Graded Care Profile

A qualitative scale for measuring care of children

VERSION 4

July 2015

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INTRODUCTION

When we are undertaking an assessment in a child welfare or child protection context, it is vital that we should be able to make a reliable judgment about the quality of the care being received by the children involved. However, the findings of serious case reviews at both local and national levels repeatedly suggest that this is something that we do not do very well. The judgments we make can be highly subjective; prone to bias and vary according to which agency is assessing the quality of care.

When we are faced with identifying neglect of children, the factors that we are trying to capture are notoriously intangible and hard to pin down. Most importantly, despite our increased recognition of neglect as a serious and widespread component of the harm that children suffer, we still seem to be applying alarmingly high thresholds for recognition and intervention. To tackle this challenge more effectively and as part of our Neglect Strategy, Norfolk LSCB has decided to adopt the Graded Care Profile, as a single and multi agency assessment tool for use in situations where neglect of children is known or suspected.

The Graded Care Profile (GCP) scale was developed as a practical tool to give an objective measure of the care of children across all areas of need. This scale was conceived to provide a profile of care on a direct categorical grade. 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 specific areas of work as it highlights areas of greater risk of poorer outcomes and should be used in all cases where neglect is suspected or identified. The GCP can be used with the family by individual workers, or groups of workers, to inform family action meetings and child protection Core Group meetings. It can also be used prior to adopting the Signs of Safety approach.

Hierarchy of needs

The Graded Care Profile is based on psychologist Abraham Maslow’s hierarchy of needs. The tool allows practitioners to explore four areas, or “domains” of care – physical care, safety, love and esteem – and to judge the parenting, which they observe against simple predetermined criteria. The results of the assessment are entered on to a summary sheet, which pinpoints those areas of deficit, which require further attention.

For many users, the most important aspect of the tool’s success has been the fact that it can be employed

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by practitioners from any agency involved in child welfare. In that regard, it pre-dated the common assessment framework by many years. The profile gives the agencies a common language, a common frame of reference.”

In Norfolk, Graded Care Profile assessments completed by any agency should be accepted by children’s services as evidence of the need for intervention in cases that meet certain criteria. This will reduce the need for further assessment and minimize the potential for inter-agency misunderstanding. Work is ongoing in respect of this aspect.

Identifies Strengths and well as areas of Concern

The structure of the assessment process means that strengths are highlighted alongside weaknesses, and areas of concern are identified sufficiently precisely to allow intervention to be targeted specifically at areas of weakness, which can result in considerable resource savings. For example, family centres can stop receiving rather vague referrals asking for generalised “parenting training”. Instead, the Graded Care Profile provides them with a concise analysis of the care being given which allows them to devise shorter but more intensive programmes.

It is designed to be used by workers to make a baseline assessment at the beginning of intervention and then to be reapplied regularly to gauge progress. This is an aspect of the tool which families have found particularly helpful, as it has provided them with specific targets to aim for and a clear idea of what it is they are trying to achieve and how they will be judged.

It fits neatly into the wider framework of integrated assessment, making a useful contribution at pre-referral, and early help, initial and core assessment stages.

It involves grading care

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.

Table 1.

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>All child’s needs met</td>
<td>Essential needs fully met</td>
<td>Some essential needs unmet</td>
<td>Most essential needs unmet</td>
<td>Essential needs entirely unmet/hostile</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child first</td>
<td>Child priority</td>
<td>Child/carer at par</td>
<td>Child second</td>
<td>Child not considered</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best</td>
<td>Adequate</td>
<td>Equivocal</td>
<td>Poor</td>
<td>Worst</td>
</tr>
<tr>
<td>3</td>
<td></td>
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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 model of human needs – physical, safety, love and belongingness and esteem. 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. A record sheet shows all the areas and sub-areas with the five grades alongside.
The four ‘areas’ – physical, safety, love and esteem are labelled as – A, B, C and D respectively. Each area has its own ‘sub-areas’, which are labelled numerically – 1, 2, 3, 4 and 5. Some of the ‘sub-areas’ are made up of different ‘items’, which are labelled as – a, b, c, and d. Thus the unit for scoring is an ‘item’ or a ‘sub-area’ where there are no items. To help obtain a score, a coding manual is prepared which gives brief examples (constructs) of care in all sub-areas/items for all the five grades. From these, score for the areas are worked as per instructions.

**Based on what we know about a child’s need**

Items and sub-areas are based on factors, which have been shown to bear relation to child development. Care component relating to the items/sub-areas are based more on intuitive than learnt elements (skills) keeping the interest of child uppermost, as some skills themselves could be controversial and ever changing (e.g. placing babies to sleep on their backs). This should minimise scores being affected by culture, education, and poverty, except in extreme circumstances.

**When should it be used? (Under Review as of June 2015)**

In practice it can be used in a variety of situations where care for children is of concern. In child protection situations, it can be used in conjunction with conventional methods in assessment of neglect and monitoring; in other forms of abuse it can be used as an adjunct in risk and need assessment. Where risk appears low but care profile is poor it will safeguard the child by flagging up the issues, if the care profile is good it will relieve any anxiety that there might be. Where risk is high and care profile is also poor it will strengthen the case and care will not be a forgotten issue, but where the care profile is good, it will then be more difficult to downgrade the risk on its own merit. In the context of children in need, it can help identify appropriate resources (depending on area of deficit) and target them. In the context of child health it can be used to identify care deficit where there is concern about growth, development and care, post-natal depression, repeated accidents, or simply where care is the sole concern.

A uniform care profile (same grade of care in all areas) poses less of a problem in decision making than uneven care profiles. From an intervention point of view the GCP will give a point of focus.

Finally it should be remembered that the GCP provides a measure of care as it is actually delivered irrespective of other interacting factors. In some situations where conduct and personality of one of the parents is of grave concern, a good care profile on its own should not be used to dismiss that fact. At present it brings the issue of care to the fore for consideration in the context of overall assessment.

Where a single agency has concerns about a child and neglect is thought to be a factor, the GCP will be used in partnership with the parents. Where the parents do not agree with its use or refuse to engage, then the tool may still be useful to assist individual practitioners decide where best to focus their intervention.

Where concerns about a child require multi agency intervention, a decision may be made to complete a GCP. Decisions about who will engage the family and which professionals will gather which information will have to be made.

Finally, the GCP is a tool to complement professional judgment. Used as a multi-agency tool, it will contribute to well informed decision-making based on clearly understood and well articulated concerns across different disciplines.
How to Use

1. Fill in the relevant details at the top of the record sheet.

2. **The Main Carer:** is whom these observations mainly relate to – one or both parents as the case may be, substitute carer or each parent separately if need be. Make note of it in the appropriate place at the top right corner of the record sheet.

3. **Methods:** For prescriptive scoring it is necessary to do a home visit to make observations. In that case carry a checklist of sub-areas and items to ensure that they are covered during the visit. Alternatively, carry the coding manual itself and if feasible, share it with the parent/carer. It can also be used retrospectively where already there is enough information on items or sub-areas to enable scoring. Carers using it for them can simply go through the manual.

4. **Situations:**
   
   a) So far as practicable use the **usual state** of an environment and discount any temporary insignificant upsets e.g. no sleep the night before,
   
   b) Discount effect of **extraneous factors** on the environment (e.g. house refurbished by welfare agency) unless carers have positively contributed in some way – keeping it clean, adding their own bits in the interest of the child like a safe garden, outdoor or indoor play equipment or safety features etc.
   
   c) Allowances should be made for **background factors,** which can affect interaction temporarily without necessarily upsetting steady state e.g. bereavement, recent loss of job, and illness in parents. It may be necessary to revisit and score at another time.
   
   d) If carer is **trying to mislead** (deliberately giving wrong impression or information in order to make one believe otherwise) score as indicated in the manual (e.g. ‘misleading explanation’- grade five for PHYSICAL Health/follow up or ‘put an act showing care’ – grade five for LOVE Carer reciprocation), otherwise score as if it is not true.

5. **Obtaining Information on different items or sub-areas:**

   **A) PHYSICAL**

   1. **Nutritional:** (a) **quality** (b) **quantity** (c) **preparation and** (d) **organisation**

   Take a good and skilful 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 mealtime in 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 deficient ask to see if effort has been made to remedy, ask yourself if carer is capable of doing them him/herself. Discount if welfare agencies or landlord does repair or decoration.
3. Clothing (a) Insulation (b) Fitting (c) Look
Observe. See if effort has been made towards restoration, cleaning, ironing. Refer to the age band in the manual.

4. Hygiene
Child's appearance (hair, skin, behind ears and face, nails, rashes due to long term neglect of cleanliness, teeth). Ask about practice. Refer to age band in manual.

5. Health (a) Opinion sought (b) follow-up (c) Surveillance (d) Disability
See if professionals or some knowledgeable adults are consulted on matters of health, check about immunisation and surveillance uptake, reasons for non-attendance if any, see if reasons can be appreciated particularly if appointment does not offer a clear benefit. Corroborate 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 Sub-Area covers how safely environment is organised. It includes safety features and career’s behaviour regarding safety (e.g. lit cigarettes left lying in the vicinity of child) in every day activity. The awareness may be inferred 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 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 the manual. If possible verify from 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 investigation in some cases. Check from other sources.

C) LOVE:

1. Carer (a) Sensitivity (b) Response Synchronisation (c) Reciprocation
This mainly relates to the carer. Sensitivity denotes where carer shows awareness of any signal from the child. Carer may become aware yet respond a little later in certain circumstances. Response synchronisation denotes the timing of carer’s response in the form of appropriate action in relation to the signal from the child. Reciprocation represents the emotional quality of the response.

2. Mutual Engagement (a) Overtures (b) Quality
It is a dyadic trait inferred from observing mutual interaction during feeding, playing, and other activities. Observe what happens when the carer and the child talk, touch, seek out for comfort, seek out for 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 behavioural problems as it may become unreliable.

Spontaneous interaction is the best opportunity to observe these items. See if carer spontaneously talks and verbalises with the child or responds when the child makes overtures.
Note if the pleasure is derived by both the carer and the child, either or neither. Note if it is leisure engagement or functional (e.g. feeding etc.)

D) ESTEEM

1. Stimulation:
Observe or enquire how the child is encouraged to learn. Stimulating verbal interaction, interactive play, nursery rhymes or joint story reading, learning social rules, providing developmentally stimulating 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 constraints in the manual for appropriate age band. The four elements (i, ii, iii and iv) in age band 2-5 years and 5- years are complementary. Score in one of the items could suffice. If more items are scored, score for whichever column describes the case best. In the event of a tie choose the higher score (also described in the manual).

2. Approval:
Find out how and how much 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 neglects)

3. Disapproval:
If opportunity presents, observe how the child is reprimanded for undesirable behaviour, otherwise enquire tactfully (does the she throw tantrums? How do you deal if it happens when you are tired yourself?) Beware of discrepancy between what is said and what is done. Any observation is better in such situations e.g. child being ridiculed or shouted at. Try and probe if carer is consistent.

4. Acceptance:
Observe or probe how carer generally feels after she has reprimanded the child or when the child has been reprimanded by others (e.g. teacher), when child is underachieving or feeling sad for various reasons. See if the child is rejected (denigrated) or accepted in such circumstances as shown by warm and supportive behaviour.

6. Scoring on the manual: Make sure your information is factual as far as possible. Go through the constructs in the order – (Sub-Areas and Items) as in the manual. Find the construct which matches best, read one grade on either side to make sure, then place a tick on that construct (use pencil which can be erased and manual reused). The number at the top of the column will be the score for that item or sub-area. Where more than one item represents a sub-area, use the method described below to obtain the score for the sub-area.

7. Notes: Use the column section and the notes section in each of the areas to add any comments in relation to the scoring. These ‘spaces’ can be used for flagging up issues, which are not detected by the scale but may be relevant in a particular case. For example, a child who is temperamentally difficult to engage with (in the ‘manual engagement’ a sub-area of ‘love’) or a parent(s) whose over protectiveness gave rise to concern (may score better in the sub-area of ‘disapproval’ in ‘area’ of esteem). These may need separate expert evaluation.
8. **Obtaining a score for a sub-area from score in its items:**

   a) Read the score for all ticks for different items of a particular sub-area: if there is a clear mode but none of the ticks are beyond three (3) score the mode for that particular sub-area.

   Example: Nutrition

   ![Sub-Area Score Diagram]

   Quality \checkmark \checkmark
   Quantity \checkmark
   Preparation \checkmark
   Organisation \checkmark

   **Score for Sub-Area Nutrition here would be 2**

   b) If there is no clear mode (scores evenly or unevenly split) **but** no tick is above point three, use the higher score.

   ![Sub-Area Score Diagram]

   Quality \checkmark \checkmark
   Quantity \checkmark
   Preparation \checkmark
   Organisation \checkmark

   **Score for Sub Area Nutrition here would be 3**

   c) If there is a single score **above** point 3, score that point regardless of mode.

   ![Sub-Area Score Diagram]

   Quality \checkmark \checkmark
   Quantity \checkmark
   Preparation \checkmark
   Organisation \checkmark

   **Score for Sub Area Nutrition here would be 4**

9. **Obtaining a score for an ‘area’ from score in its constituent sub-areas:** - Same as above (6)
10. This method helps identify the problem even if it is one sub-area or item. Its primary aim is to safeguard child’s welfare while being objective. Besides, if mathematical computation like calculating the mean are done to obtain a common score it will not be possible to refer to an item or sub-areas which gave a poor score in order to target it which is an advantage with this scale. This is why it has been left as a categorical scale.

11. Transferring the score from the Record sheet to the ‘Summary sheet’. Transfer all scores to the summary sheet and then identify the areas flagged for attention together with the action required within a given timescale.

12. Use ‘Assessing Progress’ sheet to record the initial assessment followed by a differntly coloured line with identifies target scores and/or which maps progress. A better score can be aimed at after a period of intervention. By aiming for one grade better will place less demand on the carer than by aiming for ideal in one leap.

13. Use the Summary sheet and Assessing progress sheet to discuss concerns with parents, in supervision and in multi agency meetings.

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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 Norfolk 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 Early Help form Form.
- Guidance notes are available to support the use of this tool.
### Area of Physical Care

#### Sub-areas

<table>
<thead>
<tr>
<th></th>
<th>1 All Needs Met</th>
<th>2 Essential Needs Met</th>
<th>3 Some Essential Needs Unmet</th>
<th>4 Many Essential Needs Unmet</th>
<th>5 Most/all Essential Needs Unmet</th>
</tr>
</thead>
</table>

#### 1) Nutrition

<table>
<thead>
<tr>
<th>A. Quality</th>
<th>Consistently provides good quality and healthy food and drink</th>
<th>Provides reasonable quality and healthy food and drink but not always consistently</th>
<th>Quality of food varies</th>
<th>Provides poor quality food or an unhealthy diet through lack of awareness or effort. Improves when prompted.</th>
<th>Does not consider the health or quality of diet. When prompted, very little improvement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Quantity</td>
<td>Enough food all of the time.</td>
<td>Enough food nearly all the time.</td>
<td>Enough food most of the time.</td>
<td>Sometimes not enough food or inappropriate feeding</td>
<td>Not enough/too much food most of the time.</td>
</tr>
<tr>
<td>C. Preparation</td>
<td>Always carefully prepared or cooked for the child.</td>
<td>Well prepared and usually taking account of the child's needs.</td>
<td>Prepared mainly to meet the parent's needs. The child's needs sometimes accommodated.</td>
<td>Often little preparation. The child's needs and tastes are not accommodated or the child inappropriately prepares their own meal.</td>
<td>Hardly ever any preparation. Child lives on snacks/cereals/junk food and is expected to prepare their own food.</td>
</tr>
<tr>
<td>D. Organisation</td>
<td>Meals organised and well timed. Family sitting together to eat food. Babies' food well prepared and eye contact during feeding.</td>
<td>Well organised, family often eating together, regular timing of meals. Some understanding of baby's needs during feeding.</td>
<td>Organised sometimes, irregular timing</td>
<td>Not well organised, no clear meal times.</td>
<td>Chaotic, eat when and whatever food is there.</td>
</tr>
</tbody>
</table>
### Area of Physical Care

#### Sub-areas

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<tr>
<th></th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>2) Housing</td>
<td>All Needs Met</td>
<td>Essential Needs Met</td>
<td>Some Essential Needs Unmet</td>
<td>Many Essential Needs Unmet</td>
<td>Most/all Essential Needs Unmet</td>
</tr>
</tbody>
</table>

#### A. Maintenance
- **Well maintained**
  - Additional features that benefit the child. E.g. insulation, double glazing, draught proofing and house safe for children.
- **Reasonably 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. Decoration
- **Good, clean showing evidence of care. Child's bedroom has age appropriate decor**
- **Showing evidence of being kept clean and with some evidence of child's development age and choice.**
- **In need of some decoration but kept reasonably clean.**
- **In urgent need of decoration. Grubby very untidy and cluttered.**
- **In very urgent need of decoration. Very chaotic and dirty and/or an unpleasant smell.**

#### C. Facilities
- **All essential facilities in good working order and there is play and learning space.**
- **Essential facilities. Effort to maximise benefit for the child.**
- **Very sparse. Little effort to maximise benefit to the child.**
- **Very bare. Adult needs are met first and child needs met if anything is left. Bathing facilities very poor.**
- **Child dangerously exposed or not provided for e.g. lack of heating, electricity. Lack of working facilities**

**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.
### Area of Physical Care

#### Sub-areas

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<tr>
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</tbody>
</table>

#### 3) Clothing

<table>
<thead>
<tr>
<th>A. Insulation e.g. harm, warm clothing</th>
<th>Well protected with appropriate garments.</th>
<th>Mostly well protected</th>
<th>Adequate to variable weather protection.</th>
<th>Inadequate weather protection.</th>
<th>Dangerously inadequate. Child is exposed to bad weather.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Fitting</td>
<td>Clothing fits very well</td>
<td>Most items of clothing fit well.</td>
<td>Sometimes inadequate fit but seen as important</td>
<td>Often inadequate fit.</td>
<td>Completely inadequate fit.</td>
</tr>
<tr>
<td>C. Appearance</td>
<td>Clothes always very clean and well cared for. How child looks is important to parent</td>
<td>Usually clean and cared for.</td>
<td>Not always clean or cared for.</td>
<td>Appears worn, sometimes dirty and crumpled.</td>
<td>Appears to be dirty, badly worn and crumpled/and or unpleasant odour.</td>
</tr>
<tr>
<td>Sub-areas</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tr>
</tbody>
</table>

### 4) Hygiene

#### Child aged 0 - 4
- Always appears clean and bathed and hair is clean and clearly cared for daily.
- Usually, appears clean, bathed and hair usually clean and brushed.
- Presentation is varied, and/or babies are usually clean. Older toddlers less so.
- Often but not always appears dirty and hair and nails seem uncared for.
- Always appears with dirty skin, hair and nails seen Rarely bathed, clean or hair cared for.

#### Child Aged 5 - 7
- Some independence with keeping clean and bathing but always helped and supervised.
- Usually reminded to keep clean and bathe. Supervised and helped if needed.
- Sometimes but not always reminded to keep clean and bathe. Not always routinely monitored.
- Reminded only now and then with minimum supervision.
- No concerns or interest 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. 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 usually but not always followed.

Help initially 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 promptly 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 they are important because it’s inconvenient for the parent.

Attends third time after reminder. Contests the 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. Keeping on top of health needs

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. Parent does not engage with or frustrates home visits.
## Area of Physical Care

### Sub-areas

<table>
<thead>
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<th>1</th>
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<tbody>
<tr>
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</tbody>
</table>

### 5) Health

#### D. Disability / chronic illness (3 months after diagnosis)

<table>
<thead>
<tr>
<th>Compliance with treatment and advice is excellent. Any issues due to differences of opinion. Very good affection shown.</th>
<th>Compliance is good. Any issues relate to practicality or finance. Good affection shown.</th>
<th>Compliance is sometimes lacking for no apparent reasons. Inconsistent affection shown.</th>
<th>Compliance is frequently lacking and trivial reasons offered as excuses. Little affection shown.</th>
<th>Serious compliance failure. Medication not given. Inexplicable deterioration. Any affection appears contrived.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area of Physical Health</td>
<td>A1 Nutrition</td>
<td>A2 Housing</td>
<td>A3 Clothing</td>
<td>A4 Hygiene</td>
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<td></td>
<td>A Nutrition Quality</td>
<td>A Housing Maintenance</td>
<td>A Clothing Insulation</td>
<td>A Child Hygiene</td>
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<td></td>
<td>B Nutrition Quantity</td>
<td>B Housing Décor</td>
<td>B Clothing Fitting</td>
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<td></td>
<td>C Nutrition Preparation</td>
<td>C Housing Facilities</td>
<td>C Clothing Appearance</td>
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<td>D Nutrition Organisation</td>
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## B Area of Safety

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<th>Sub-areas</th>
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</table>

### 1) In Presence of Parent

#### A. General awareness of Safety
- Very aware of appropriate safety and risk issue boundaries in place
- Aware of important safety and risk issues. Some boundaries in place
- Poor awareness of safety and risk except for immediate danger
- Rarely notices safety or risk issues
- Unconcerned about safety or risks

#### B. Awareness of risks and hazards 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. Awareness of risks and hazards when babies become mobile
- 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/drinks left nearby

#### 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
### Area of Safety

#### Sub-areas

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</table>

#### B. Practice

**Junior and Senior School**

- Allows out in known safe surroundings with agreed time limits and checks.

#### 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.

**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.
## Area of Safety

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</table>

### 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.
## B Area of Safety

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</table>

### 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 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 young child/baby with 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

<table>
<thead>
<tr>
<th>Area of Safety</th>
<th>1</th>
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<th>4</th>
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<tbody>
<tr>
<td>B1 In Presence of Parents</td>
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<td>B Practice</td>
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<tr>
<td>D Safety Features</td>
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<tr>
<td>B2 Safety in Absence of Parents</td>
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**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.
## Area of Responsiveness

### Sub-areas

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</thead>
</table>

### 1) Carer

#### A. Sensitivity

- **Anticipates or picks up very subtle signals both verbal or nonverbal expressions including emotions or mood.**
  - 1
  - 3
  - 4
  - 5

#### B. Timing of response

- **Responses well timed with signals or even anticipates those signals.**
  - 1
  - 2
  - 3
  - 4

#### C. Appropriate responsiveness to the child

- **Warm emotional and practical responses appropriate to the signal.**
  - 1
  - 2
  - 3
  - 4

- **Practical responses e.g. treats are lacking but emotional responses are warm and reassuring.**
  - 5

- **Emotional and practical responses warm if in good mood. Otherwise flat.**
  - 1
  - 2
  - 3

- **Emotional response is brisk, flat and functional. Annoyance if child in moderate distress but attentive if in severe distress.**
  - 5

- **Unpleasant/punitive even if child in distress. Acts after a serious mishap mainly to avoid criticism. Any warmth or remorse is deceptive.**
  - 5

- **Not timely if distracted. Timely if they are not otherwise occupied or if the child is distressed.**
  - 1
  - 2
  - 3

- **Delayed responses even when the child is in distress.**
  - 4

- **No responses unless there is a clear mishap.**
  - 5
### Area of Responsiveness

#### Sub-areas

<table>
<thead>
<tr>
<th>Sub-area</th>
<th>All Needs Met</th>
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### 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. Quality
- **Both 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 sits 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.
**Area of Responsiveness**

<table>
<thead>
<tr>
<th>Scoring Grid</th>
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<tr>
<td><strong>C1 Carer</strong></td>
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<td>A Sensitivity</td>
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<td>B Timing of response</td>
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<tr>
<td>C Appropriate responsiveness to the child</td>
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<td><strong>C2 Mutual Engagement</strong></td>
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<tr>
<td>A Overtures two way communication</td>
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<tr>
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**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.
### Area of Esteem

#### Sub-areas

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#### 1) Stimulation

<table>
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<tr>
<th>Age 0 – 2 years</th>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A great deal of appropriate stimulation. E.g. talking, touching, reading &amp; looking. Many positive educational toys.</strong></td>
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<tr>
<td><strong>Adequate and appropriate stimulation. Some positive educational toys.</strong></td>
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<tr>
<td><strong>Inadequate and/or inappropriate. Baby left alone while carer does what they want. Occasional interactions with the baby.</strong></td>
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<tr>
<td><strong>Baby left alone while carer pursues own interests unless the baby demands attention.</strong></td>
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<tr>
<td>None. Even mobility restricted e.g. confined in chair/pram for the carer’s convenience. Irritated if the baby demands attention.</td>
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<table>
<thead>
<tr>
<th>Age 2 – 5 years</th>
<th>Score</th>
<th>Description</th>
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</thead>
</table>
| **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.** | | |

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<tr>
<th>Age 2 – 5 years</th>
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<tbody>
<tr>
<td><strong>ii Fun and educational toys</strong></td>
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<tr>
<td><strong>Very good provision</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Lots in evidence usually age appropriate</strong></td>
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<td></td>
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<tr>
<td><strong>Basic toys available not always age appropriate</strong></td>
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<tr>
<td><strong>Lack of even essential toys.</strong></td>
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<tr>
<td><strong>None unless provided by others e.g. gifts or grants.</strong></td>
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## Area of Esteem

### Sub-areas

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### 1) Stimulation

#### Age 2 - 5 years

**iii Outings**
- Taking the child out for recreational purposes
  - Frequent 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.

#### Age 2 - 5 years

**iv 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+ years

**ii 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/carer is indifferent.
  - Disinterested even if the child is involved in other unsafe or unhealthy activities.
## Area of Esteem

### Sub-areas

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### 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.

- **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.
### Area of Esteem

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#### 3) Disapproval

- **1 (All Needs Met)**: Mild and consistent verbal disapproval if a set limit is crossed.
- **2 (Essential Needs Met)**: Consistent verbal and low level physical and other sanctions if any set limits are crossed.
- **3 (Some Essential Needs Unmet)**: Inconsistent boundaries or methods. Shouts or ignores child. Low level physical and moderate other sanctions.
- **4 (Many Essential Needs Unmet)**: Inconsistent. Shouts/harsh verbal or moderate physical, or severe other sanctions.
- **5 (Most/ all Essential Needs Unmet)**: Terrorised. Ridiculed, severe physical or cruel and spiteful other sanctions.

#### 4) Acceptance

- **1 (All Needs Met)**: Unconditional acceptance. Always warm and supportive even if child is failing.
- **2 (Essential Needs Met)**: Unconditional acceptance, even if temporarily upset by child’s behaviour. However, always warm and supportive.
- **3 (Some Essential Needs Unmet)**: Annoyance at child’s failure.
- **4 (Many Essential Needs Unmet)**: Unsupportive or rejecting if the child is failing.
- **5 (Most/ all Essential Needs Unmet)**: Indifferent if child is achieving and rejects or belittles if the child makes mistakes or fails.
### Scoring Grid

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<tr>
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<tbody>
<tr>
<td><strong>D1 Stimulation</strong></td>
<td>A Age 0 - 2 years</td>
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<td>B Age 5 + years</td>
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<td><strong>D2 Approval</strong></td>
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<td><strong>D3 Disapproval</strong></td>
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<td><strong>D4 Acceptance</strong></td>
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**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 Sheet

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<tr>
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<th>Sub-Area</th>
<th>Sub-Area Score</th>
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<tbody>
<tr>
<td><strong>A</strong></td>
<td><strong>Physical</strong></td>
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<td>1. Nutrition</td>
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<td><strong>B</strong></td>
<td><strong>Safety</strong></td>
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<td>1. In Carer’s Presence</td>
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<td>2. In Carer’s Absence</td>
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<td><strong>C</strong></td>
<td><strong>Responsiveness</strong></td>
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<td>1. Carer</td>
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<td>2. Mutual Engagement</td>
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<td><strong>D</strong></td>
<td><strong>Esteem</strong></td>
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<td>1. Stimulation</td>
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<td>2. Approval</td>
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<td>3. Disapproval</td>
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<td>4. Acceptance</td>
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</table>
### Areas flagged for attention - Physical, Safety, Responsiveness, Esteem

<table>
<thead>
<tr>
<th>Area, sub area and score</th>
<th>Description and child's need</th>
<th>Action required</th>
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</thead>
<tbody>
<tr>
<td>E.g. Physical: Housing: Maintenance: Score</td>
<td>E.g. Description: Dangerous disrepair (exposed live wires). Child's Need: Child needs to be kept safe from electric shocks</td>
<td>E.g. 1. Parent to buy some electric masking tape and wrap around exposed wire/broken socket until the landlord repairs. 2. Parent and worker to notify the landlord of the danger and request immediate repair</td>
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</tbody>
</table>
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 manager.

- [ ] Concerns about neglect in this case have not been substantiated.
- [ ] Some concerns about neglect in this case have been substantiated, but I do not consider that this child is suffering significant harm.
- [ ] 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 manager and/or further discussions within a multi-agency setting to confirm actions, decisions and interventions. Many agencies will have systems to record plans and interventions to meet the needs of children.

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

⇒ This agency [or named agency] will undertake on-going work with this family.
⇒ Agency to 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.
⇒ Referral to Children’s Social Care due to Child Protection concerns.
⇒ No further action

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.
⇒ I do not have consent to share information/refer with another agency but have Child Protection concerns and obtaining consent may harm the child.
### Norfolk LSCB Graded Care Profile Version 4 July 2015

#### Assessing Progress

**Child:**

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<th>Date</th>
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<th>Hygiene</th>
<th>Health</th>
<th>Carer Present</th>
<th>Carer Absent</th>
<th>Carer</th>
<th>Mutual</th>
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*Black Line = Assessment*  
*Red Line: Progress after weeks*
### Norfolk LSCB Graded Care Profile Version 4 July 2015

#### EXAMPLE:

<table>
<thead>
<tr>
<th>Date</th>
<th>Physical</th>
<th>Safety</th>
<th>Love</th>
<th>Esteem</th>
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*Black Line = Assessment*

*Red Line: Progress after weeks*