of the use of the Graded Care Profile (GCP). The GCP is a standard assessment tool developed by Dr Srivastava, a consultant community paediatrician and Dr Leon Polnay.

The Guidance and the GCP Scale has been slightly modified for use as part of and in conjunction with the local Team Around the Family assessment model – the Continuum of Need Framework. This includes changing some of the language used and adds information about the areas flagged for attention, the identification of needs for planning purposes and recording the decisions made.

What is the Graded Care Profile (GCP)?

The GCP is a tool to use when there are concerns about the care being provided for a child/children. It looks at everything from food to clothes, the condition of the house and how parents talk to the child(ren). It will show those things done well, and those that need additional support. It is a good way of being really clear about what will need to improve and what support is available to help get there.

Assessment involves the gathering of information about a child's circumstances, analysing the information and reaching a judgement about the needs the child may have. The challenge for workers is to retain the ability to undertake a holistic assessment of the child, whilst having the ability to focus on particular aspects. The area of neglect is difficult to assess, in particular due to the differing thresholds of assessors or agencies. The GCP is a practice based tool that gives an objective measure of the care of children across a range of areas of need. Research into the use of the tool suggests that it achieved a high level of consistency in scoring, when different assessors used the GCP to assess the same case.

The GCP is focussed on identifying strengths as well as areas of difficulty. The trigger for undertaking a GCP is a concern about neglect and is consequently focussed on negative aspects. This is balanced out by identifying areas of strength where a family is doing well, achieving and meeting the child's needs. Identifying areas of strength and achievement are critical when deciding on intervention to meet needs. The potential of families can be better understood by referring to other aspects of their care where they have been successful, rather than limiting the focus to areas where they are experiencing difficulties.

Using the Graded Care Profile

The GCP can be used on a single child within a family or on multiple children within the family. Equally, one form can be used on more than one sibling or one form can be used per child. These decisions are down to professional judgement and to suit each particular situation.

The GCP provides a series of statements that can be related to the Continuum of Need Framework. The statements are indicative to what degree the child's needs are met. Each statement is graded from 1 to 5 and reflects the continuum between areas of strength and areas of difficulties.

The five grades of the scale and how they link to the Continuum of Need Framework are as follows:

Strengths and achievements >>>			<<< Difficulties and	
problems				
1	2	3	4	5
All needs met	Essential needs met	Some essential needs unmet	Many essential needs unmet	Most or all essential needs unmet
Level 1 - Universal Services	Level 2 - Universal Plus	Level 3 – Multiple/Complex Multi-Agency Planning		Level 4 – Specialist Intervention – Social Work Led

These grades are applied to statements structured across the following four areas of need. These are based on Maslow's model of human needs and development:

- Area of Physical Care
- Area of Safety
- Area of Responsiveness
- Area of Esteem

Each of these areas are further divided into sub-areas (e.g. Physical Care – Nutrition or Physical Care - Housing) and some of the sub areas further divided into items (e.g. Physical Care – Nutrition – Quality or Physical Care – Housing – Maintenance). All areas, sub-areas and items are based on factors which relate to child development.

The scale is descriptive and enables both positive and negative changes to be monitored after intervention.

The GCP provides a measure of the care that is actually delivered, irrespective of other factors.

Because the GCP focuses on the actual care delivered, some specific concerns about the conduct or personality of one of the parents may not be reflected in the GCP. This aspect should not be dismissed and other assessments should be used to focus on these concerns.

Areas of concern should not be dismissed because of a positive GCP score.

Whilst the GCP provides a scoring structure, it is still reliant on the judgement of the assessor. It is not a scientific tool that provides definitive answers for your assessment. For example, the table above shows that scoring at 4 on the GCP relates to Level 2 of the Continuum of Need Framework and often this would be the case. It can on occasions lead to support more appropriate at Level 3 of the Framework. This can be and is appropriate, depending on the issues of the case and is where professional judgement is encouraged. If in doubt discuss this with your manager.

One of the main strengths of the GCP is its focus on areas of need. Some of the statements that are graded are indicative of areas of need which are not being met well. These areas should be considered in light of the strengths also identified within the family and their potential to change. Potential to change may be evident in their achievements in other aspects of the care they provide to the child.

Statements of need where scoring indicates difficulties or neglect (scores of 4 or 5) provide a direct link to options for intervention to meet the specific need. However, this should be considered in light of other areas where the family have succeeded in meeting the needs of their child. This may indicate their potential and build on their achievements. This should inform your choices of interventions and guard against a negative focus.

Where a scoring of 4 or 5 is indicated for a particular area, this should alert the assessor that this area of need is unmet. These areas are most likely to add to the assessors overall judgement about whether these areas remaining unmet are harmful to the child. If in any doubt you should discuss this with your line manager and/or with a Contact Assessment and Referral Team (CART) Social Worker.

One of the modifications made to the tool has been to provide a box to flag a particular item or statement for attention. This has been done to more easily identify specific areas where the assessor believes intervention should focus. Flagging should also avoid the possibility that in the scoring and transposing of scores within the document, specific areas of concern are overlooked. At the end of the document, these areas flagged for attention are summarised. This creates a link to care planning.

Table 1: Statements indicating grade of need being met

The structure of the statements within the 5 grades are reflected in the extract below.

Area of need	A - Area of Physical Health				
Sub-area	1 – Nutrition				
Item	A – Quality				
1 All needs met	2 Essential needs met	3 Some essential needs unmet	4 Many essential needs unmet	5 Most / all essential needs unmet	
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.	

The observations recorded should relate to the main carer(s). This may be one or both parents or substitute carer(s). If there is a discrepancy in the care offered between carers, consideration should be given to separate GCP assessments.

Scoring should be based on observations made during a home visit(s). Observations made by other professionals can be incorporated, but the source of information should be recorded.

The Graded Care Profile

The GCP is a single assessment document, structured into 5 components:

- Assessment Record
- Scoring grid
- Summary scores
- Areas flagged for attention
- Decisions and further actions

The tool is also supported by guidance:

- Summary Guidance [this document]
- Original Guidance

Using the Assessment Record

The Assessment Record records the four overall areas of need being assessed, the descriptions of the sub-areas and items, and the assessed grade or score.

Each area of need contains a range of items. For each item,

- select the statement that best reflects the care the child receives
- record your assessment by inserting a tick in the corresponding box

The original guidance document has additional information about the statements and their interpretation should this be required.

Using the Scoring Grid

At the end of each Assessment Record section (e.g. Area of Physical Care) there is a scoring grid.

- transpose or copy your scores for each item in the Assessment Record to the Scoring Grid.
- where an individual item requires intervention, tick the 'flagged for attention' tick box
- record a score for the sub-area
- record any comments to support your findings in the comments text box.

Flagging for attention:

For each item, consider whether this is an area where attention is required. To indicate that you judge that intervention is necessary, tick the 'flagged for attention' box. A 'flagged for attention' is not exclusively used for items where the needs are many or mostly unmet (e.g. scored at 4 or 5). They can be used for lower level needs i.e. scores of 2 or 3. For example:

- the situation is very serious and has to receive attention (e.g. score of 5, quantity of food is low, child is not regularly fed = child protection concern)
- the problem may be very easy to resolve and worthy of attention even if the circumstances are not serious (score of 2, stimulation/ lack of toys = give parent details of the location of the toy bank) .

Scoring a sub-area:

You will have already transposed the score for each item from the Assessment Record to the Scoring Grid. This is used as a basis for reaching an overall subarea score. Where a sub-area includes more than one item use the method described below to obtain the score for the sub-area.

Example 1

Establishing an overall score where all sub area scores are below 4 is done by using an 'average score method'. For example, in A1 below, the total of all sub area scores is 8. The average score is 2 (calculated as $8/4=2$). Where the average falls below a round number (i.e. 2.25), use your judgement. For example if the scores for the sub area was 9 (namely 1, 2, 3 and 3), it is an average of 2.25 (calculated as $9/4=2.25$). However, because it has two scores of 3, which are higher concern scores, it would be appropriate to use an overall score of 3 for the area. Sub area scores below 4 or 5 are less critical to your assessment. You should adopt a common approach to reaching overall scores when comparing progress over time.

A1 - AREA OF PHYSICAL CARE - NUTRITION							
Nutrition	1	2	3	4	5	Flagged for attention	Overall score
Quality			✓				2
Quantity	✓						
Preparation		✓					
Organisation		✓					

The overall score for Nutrition would be 2

Example 2

If any item in the sub area scores above 3, then use that higher score as the 'overall' score.

A1 - AREA OF PHYSICAL CARE - NUTRITION							
Nutrition	1	2	3	4	5	Flagged for attention	Overall score
Quality			✓				4
Quantity				✓		<input checked="" type="checkbox"/>	
Preparation		✓					
Organisation	✓						

The score for Nutrition would be 4

Comments:

There is a text box to record comments to support your findings. For example:

A1 - AREA OF PHYSICAL CARE - NUTRITION							
Nutrition	1	2	3	4	5	Flagged for attention	Overall score
Quality			✓				4
Quantity				✓		<input checked="" type="checkbox"/>	
Preparation		✓					
Organisation	✓						
<p>Comments (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.</p> <p><i>Health Visitor and Social Worker both visited unannounced during meal times and observed portions were inadequate for a child and no additional food in the house. School describe children as hungry when they arrive at school.</i></p> <p><i>Meals took place on time and all members of the family ate together. Supper always takes place at 6 pm during school days.</i></p>							

Summary Scores

This section provides a summary of the scores against each sub-area. Please transpose the scores from the sub-area scoring grids. This provides a baseline scoring summary for this assessment. Establishing a baseline score is useful when repeating this Scale at a later date. Progress can be demonstrated by comparing scores. This can be useful to establish the success of intervention and motivates both the child or family as well as the practitioner.

Areas flagged for attention

This section of the form brings together any items flagged for attention from the Scoring Grid section.

Column 1 - Please record the reference for the sub-area (e.g. physical/nutrition/quality).

Column 2 - Records the need. Writing statements of need can be difficult. You can either write the statement matching the item you identified (e.g. Provides poor quality food through lack of effort. Improves when prompted) or write a specific statement of need for the child (e.g. Megan should be consistently fed with good quality, healthy food).

Column 3 - record any interventions you wish to make. For example, 'arrange for mum (Janice) to attend the Preparing Healthy Meals sessions at the Family Centre'. Whilst plans require consent and negotiation, you can use this section to note ideas that will inform your formal planning discussions with the family.

AREAS FLAGGED FOR INTERVENTION		
Sub Area	Need	Action / Intervention Required
(e.g. nutrition / quantity)	(either original need description or amended statement of need)	(please record the actions you will take in relation to this need)
physical/ nutrition/ quality	Megan should be fed with nutritious meals of sufficient quantity	Arrange for mum (Janice) to attend the Preparing Healthy Meals sessions at the Family Centre.

Decisions and Further Action

The purpose of the Graded Care Profile is to establish whether there is neglect. Areas identified at levels 4 and 5 may indicate neglect.

Where neglect has been identified, the areas of need remaining unmet may be harmful to the child

The 'Decisions and further action' section of the Graded Care Profile records your decision in relation to establishing whether neglect has been substantiated and whether you consider that this neglect may indicate significant harm. Deciding whether the level of neglect indicates significant harm is difficult. If you are uncertain, please discuss the matter with your supervisor.

Decisions: Consider the 'Summary Scores' and the 'Areas flagged for intervention' and on the basis of this information, decide which of the following options are appropriate.

- Concerns about neglect in this case have not been established
- Some concerns about neglect in this case have been established but I do not consider that the child is suffering significant harm
- Concerns about neglect in this case have been established and I am concerned that the child is suffering significant harm

Further action arising from this assessment: Regardless of whether neglect has been substantiated or that neglect indicates significant harm you may judge that further actions are indicated. Use this section to confirm whether the intervention will be undertaken by your agency, in conjunction with other agencies or refer on to another agency. In cases where significant harm is indicated, Child Protection Procedures must be followed.

- No further action, this agency will undertake on-going work with this family at Level 2 of the Continuum of Need Framework (Universal Plus).
- This agency will undertake on-going work with this family with the support, advice and guidance of other agencies at Level 3 (Multi-agency Planning).

- Referral to Children's Services due to Child Protection concerns but the agency will continue to work with the family where appropriate at Level 4 (Specialist Intervention).

As shown by this guidance, a key part of this process is considering where a case sits in terms of the **Continuum of Need Framework**. The Level of the Framework where it sits will be dependent on the amount and type of further action required. More information on the Continuum of Need Framework is available via <http://cheshirewestlscb.org.uk/professionals/>

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 and record this or whether consent has been dispensed with and the reasons for this clearly on the front page of the GCP.

Other issues that may lead to using the GCP

There are other issues and concerns that could be flagged that lead a professional to consider using the GCP. These issues include:

- Missing from Education
- Poor attendance record at school

Where these concerns are present the professional should consider using the GCP if it is felt to be appropriate, or contact iART.