



Hartlepool's Graded Care Profile

Adapted from The Graded Care Profile designed by
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Bedfordshire and Luton Community NHS Trust
and Luton Borough Council.

Available at: www.lscbhartlepool.org

For information about learning and development courses on the Graded Care Profile
see: www.lscbhartlepool.org

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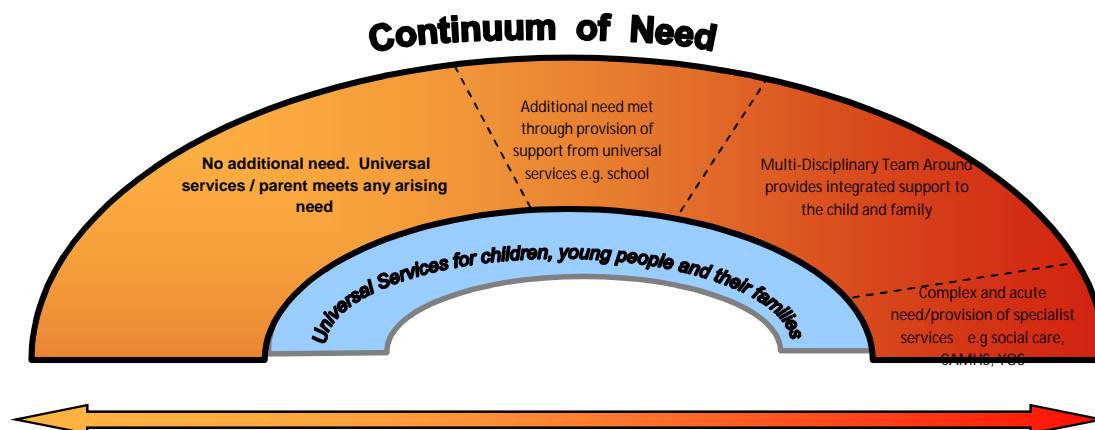
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Introduction

The Graded Care Profile (GCP) was developed as a practical tool to give an objective measure of the care of children 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 has been adapted to meet the needs of Hartlepool, but the quality of the original version is acknowledged.

It is a descriptive scale. The grades indicate quality of care and are recorded using the same 1 – 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 for 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 Team around meetings and child protection Core Group meetings. The Profile can be used at all levels of the continuum and offers an evidence base to support assessment.



If you need support, advice or guidance phone

First Contact and Support Hub on 01429 284284

The Profile provides a tool to support practitioners to understand the support and actions needed to be undertaken to ensure children receive the right service at the right time. The Hartlepool Access to Services document <http://www.hartlepool.gov.uk/accesstoservices> provides the guidance for practitioner enter to access the appropriate services to meet the needs of a child.

Finally it should be remembered that the GCP provides a measure of care as it is actually being delivered at its present time. It focuses on the issue of care irrespective of other factors but not exclusively so in the context of overall assessment. For example, in situations where the conduct or personality of one of the parents is of grave concern, a good care profile should not be used to dismiss that fact.

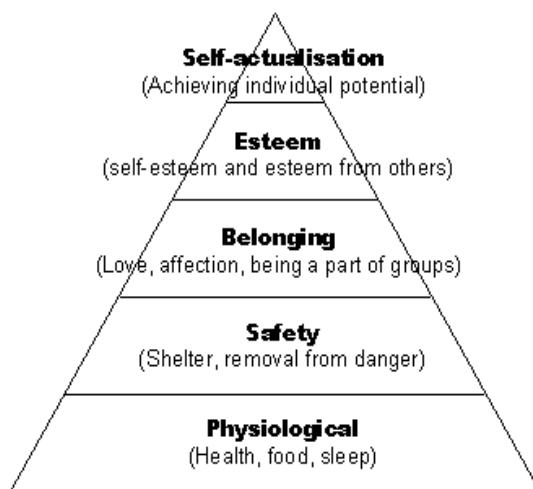
Grading

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.

	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 – physiological, safety, love and belongingness and esteem.

Maslow's Hierarchy of Need

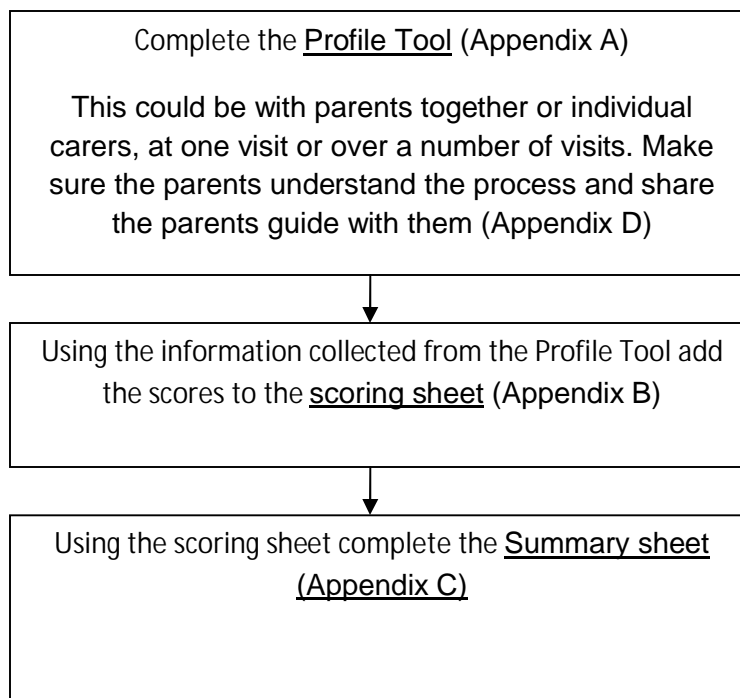


This model was adopted not so much for its hierarchical nature but for its comprehensiveness. Each area is broken down into sub-areas, and some sub-areas to items, for ease of observation. The Profile Tool (appendix A) shows all the areas and sub-areas with the five grades alongside. To obtain a score, follow the instructions below.

The Graded Care Profile Process

The Graded Care Profile (GCP) gives an objective measure of care of a child by a carer. It gives a qualitative grading for actual care delivered to a child taking account of commitment and effort shown by the carer. Personal attributes of the carer, social environment or attributes of the child are not accounted for unless actual care is observed to be affected by them. Thus, if a child is provided with good food, good clothes and a safe house the GCP will score better irrespective of the financial situation.

The grades are on a 1 – 5 scale (see table 1). Grade one is the best and five the worst. This grading is based on how carer(s) respond to the child's needs. This is applied in four areas of need – physical, safety, love and esteem. Each area is made up of different sub-areas and some sub-areas are further broken down into different items of care. The score for each area is made up of scores obtained for its items. An explanatory table is prepared giving brief examples of levels of care for the five grades against each item or sub-area of care. Scores are obtained by matching information elicited in a given case with those in the explanatory table. This is taken advantage of in designing the follow-up and targeting intervention. Methods are described below in detail. It can be scored by the carers/s themselves if need be or practicable.



1. The Profile Tool

The Profile Tool is set out in tables (which is set out in Appendix A). It is laid out in areas, sub areas and items.

For example: one of the areas is Physical Care (as below) this then has a sub area of nutrition, and this then has items within the sub areas with one of them being Quality.

A Physical care

Sub-areas	1	2	3	4	5
	<i>Child priority</i>	<i>Child first</i>	<i>Child and carer equal</i>	<i>Child second</i>	<i>Child not considered</i>
<i>1 Nutrition</i>					
<i>a. Quality</i>	<i>Aware and thinks ahead; provides excellent quality food and drink.</i>	<i>Aware and manages to provide reasonable quality food and drink.</i>	<i>Provision of reasonable quality food, inconsistent through lack of awareness or effort.</i>	<i>Provision of poor quality food through lack of effort; only occasionally of reasonable quality if pressurised.</i>	<i>Quality not a consideration at all or lies about quality.</i>

For some of the sub-areas or items there are **age bands** written in bold italics.

2. The scoring sheet (Appendix B)

Once you have completed the Profile Tool you need to transfer your scores onto the scoring sheet which is Appendix B.

3. The Summary Sheet (Appendix C)

Finally you will need to transfer the scores from the scoring sheet onto the summary sheet. This allows all the information to be put in one place and should be shared with the parents/ carers.

How to use the Graded Care Profile

1. Discuss with the parent or carer your wish to complete a GCP with them. Share the Profile Tool with them and go through the parents' leaflet with them and leave them a copy. Once you are sure they have understood, ask them to sign the consent form on the summary sheet. Keep the form for your records and note that consent has been given in your case recording system.
2. The Graded Care Profile needs to be completed alongside the main carer. It can be complete with either or both parents, or another main carer. Ensure it is noted which carer you completed this with in the top right corner of the summary sheet.
3. Home visits need to be carried out in order to undertake the Graded Care Profile. These home visits need to take place at different times of the day. You need to be familiar with the area headings within the Profile Tool to make sure everything is covered those visits. This document can be shared with the family during the visit, or you can carry out observations and then fill it in afterwards. Carers may want to use it themselves and can use the Profile Tool to do this.
4.
 - a) As far as possible, use the *usual state* of the home environment and don't worry about any short term, smaller upsets e.g. no sleep the night before;
 - b) Be aware of external factors that are outside parental control that may affect the scoring e.g housing issues that a landlord has not dealt with even with parents contacting the landlord;
 - c) Be aware of background factors such as bereavement, recent loss of job, illness in parents. It may be necessary to revisit and score at another time.
 - d) Make sure you get to know the family to ensure the scoring is accurate. Don't rely on parents explanations for certain scoring. Ensure that it is carried out using observations and interactions.
5. Once completed, share a copy with the parents with whom you have completed it and ask them to sign to say they have seen the completed profile. Provide the parents/carers with a copy.

Obtaining information on different sub-areas

A) Physical

1. Nutritional: (a) Quality (b) Quantity (c) Preparation and (d) Organisation

Take a history about the meals provided including nutritional contents (milk, fruits etc.), preparation, set meal times, routine and organisation. Also note carer's knowledge about nutrition, note carer's reaction to suggestions made regarding nutrition (whether keen and accepting or dismissive).

Observe for evidence of provision, kitchen appliances and utensils, dining furniture and its use without being intrusive. It is important not to lead as far as possible but to observe the responses carefully for honesty. Observation at a meal time in the natural setting (without special preparation) is particularly useful.

Score on amount offered and the carer's intention to feed younger children rather than actual amount consumed as some children may have eating/feeding problems.

2. Housing (a) Maintenance (b) Décor (c) Facilities

Observe. If lacking, ask to see if effort has been made to improve, ask yourself if carer is capable of doing them him/herself. It is not counted if repair or decoration is done by welfare agencies or landlord.

3. Clothing (a) Insulation (b) Fitting (c) Look

Observe. See if effort has been made towards repairing, cleaning and ironing. Refer to the age band in the explanatory table.

4. Hygiene

Child's appearance (hair, skin, behind ears and face, nails, rashes due to long term neglect of cleanliness, teeth). Ask about daily routines. Refer to age band in explanatory table.

5. Health (a) Opinion sought (b) Follow-up (c) Health checks and immunisation (d) Disability/Chronic illness

Ask who is consulted on matters of health, and who decides when health care is needed. Check about immunisation uptake, reasons for nonattendance if any, see if reasons are valid. Check with relevant professionals. Distinguish genuine difference of opinion between carer and professional from non-genuine misleading reasons. Beware of being over sympathetic with carer if the child has a disability or chronic illness. Remain objective.

B) Safety

1. In Presence (a) Awareness (b) Practice (c) Traffic (d) Safety features.

This means how safely the home environment is organised. It includes safety features and carer's behaviour regarding safety (e.g. lit cigarettes, drugs or medication left lying in the vicinity of child) in every day activity. Awareness may be assumed from the presence and appropriate use of safety fixtures and equipment in and around the house or in the car (child safety seat etc.) by observing carers handling of young babies and supervision of toddlers.

Also observe how carer instinctively reacts to the child being exposed to danger. If observation not possible, then ask about the awareness. Observe or ask about child being allowed to cross the road, play outdoors etc. along the lines in this manual. If possible check answers out with other sources. Refer to the age band where indicated.

2. In Absence: This covers child care arrangements where the carer is away, taking account of reasons and period of absence and age of the minder. This itself could be a matter for concern in some cases. Check answers out with other sources.

C) Love

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

This mainly relates to the carer's relationship with the child. Sensitivity means where carer shows awareness of any signal from the child. Carer may become aware yet respond a little later in certain circumstances. Note the timing of the carer's response in the form of appropriate action in relation to the signal from the child. Reciprocation means the emotional quality of the response.

2. Mutual Engagement (a) Beginning interactions (b) Quality

Observing what goes on between the carer and child during feeding, playing and other activities gives you a sense of whether both are actively engaged. Observe what happens when the carer and the child talk, touch, seek each other out for comfort and play, babies reaching out to touch while feeding or stop feeding to look and smile at the carer. Skip this part if child is known to have behavioral problems as it may become unreliable.

Contact between carer and child that is unplanned is the best opportunity to observe these items. See if carer spontaneously talks to the child or responds when the child talks or makes noises. Note who gets pleasure from this, the carer and the child, either or neither. Note if it is play or functional (e.g. feeding etc.).

D) Esteem

1. Stimulation:

Observe or enquire how the child is encouraged to learn. Talking and making noises, interactive play, nursery rhymes or joint story reading, learning social rules, providing fun play equipment are such examples with infants (0 – 2 years). If lacking, try to note if it was due to carer being occupied by other essential chores. Follow the explanatory table for appropriate age band. The four elements in age band 2-5 years and 5- years + provide a comprehensive picture. Score in one of the items is enough. If more items are scored, score for which ever column describes the case best. In the event of a tie choose the higher score (also described in the explanatory table).

2. Approval:

Find out how child's achievement is rewarded or neglected. It can be assessed by asking how the child is doing or simply by praising the child and noting the carer's response (agrees with delight or child's successes rejected or put down)

3. Disapproval:

If opportunity presents, observe how the child is told off, otherwise enquire carefully (Does the child throw tantrums? How do you deal with it if it happens when you are tired yourself?) Beware of any difference between what is said and what is done. Any observation is better in such situations than the carer's description e.g. child being ridiculed or shouted at. Try and ask more if carer is consistent.

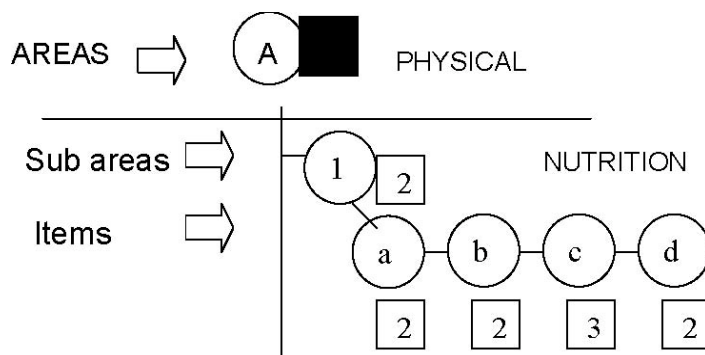
4. Acceptance:

Observe or ask how carer generally feels after she/he has told the child off, or when the child has been told off by others (e.g. teacher), when child is not doing well, or feeling sad for various reasons. See if the child is rejected (put down) or accepted at these times with warm and supportive behaviour.

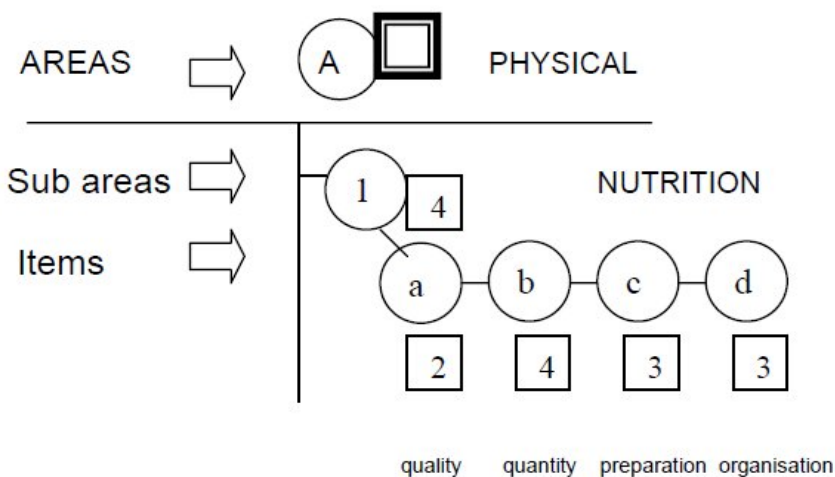
Scoring the Profile Tool on the scoring sheet

The scoring sheet gives an overview of all scores and should be completed as the scores are decided from the explanatory table.

Make sure your information is factual as far as possible. Complete the Profile Tool. Then transfer the scores from the Profile Tool to the scoring sheet for the items and sub areas. Read the score for all the items of a particular sub-area: if there is a clearly repeated number but none of the ticks are beyond 3, score that number for that particular sub-area. To record it on the scoring sheet enter the number in the box for that sub-area. *E.g the scores for the items average 2 so the sub area score is 2.*



If there is one single score of 4 or 5 the subsection for that area must be the 4 or 5 (this ensures that a single concern is not minimised through an average of scores). *This can be seen in the example below where only on item scored 4 but the overall sub area score therefore became 4*



PLEASE NOTE: If an item scores 5 you need to consider whether you need to escalate the case. Do not wait to complete the Graded Care Profile if you have safeguarding concerns.

Transferring the scores to the summary sheet

Transfer all scores in double boxes from the scoring sheet to the summary sheet. This will be the sub area and area scores.

Comments:

This column in the summary sheet can be used for flagging up issues, which are not detected by the profile but may be relevant in a particular case. *For example, a child whose behaviour is difficult or a parent whose over protectiveness gives rise to concern. Comments noted may then lead to additional support.*

Targeting:

If a particular sub-area scores highly, it can be noted in the table at the bottom of the summary sheet. An improved score can be aimed at after a period of work. Aiming for one grade improvement will place less demand on the carer than by aiming for the ideal in one leap.