



Graded Care – Guidance

1. Introduction

- 1.1 This Summary Guidance provides a brief overview of the use of the Graded Care Profile. The Graded Care Profile is a standard assessment tool developed by Dr Srivastava, a consultant community paediatrician for Luton Teaching Primary Care Trust and Dr Leon Polnay.
- 1.2 This Guidance and the Graded Care Profile Scale have been slightly modified for use as a multi agency assessment. The tool is considered to be straightforward to use and requires little clarification.

2. What is the Graded Care Profile

- 2.1 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 Graded Care Profile 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.
- 2.2 The Graded Care Profile is focussed on identifying strengths as well as areas of difficulty. The trigger for undertaking a Graded Care Profile 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.

3. Using the Graded Care Profile

- 3.1 The Graded Care Profile is a single assessment document, structured into 5 components:
 - Assessment Record
 - Scoring grid
 - Summary scores
 - Areas identified for improvement
 - Decisions and further actions

The tool is also supported by the Guidance document

3.2 The Assessment Record provides a series of statements across four areas of need. 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 are:

| | |
|----------|---------------------------------------|
| 1 | All Needs Met |
| 2 | Essential Needs Met |
| 3 | Some Essential Needs Unmet |
| 4 | Many Essential Needs Unmet |
| 5 | Most/all Essential Needs Unmet |

3.3 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

3.4 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.

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

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

3.7 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.

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

3.9 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. If in doubt discuss this with your supervisor.

3.10 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 other aspects of the care they provide to the child.

- 3.11 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. For example, in the area of physical care – hygiene for a child 0-4, a score of 4, “occasionally bathed but often can be dirty and hair can be uncared for”. This would indicate an intervention of structured support to improve bath time routines as part of an intervention plan.
- 3.12 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. For example, in the area of safety, a score of 5 for pre-mobility where the child is subject to dangerous handling during bathing. Discuss with supervisor as this may indicate significant harm (Child Protection Concern).
- 3.13 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.



| A Area of Physical Care  | | | |
|---------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------|
| 1) NUTRITION  | | | |
| A) Quality | | | |
| 1 | All Needs Met | Provides excellent quality and healthy food and drink | <input type="checkbox"/> |
| 2 | Essential Needs Met | Provides reasonable quality and healthy food and drink | <input type="checkbox"/> |
| 3 | Some Essential Needs Unmet | Provides reasonable quality healthy food but inconsistently | <input type="checkbox"/> |
| 4 | Many Essential Needs Unmet | Provides poor quality food or an unhealthy diet through lack of awareness or effort. Improves when prompted. | <input type="checkbox"/> |
| 5 | Most/all Essential Needs Unmet | Does not consider the health or quality of diet. When prompted, very little improvement. | <input type="checkbox"/> |

Table 1: Statements indicating grade of need being met

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

- 3.14 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.

4. Using the Scoring Grid

- 4.1 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 (see 4.2 below).
 - record a score for the sub-area (see 4.3 below)
 - record any comments or evidence to support your findings in the evidence text box. (see 4.4)
- 4.2 **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)
- 4.3 **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 sub-area 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

If none of the ticks are above point 3, average the score for that particular sub-area. The overall score for nutrition would be 2 in this example.

SCORING GRID – AREA OF PHYSICAL HEALTH



| A1) Nutrition | 1 | 2 | 3 | 4 | 5 | Flagged for attention | Overall Score |
|---------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------|
| A) Nutrition Quality | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 |
| B) Nutrition Quantity | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| C) Nutrition Preparation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| D) Nutrition Organisation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Example 2

If any item scores above 3, then that sub area will be scored at that level. This example overall score for Nutrition would be 4.

SCORING GRID – AREA OF PHYSICAL HEALTH



| A1) Nutrition | 1 | 2 | 3 | 4 | 5 | Flagged for attention | Overall Score |
|---------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---------------|
| A) Nutrition Quality | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 |
| B) Nutrition Quantity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| C) Nutrition Preparation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| D) Nutrition Organisation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

- 4.4 Comments/evidence: There is a text box to record comments or evidence to support your findings. For example:

AREAS IDENTIFIED FOR IMPROVEMENT

| CONCERN (note the sub area, describe what needs to improve) | ACTION REQUIRED (Tasks agreed, who will do these and by when) |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <i>Megan should be fed with nutritious meals of sufficient quantity (physical / nutrition / quantity)</i> | <i>Arrange for mum (Janice) to attend the Preparing Healthy Meals session at the Family Centre.</i> |

5. Summary Score

- 5.1 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 can motivate both the child and their family, as well as the practitioner.

6. Areas Identified for Improvement

- 6.1 This section of the form brings together any items flagged for attention from the Scoring Grid section.
- 6.2 Column 1 - Please record the concern, with reference for the sub-area (e.g. child eats junk food - physical/nutrition/quality).
- 6.3 In column 2, you can record any actions 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.

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.



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.

Meals took place on time and all members of the family ate together. Supper always takes place at 6pm on school days.

7. Decisions and Further Action

- 7.1 The purpose of the Graded Care Profile is to establish whether there is neglect. Areas identified at levels 4 and 5 may be indicative of neglect.
- 7.2 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 this neglect may be indicative of significant harm.
- 7.3 **Decisions:** Consider the 'Summary Scores' and the 'Areas identified for improvement' and on the basis of this information, decide which of the following options are appropriate. If you are unsure of your judgement, discuss this with your supervisor.
- 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
- 7.4 **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.
- This agency will undertake on-going work with this family.
 - This agency will undertake on-going work with this family with the support, advice and guidance of other agencies.
 - This is not appropriate for this agency and a referral will be made to a more appropriate agency
 - Child Protection concerns, refer to Children's Social Services
 - No Further action

7.5 **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.

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.
- I do not have consent to share information/refer with another agency but have Child Protection concerns and obtaining consent may harm the child.